



Dane County
District One EMS
Serving
Berry, Black Earth,
Mazomanie and Vermont

Standard Operating Policies

These policies and guidelines were written by the Board of Directors/Officers with input from the Member Association. These SOP's are intended to be the reference for all District One EMS Members as they provide emergency response and care to all residents within the district.

As a member, I agree it is my responsibility to be aware of and abide by these policies and guidelines and to give the best possible care to my patient until he or she is released to medical personnel at the hospital or at the scene of mutual aid.

Signature _____ Date _____

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For more comprehensive information, please see the two District One EMS plans where both Bloodborne and Airborne Pathogens Disease Control have been covered. The plans are entitled:

- EXPOSURE CONTROL PLAN
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INTRODUCTION

Welcome to District One Emergency Medical Services!

Dane County District One EMS was established in 1977 when the growth in this area made it apparent that there was a need for a service to provide emergency basic life support, care and transport to an advanced life-support facility. This service was designed to provide such aid with all due care and treatment en route. District One is currently a EMT Basic Service with Advanced Skills.

- The District consists of the villages and townships of Black Earth and Mazomanie and part of the townships of Berry and Vermont. The District One EMS Board consists of a representative from each municipality. The Board governs the financial aspects of the District, deriving their financing from the taxing authority of each municipality.
- Operations of District One EMS are governed by a Board of Directors/Officers consisting of the District Director, Training Director, Infectious Disease Control Director and the District One EMT Association Officers. This committee sets policy and guidelines.
- District One EMS Member Association consists of the EMTs and drivers in the service. They are contracted by District One EMS to provide services as detailed herein. They are governed by District One Directors and EMS Member Association Officers.
(See Section 202)

Within this document are the policies and guidelines that have been developed for the operation of this organization. All contents are policies (unless otherwise indicated by the word "GUIDELINES" at the beginning of the section) and will be enforced. Please review this from time to time so that you may always be familiar with the procedures that have been developed to insure a professional and competent organization. District One's objective is to insure that all persons connected with this service will conduct themselves in a manner consistent with current practices as outlined in Dane County and State of Wisconsin protocols and these District One policies and guidelines.

Keep in mind that as a member of District One EMS, you will have an opportunity and duty to help your friends, neighbors and community in their time of emergency medical needs. This is a very special and rewarding profession that you have chosen to be associated with. It also carries many unique responsibilities . . . REMEMBER, District One EMS is a volunteer organization in name, but it will be a professional organization in its actions.

POLICY OBJECTIVES

The Policies should provide clear rules that govern the District and its Members. They should allow members a grievance procedure to resolve problems and the Directors a means of evaluating and settling disputes. The policies should also lend themselves to performance evaluation.

OPERATING OBJECTIVES

The Standard Operating Policies should provide an understanding of the **responsibilities** relating to the positions of crew chief, crew member and driver taking ambulance shifts with this service.

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The Standard Operating Procedures will be made available via our website www.district1ems.com to all District One EMS Members, members of the District One EMS Board, and to the Medical Director, or if requested, a hard copy will be made available.

It becomes the responsibility of members to be aware of and to observe all policies outlined, and it is a resource for the Board and Medical Director when needed.

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Subject Agreement Between Dane County District One EMS and Dane County District One EMS Member Association	Date of Issue 2018	Supersedes 2015

**AGREEMENT BETWEEN DANE COUNTY DISTRICT ONE E.M.S.
AND DANE COUNTY DISTRICT ONE EMS MEMBER ASSOCIATION**

Preamble

THIS AGREEMENT is made by and between Dane County District One E.M.S., hereinafter referred to as the "District," and the Dane County District One EMS Member Association, hereinafter referred to as "Members."

1. It is intended by this agreement to provide (1) emergency medical services to the residents of Dane County District One and (2) a harmonious working relationship between the District as the governing body and the Members who are providing such emergency medical services, and both parties hereby dedicate themselves to the purpose of providing efficient and effective emergency medical services and treatment to the residents of Dane County District One.

Duties of District

1. The District hereby agrees to perform the following functions in accordance with the descriptions contained herein:
2. Furnish an ambulance properly equipped in accordance with all applicable county, state and federal ordinances, statutes, and regulations to provide emergency medical services to the residents of Dane County District One.
3. Provide crew quarters and housing for the ambulance.
4. To furnish equipment including medical and first aid supplies as considered essential for the equipping of an ambulance and the providing of emergency medical services.
5. To furnish radios and other portable communication equipment to provide for sufficient hospital and county frequencies.
6. To provide for the repair or replacement of equipment or radios when such repair or replacement is deemed necessary. All donated equipment shall be considered property of the District.
7. To fund and hire a Director, Training Director and Infectious Disease Director. To fund training and training equipment requested by the Training Director and Infectious Disease Director.
8. To provide the Members a negotiated stipend per shift on a quarterly basis. Such stipend to be reviewed on a biennial basis by the officers, to be effective on each even year.
9. To make an additional stipend to the Members in the form of reimbursement for training received and required to comply with the minimum requirements proposed by federal or state laws, regulations or by bylaws of the Members.
10. To provide the necessary medical equipment and supplies for the Members. The District shall retain full control over the equipment provided and shall approve requests for additional equipment or supplies to meet minimum standards for safety as designated by the organization upon proper presentation of such requests by the director of the Members.
11. To provide reasonable attorneys' fees in the defense of any legal action against a member of the Members for action or occurrences arising during the course of performing duties arising under this agreement. Such attorneys' fees and legal expenses shall be provided in the form of direct employment of an attorney to defend the member of the Members or reimbursement of attorneys' fees and legal costs incurred by the member of the Members in the course of defending a legal action based upon an action or occurrences arising out of the performance of duties as described in this agreement.

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Duties of Members

The Members agree to perform the following duties in accordance with the conditions described herein and for the sole purpose of providing safe and effective emergency medical service to the residents of Dane County District One:

1. Provide emergency medical basic and life support care and transport to an advanced life support facility to persons within the limits of Dane County District One. Provide same emergency medical services to areas surrounding Dane County District One under the Mutual Aid Pact entered into between Dane County District One EMS and surrounding districts.
2. Staff the ambulance used to transport persons in accordance with the state and federal regulations.
3. Jump teams may be available to respond to a request for emergency medical services. Members and equipment will be available for other events as agreed to by the District Director.
4. Maintain the equipment provided by the District in an operable, safe and sanitary condition and take such necessary action to maintain the equipment and provide the replacement of equipment and supplies by requesting such from the District.
5. It is the Members' responsibility to maintain all licenses and certifications as required by state and federal laws for the operation of emergency medical services.
6. Maintain records necessary in the performance of the duties described herein, including a completed report of each ambulance run, and other records as required by the District.
7. Attend such training programs and organization meetings as considered necessary and proper for the safe and effective performance of emergency medical services and in accordance with directives or request of the District.
8. Members will abide by policies and guidelines approved by the District Directors and Officers.
9. To provide for the administration of funds donated to the Association pursuant to Wis. Stat. § 66.0608(2), the Members further agree that the serving Treasurer of Dane County District One EMS Member Association, shall provide to the District Board of Dane County District One – EMS, at least annually, and in time for inclusion with the District Treasurer's Audit Report to the Municipalities, a report accounting for such funds, including the records of the depository account, in a form determined by the District Board, and shall make such records available to the District from time to time, as may be reasonably requested by the District.

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Duration of Agreement

This agreement shall be effective upon execution by both parties and shall remain in effect until dissolved by mutual consent of each party to this agreement or breach of this agreement by either party.

Amendment

This agreement may be amended at any time hereafter by mutual consent of the parties hereto.

IN WITNESS WHEREOF, the parties have caused this agreement to be executed by their duly authorized officer.

Dated this _____ day of _____, 2009.

Dane County District One E.M.S.

By: _____
 District One Commission Chairperson

By: _____
 District One Commission Secretary/Treasurer

Dane County District One EMS Member Association

By: _____
 President

By: _____
 Vice President

By: _____
 Secretary

By: _____
 Treasurer

***** There is a signed Agreement on file for viewing.*

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Subject By-Laws of Dane County District One EMS Member Association	Date of Issue 2018	Supersedes 2013

**BY-LAWS of
Dane County District One EMS Member Association
August 1996**

(Revised June 2013)

ARTICLE I

Name

The name of this organization shall be
Dane County District One EMS Member Association.

ARTICLE II

Purpose

The purposes shall be exclusively charitable within the meaning of Section 501.(c) (3) of the Internal Revenue Code--primarily to accomplish the organization's goals of seeking to provide effective emergency medical service to residents of the Dane County District One area and such other persons and municipalities as the Dane County District One EMS Board may determine at a later date.

Patients shall not be denied treatment or conveyance due to their sex, race, color, creed, age or ability to pay for services rendered.

ARTICLE III

Membership

Membership qualifications, responsibilities and voting rights are those detailed in the Standard Operating Procedures of this organization.

ARTICLE IV

Officers

The officers of the organization shall be president, vice president, secretary and treasurer. They shall be members of the Board of Directors/Officers composed of the above-listed Officers and the District One Directors who are employed by the EMS Board.

Section 1. President

The president shall:

- a. call and preside at all regular and special meetings of the organization
- b. have the obligation and duty to carry out and enforce the by-laws of the organization
- c. exercise general supervision in all procedural affairs of the organization.

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Article IV (Continued)

Section 2. Vice President

The vice president shall:

- a. assist the president in the performance of his/her duties
- b. assume the office and duties of the president in the absence of the president or as a result of his/her inability to serve in that office.

Section 3. Secretary

The secretary shall:

- a. certify and keep in his/her possession the original or a copy of the by-laws as amended or otherwise altered,
- b. keep a record of the proceedings of the Board of Directors/Officers and the meetings of the organization. This record shall include meetings whether regular or special (if special, list how authorized), the notice thereof given, and the names of those present at the meetings,
- c. see that all notices are duly given in accordance with the provisions of these by-laws as required by law,
- d. keep an up-to-date record of all members.

Section 4. Treasurer

The treasurer shall:

- a. receive and take charge of all monies of the association,
- b. deposit all money credited to the association in a bank selected by the executive board,
- c. pay authorized bills from such monies,
keep and maintain adequate and correct accounts of the association's properties and business transactions,
- d. render a statement of the conditions of the finances of the association at all business meetings.
- e. provide for the administration of funds donated to the Association pursuant to Wis. Stat. § 66.0608(2), the Members further agree that the serving Treasurer of Dane County District One EMS Member Association, shall provide to the District Board of Dane County District One EMS, at least annually, and in time for inclusion with the District Treasurer's Audit Report to the Municipalities, a report accounting for such funds, including the records of the depository account, in a form determined by the District Board, and shall make such records available to the District from time to time, as may be reasonably requested by the District.

ARTICLE V

Election of Officers

Section 1 Qualification and Length of Term

Only a person who has been an active voting member of this organization for the previous one-year period may be elected to office. All officers shall be elected for two-year terms on odd years.

Section 2 Nomination for Office and Election

Nominations for office shall be taken at the last organization meeting of the year. The person nominated must be present to be nominated. Further nominations may be made just prior to the election which will take place at the first business meeting of the following year. A simple majority determines the election winner. In the event there is no majority, the lowest count will be eliminated. A series of votes will be taken until a majority is achieved.

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ARTICLE V (Continued)

Section 3 Qualified Voters

Only those members described in the Standard Operating Procedures of this organization may participate in elections. They shall complete ballot votes, voting for one office at a time.

ARTICLE VI

Resignation or Impeachment

Section 1 Resignation

Any officer may resign at any time by giving written notice to the Board of Directors/Officers. Such resignation shall take effect at the time specified therein or, if no time is specified, upon receipt of the resignation by the Board of Directors/Officers. Acceptance of such resignation shall not be necessary to make it effective.

Section 2 Impeachment

Any officer for the abuse of his/her authority or misconduct in office may be impeached and removed from office by a vote of two-thirds of voting members. The charge against him/her must be made in writing and filed with the secretary at least two weeks before any vote or action may be taken. A copy of the charges shall be served upon him/her by the secretary at least one week before such vote is completed so that the said individual may reply before the vote, whether verbal or written.

ARTICLE VII

Business

Section 1

A minimum of one-fourth of the voting members must be present for the transaction of business.

Section 2

Robert's Rules of Order shall be followed for all business not dictated by the by-laws.

ARTICLE VIII

Amendment

No alteration of these by-laws shall be considered unless proposed in writing at a regular meeting. No vote may be taken until at least two weeks after such proposed amendments are submitted. A two-thirds vote of members present is required for acceptance of amendments.

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ARTICLE IX

Meetings

Training service meetings will be held on the second Monday of each month. Official business meeting will precede/follow the training sessions each month. These meetings will be open to any member of the Dane County District One EMS Member Association and guests.

ARTICLE X

Instruments / Bank Accounts / Checks

Section 1. Execution of Instructions

The Board of Directors/Officers may authorize any officer or agent(s) to enter into any contract or execute and deliver any instrument in the name of and on behalf of the organization. Such authorization may be general or confined to specific instances. Except as so authorized, or as in these by-laws otherwise expressly provided, no officer, agent, or member shall have the power to bind the organization by any contract or engagement or to pledge its credit or to render it liable for any purpose or in any amount.

Section 2. Bank Accounts.

The Board of Directors/Officers may authorize the opening and keeping of general and/or special bank accounts with such banks, trust companies or other depositories as may be selected by the Board of Directors/Officers. The Board of Directors/Officers may make such rules and regulations with respect to said bank accounts, not inconsistent with the provisions of these by-laws, as the Board of Directors/Officers may deem expedient.

Section 3. Checks.

All checks, drafts, or other orders for the payment of money, notes, acceptances, or other evidence of indebtedness issued in the name of the organization, shall be signed by two of the members of the Board of Directors/Officers. Endorsements for deposit to the credit of the organization in any of its duly authorized depositories may be made (without countersignature) by any Board of Directors/Officers member or by hand-stamped impression in the name of the organization.

Section 4. Payment of Bills.

Proposed purchases over \$100 shall be presented to the membership with a two-thirds vote of those present needed for approval. If the purchase has received prior approval of the membership or Board of Directors/Officers, the bill may be paid upon receipt thereof.

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QUALIFICATIONS

1. An Applicant who has passed the State of Wisconsin Background Check.
2. An EMT who is currently licensed by the State of Wisconsin (must be at least 18 years of age).
3. A Driver who is currently EVOC/CEVO certified (must be at least 21 years of age).
4. An EMT Trainee who has received the State Training License.
5. A member on a leave of absence approved by the District Director.
6. A member who is not taking shifts but has been approved for membership by a committee consisting of the District Directors.
7. EMT's who might consider EVOC/CEVO may do so with an acceptable/insurable driving record and at least one year membership prior or other considerations.
8. Minimum Standards (also see "Member's in Good Standing")
 - a. EMTs
 - 1) Current Licensure in State of Wisconsin and District One is in possession of license.
 - 2) Current CPR certification and District One is in possession of copy of current CPR card.
 - 3) Current Refresher class within state standards.
 - 4) Current recertification as EMT-Basic.
 - 5) Attendance at seven District Training Meetings per calendar year. Failure to attend seven meetings may result in suspension from active ambulance participation until the meetings are made up.
 - b. Drivers Only
 - 1) EVOC/CEVO Basic Class
 - 2) EVOC/CEVO Refresher as required.
 - 3) Attendance at any Driver Education Training Meetings/Trainings.
 - 4.) Attendance at CCR and Blood Borne/Air Borne Training.

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Dane County District One EMS is committed to providing excellent pre-hospital care, and to promoting high standards. We are a volunteer organization in name only. District One members strive to excel at dedication, and professionalism. To achieve these standards, all members must be in good standing. A member in good standing is defined as follows:

- 1) The member who agrees to abide by the protocols and procedures defined in District One's standard operating procedures, and defined in the Dane County protocols.
- 2) The EMT who maintains current WI EMT licensure, CPR certification, EMT refresher, yearly skills recertification, and blood-borne pathogens training per Dane County protocols.
- 3) The driver who maintains EVOC/CEVO certification.
- 4) The member who maintains a minimum of three, 12 hour shifts per month (36 hrs.)**
** There are a few remaining members who have been "grand-fathered" to less than the 36 hrs.
- 5) The member who runs two weekend/holiday shifts per quarter (i.e. Jan/Feb/Mar).
- 6) The EMT who attends 7 of 12 monthly business/training meetings per year, and does not miss more than 3 consecutive meetings. Four of these meetings must be skill recertification.
- 7) The driver who attends the blood-borne pathogens training, and CCR training.

If a member does not meet these standards:

- 1) District One may withhold financial reimbursement for refresher courses, outside training/conferences, CPR instructor course, or advanced skills instructor courses.
- 2) May be subject to disciplinary action at the discretion of the Director.

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DIRECTORS

1. District Director – 1st in Command

The District Director is hired by the District Board. He/she shall handle District matters with Dane County Emergency Services pertaining to this service. He/she will be responsible for all personnel records (other than training), conforming to State requirements for ambulance equipment and maintenance, maintaining supplies for the District, communications with medical officials, representing District One at various meetings, payments to members.

2. Training Director – 2nd in Command

Applicants for Training Director shall be reviewed by the Board of Directors/Officers, selected and reviewed annually by the District Director. He/she shall be responsible for maintaining certification and training records; assessing qualifications of members as they relate to certification; setting up suitable training for the monthly District Training/Meetings; notification to members of missing records; and notification to members of other training opportunities. The Training Director will also oversee the Advanced Skills Recertifiers and CPR Instructors as necessary.

3. Infectious Disease Director- 3rd in Command

Applicants for Infectious Disease Director shall be reviewed by the Board of Directors/Officers, selected and reviewed annually by the District Director. He/she shall be responsible for maintaining compliance with the Exposure Control Plan and NIMS 700/ICS 100 requirements.

4. All directors must be at the highest level of licensure and medical certification.

OFFICERS

1. Officers of the District One EMS Member Association shall be: President, Vice President, Secretary and Treasurer.

2. Officers shall be elected by the membership at the first District meeting of the year and will serve for two years. Nominations for officers shall be taken at the last District meeting of the previous year with further nominations at the meeting prior to the election.

3. Duties of Officers:

- a. President shall conduct monthly district business meetings, maintaining decorum and affording time for member concerns to be heard.
- b. Vice President shall conduct the monthly meetings in the absence of the President and any other duties normally associated with this position in an organization.
- c. Secretary shall maintain a roster of members and take attendance at each meeting of the EMS Member Association. He/she shall keep accurate minutes of meetings, and any other duties normally associated with this position in an organization.
- d. Treasurer shall maintain the EMS Member Association financial accounts (checking and savings) making a report to the membership at the monthly meetings, shall pay bills as presented and approved, and any other duties normally associated with this position in an organization.

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RESIGNATION OR INABILITY TO COMPLETE TERM OF OFFICE

1. In the event that an officer cannot complete his or her tenure, the Executive Committee will appoint an interim officer who will serve for the balance of the term of that office.

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Board of Directors/Officers

The Board of Directors/Officers is made up of the three District Directors and the four Member Association Officers. This Board sets policy for its member association aside from the District Board. This Board meets on a regular basis usually one half hour prior to a monthly business meeting, this can vary however based on need and training conflicts. This Board also reviews, changes, and updates the Standard Operating Policies as the need arises with input from the members.

Additionally, the Board of Directors/Officers follows instruction in reference to finance as listed in Article X of the Member Association By-laws.

The Board of Directors/Officers when appropriate will acknowledge its members during their altering events. Listed below are a few of the instances which the committee will act. When costs exceed \$100.00, the committee will present the request to the membership for approval.

To receive any benefits, members must be in good standing!

Bereavement:

-To be given to members upon the loss of an immediate family member (i.e. Mom, Dad, Spouse, Child). This may also be utilized at the member's discretion.

Life Event:

-Suggestions include birth/adoption of a child, serious illness, hospitalization.

Catastrophic Event:

-To be given to members who find themselves displaced from their home due to unforeseen, natural circumstances (i.e. flood, tornado, fire).

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PROBATIONARY MEMBERSHIP

- A. Represents the entrance level of membership for new members as well as the level to which other members may be reclassified as a result of a disciplinary action.
- B. Requires approval by a Director.
- C. Shall be enrolled in an EMT-Basic or EVOC/CEVO Basic course.
- D. Upon receipt of a state training permit, shall be eligible to serve on ambulance.
- E. Is ineligible to be crew chief.
- F. Is encouraged to attend scheduled district training meetings.
- G. Will be entitled to vote upon any matter submitted to a vote at a District One EMS Member Association membership meeting.
- H. Will not be eligible to hold any elected office but may be appointed to any non-elected office.
- I. Is eligible for promotion to Professional membership upon becoming a Wisconsin licensed EMT or certified driver and three months in good standing as a Probationary member. The probationary period may be extended if the call volume has not been sufficient to judge the candidate's performance.
- J. Probationary members will be mentored/monitored and assessed after each call by the crew chief. Based on a review of these reports, a determination will be made on continued/advanced membership.
- K. See Member in Good Standing.

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PROFESSIONAL MEMBERSHIP

- A. Shall represent the highest level of membership in District One EMS.
- B. Shall have completed a minimum of three months as a Probationary member in good standing.
- C. Shall hold a valid Wisconsin EMT license or be EVOC/CEVO certified.
- D. Shall be eligible for regular ambulance shifts.
- E. Shall be eligible to fill the role of crew chief (see Crew Chief requirements, Section 401) if all other crew chief requirements are met.
- F. Shall be required to attend a minimum of seven district training meetings per year.
- G. Shall be entitled to vote upon any matter submitted to a vote at a District One EMT Association membership meeting.
- H. Shall be eligible to hold any elected or appointed office after one year.
- I. Shall be required to maintain the qualifications for Professional membership status by fulfilling the following:
 - 1. EMTs must obtain CPR recertification whenever necessary to maintain certification.
 - 2. EMTs must complete an EMT refresher class every two years.
 - 3. EMT-Basic must obtain Advanced-Skill Recertification in accordance with Dane County EMS requirements.
 - 4. Drivers must complete required EVOC refreshers.
- J. See Member in Good Standing.

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Section MEMBERSHIP	Section Number 205	Page 1 of 1
Subject Membership Meetings, Continuing Education Credits, Voting	Date of Issue 2018	Supersedes 2016

MEETINGS/TRAINING

1. Monthly meetings/training of the membership shall be held on the second Monday of the month. Trainings shall focus on lectures, speakers, and presentations of various emergency medical topics and issues or hands-on practice with ambulance equipment, new or existing. All training meetings will be coordinated with the District Training Director and District Director. Quarterly Advanced Skills training is required for EMT's with a Saturday make-up for members unable to make the Monday training.
2. One training with special focus on Driver Safety shall be held each year.
3. It is required of members to attend seven training meetings per calendar year. Failure to attend the required meetings/trainings may result in shift suspension until the meetings/trainings have been attended. (This point may be addressed to the directors at their meetings in cases of special circumstances.)
4. Each of the trainings will accumulate a minimum of two hours (or actual hours of attendance) of continuing education credit.
5. As always, continuing education outside the District is acceptable for accumulating continuing education hours.
6. Directors will be available 30 minutes prior to monthly meetings for members to address concerns.
7. Other membership meetings/trainings may be called by a declaration at the regular membership meeting, or by other means.

VOTING

1. Each member will have one vote at a regularly scheduled meeting. Voting may be by voice, ballot or show of hands except that election of officers shall be by ballot.

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Section MEMBERSHIP	Section Number 206	Page 1 of 1
Subject Leave of Absence	Date of Issue 2018	Supersedes 2016

LEAVE OF ABSENCE

- A. A formal request for leave of absence must be submitted. (Form in binder/radio room)
- B. The following conditions apply:
 - 1. If approved by a Director, the leave terminates at the end of six months or earlier as indicated on the application.
 - 2. Any request that exceeds eight weeks may jeopardize any permanent shift held by the member.
 - 3. Any return from medical leave must be accompanied by written authorization from the member's physician stating that the member's health is suitable for return to active EMS duty.
 - 4. Once the request for a leave of absence has been approved by the District Director, the member may be required to turn in equipment and clothing if leave exceeds 90 days..
 - 5. Any member on a leave of absence is not authorized to respond to calls as a crew member or first responder.

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Subject Discipline and Removal from Service	Date of Issue 2018	Supersedes 2016

DISCIPLINE AND REMOVAL FROM SERVICE

District One EMS is a volunteer organization. In order to maintain a professional organization, there are policies that must be followed. Failure to do so will be cause for disciplinary action or cause for removal from service.

Cause for Immediate Removal:

- Theft of any kind from the service, patients or personnel.
- Falsifying any documents including, but not limited to, training records, patient reports, medical information, etc.
- Proven breach of confidentiality is subject to immediate dismissal--no review.

Disciplinary Action:

A written complaint must be acted on through the Directors. If the member is not satisfied with the action taken, an appeal may be made to the District Director. Depending on the seriousness of the complaint, it could result in suspension or removal from the service.

If an ambulance driver has been convicted of an OWI or has six points or more on the driving record, he or she will no longer be allowed to drive until the driving record has been cleared.

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Section MEMBERSHIP	Section Number 208	Page 1 of 1
Subject New Member Requirements	Date of Issue 2018	Supersedes 2016

REQUIREMENTS FOR TRAINING

The Madison College EMT-Basic Class Enrollment requires certain exams, proof of immunization and TB test. The Physical Exam form is mailed with the Madison College class registration materials, and the deadline for meeting this requirement will be explained in those materials.

The physical exam and TB test must be performed before beginning the class because of patient contacts in the later part of the class. Documented proof of immunizations must be provided or blood titers must be drawn to prove immune status. Reimmunization is an alternative.

For information about reimbursements for the physical exam and necessary immunizations, contact the District One EMS Infectious Disease Director.

New member requirements include:

- Background information disclosure
- District One application
- Interview
- Orientation
- New member agreement
- Enrollment in a Madison College EMT-Basic class.

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Section MEMBERSHIP	Section Number 209	Page 1 of 1
Subject Hepatitis B Immunization Program	Date of Issue 2018	Supersedes 2016

HEPATITIS B IMMUNIZATION PROGRAM

Dane County provides a Hepatitis B Immunization Program for all members of District One EMS. There is no cost to the member.

Eligibility for the program is determined by Dane County, and eligibility lists are sent to the Infectious Disease Director and District Director. Members interested in obtaining the immunization must have their physician's signature to participate in the program.

The Hepatitis immunization is a series of three injections--one immediately, the second is one month later, and the third is six months after the first. Five year boosters are also recommended.

Due to the danger of exposure to Hepatitis B during ambulance duty, it is recommended that all members of the service participate in the immunization program. Those who do not wish to participate ***must sign*** a refusal form.

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Section MEMBERSHIP	Section Number 210	Page 1 of 1
Subject Critical Incident Stress Services	Date of Issue 2018	Supersedes 2016

CRITICAL INCIDENT STRESS SERVICES

Dane County District One EMS will provide critical incident stress debriefing, defusing or counseling to District One personnel upon request without cost to the member. Following a critical incident, members who are under stress as a result of the incident may request this service. Information and activities conducted during debriefing, defusing or counseling are confidential.

For more information or to request this service, contact a Director.

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Section MEMBERSHIP	Section Number 211	Page 1 of 1
Subject Payments and Reimbursements	Date of Issue 2018	Supersedes 2016

PAYMENTS AND REIMBURSEMENTS

1. Each member will be compensated an amount per shift established by the District Board.
2. The District Director will be paid a salary established by the District Board.
3. The Training Director will be paid an honorarium established by the District Board.
4. The Infectious Disease Director will be paid an honorarium established by the District Board.
5. All EMT/CPR/EVOC/CEVO Refresher Courses or other Recertifications (e.g., defibrillation, epinephrine, advanced airway) will be paid for by District One EMS except in the following circumstance: a member who signs up for a course and then does not show up, or a member not in good standing may be required to pay course costs.
6. Members will be compensated for attending District Training Meetings an amount established by the District Board.

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Section MEMBERSHIP	Section Number 212	Page 1 of 1
Subject High School Scholarships	Date of Issue 2018	Supersedes 2016

District One EMS Member Association

Up to \$1,000.00 in High School Scholarships, awarded to two worthy candidates.

Description: Wisconsin Heights High School applicant must (1) pursue a college-level degree program in a medical or a medical-related field of study e.g. nursing, medicine, and dental hygienist (2) demonstrate positive aptitude, leadership, and service traits.

The structure of the scholarship awards is at the discretion of the District One EMS Member Association with selections made by its officers.

The District One scholarship applicants shall submit the “Independent Community Scholarship Application” and attach to the “Release of Information” form provided by Wisconsin Heights.

Scholarships must be used the following school year after receiving such except in the event the scholarship holder is serving in the United States Military.

Scholarships will only be paid upon successful completion of full-time semester course work with a GPA of 2.5/4. Monies will be disbursed for the second semester.

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Subject Events/Committee Definitions	Date of Issue 2018	Supersedes 2016

Listed are Committees and functions that are held throughout the year and a brief description of each. In the Radio Room is a binder that describes in detail functions of each. At the beginning of each year, members are encouraged to become part of a committee and solicit assistance when needed.

- EMT Breakfast – Fundraiser, this is generally held the Sunday closest to Valentine's Day. Set-up takes place the Saturday afternoon prior, with the breakfast serving 8-noon
- Appreciation Dinner – a night to remember. Members are honored for years of service or any other appropriate awards. Members/Spouses/Board Members/Medical Director/ Guests. This is completely organized by the "committee" and typically takes place the second Saturday in March.
- National EMS Week – celebrated the third week in May
- Blood Drives – May and December of each year co-sponsored with Mazomanie Fire held at District One EMS.
- District One Family Picnic – organized by committee it is held at a location TBA, and takes place the second Monday of July.
- Premier Coop Tractor Pull - Friday night mid-July.
- Black Earth Field Days Parade – mid August
- Mazomanie Wild West Days – there may be several functions based on requests. Might include Tractor Pull, Tough Truck and parade.
- Fall Mailing/Fundraiser – the mailing needs to be completed/mailed early October

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Section GENERAL RULES AND GUIDELINES	Section Number 301	Page 1 of 1
Subject Confidentiality	Date of Issue 2018	Supersedes 2016

PURPOSE

The purpose of this policy is to protect the rights of patients and the public and to establish guidelines for members to follow regarding patient care and personal information.

GENERAL POLICY

It is the policy of District One EMS that information about patient care, patient identification, problems or concerns about the call, members assigned to a call, or any information pertaining to a call shall NOT be released without a written request from the party(ies) addressed to the District Director. This policy also follows the provisions of HIPAA.

WRITTEN REQUEST

The written request SHALL contain the following information:

1. Patient's name
2. Patient's date of birth
3. Patient's address
4. Patient's phone number
5. Date and time of medical emergency
6. Authorization to release medical information signed by patient (or legal guardian if patient is a minor). Written request shall be forwarded to the District Director for his/her review prior to release.

MEMBER CONFIDENTIALITY FORM

All members will be required to sign the Policy Statement on Confidentiality prior to becoming a probationary member with the service and yearly thereafter as part of the AB/BB Training in January.

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Subject Social Networking	Date of Issue 2018	Supersedes 2016

Dane County District One is committed to ensuring that the internet conduct of its staff/members comports with all applicable laws and does not damage our reputation and business interests. Dane County District One EMS has a legitimate business interest in monitoring internet activity, regardless of where or when it occurs, when that activity could violate patient privacy or otherwise adversely affect our patients, our reputation, the reputation of others, the trust others place in us, or our working relationship with other organizations.

Dane County District One EMS is required under the Health Information Portability and Accountability Act of 1996 (HIPAA) to ensure that any Protected Health Information (PHI) including (name, address, date of birth, social security number, or any medical information) that we create, receive, use or store is not improperly used or disclosed through any means, including electronic means. Dane County District One EMS also has a fundamental interest in protecting confidential and proprietary information about the organization, as well as the reputation of Dane County District One EMS.

The intent of this policy is not to restrict the flow of useful and appropriate information, but to minimize the risks, legal and otherwise, to Dane County District One EMS and its staff/members. The intent of this policy is to help avoid claims against Dane County District One EMS or its personnel for things like: HIPAA violations, invasion of privacy, breach of confidentiality, and defamation or slander. This policy is also intended to provide guidelines for maintaining a respectable and ethical work environment and to ensure that our staff/members are acting in a manner that is consistent with our mission.

This policy is not intended or designed to prohibit the lawful exercise of employees' rights under applicable federal or state law. This policy will not be applied in any way that might limit any applicable legal rights of Dane County District One EMS staff members. This includes, but is not limited to, any rights under federal or state law.

This policy is designed to balance our staff/members desires to engage in social networking and information sharing with Dane County District One EMS interests in protecting patient privacy, proprietary information, and the reputation of this service. Dane County District One EMS regards social networking, blogs and other forms of online communication as a primary form of communication among individuals and the service recognizes and respects that it is a valuable method of communication in today's society.

This policy applies to all Dane County District One EMS staff/members. Internet media includes, but is not limited to social networking sites such as Facebook, Twitter, Flicr, Instagram etc. and other social interaction media (such as web blogs) – virtually any website where staff/members can post information. This policy applies to internet activity; Performed on duty and off duty; performed while using district equipment or personal equipment; and whether it occurs on or off the premises of Dane County District One EMS.

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Subject Social Networking	Date of Issue 2018	Supersedes 2016

In short, this policy generally applies 24/7 to any content posted on the internet, unless otherwise prohibited by federal or state law. Members may not at any time divulge;

1. Protected Patient Health Information (PHI)
2. Photos, Videos, or Images That Identify District One EMS Without Prior Approval
3. Confidential or Proprietary Information About District One EMS or its Patients, or Other Business Associates
4. Content That Could Disparage District One EMS, or its Services, Managers, Supervisors, Employees or Patients in any capacity
5. Including but not limited to any content to any site that has references to any paged call.

Dane County District One EMS will apply this policy in a fair and nondiscriminatory manner, consistent with all applicable laws. Dane County District One EMS reserves the right to investigate the internet activity of its staff/members upon reporting of a violation of our policy. Dane County District One EMS may discipline staff/members if it is determined that their internet conduct violates this policy or any other policy of the organization. HIPPA violations will lead to immediate dismissal from Dane County District One EMS.

While you are on duty utilizing District One's network/equipment, we respectfully request that you comply with the following guidelines and refrain from utilizing/viewing/posting any material that may contain;

1. Obscenity or Profanity
2. Content That Could Disparage Any Race, Religion, Gender, Sexual Orientation, Disability, or National Origin
3. Explicit Sexual Content
4. References to Illegal Behavior
5. Content Which Violates Someone Else's Copyrights or Intellectual Property

I, _____, acknowledge that as a District One Member, I am PERSONALLY responsible for the content I publish.

I, _____, have read, and agree to follow Dane County District One EMS social networking policy.

Date _____

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Section GENERAL RULES AND GUIDELINES	Section Number 302	Page 1 of 4
Subject Uniform Dress Code	Date of Issue 2018	Supersedes 2016

PURPOSE

The Uniform Dress Code is intended to promote professionalism within the membership, to allow the responding crew to be easily identified as emergency medical personnel, and to set standards for all members to ensure uniformity. Crews are expected to wear the standard minimum uniform (as described below under A., B., and C.) while on an ambulance call, or during public-relation programs. Provisional members may not wear any part of a uniform until they receive their training license. Crews are encouraged to wear identical apparel to promote uniformity and professionalism. The uniform helps instill confidence in the patient and a sense of pride in the EMT/Driver. The uniform dress code prescribes the clothing to be worn by all on-duty crew members, the identification required on each piece of the uniform, auxiliary items that can be worn, and standards for jewelry.

A. Shirt

1. Apparel

- a. The service issued shirt (tee/sweat) is expected to be worn while on duty and on a run or in public. It may be removed while at the station. No other apparel is authorized for on-duty status.
- b. The dress shirt is to be worn with all buttons but the top neck button buttoned and the tails tucked inside the trousers. The uniform shirt should be sized for a proper fit.
- c. The dress uniform shirt shall be light blue in color, either long sleeve or short sleeve and is to be worn for designated service events i.e. public relations, group photos, funerals or at the discretion of a District Director. Blue ties will be provided for appropriate events.

2. Attachments

a. Patches

- 1) District EMS patch on upper right shoulder 1 inch below seam.
- 2) State Division of Health EMT patch on upper left shoulder 1 inch below seam.
- 3) National Registry patch on left shoulder below State patch. This patch is to be worn only if the member is a current Nationally Registered EMT.
- 4) No other patches may be worn.
- 5) No other lettering is allowed.

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Section GENERAL RULES AND GUIDELINES	Section Number 302	Page 2 of 4
Subject Uniform Dress Code	Date of Issue 2018	Supersedes 2016

A. Shirt (Continued)

1. Apparel (Continued)
- b. Pins

- 1) Name tag over right breast pocket.
- 2) A maximum of three of EMS-related pins may be worn neatly centered above name tag.
- 3) No other pins/badges may be worn.

B. Trousers

1. Apparel

The basic dark uniform trouser should be worn as the minimum trouser while on a run or in public. Fatigues or sweat pants are not acceptable. Blue jeans may be worn but must be clean and free from rips or tears.

2. Attachments

- a. Pager
- b. Dark colored belt
- c. Portable radio
- d. EMT pouch containing EMT-related items
- e. Glove pouch

C. Jumpsuits

In lieu of shirt and trousers above, a blue jumpsuit may be worn. Same standards apply for jumpsuits as for shirts and trousers. First Responders/Jump Team should consider a jumpsuit for identification when responding.

- D. Absolutely no shorts may be worn while providing patient care in the ambulance; Jumpsuits are provided for on-duty members who may be dressed/wearing shorts at home or in quarters while on-duty, however these crew members are required to be in long trousers or jumpsuit during a paged call.

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Section GENERAL RULES AND GUIDELINES	Section Number 302	Page 3 of 4
Subject Uniform Dress Code	Date of Issue 2018	Supersedes 2016

D. Shoes

1. Apparel

Shoes shall be worn while on duty and on a run or in public. Recommended shoes should be non-skid, heavy-duty, steel-toed, black shoes. Tennis shoes and other light duty shoes are worn at the member's risk. Open-toe or open-heel shoes are not permitted.

2. Attachments - none

E. Jacket

1. Apparel

EMS Gear is available at each station. Jackets both yellow duty and red casual with District One logos are generally available to members based on supply.

2. Attachments

- a. District One EMS Patch on right shoulder and State Division of Health EMT Patch on left shoulder. Each patch shall be 1 inch down from the shoulder seam. National Registry patch, if applied, shall be placed below State patch.
- b. A name tag over the right breast pocket
- c. No other patches or pins may be worn on the jacket.

F. EMS Gear

1. As of January 1991, all Emergency Medical Technicians responding with the ambulance to a motor vehicle accident or rescue call shall be in EMS Gear (blue coat/pants) which is at the ambulance station bay. A helmet with shield must also be worn when extrication of your patient is taking place.

EMS Gear is for your safety and protection. Blue was chosen to distinguish *Medical* personnel from *Fire* personnel; therefore, Fire Gear should not be worn while responding for an ambulance call.

G. Caps

1. Apparel

- a. Baseball style cap with a plain front, Ambulance designator or "District One EMS" on the front of the cap may be worn in a "Clean" manner.
- b. Stocking cap provided by District One may be worn
- c. No other cap/stocking cap with advertising, logos, etc., may be worn.

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Section GENERAL RULES AND GUIDELINES	Section Number 302	Page 4 of 4
Subject Uniform Dress Code	Date of Issue 2018	Supersedes 2016

H. Additional Requirements

1. Any item not mentioned above is not considered to be part of the official District One EMS uniform and may not be worn by on-duty crew while on a run or in public without the written approval of the District Director.
2. Police-type badges may not be worn.
3. Light blue dress shirts and yellow duty coats are to be worn only when on duty, while participating in an EMS-approved function or when in transit to or from either of these.
4. All members are expected to keep their uniforms clean and presentable.
5. Apparel issued or provided by the District is available for replacement through the District Director. These items remain property of the district and are to be returned when the member leaves the service. Failure to comply with this may constitute theft.
6. No item shall bear the name "District One EMS" or district logo without prior approval.

I. Exceptions

1. Members responding to a back-up call or from work are exempt from the Uniform Dress Code. They are encouraged to wear as much of their uniforms as possible for the same reasons as listed in the beginning of the Uniform Dress Code section.
2. Members who are unable to provide the items listed above should contact the District Director.

J. Jewelry

1. It is recommended that no jewelry be worn whatsoever. For obvious reasons, rings can be dangerous in situations involving electricity or are liable to cut through the gloves if they have stones set in them; dangling earrings can catch on things during extrications or are available for a combative patient to grab.

Thus, while it is recommended that rings not be worn at all, smooth rings are allowed. Dangling earrings are not allowed, but small non-dangling, pierced-ear type may be worn. Please use good judgment.

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Section GENERAL RULES AND GUIDELINES	Section Number 303	Page 1 of 1
Subject District One EMS Property	Date of Issue 2018	Supersedes 2016

DISTRICT ONE PROPERTY

At times during the past, and occasionally when warranted, the Member Association may purchase duty type jackets for members. The coats when assigned become the responsibility of the member and are to be kept in a clean condition. These coats are the property of District One, and must be returned as members leave the service.

In-station EMS Gear is to be used for paged calls only, i.e. rescue/adverse weather. Station gear i.e. blue coats/pants, boots are not to be taken from station other than for paged incidents.

Any equipment or supplies on the ambulance or from the building shall not be borrowed or removed from the building for personal use by any member under any circumstances. Any questions, contact the District Director.

All District One EMS property shall be returned immediately upon a member leaving the service or upon request from the District Director.

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Section GENERAL RULES AND GUIDELINES	Section Number 304	Page 1 of 1
Subject Uniform Alcohol, Drug and Tobacco Policy	Date of Issue 2018	Supersedes 2016

PURPOSE

The Uniform Alcohol, Drug and Tobacco Policy is designed to promote good health and safety of the members and patients of the service. Members are expected to follow the policy as stated below. This policy refers to members' conduct while not on call for purposes of reminding the member that the public expects a higher standard of conduct from us and builds the community support for our service when appropriate use of alcohol and tobacco is used in public.

TOBACCO

No member shall smoke or chew while en route to a call, while performing patient care, or en route to the hospital. District One is a tobacco free environment which includes building and grounds.

ALCOHOL AND DRUGS

EMTs and Drivers shall not consume intoxicants or illegal controlled substances while on call or in uniform. EMTs and Drivers shall not consume intoxicants within the 8 hours prior to their shift.

EMTs and Drivers shall not report for duty nor perform any duty work with a detectable odor of intoxicants on their breath or with any measurable level of alcohol or any illegal controlled substance in the body. Members shall avoid on-call impairment resulting from the use of any drugs (whether controlled substances or not).

EMTs and Drivers shall, at the request of the District Director and at the cost of District One EMS, be required to submit to a chemical test of his/her breath, blood or urine for the purpose of determining the presence of alcohol or controlled substances. The appropriate test(s) shall be determined and administered at the direction of the District Director. A confirmation test shall be given after a positive test result is obtained. If the test does not render an immediate result, a second sample should be contemporaneously obtained for the confirmation test. The samples shall be collected by law enforcement personnel and treated as evidence. The test results are confidential. Tested members shall be notified of the test results and have a right to appeal the findings to the Board of Directors.

Chemical testing may be required in the following situations:

Testing current members when there is reasonable suspicion that they have violated the Alcohol, Drug and Tobacco Policy or when documentation indicates that the member is impaired or incapable of performing assigned duties, or excessive accidents, or other behavior inconsistent with previous performance;

Testing a current member when a written allegation involves the use, possession or sale of drugs or narcotics, or there is serious on-duty injury to the member or another person.

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Subject Concealed Weapon Carry	Date of Issue 2018	Supersedes 2016

PURPOSE:

The purpose of this guideline is to outline common procedures for intervening with patients and/or their families who may be carrying a concealed weapon lawfully or unlawfully. The intent is to reduce the potential risk of injury to emergency responders, healthcare providers and the public. These guidelines are in place to mutually respect the rights of citizens who lawfully carry a concealed weapon as well as to provide safety for emergency responders and healthcare providers.

POLICY:

Effective November 1, 2011, Wisconsin citizens can obtain a permit to legally carry a concealed weapon. Wisconsin emergency responders and healthcare providers are likely to encounter an increasing number of patients with such weapons. The most concerning is the potential for unintentional or accidental harm to emergency responders and healthcare providers as they care for these patients, most significantly the unintentional discharge of a weapon around these healthcare providers.

PROCEDURE:

Weapons will not be allowed to remain in the possession of any patient while he/she is being treated or transported by an EMS crew. When treating or transporting a Law Enforcement Officer who is a patient, their weapon should be removed and given to another officer. Law enforcement officers are allowed to retain possession of their weapon(s) while performing their official duties inside of the ambulance and during transit.

Under no circumstances should an emergency responder or healthcare worker compromise his/her safety in regards to these guidelines. When in doubt about a patient with a weapon or the weapon itself, emergency responders and healthcare providers should contact local law enforcement for assistance. Law enforcement officers will make the final decisions regarding disarming the patient and the weapon.

An EMS crew member should **never** ask to see a patient's CCW permit. That is the responsibility of law enforcement.

Patients carrying a weapon while under the influence of alcohol or drugs **may be** committing a criminal offense. Law enforcement should be notified immediately as appropriate.

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Subject Concealed Weapon Carry	Date of Issue 2018	Supersedes 2016

Weapon discovered prior to transport-

- At a residence or when a patient is accompanied by another adult:
 - If a patient is recognized as carrying a weapon, personnel should request that the patient safely disarm him or herself and allow the weapon to be secured with a family member or responsible individual of the patient's choice.
 - Ensure the weapon is secured and locked so as not to create unsafe opportunity for children or those unaware.
 - If unable to secure or lock then contact Law Enforcement to respond to assist with rendering the weapon safe.
 - If the patient refuses, this shall be considered a refusal of care, and the patient should be informed of such. EMS members shall safely withdraw from the scene.
 - The incident circumstances should be carefully documented on Patient Care Report.
 - If the patient is unable to comply due to injuries, illness or altered level of consciousness contact Dispatch and request Law Enforcement response to render the weapon safe.
- Away from a residence- (accident scene, shopping mall, etc):
 - If a patient is recognized as carrying a weapon, personnel should request that the patient safely disarm him or herself and allow the weapon to be secured with a family member or responsible individual of the patient's choice.
 - Securing weapon in vehicle trunk is acceptable

If the above options are NOT possible, then -

- Contact Dispatch and request Law Enforcement respond to render the weapon safe
- If the patient refuses, this shall be considered a refusal of care, and the patient should be informed of such. EMS members shall safely withdraw from the scene.
 - The incident circumstances should be carefully documented on Patient Care Report.
- If the patient is unable to comply due to injuries, illness or altered level of consciousness contact Dispatch and request Law Enforcement to respond and render the weapon safe.
 - Law Enforcement will be responsible for assisting with rendering the weapon safe.
- If unable to secure, in home, vehicle or with responsible individual the weapon can be placed in a "Evidence Box".
- The incident circumstances should be completely documented on Patient Care Report.

Weapon discovered during transport:

- Patient condition and cooperation should be evaluated. Based on these parameters while keeping patient care as well as safety of personnel in mind a determination as to actions should be made.

If securing the weapon is deemed to be appropriate, the operator of the transport unit shall be instructed to bring the vehicle to a complete stop with the transmission placed in the "Park" position, in a safe location and the weapon placed in the Evidence Box. (with assistance of Law Enforcement if possible). The box shall be placed in an outside compartment for transport.

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Subject Concealed Weapon Carry	Date of Issue 2018	Supersedes 2016

- If continuing transport without securing the weapon is deemed best, the weapon should be secured upon arrival at hospital and the hospital should be immediately notified upon arrival for security to assist with the weapon.

Family members, friends who have weapons and want to be in Ambulance with patient.

- If transport of family/friends with the patient is allowed:
 - Explain that no weapons may be transported in the emergency vehicle.
- If unwilling to comply with not bringing weapon into ambulance; transport of family, friend shall be declined.

Evidence Box Procedure:

Whenever possible, a weapon should be removed by Law Enforcement. Optimally, a weapon should be removed from the patient while still in the holster. If removing the holster and weapon together jeopardizes the safety of the patient or emergency response personnel, or it is physically impossible to remove the holster and weapon together, the weapon may be removed without the holster. Once removed, emergency response personnel shall:

1. Handle all weapons carefully, secure, do not unload. Minimal handling is the expectation. **TREAT EVERY WEAPON AS IF IT IS LOADED – THE WEAPONS MUZZLE MUST ALWAYS BE POINTED AWAY FROM PEOPLE WHEN HANDLING.**
2. Place the weapon or weapon-in-the-holster into the Evidence Box.
3. Secure the Evidence Box with Seal, write serial # from tracking form on the box and place the Box in the exterior vehicle compartment for transport.
4. Complete the *Tracking Form*. (found inside box)
5. Immediately upon arrival at the Emergency Facility, emergency response personnel shall notify the facility that security is needed to take possession of a weapon in an Evidence Box.
6. Facility security personnel shall assist the EMS Crew to take control of the weapon. Emergency response personnel shall hand over the Evidence Box.
7. Medical facility and emergency response personnel shall document the transaction on the Tracking Form.
8. Document exchange on Patient Care Report.

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Section GENERAL RULES AND GUIDELINES	Section Number 305	Page 1 of 1
Subject Building or Station Policies	Date of Issue 2018	Supersedes 2016

BUILDING OR STATION POLICIES

- **District One EMS Building**

1. Light maintenance of private vehicles within the building will be allowed along with vehicle washing. Not allowed are major maintenance projects including oil changes, brake jobs, and tune-ups.
2. The kitchen area is to be cleaned by the person who uses it. Dishes and utensils are to be cleaned and put away. Food left in the refrigerator for more than a week will be discarded (please take it with you).
3. Bedrooms shall be returned to the condition you found them in before leaving after your shift. Blankets and pillows from the ambulance are not for personal use with members supplying your own bedding.
4. Pets/animals are not allowed in the physical building of District One EMS unless the handler relies on its assistance due to a handicap. This follows general etiquette of public buildings.
5. Tables, chairs and kitchen appliances will not be loaned for personal use.
6. Consumption of smoking/tobacco and alcohol products of any kind is prohibited. This follows general etiquette of public buildings
7. **EMS personnel will turn out all lights and lock all doors when leaving the building.**
8. Family and friends are welcome/encouraged to visit the station and on-duty crew; however, if EMS personnel are paged and leave the premises, all non-family members will need to vacate the building. Exceptions to this can be discussed with a director ahead of time.
9. On-duty crew will **ALWAYS** have priority to the sleeping areas.

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Subject Emergency Vehicle Operation	Date of Issue 2018	Supersedes 2016

PURPOSE

Members of District One EMS are charged with the obligation to operate the ambulances in a safe and reasonable manner at all times. It is essential that the operators of emergency vehicles clearly understand their privileges and responsibilities. The Wisconsin Statutes and District policy provide guidelines for the use of emergency vehicles to ensure the safety of our citizens. Wisconsin Statutes do not exempt or protect operators from the consequences of his/her reckless disregard for safety. In a situation where the operator doubts the need to violate the traffic laws, the operator shall rule in favor of safety.

This policy lists standards to be adhered to in the operation of district vehicles under both emergency and nonemergency situations that follow provisions of the Wis. 346.03 and 340.01 for emergency vehicles.

NONEMERGENCY OPERATION

- A. Personnel operating district ambulances are reminded that when operating the ambulances under nonemergency situations they are no different than any other driver on the road. Driver must adhere to all traffic rules and regulations. Currently, ***Omega, ALPHA and fire calls are deemed non-emergency as lights/siren use are concerned.***

AUTHORIZED EMERGENCY VEHICLE OPERATION

- A. It shall be the policy of District One that the driver of the ambulance responds lights and siren under the following conditions:
1. Emergency calls dispatched by Dane County 911 center that are BRAVO or higher in acuity.
 2. Discretion of Crew Chief

Operators of District vehicles shall respond in a reasonable manner using ***due regard*** to the conditions present. Traffic, weather, and road conditions must all be taken into consideration during any operations of the ambulance. The safety of others shall be a top priority. Any disregard for safety by means of reckless operation and/or excessive speed shall be grounds for dismissal. Excessive speed or unsafe operation shall require immediate involvement by the crew chief even if it means downgrading to non-emergent or replacing the current driver.

HIGHWAY EMERGENCY SAFETY GEAR/VESTS

- On November 24, 2008, a federal regulation (23 CFR 634) went into effect mandating that anyone working in the right-of-way of a ***federal-aid*** highway must be wearing high-visibility clothing that meets the requirements of ANSI / ISEA 107; 2004 edition class 2 or 3.
- ***District One EMS requires the use of district issued blue pant/coat reflective gear by on-duty personnel and a vest at a minimum by other responders on all roadway incidents!***

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DRIVER REQUIREMENTS

- A. Hold a valid Wisconsin driver's license with not more than six demerit points accumulated against the driving record.
- B. Successfully complete an Emergency Vehicle Operation Course (CEVO).
- C. Successfully complete an Emergency Vehicle Operation Refresher Course as required after completion of the basic course.
- D. Demonstrate ability to use the radio and other equipment in the cab of the ambulance.
- E. Inform the District Director of any subsequent traffic convictions.
- F. Submit to any age and medical requirements set forth by Insurance Company that insures the vehicles. The cost of the physical is to be paid for by the member or his insurance.
- G. Shall attend scheduled/required training/meetings for driving, Airborne/Bloodborne, and CCR.

VEHICLE AND EQUIPMENT CHECK

- A. Purpose -- Various items of equipment and supplies for routine and emergency use must be maintained in proper condition in the ambulance if members are to effectively and safely discharge their duties. This policy fixes responsibility for inspection and maintenance of this equipment. Minimal equipment must be maintained on the ambulance.
- B. General Policy -- the crew who is assigned the ambulance for their shift for use in the performance of their duties shall be responsible for the care and maintenance of the equipment and supplies in that ambulance.
- C. Regulations --
 - 1. Each crew, when coming on duty, shall inspect the ambulance to ensure the following:
 - a. The vehicle itself is in safe and operating condition.
 - b. All the equipment is in its proper location and in good operating condition.
 - c. There is a minimum quantity of all expendable supplies.
 - d. The Defibrillator, Oxygen, Jump Kit and Suction units have been checked and are operating according to the manufacturer's suggested guidelines.
 - e. Deficiencies in any of the above shall be corrected and shall be reported to the district director immediately.
 - f. The driver and crew chief shall make sure the vehicle fuel tank is full for the next shift.
 - 2. Crew Chief's signature on vehicle check-out sheet shall constitute acceptance of the responsibility for the care and maintenance of its equipment and supplies

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CLEANING & DISINFECTION

Upon completion of a run or any use of the ambulance, the crew chief shall ensure that all equipment and supplies are in proper condition, debris is removed, and the ambulance is cleaned and disinfected for the next run. The cleaning and disinfection must be done at the hospital so the ambulance can be in service as soon it is arrives in District One's area. This should be started by the driver while the crew is transferring the patient to hospital staff.

In general, all disinfection will be performed with a District One EMS-approved disinfectant or with a 1:100 solution of bleach in water. All disinfectants will be tuberculocidal and EPA approved and registered. (See the District One EMS Exposure Control Plan for more detailed information.)

MOVEMENT OF AMBULANCE

To ensure the safety of all persons riding in the ambulance, these procedures should be followed for both members of District One and passengers related to patients.

- A. Before any movement of the ambulance, the driver **MUST** make sure all doors and compartments are securely closed when pulling the ambulance on to the apron for a call or when leaving for maintenance, fuel, etc.
- B. While waiting to go en route, the **crew chief** will make sure arriving members are in their seats and buckled and all doors closed before giving an OK to the driver. The ambulance should remain in "Park" until an **OK** is given by the crew chief.
- C. No member should be out of their seat and partially out of the door before the ambulance is at a complete stop. To simplify this, stay sitting until the driver responds with a **CLEAR** that should only take place after the ambulance has been put into Park. Drivers, make absolutely sure your crew understands your intentions. Remember, quick stops and starts catch members off guard, and with a few simple steps, injuries associated with the above can be eliminated.
- D. To eliminate the possibility of injury or damage, a spotter will be used at all times while backing up. If there is a shortage of personnel, the driver shall do a quick walk-around checking for any potential obstacles.
- E. Vehicle **head lights** are required to be turned on **at all times**.
- F. The driver and all passengers will use seatbelts. This is in compliance of Wis. Stats. 347.47

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PERSONAL VEHICLE POLICY

Under the provisions listed in 340.01 (3) (d) 2, and 346.03 (3) of the Wisconsin State Statutes, an Emergency Medical Technician's personal vehicle *can* be authorized as an emergency vehicle when a visual signal of a rotating or flashing red light is used. However, the statutes also state that the vehicle and red light **MUST** be designated or authorized by an ambulance service or rescue squad chief in writing annually.

It shall be the policy of Dane County District One EMS that its members are **not** authorized and no liability accepted in the event any of its members acting on his/her own becomes involved in an incident in which a personal red light and/or siren is being used.

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CELLULAR PHONE

A Cellular Phone has been installed in the ambulance with the intention of being used for EMERGENCY USE ONLY! Emergency use may include contacting a minor's parent, a call to the Dispatch Center, or a call to a Director for equipment or mechanical problems. This phone should be kept fully charged at all times.

Phones may vary in operation; be sure you understand their use and areas of operation.

The cell phone also includes the Hospital ER numbers along with the numbers of the district directors.

It is understood that nearly all members have a cell phone of sorts that also includes a camera. Do not take/make personal calls while responding to or when giving patient care. Any photos taken of any portion of a call become the property of District One EMS. Photos taken in any capacity of a dispatched medical emergency and posted on any social media is a HIPPA violation and will result in immediate termination.

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Subject Standby at Sporting Events	Date of Issue 2018	Supersedes 2016

STANDBY AT SPORTING EVENTS

It may be possible that EMTs from District One are requested to "stand by" at local sporting events. This may be done by the on-duty crew only if all members agree to attend. In that case, the ambulance may be taken to the event--weather permitting! All transports must be paged out.

If the ambulance is taken, it must stay in service to respond to any calls in the district and must be parked in an area where it will not be blocked in by other vehicles. It is best to contact whoever is in charge at the event to determine the best location to park the ambulance. ** The crew chief should notify the Communications Center that the ambulance will be at the location of the event and then notify them when the ambulance is returning to quarters.

Standing by at sporting events may also be done by individual EMTs. EMTs standing by at sporting events should be in possession of a jump kit and oxygen. A portable radio may be obtained from the District Director if there is one available.

The decision on whether an athlete should return to competition should be made by medical personnel, not the coaching staff. If there is any question regarding the athlete's condition, it is recommended he/she not return to the competition and be transported to a hospital for evaluation.

The EMT must do a thorough head-to-toe assessment; according to the medical director, any athlete with confusion, blurred vision, etc., may be suffering from a concussion and should be out of the competition for the next half hour. If the athlete develops memory loss at any time, he/she must be taken to the hospital. Memory loss indicates trauma to the brain. In addition, any neck pain may indicate spinal-column injury and the individual should be transported.

If at all possible, the athlete's parents (if he/she is a minor) should be contacted before transport to a hospital or if there is any question regarding transport.

Prior to staffing any out-side event, a director will be notified.

EXAMPLE

**** The removal of a patient from grassy areas on the playing field and track should be made by a school supplied ATV or by carrying/stretchers if at all possible. The possibility of damaging the track or field by driving in these areas with the ambulance is great. It is strongly recommended that you not drive in these areas unless it is necessary or you are instructed to do so by a Wisconsin Heights representative, and then a note of that person's name should be forwarded to a director. Most cases there are ample bystanders who can assist in carrying/moving of the patient.**

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Subject Red Lights and Siren	Date of Issue 2018	Supersedes 2016

RED LIGHTS AND SIREN

Under Wisconsin Statute 346.03--Applicability of rules of the road to authorized emergency vehicles--we are required to operate with either red lights AND siren or none at all. (See Chapter 346 following.)

When disregarding traffic laws, use of red lights and siren in accordance with Wis. Stats 346.03 is required. Excessive speed or unsafe operation shall initiate involvement of the crew chief even if it means downgrading to non-emergent and/or replacing the current driver.

In simple terms, either you use red lights AND siren, or you use none!

**MOTOR VEHICLE LAWS
Chapter 346
Rules of the Road**

346.03 Applicability of rules of the road to authorized emergency vehicles.

- (1) The operator of an authorized emergency vehicle, when responding to an emergency call or when in the pursuit of an actual or suspected violator of the law or when responding to but not upon returning from a fire alarm, may exercise the privileges set forth in this section, but subject to the conditions stated in subs (2) to (5).
- (2) The operator of an authorized emergency vehicle may:
 - (a) Stop, stand or park, irrespective of the provisions of this chapter.
 - (b) Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation;
 - (c) Exceed the speed limit;
 - (d) Disregard regulations governing direction of movement or turning in specified directions.
- (3) The exemption granted the operator of an authorized emergency vehicle by sub (2) (a) applies only when the operator of the vehicle is giving visual signal by means of at least one flashing, oscillating or rotating red light except that the visual signal given by a police vehicle may be by means of a blue light and a red light which are flashing, oscillating or rotating. The exemptions granted by sub (2) (b), (c) and (d) apply only when the operator of the emergency vehicle is giving both such visual signal and also an audible signal by means of a siren or exhaust whistle. ...
- (5) The exemptions granted the operator of an authorized emergency vehicle by this section do not relieve such operator from the duty to drive with due regard under the circumstances for the safety of all persons nor do they protect such operator from the consequences of his or her reckless disregard for the safety of others.

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ACCIDENT INVOLVING AMBULANCE

In the event your Ambulance is involved in an accident--whether you are transporting a patient or not--the following steps MUST be taken.

1. Call Dispatch . . . advise Dispatch you were involved in an accident, give location and a need for additional resources, if any.
2. Check for injuries . . . an EMT must immediately check for any injuries that may have occurred due to the accident.
3. Ask Dispatch if you can continue your transport if you feel your transport needs to be continued immediately for medical needs, but be sure Dispatch authorizes it and make sure you document it on your report. The decision to continue your transport before a police unit arrives should be decided by the patient's condition and only after advising the dispatcher.
4. If feasible, leave an EMT and equipment . . . if your accident does involve an injury and someone releases you to continue your transport before an additional ambulance arrives, an EMT plus equipment MUST remain at the scene to provide medical attention.
5. Page Dane County EMS . . . once the above have been taken care of, have Dispatch page the Dane County EMS Systems Coordinator or the on-duty Dane County EMS personnel and advise them of your situation. This needs to be done at any time damage occurs to the Ambulance whether an accident involves another vehicle or backing into a tree, for example. A police report is needed for damage to the ambulance or any other property.
6. The crew chief should immediately contact the District Director by page or phone and advise him/her.

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Subject On-Scene Public Relations (Dealing with the Media)	Date of Issue 2018	Supersedes 2016

ON-SCENE PUBLIC RELATIONS

On-scene public relations (dealing with the media) will be handled by the Crew Chief who will refer the Media or further questions to the District Director.

If you have a questioner who persists, simply tell the people, "I have no information for you. You may contact the District Director.

Remember patient information is confidential, that we are under no obligation to talk to the media, and we should not be releasing information about our patient to anyone other than medical control.

Referring the questioner to the police may be necessary in disaster situations, but, again, keep in mind that patient confidentiality is your responsibility.

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Subject CPR Instructors	Date of Issue 2018	Supersedes 2016

PURPOSE

A number of District One Members are certified by the American Heart Association to teach Cardio-Pulmonary Resuscitation (CPR). The purpose of this program is twofold:

1. To provide CPR classes for District One members so the recertification process will be more convenient, so that groups may be smaller, and so that classes may be spread throughout the year.
 2. As a service to the community, to provide CPR classes for local businesses and the general public.
- EMS Training Director
Monitors activities of the CPR Instructor Group and assists in the event of problems
 - Manikins/equipment
All fees or donations resulting from CPR classes taught by District One EMS instructors can be used for the purchase of;
 - Manikins, supplies and replacement parts (lungs, breastplates, etc.)
 - Books, patches, pins
 - Any other expense related to CPR instruction and classes.

OPERATIONS

- Classes
 - Size of class to be determined by the instructor.
 - Classes should be set up with class type in mind.
- Instructors
 - Instructors to meet at regular intervals to coordinate CPR course outlines and handle any problems.
 - Must check availability of manikins before class is scheduled.
 - Two instructors per class are required exceeding 6 students.
 - Instructor is responsible for making sure manikins have been cleaned and disinfected after use.
 - Instructor will register each participant so contact may be made when recertification is due
 - Members are eligible to become CPR Instructors after one year of service and meeting the "Members in Good Standing" criteria.
- Manikins
 - Manikins are numbered and must be signed out by number by the class instructor.
 - Manikins may not be available if needed for other EMT certifications (e.g., CPR or defibrillation).
 - Manikins must be cleaned and disinfected after each use
 - Manikins may be borrowed by the high school for use in health classes but will not be loaned outside of the District. No manikin will leave the building without one of the instructors taking it.

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Subject Ambulance Crew Scheduling	Date of Issue 2018	Supersedes 2016

AMBULANCE CREW SCHEDULING

District One EMS staffs the ambulance with a maximum of four crew members (3 EMTs and a Driver) and a minimum of two crew members (2 EMTs, one serving as a Driver (legal crew)). A monthly schedule is used to maintain those needs and to keep members aware of their shifts. Members are scheduled by logging into When-to-Work (www.whentowork.com) and choosing shifts that are compatible to their time needs.

Shifts are twelve hours for weekdays (6am-6pm and 6pm-6am), with weekends and holidays 8am-6pm and 6pm-8am. Some members may request altered hours because of a conflict; these times will be worked out between the crew member/director.

Once the schedule is completed, it is the responsibility of each member to either report to the ambulance for check-in at the beginning of each shift, or to find a replacement of equal training. As a last resort, call your director. It is understandable that unforeseen problems might arise.

Members are offered shifts that fit their free time and it will generally stay with that member until he/she decides to give up that shift. At that time, the shift will be available to anyone who is interested. At no time will a member be removed from a shift to make room for an incoming member. New members will be offered any open shifts on a monthly basis. When-to-Work can be viewed for "live" shift status, as members should be monitoring staffing on a regular basis.

District One EMS has a number of Firefighter/EMTs. In the event of a fire while they are scheduled for ambulance duty, this can create a problem if not handled properly. It is every intention of District One EMS to free up these persons and make them available if the need arises. If a person is scheduled on the ambulance, it is that member's responsibility to maintain that status. If the need arises to leave, a verbal commitment from an alternate member should be made. A page from Dane County stating your need for replacement could also be used. At no time can the ambulance be left understaffed.

Members are required to pull three monthly shifts, and to include TWO weekend or holiday shifts per quarter. If the member fails to meet this requirement, the director may take the liberty of scheduling shifts on your behalf.

If at any time your normal scheduling becomes a problem, or changes, contact your director.

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Subject Crew Chief	Date of Issue 2018	Supersedes 2016

CREW CHIEF RESPONSIBILITIES

- A. The Crew Chief shall be an EMT certified to the highest level of the service and responsible for vehicle and equipment check.
- B. The crew chief retains ultimate responsibility for patient care and documentation.
One EMT must stay with the patient at all times.
- C. The Crew Chief shall insure that all documentation is filled out completely and accurately.
 1. Patient documents must be completed for each patient.
 2. If a patient is defibrillated, the Monitor\Defibrillation\Advanced Airway™ Supplemental Report must be filled out.
 3. Make sure a refusal form is filled out, signed and witnessed if patient refuses transport. A run report properly filled out must accompany each refusal form.
- D. Crew Chief shall be in possession of a portable radio at all times during the shift.
- E. The District One EMS goal is to respond to a call within three minutes. At no time should this time frame exceed 5 minutes. By asking the dispatcher time since page, the decision will be made to go enroute and page for additional crew to the scene if warranted. It is the Crew Chief's responsibility to determine if a repage is necessary.
- F. A legal crew must consist of two EMTs (one driver and two EMTs, or two EMTs—one serving as a driver). If the crew chief does not have a legal crew, he/she must request the Comm. Center to page for more crew. If more crew does not arrive, page another ambulance and leave for the scene. If more crew arrives at the scene, the second ambulance can be disregarded.
- G. While en route, the crew chief determines what equipment and/or mutual aid requests may be needed (see Mutual Aid section).
- H. Crew safety is our number one priority. Responding to calls that require police intervention should be handled cautiously. Using an emergent response to the scene will only escalate volatile incidents with the use of lights and siren. Calls involving violence, overdoses, and threats must be treated as very dangerous and EMS is required to keep out of the immediate area until it is deemed safe by law enforcement to make patient contact. Crew Chiefs will require drivers to down-grade to non-emergent when in close proximity and stage at least one block from the incident address (without emergency lights). Determine from Dispatch any scene information when possible. Always monitor your radio and MDT for updates.
- I. Make sure **all** crew members are wearing protective clothing. (Bunker Gear/Vest) A federal regulation (23 CFR 634) mandating that anyone working in the right-of-way of a **federal-aid** highway must be wearing high-visibility clothing that meets the requirements of ANSI/ ISEA 107; 2004 edition class 2 or 3.
District One EMS requires either on all roadways!
- J. The crew chief shall determine as soon as possible the number of injured and the need for additional ambulances to respond to the scene. **NO MORE THAN TWO (2) PATIENTS SHOULD BE TRANSPORTED IN ONE AMBULANCE AT ONE TIME.**

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CREW CHIEF RESPONSIBILITIES

- K. At the discretion of the crew chief or a first responding "jump team" member, additional help may be requested to respond to the scene. The crew chief or "jump team" should request the Dane County dispatcher to page additional help as soon as it has been determined that more help is needed. Protocol's for Med Flight and ALS Intercepts are outlined under Sections 801 and 802.
- L. Only the crew chief is to request help from bystanders (Section 806).
- M. Keep the patient comfortable and treat as required. One EMT must remain with the patient at all times to monitor conditions and react to any changes. Use caution in verbal communications to avoid upsetting remarks. Keep hospital advised if patient's condition changes.
- N. One parent, guardian, spouse, etc., may accompany the patient to the hospital, at the discretion of the crew chief. It is expected that the person ride in the front of the ambulance and have the seat belt secured. Patient related passengers should not to expect a return ride.
- O. Transport will only be made to hospital emergency rooms.
- P. A parent of a minor cannot be refused transport to the hospital unless their behavior or state of mind is such that their presence will be detrimental to the child. Parental consent is needed before the hospital can provide treatment. If you are treating a juvenile and a parent is not present, ask that a police officer on the scene attempt to notify a parent and advise the parent to respond to the hospital emergency department.
- Q. If assistance is needed to load a patient at the scene, a page will be made for additional help or the local fire department should be paged. If assistance is needed at the hospital to unload a patient from the ambulance or transfer to a hospital cot, request this assistance through radio report or dispatch while en route.
- R. On Arrival At Hospital
1. Crew chief will explain patient condition to the emergency department personnel.
 2. Other crew members will decontaminate cot, ambulance and selves prior to changing linens.
 3. Crew members shall check for equipment left at the hospital on prior runs and decontaminate before placing on ambulance.
 4. Crew chief or designated EMT will fill out all necessary documentation and obtain proper signatures from the emergency department personnel/patient. Prior to leaving, a patient "Face Sheet" should be acquired and returned/attached to the patient report upon completion.
 5. Inside of ambulance to be cleaned after each run, and disinfected/ wipe down with water and bleach including the floor when warranted.

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Subject Crew Chief Responsibilities	Date of Issue 2018	Supersedes 2016

S. When Ambulance Is Back at Station

Once you have returned to the station, your run has not been completed until the following things have been done. It is the responsibility of the Crew Chief to make sure these are done before the crew leaves the station.

1. Restock all equipment and supplies. Change oxygen if needed (below 500). If there are any malfunctions of equipment or ambulance, report to District Director immediately. Place a note in ambulance regarding any equipment left at the hospital.
 2. All documentation completed (Patient Report, Supplemental.) Record times and enter into log book.
 3. Remove any blankets that need washing. Return any equipment that is not in its correct location. Return EMS Gear to hangers.
 4. Outside of Ambulance shall be cleaned after each run when needed. Under certain weather conditions a simple rinsing off will do.
 5. Review all aspects of the call with other crew members, answering questions that new members may have.
 6. Every patient and crew member of District One EMS is entitled to a clean and completely stocked ambulance. Do your part to make sure it's in that condition for the next run.
- T. Report all vehicle, equipment, and building problems to a Director with a maintenance request form in his/her mailbox. Give as many details as possible. Indicate if you have corrected the problem and how it was resolved. This will allow us to maintain some history on the type of problem a device is having and whether or not consideration should be given to replacement.
- U. Prior to staffing the ambulance at any sporting event, a director will be notified.
- V. All forms can be found in the binder/radio room.

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Subject Multiple Injury Accidents	Date of Issue 2018	Supersedes 2016

MULTIPLE INJURY ACCIDENTS

When responding to a multiple injury incident, the **Crew Chief of the first-in Ambulance** shall assume the position of EMS Command. This person shall have a portable radio at all times. The Command position shall be responsible for any and all Mutual Aid requests and ALL medical radio traffic with Dane County.

The EMS Command position will also be responsible for communicating with the Fire Rescue Captain or Officer of the Fire Department for any extrication or rescue situations.

When arriving at the scene of a Multiple Injury Incident, EMS Command shall immediately assess the scene and make any Mutual Aid requests as soon as possible. When requesting additional ambulances, EMS Command/Crew Chief might consider two patients with minor injuries per ambulance and only one if injuries are serious. Based on Triage, the first mutual aid ambulance to arrive shall then transport the patients that have been packaged first. As much patient information as possible (name, address, hospital, etc.) should be obtained and available for incoming ambulances.

The EMS Command position should refrain from direct patient care as your responsibilities are to control the Medical portion of the incident. Any additional EMTs arriving shall report directly to EMS Command for their assignment. It is essential that all radio communications with Dane County and the Fire Department Command be handled **ONLY** by EMS Command/Crew Chief.

The EMS Command position shall last the duration of the medical portion of the Incident with that ambulance transporting the last packaged patient. Upon arriving at the scene, immediately notify Dane County that you are EMS Command, and upon leaving the scene, advise Dane County that EMS Command has been terminated.

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Subject Nonemergency / Disregard	Date of Issue 2018	Supersedes 2016

NONEMERGENCY / DISREGARD

At some point you may be paged for an incident only to be disregarded before actually getting to the scene, or possibly downgraded to nonemergency. If either of these situations happens, be prepared to make the right decision.

If you receive a page for a nonemergency response requested by a person with some type of authority to make that decision (police, fire, EMS, doctor, nurse), that request should be honored. If your response is in an emergency mode for a requested nonemergency, the liability falls on the person who has made that decision. In other words, if you are involved in a crash while running lights and siren for a very minor injury that was requested nonemergency, you will have a hard time defending yourself. Even though the decision might have been made by the crew chief, the driver will be held responsible.

If you are en route to a scene and become disregarded by a person who has some authority to do so (police, fire, EMS, doctor, nurse), you should disregard. The point can be argued that no two decisions are the same, but to disregard and **document** would be the proper procedure. If a patient or family member requests a disregard, the response should continue in a nonemergency mode and the crew chief shall get a signed refusal.

Whatever you do, **document** on whose authority the decision was based. In any situation where liability becomes an issue, the outcome will be decided heavily on documentation. Patient care or liability should not become confused with good judgment.

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Subject Crew Members	Date of Issue 2018	Supersedes 2016

CREW RESPONSIBILITIES

- A. Individual crew members are responsible for getting a replacement for any shift or partial shift that the crew member cannot serve and notifying crew chief or other crew members.
- B. Drinking of alcoholic beverages on shift or eight hours prior to shift is not allowed. Alcoholic beverages are not allowed on the premises.
- C. Tobacco products are not allowed inside the ambulance or station.
- D. Perform equipment check at the beginning of each shift, recording the information on the forms provided. Do not make any changes in the location of equipment, etc., in the ambulance so that uniformity of location can be maintained for all personnel.
- E. The District One EMS goal is to leave on a call in the shortest time possible. It is the Crew Chief's responsibility to ask dispatch for the time since page and to go enroute no later than 5 minutes.
- F. If the Crew Chief does not respond, the decision to repage becomes the responsibility of a crew member.
- G. Check for equipment left at the hospital from previous runs.
- H. All crew members and passengers in the front seats are to wear seat belts when in a moving vehicle. It is suggested crew members in the back en route to the scene or hospital wear seat belts when not involved in patient care.
- I. Make sure **all** crew members are wearing protective clothing. (Bunker Gear/Vest), A federal regulation (23 CFR 634) mandating that anyone working in the right-of-way of a federal-aid highway must be wearing high-visibility clothing that meets the requirements of ANSI/ ISEA 107; 2004 edition class 2 or 3.
District One EMS requires either on all roadways!

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Subject Crew Members	Date of Issue 2018	Supersedes 2016

CREW RESPONSIBILITIES (continued)

- K. Remember the crew chief is in charge of the patient and scene. Do things as he/she says. If you disagree with the way things are being done, wait and discuss it after the run. And if you still have a complaint, discuss it with the District Director.
- L. Only the crew chief is to request help from bystanders.
- M. When scene action is complete, the driver will carry equipment back to the ambulance while the other crew members maintain patient care under the direction of the crew chief.
- N. Each member shall be completely familiar with ambulance cot operation and practice using it.
- O. Keep the patient comfortable and treat as required. One EMT must remain with the patient at all times to monitor conditions and react to any changes. Use caution in verbal communications to avoid upsetting remarks. Keep hospital advised if patient's condition changes.
- P. Transport will only be made to hospital emergency rooms.
- Q. A parent of a minor cannot be refused transport to the hospital unless their behavior or state of mind is such that their presence will be detrimental to the child. Parental consent is needed before the hospital can provide treatment. If you are treating a juvenile and a parent is not present, be sure that a police officer on the scene or the dispatcher attempts to notify a parent and advises the parent to respond to the hospital emergency department.
- R. On Arrival At Hospital
 - 1. Crew chief will explain patient condition to the emergency department personnel.
 - 2. Other crew members will decontaminate cot, ambulance and selves prior to changing linens.
 - 3. Crew members shall check for equipment left at the hospital on prior runs and decontaminate before placing on ambulance.
 - 4. Crew chief or designated EMT will fill out all necessary forms and obtain proper signatures from the emergency department personnel and patient

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CREW RESPONSIBILITIES (continued)

- S. When Ambulance Is Back at Station
1. Replace any equipment left at the hospital or any supplies used during the call. Place a note on the ambulance regarding any equipment left at the hospital.
 2. Disinfect the interior of the ambulance after every use. Clean the exterior as needed. (This also includes a non-transport.)
 3. Complete the journal with the run information.
 4. Review all aspects of the call with other crew members, answering questions that new members may have.
- T. Report all vehicle, equipment, and building problems to a Director with a maintenance request form in his/her mailbox. Give as many details as possible. Indicate if you have corrected the problem and how it was resolved. This will allow us to maintain some history on the type of problem a device is having and whether or not consideration should be given to replacement.

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Subject Drivers	Date of Issue 2018	Supersedes 2016

DRIVER RESPONSIBILITIES

- A. All drivers MUST have taken an **Emergency Vehicle Operations Course (EVOC/CEVO)** and be currently certified. This position is open to new members after one year.
- B. Know how to operate the lights, siren and other mechanical functions. **Head lights are required to be on at all times!**
- C. It is suggested the driver handle only communications to and from the scene. Driver must notify the Communications Center of any status (leaving station, arrival at scene, en route to hospital, meeting with mutual aid, arrival at hospital, leaving hospital, and return to station).
- D. When disregarding traffic laws, use lights and siren in accordance with Wis. Statutes 346.03. Obey all traffic laws when not using lights and siren.
- E. Use of lights and siren to a hospital shall be at the discretion of the Crew Chief. Excessive speed or unsafe operation shall require immediate involvement by the crew chief even if it means downgrading to non-emergent or replacing the current driver.
- F. Driver shall be familiar with equipment and location and be able to provide equipment as requested at the scene.
- G. Check for equipment left at the hospital from previous runs. Contaminated equipment should be disinfected as best you can prior to returning it. Complete needed disinfection at the station prior to putting the equipment back in service/stock.
- H. Disinfect the ambulance according to the Infection Control Plan.
- I. Fill fuel tanks if necessary after a call. When doing so, complete the "Trip Log" with requested information and return a fuel receipt.
- J. The driver MUST remember that he/she has the lives of the other crew members and the patient(s) in his/her hands. Every move he/she makes will affect the lives of at least two other people.
- K. Under no circumstances should the ambulance leave the station until you are sure of how to get to where you are going. Consult map books or request assistance from the dispatcher for a better location and/or directions. The crew chief can assist with locating the address with either the map/MDT/GPS.
- L. Remain aware of the traffic and changing road conditions. Monitor the radio at all times and disable the scanner while on a call to avoid excess radio traffic.

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Section RESPONSIBILITIES	Section Number 403	Page 2 of 2
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- M. The driver is part of the ambulance crew. Unless advised differently by the crew chief, the driver is to remain with the ambulance to secure it from bystanders or an unruly crowd. If the patient is far from the ambulance, as in an apartment complex or an off-road accident, the driver may be required to relay radio communications or carry additional pieces of equipment. Make sure **all** crew members are wearing protective clothing. (Bunker Gear/Vest). A federal regulation (23 CFR 634) mandating that anyone working in the right-of-way of a **federal-aid** highway must be wearing high-visibility clothing that meets the requirements of ANSI/ ISEA 107; 2004 edition class 2 or 3.
District One EMS requires either on all roadways including drivers.
- N. Actual transportation or vehicle movement begins only when crew chief notifies driver of readiness.
- O. Report all vehicle, equipment, and building problems to the District Director with a maintenance request form in his/her mailbox. Give as many details as possible. Indicate if you have corrected the problem and how it was resolved. This will allow us to maintain some history on the type of problem a device is having and whether or not consideration should be given to replacement.
- P. Crew safety is our number one priority. Responding to calls that require police intervention should be handled cautiously. Using an emergent response to the scene will only escalate volatile incidents with the use of lights and siren. Calls involving violence, overdoses, and threats must be treated as very dangerous and EMS is required to keep out of the immediate area until it is deemed safe by law enforcement to make patient contact. Crew Chiefs will require drivers to down-grade to non-emergent when in close proximity and stage at least one block from the incident address (without emergency lights). Determine from Dispatch any scene information when possible. Always monitor your radio and MDT for updates.
- Q. The driver may be asked to assist with cardiac compressions during a pulse-less patient call.

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Subject Jump Team/EMR Emergency Medical Responder	Date of Issue 2018	Supersedes 2016

JUMP TEAMS

A jump team is a member who responds from one of the villages or townships in the event that that member can respond and provide care prior to the arrival of the ambulance. A jump team member will be in possession of a jump kit/AED, oxygen and a radio.

A jump team member shall wear identifying clothing such as a jump suit, shirt, or jacket. The same rules shall apply for shorts; responders shall don a jump suit prior to patient contact.

Upon arrival of the ambulance, a report should be given to the crew chief and responsibility is then relinquished to the ambulance crew.

If the situation involves a personal danger or a crime scene, the jump-team personnel must wait for law enforcement to clear the scene. Responders arriving prior to the ambulance are to stage away from the area until law enforcement arrives and secures the scene.

Jump Teams are required to use the same radio protocols as the responding ambulance. Announce your radio identification number i.e. Black Earth Portable 1 when responding to calls.

****Jump Team members must hold a valid EMT-Basic license****

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Section RESPONSIBILITIES	Section Number 405	Page 1 of 1
Subject Calls Involving Crime Scenes	Date of Issue 2018	Supersedes 2016

CALLS INVOLVING CRIME SCENES

Response to a domestic violence call by EMS personnel can be extremely dangerous and should be treated as unsafe. A call for a stabbing, shooting, overdose, battery of, or a violent person should automatically signal that ALL EMS PERSONNEL not enter a scene until advised to do so by a police officer or the Dispatch Center.

The Crew Chief holds the responsibility of his/her crew members to make certain that the area which is being entered has been secured by a police department if the call pertains to one of the above. Any EMT responding separate from the ambulance should not enter the immediate area until being requested by the Crew Chief for your assistance. Remember, this is a potential crime scene and the more emergency personnel in or around the scene makes for a greater chance of disturbing evidence.

The responding ambulance should pinpoint the address as closely as possible, and when nearing the address the lights and siren should be deactivated. The ambulance should be staged at least a block from the residence to ensure your safety until a police unit arrives on the scene. Advise Dispatch of what you are doing and the reason why! Request that you be notified as soon as the scene has been made safe to enter. Crew Chiefs—remember it is very important to document what you see and what you hear!

Several addresses carry an "Officer's Safety Alert" which means there has been a violent type call there in the past. EMS is **NOT** to enter the property unless an officer is present or different information is passed down from the Comm Center.

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Subject Patient Safety and Restraints	Date of Issue 2018	Supersedes

PATIENT SAFETY AND RESTRAINTS

At least 3 strap-type restraining devices for the chest, hip and knee shall be provided for each adult patient to prevent longitudinal or transverse dislodgement of the patient during transit. Shoulder straps shall be required attached on the cot, over the patient's chest, and secured as part of the chest strap.

Child Car Seat Laws. Kids 4 years old or younger and weighing 40 lbs. or under, must ride in vehicles while safely secured in a child seat. Kids under 8 years old must be seated in safety seats or boosters until they reach over 80 lbs in weight.

In the event that you are transporting a child of a patient, the above pertains and the child shall be secured to the "Captains Chair". **NOT** a side facing seat!
Should the patient meet the requirements of the above, the "*Ferno Child Seat*" must be affixed to the cot.

Only in the event of a recent birth/new born may child be held in mothers arms. This still is extremely dangerous and alternative transported method should be considered! All other children/patients must be secured separately in a individual seat/cot!!

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Section PATIENT CARE	Section Number 601	Page 1 of 1
Subject Patient Documentation	Date of Issue 2018	Supersedes 2016

PATIENT DOCUMENTATION

An important part of being an Emergency Medical Technician is the documenting of patient care you and your crew render. Your filling out of forms completely and accurately involves many different stages—from hospital, to billing, to even a court of law. It must be a high priority that ALL forms are complete. When the crew chief completes the forms, the other EMTs on the crew should review the forms. The old saying, "If it's not documented, you didn't do it!" holds true.

A. PATIENT DOCUMENTATION

A report must be filled out for EVERY call regardless if you were disregarded en route or your patient refuses care. All sections must be completed! If a section does not pertain to your patient, write "NONE." Emphasis on patient's FULL Name, date of birth, Social Security number, Address, and Zip Code should be made. Upon completion, the entire crew should go over the form and make any additions needed. After a signature is obtained, the white copy of the "Preliminary" stays at the hospital. The final patient report is entered into the current web based reporting system.

B. MONITORING\DEFIBRILLATION\KING TUBE™ SUPPLEMENTAL REPORT

This combination form must be filled out whenever a patient is defibrillated and/or a Advanced Airway is inserted. This is in addition to documentation on the patient run form. Run times can be obtained from the CAD/Elite report to complete the patient run report.

C. REFUSAL OF TREATMENT FORM

This form must be completed any time you have contact with a patient who refuses any medical treatment. You may respond to an accident which involves two persons but only one injury. Make sure the uninjured person SIGNS a release and they are given a WHITE copy. Include the "yellow" portion with the report. This is very important. All patient refusals must be accompanied by a run report.

D. DETERMINATION OF EXPOSURE TO BLOOD/BODY FLUIDS FORM

Any time a crew member is exposed to a large amount of Blood or Body Fluids, this form should be completed immediately. Dane County EMS should also be contacted **before leaving the hospital** for further directions. Phone 266-9167 or have the Communications Center page the Dane County EMS Systems Coordinator for you. The Infectious Disease Control Director must also be notified (See Exposure Control Plan).

E. Forms for the above can be found in the binder/radio room..

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Section RADIO USAGE	Section Number 701	Page 1 of 1
Subject Radio Usage	Date of Issue 2018	Supersedes 2016

RADIO USAGE

See "Dane County Fire/EMS Radio Communication Protocol" at www.district1ems.com.

- A. Upon receiving a page, the Crew Chief must acknowledge the "second" page and make the appropriate mutual aid request if needed. Page must be acknowledged within one minute. When making personal contact with patient, advise the Comm Center, "Mazo 28 has made patient contact".
- B. Jump team members with a radio should use their village name and assigned number to communicate with the dispatcher and responding ambulance, i.e. Black Earth Portable 1, Mazo Portable 1.
- C. While en route to the hospital, the crew chief or his/her designated person will contact the designated on the appropriate channel. Deactivate scanner during hospital patch to avoid radio interference.

Call the hospital you are going to and make sure they can hear you (i.e., St. Mary's Hospital from Mazo Rescue 28, do you copy?) After the hospital acknowledges you, go ahead with your report. When giving your report to the hospital, be sure to cover the following items:

- 1. Sex and age of patient
- 2. Nature of illness or injury
- 3. Level of consciousness
- 4. Severity and/or history of illness or injury
- 5. Vital signs: BP, pulse and respirations
- 6. Treatment being given, oxygen amount, etc.
- 7. Doctor's name
- 8. Medications with patient
- 9. ETA (estimated time of arrival)
- 10. Blood Thinners?

When transmission is complete, respond Mazo Rescue 28 clear.

- D. Advise the Comm. Center when you arrive at the hospital (i.e., Comm. Center from Mazo Rescue 28, we are on location at _____ Hospital).
- E. Advise the Comm. Center when you leave the hospital (i.e., Comm. Center from Mazo Rescue 28, we will be en route back to the station) and "back in service" when you are in your territory.
- F. Insure that a portable radio is in the possession of an EMT crew member at all times.

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Section COMMUNICATIONS	Section Number 702	Page 1 of 1
Subject Radio Communications—Mutual Aid into Iowa/Sauk County	Date of Issue 2018	Supersedes 2016

RADIO COMMUNICATIONS—Mutual Aid into Iowa/Sauk County

As in Dane County, a mutual aid call into Iowa/Sauk County should include enough radio traffic with the Dispatch Centers to keep both counties aware of your status.

After receiving a page for Mutual Aid into Iowa/Sauk County, acknowledge your page, go en route and on location with Dane County, as with Iowa/Sauk County frequency, advise Iowa/Sauk County you are en route, and clarify the address. Once this has been done, remain on the incident frequency.

Once again, advise BOTH counties of your arrival and then again when en route to the hospital. You only need to advise Dane County of your arrival at the hospital.

If Dane or Iowa/Sauk County advises you to maintain a different procedure, PLEASE follow their wishes.

With the introduction of MABAS (Mutual Aid Box Alarm System), all EMS/fire services have built an aggressive response tier for major incidents and/or disasters. District One EMS has been built into many outlying departments as a responding ambulance to some alarms. If you are on-duty when such a incident occurs and you are paged, pay special attention to the channel assignment and address which may be many miles from our station. DO NOT leave until you have a definite location to where you are headed. IFERN may be one of many selected channels being assigned.

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Section MUTUAL AID	Section Number 801	Page 1 of 1
Subject Med Flight	Date of Issue 2018	Supersedes 2016

MED FLIGHT GUIDELINES

A. Med Flight Guidelines

Med Flight should be called for patients in need of fast, smooth transport to the hospital. Some of these calls may be, but not limited to, the following:

1. Back and neck injuries
2. Multi-trauma patients
3. Large loss of blood
4. Car accident victim -- when patient transport is delayed due to extrication (patient should show signs of need for Med Flight)

Though the above are just suggestions, the Crew Chief should make the final decision to activate Med Flight.

Procedure:

To obtain aid from Med Flight, the crew chief should request them through the Dane County Dispatcher. When requesting Med Flight, advise the dispatcher to have Med Flight contact you on the appropriate EMS channel (usually MARC II). Also have the dispatcher advise you of Med Flight's estimated time of arrival (ETA).

If the crew chief should decide to request Med Flight, he/she should remember that a landing zone (LZ) needs to be clear of obstacles and level with a area of 100'x100'. For pre established LZ's, see Med Flight Landing Zones 801.1. If at night, there will be a need for a strobe/flare pattern.

The Med Flight crew will want a patient update. Be prepared to give the patient's status: vitals and cause of injuries.

Med Flight does not have any equipment for immobilizing the patient. We will need to use our own equipment for "packaging" the patient.

B. Heart Patients

Pulse less Non-Breathers (PNB), are not recommended for Med Flight. If you respond to a PNB patient, request ALS if not already started. Provide patient care with updates to ALS/Dispatch and treat until ALS arrives. If "shocks" are delivered, relay to dispatch, "shock delivered". District One protocol recommends that ALS (not Med Flight) be the preferred mutual aid for PNB's.

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Section MUTUAL AID	Section Number 801.1	Page 1 of 1
Subject Med Flight Landing Zones—	Date of Issue 2018	Supersedes

SEE HARD COPY MAP/DETAIL IN DRIVERS COMPARTMENT MAP BOX

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Section MUTUAL AID	Section Number 802	Page 1 of 1
Subject ADVANCED LIFE SUPPORT (Paramedics)	Date of Issue 2018	Supersedes 2016

ADVANCED LIFE SUPPORT GUIDELINES

Some patients may warrant Advanced Life Support (ALS), if this needs to be requested, simply inform the Comm Center of your request. Based on availability, the closest ALS unit will be dispatched from Middleton/Madison. When requesting Med Flight, some considerations must be made. Med Flight will not respond when weather conditions are such that safe transport cannot be made: low visibility, fog, heavy rain or certain snow conditions. In addition, Med Flight may be on another call and is not always available. If additional BLS/ALS aid is required, the District has adopted a running order to determine which ambulance should be second-in, third-in, etc., to a scene. You need not be familiar with this order. The Dane County Comm. Center will be able to dispatch the correct ambulance upon request.

Make every effort to keep Dane County Communications Center aware of your mutual aid needs as soon as possible and continue to keep them apprised of the situation so they can be prepared, if necessary, to send additional assistance. It is the Crew Chief's responsibility to request mutual aid.

PROCEDURE:

To obtain additional resources, the crew chief should request them through the Dane County Communications Center. A brief patient report should be given to the Communications Center so they can advise ALS of the kind of patient they are responding to. Once they are en route, the paramedics will contact the ambulance on the appropriate EMS channel to obtain an updated patient report.

Do not wait at the scene for ALS to arrive—load the patient (unless PNB) and start toward Madison. An intercept can be arranged while en route.

In most cases, the paramedics will come to the District ambulance with their equipment rather than transferring the patient. If the paramedics use the District One ambulance, our crew will be asked to provide a driver for their ambulance. Our driver should determine if the paramedics want their ambulance to accompany them on the run. Otherwise, their ambulance will be driven without lights and siren.

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Section MUTUAL AID	Section Number 803	Page 1 of 1
Subject Fire Department Response	Date of Issue 2018	Supersedes 2016

FIRE DEPARTMENT RESPONSE POLICIES

The appropriate Fire Department shall be requested for Mutual Aid with District One EMS as follows:

1. The on-duty **Crew Chief** shall use his/her discretion in requesting a Fire Department or additional EMS response for any farm incident upon receiving a page or information that may indicate its necessity.
2. The on-duty **Crew Chief** shall use his/her discretion in requesting a Fire Department or additional EMS response for any incident in which the safety of the patient and/or crew will benefit from such (lifting, off road, etc).
3. The on-duty **Crew Chief** shall use his/her discretion in requesting a Fire Department or additional EMS response along the Wisconsin River. Because of their special training in water rescue, Prairie du Sac Fire shall be requested for **any** incident involving a *water rescue*.

Any request for a fire response from other than the crew chief will **only** be made from a District One EMS member who is on the scene and can confirm the actual need for a response.

Based on information received in the Dane County 911 Center, the decision may have already been made for a fire response. If fire has been sent and the **Crew Chief** determines there is no need, contact Dispatch and advise to cancel fire.

REHAB - Fire Ground

EMS rehab on the fire ground is providing firefighters and other emergency personnel with immediate medical attention including rehydration, treatment for smoke inhalation, and the prevention of such life-threatening conditions as heatstroke and heart attack. Below are a few things to set in place for the operation of both radio communication and treating/monitoring firefighters.

- Radio Communication - be very cognizant of your surroundings and how you monitor and transmit radios at the fire ground. Unless an emergency, EMS should refrain from interrupting radio traffic that is detrimental to the fire and safety of others. Make certain that the assigned fire channel is monitored at ALL times unless you are directed otherwise.
- Rehab Sector set-up - a position remote/safe from the fire or emergency incident.
- Functions – All firefighters should have had their baseline vitals, history, and destination hospital logged and available on site should EMS have a need to compare current vitals or other needed information for treatment/transport.
- Portable chairs (available in bay) should be utilized for rest with drinking water readily available for continued hydration. Heart rates, breath sounds, and blood pressures should be monitored every 10/15 minutes. Each fire department has its own criteria as to when firefighters can be released for active duty.
- Suggestions – Depending on weather, a warmer/cooler environment should be offered. Turn-out gear should be removed. Wet towels for cool down can be applied around neck/shoulders, supply of drinking water and oxygen if needed. Firefighters that remain weak from exhaustion or elevated heart rates that don't decrease should be considered for transport.
- Drivers – Plan ahead that R28 is not boxed in by hoses/vehicles which may prevent you from leaving with a patient or going back in service.

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Subject Additional Ambulances	Date of Issue 2018	Supersedes 2016

ADDITIONAL AMBULANCES GUIDELINES

District One ambulances may only transport two patients at a time. If any patient is in serious condition requiring immediate and continuous care, only one patient should be transported per ambulance.

The Crew Chief (or his/her designee) upon learning of multiple patients at a scene should request additional ambulances to be paged. A good rule of thumb is to request one ambulance per patient. You will usually have a option of ALS or BLS.

The Crew Chief of the first ambulance to arrive at the scene will be in charge of all EMS operations until all patients are transported. The Crew Chief should be in possession of a portable radio..

Once the mutual aid ambulance is en route, they will contact the Crew Chief for a patient report and the actual scene location they should respond to. Whenever possible, the patient that will be transported by the mutual aid ambulance should be packaged, vital signs taken and a run sheet started. The Crew Chief Command should give the responding ambulance a brief report of the patient's condition and care up to that point.

The most serious patient should be transported first and the less serious injuries should be transported by additional mutual aid ambulances (if needed) with the last patient on the scene being transported by the first in ambulance.

If patient condition warrants immediate removal and transport and appropriate staff (i.e. additional EMTs and equipment) is present, the crew chief may turn the scene over to a qualified EMT from the ambulance crew to take EMS command.

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Subject Additional EMTs	Date of Issue 2018	Supersedes 2016

ADDITIONAL EMTs GUIDELINES

In the event additional EMTs are required at a scene, the Crew Chief should request the Dane County Communications Center to page for additional help to respond to the scene.

Additional EMTs responding to a scene should check in upon arrival with the Crew Chief or his/her designee for instructions and patient assignment.

The Crew Chief will determine which patients require additional EMTs and what those EMTs duties should include.

When additional EMTs respond to a scene, the priority should be to relieve police and fire personnel of patient care responsibilities.

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Subject Bystander Help	Date of Issue 2018	Supersedes 2016

BYSTANDER HELP GUIDELINES

In rare occasions, it may be necessary to obtain bystander help at an ambulance scene. Care should be taken in soliciting bystanders since they are not trained and could complicate the patient's condition if not carefully monitored.

Bystander help may be used to open doors, lift patients or stretchers or carry equipment. In some cases, they may be used to steady long boards during extrication.

It is recommended that lay people not be used at ambulance scenes due to the liability possibilities. Fire and police personnel, if available, are the preferred choice if help is needed at a scene. If they are not available and additional help is required, the Crew Chief should consider paging them out.

In addition, universal precautions should be adhered to by anyone helping at an ambulance scene—this includes fire and police personnel and lay people.

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Section GRIEVANCES AND PROBLEM RESOLUTION	Section Number 901	Page 1 of 1
Subject Grievance Procedure	Date of Issue 2018	Supersedes 2016

GRIEVANCE PROCEDURE

- A. A member who has a grievance concerning his/her crew should attempt to solve the problem at that level.
- B. If that is not satisfactory or if the problem is not crew-related, the member should submit it to the Board of Directors in writing. The Board of Directors will mediate and try to resolve the problem to the satisfaction of both parties and will then, if necessary, submit a recommendation in writing to the Grievance Committee who may take appropriate action.
- D. The Grievance Committee consists of District One Members who independently act in response to a written complaint. Written grievances submitted to the Grievance Committee will be held in confidence.
- C. The member's recourse is through the chain of command.

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Section GRIEVANCES AND PROBLEM RESOLUTION	Section Number 902	Page 1 of 1
Subject Chain of Command	Date of Issue 2018	Supersedes 2016

CHAIN OF COMMAND

- A. If a crew member has a problem, try to resolve with Crew and Crew Chief.
- B. If the problem cannot be resolved, submit it in writing to the Board of Directors.
- C. The Board of Directors may forward the grievance to the Grievance Committee
- D. The Grievance Committee will report back to the Board of Directors with their recommendation.
- E. The District Director will be kept abreast of discussions/actions.
- F. District Director – 1st in Command
Training Director – 2nd in Command
Infection Control Director – 3rd in Command

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Section GRIEVANCES AND PROBLEM RESOLUTION	Section Number 903	Page 1 of 1
Subject Communications Center Problems or Complaints	Date of Issue 2018	Supersedes 2016

COMPLAINTS TO DANE COUNTY COMMUNICATIONS CENTER

Most complaints regarding problems with dispatching can be solved over the phone. There is, however, a procedure to follow in making a complaint.

1. Notify the District Director as soon after the ambulance run as possible.
2. Write down specifics of the complaint before the information is forgotten.
3. The District Director will contact the Communications supervisor and explain the nature of the complaint and attempt to work out a reasonable solution.
4. In the event that the complaint is not settled verbally, an EMS Communications Incident Complaint Form will be submitted by the District Director to the Communications Center Supervisor. Disposition of the complaint will be reported back to the originating crew.
5. Dane County requests that all complaints of this nature should be managed at the supervisory level. EMS District Directors should contact Communications supervisors and the EMS coordinator for Dane County.

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Section LEGALITIES AND INJURIES WHILE ON DUTY	Section Number 1001	Page 1 of 1
Subject Injured Member - Who to Notify and How to Do It	Date of Issue 2018	Supersedes 2016

WHO TO NOTIFY AND HOW

In the event of an accident or injury or any possible liability situation involving a District One EMT/driver, the Dane County EMS On-Duty Call Person and a District One EMS Director must be notified immediately. You may ask the Dane County Comm Center to page them.

The injured person or crew chief must fill out and submit to the District Director the form "Injury Incident Report" immediately upon return to the station. These forms can be found in the Radio Room form binder

As soon as possible, keep the District Director updated of the situation.

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Subject Insurance Coverage	Date of Issue 2018	Supersedes 2016

INSURANCE COVERAGE

Dane County, under an agreement with county ambulance services, shall, at its expense, obtain and maintain or provide certain self-insurance equal to, but not less than:

- a) This vehicle insurance is the district responsibility.
- b) (Not applicable)
- c) A professional liability insurance policy for all volunteer ambulance drivers and emergency medical technicians. Such policy shall identify the County and the District as named insured. Said policy shall not, however, apply when professional services are rendered by physicians, certified physician assistants, registered nurses or licensed practical nurses, when providing patient care services beyond that enumerated by their level of EMT certification or licensure.

The above is extrapolated from the document covering Dane County and Local EMS District Agreements. If further information is desired, the District Director should be contacted.

WORKER'S COMPENSATION INSURANCE

Dane County, under an agreement with county ambulance services, shall, at its expense, obtain and maintain or provide self-insurance equal to:

- a) A policy of worker's compensation insurance covering all volunteer emergency medical service personnel and ambulance drivers of the District for whom the District has elected employee status under Wis. Stats. s. 102.07 (11); all members of the District if the District is organized under Wis. Stats. ch. 213 and every member of the District if the District is a legally organized rescue squad as the term is used in Wis. Stats. s 102.07 (7). Such policy shall exclude all full and part-time hourly and salaried employees of the District who are otherwise required to be insured by the District under applicable provisions of Wisconsin Statutes and Administrative Rules.

The above is extrapolated from the document covering Dane County and Local EMS District Agreements. If further information is desired, the District Director should be contacted.

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Subject Legal Crew	Date of Issue 2018	Supersedes 2016

LEGAL CREW

A legal crew must consist of two EMTs (one driver and two EMTs, or two EMTs—one serving as a driver). One of the EMTs may hold a "Training" permit. This member may not be with the patient alone.

If the crew chief does not have a legal crew, he/she must page for additional crew members. If additional crew does not arrive, page another ambulance and leave for the scene. If additional crew arrives at the scene, the second ambulance can be disregarded.

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Subject What to Do If You Have an Exposure	Date of Issue 2018	Supersedes 2016

BLOODBORNE

1. Wash the area as soon as possible with soap and water, Alcare, or alcohol.
2. If you have a cut or have gotten stuck with a sharp object, milk the wound to get as much of the contamination out as possible.
3. If you have something in your eye, flush with water or saline.
4. Go to the emergency room and sign yourself in as an outpatient. Go to the hospital that your patient went to if possible.
5. You will be given a packet of information and a form you need to fill out. The name of the form that you will be filling out is the Significant Exposure to Blood/Body Fluids Determination form. You will get the last copy of this form for your records; we will need a copy of this for your file.
6. A doctor will see you and he/she will determine if you have had an exposure or not. If you are told that you did not have an exposure and you feel that you did, you have the right to a second opinion. Contact our medical director for an opinion.
7. You must contact the on-duty Dane County EMS person as soon as you get to the hospital or as soon as possible thereafter. Call the Communications Center and have them page the On-Call Person. Be patient if your call is not returned immediately. They may be in a meeting or may not be near a phone, but they will call you back! You will need to explain what happened and they will follow up on the exposure.

Next you need to contact the District One Infectious Disease Control Director. The Infectious Disease Control Director will be the person who will follow up on the exposure at the hospital and with the doctor if possible.

8. Wisconsin Act 252 now reclassifies EMTs as Health Care Professionals. This means that if a significant exposure is determined this allows for testing patient's blood without the permission of the patient if their blood was drawn for other purposes and there is enough to perform test(s) . . . in most cases there is.
9. If you are having some problems with the exposure and need to talk to someone, counseling will be provided for you and your spouse/partner if necessary.
10. Dane County EMS pays for all of this; there are no costs to you at all.

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AIRBORNE

1. Report exposure as soon as possible to the following people:
 - a. Hospital Emergency Room staff
 - b. Dane County EMS paged through the Comm Center
 - c. Infectious Disease Control Director
2. Sign yourself in as an Emergency Room Patient. You will receive the appropriate care as necessary.
3. The Emergency Room Physician will examine you and determine whether a significant exposure has occurred.
4. The Emergency Room Physician may recommend other appropriate therapy—such as PPD testing.
5. You will be referred to your own personal physician for follow-up care.
6. The Infectious Disease Control Director must submit in writing a request for follow up information after an exposure. The hospital will then contact you within 48 hours after receiving the request.
7. The Infectious Disease Control Director will follow up on each exposure.
8. In the event that you must stay at the hospital to be seen by a doctor, **the ambulance must return to the station and be put back in service.** They will not be able to wait for you. It is the responsibility of the rest of the crew to call a director and find a temporary replacement for you.
9. You can contact any of the directors of District One EMS to arrange for a ride home if you can not find one.

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Subject Policy Statement on Confidentiality	Date of Issue 2018	Supersedes 2016

POLICY STATEMENT ON CONFIDENTIALITY

As a member of Dane County District One Emergency Medical Service, you will have access to confidential information about your patients. According to the Statute of Privileged Communications of the State of Wisconsin and recent changes in Emergency Medical Services legislation (**HIPAA**)*, the physician-patient privilege applies to information the Emergency Medical Technician (EMT) may have acquired while professionally attending the patient. Such information as a patient's medical history and status of billing are never to be discussed outside of the District EMS unit among your friends or your family. Such conversations may be overheard by someone who has no right to this information and may be damaging and/or embarrassing to the patient or the Service. Discussion within the service should be focused on the "need to know" principle: what is important training information regarding a run or patient care can be discussed.

The law (**HIPAA**) protects the confidential relationship between health-care personnel and patients. Breach of such confidence is not only unethical but illegal and may involve the EMT and District One EMS in legal action. Disclosure of such confidential information may affect future status with the organization.

Date

Name

Witness

* **HIPAA** - Health Insurance Portability and Accountability Act of 1996 Privacy Rule

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Section APPENDIX	Section Number 1202	Page 1 of 2
Subject Position Description — District Training Director	Date of Issue 2018	Supersedes 2016

DISTRICT TRAINING DIRECTOR

Purpose:

Dane County District One Emergency Medical Services serves the villages of Black Earth and Mazomanie along with the townships of Berry, Black Earth, Mazomanie and Vermont.

Joint County/District Contracts stipulate that all Dane County EMS Districts shall maintain a District Training Director position. Dane County District One EMS is required to keep training files and proof that all personnel working with the ambulance service are certified to the minimum standards set by District One EMS, Dane County EMS and the State of Wisconsin. In addition, the District shall offer recertification classes for members to remain current in minimum standards and skills, and members shall be offered continuing education when available.

Title:

This position shall be called District Training Director. The person serving in this capacity shall be employed by the District One EMS Board. The District Director will conduct an annual performance review between the months of January and March. The Training Director reports to the District Director.

Salary:

Determined by the District Board and paid monthly.

Probationary Period:

There shall be a one-year probationary period.

Summary of Duties and Responsibilities:

1. Maintain close communications with the District Director.
2. Assess the training and learning needs of district and individual members.
3. Maintain training records for each member of District One EMS.
4. Maintain established minimum educational and performance standards for the District and individual members.
5. Work with District Medical Director to develop an ongoing program of minimum educational and performance standards, training needs and quality control along with County recommended guidelines.
6. Work with District Medical Director to implement a continuing education/retraining program.
7. Coordinate and schedule all training for the district including, but not limited to, CPR, EMT Basic and refreshers, advanced skills, EVOC and refreshers, run reviews and monthly training meetings.
8. Enroll members into classes as they become available in accordance with the membership provisions of District One EMS and the approval of the District Director.
9. Provide information needed for members to enroll in classes/recerts/refreshers.
10. Oversee and make expenditures from the district training budget with the approval of the District Director.
11. Submit training information monthly to the District Newsletter to keep members aware of what training is available and/or what certifications are necessary.
12. Serve as a liaison between the District and Dane County EMS Training Coordinator.

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Subject Position Description — District Training Director	Date of Issue 2018	Supersedes 2016

Summary of Duties and Responsibilities (continued)

13. Ensure that the service is in compliance with licensing and certification standards on an ongoing basis. The Training Director has the authority, with the District Director's approval, to suspend any District One EMS service member from active participation in jump team or ambulance shifts until certified according to the minimum standards of District One EMS, Dane County EMS and the State of Wisconsin.
14. Coordinate the renewal of State of Wisconsin license applications and National Registry renewals although the responsibility for these renewals remains with the individual member and not the district.
15. Maintain current roster information for Dane County EMS and State of Wisconsin and update as needed.
16. Coordinate community relations activities to benefit the district and provide community awareness of EMS.
17. Represent District One EMS at EMS organization meetings dealing with training/education issues.
18. This position may require an immediate response to requests for hands-on or directions to needed information or incidents.
19. Become a Dane County Advanced Skills Recertifier within 12 months with ability to instruct/recert current/new members as required.
20. Become an American Heart Association CPR Instructor within 12 months with ability to instruct/recert current/new members as required.
21. May require additional NIMS/ICS classes within 12 months.
22. Coordinate the State of Wisconsin e-licensing and WARDS with new/current members.

Selection Criteria:

- CPR certification and National Registry and must be licensed by the State of Wisconsin to the highest level of this Service.
- Active EMT with this service for at least five years.
- Have a working knowledge of the training and educational standards required by District One EMS, Dane County EMS and the State of Wisconsin.
- Ability to organize work effectively.
- Ability to use computer and software.
- Ability to communicate with a wide variety of people and establish good working relationships.
- Valid driver's license (EVOC is not required).
- Ability to develop a training budget.
- Ability to assess training needs and work with District Medical Director to implement needed training.

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Subject Position Description — Infectious Disease Director	Date of Issue 2015	Supersedes 2013

INFECTIOUS DISEASE DIRECTOR

Purpose:

Dane County District One Emergency Medical Services serves the villages of Black Earth and Mazomanie along with the townships of Berry, Black Earth, Mazomanie and Vermont.

Joint County/District Contracts stipulate that all Dane County EMS Districts shall maintain a Health & Safety Director position. Dane County District One EMS is required to keep files of all immunizations and tuberculosis screening results for all personnel working with the ambulance service and ensure they are up to date to the minimum standards set by District One EMS, Dane County EMS and the State of Wisconsin.

Title:

This position shall be called Infectious Disease Director. The person serving in this capacity shall be employed by the District One EMS Board. The District Director will conduct an annual performance review between the months of January and March. The Infectious Disease Director reports to the District Director.

Salary:

Determined by the District Board and paid monthly.

Probationary Period:

There shall be a one-year probationary period.

Summary of Duties and Responsibilities:

1. Maintain close communications with the District Director on the activities involving this position
2. Responsible for the minimum education and performance standards relating to the Bloodborne/Airborne Pathogen (BBP/ABP) Standards. This includes Plan Development, Training and Immunization records necessary for the protection of District One EMS ambulance personnel from the consequences of exposure to infectious diseases.
3. Shall coordinate training for District and individual members on the BBP/ABP Standards and shall inform the members of District One EMS when the county offers Hepatitis B Vaccination and the District offer Tuberculosis Screening. The Infectious Disease Director shall also maintain inventory of equipment and supplies relating to the BBP/ABP Plans and Protective Personal Equipment. Assess the training and learning needs of the district and each individual member.
4. Oversee and make expenditures from the District Airborne/Bloodborne Pathogen budget with the approval of the District Director.
5. Serve as a liaison between the District and Dane County EMS Training Coordinator.
6. Provide classes for members as they become available in accordance with the BBP/ABP Standard.
7. Develop training curriculum along with the Training Director for the in-house training for BBP/ABP Standards of District ambulance personnel.
8. Ensure that the personnel are in compliance with BBP/ABP Standards, ICS100, and NIMS 700 on an ongoing basis. The Infectious Disease Director has the authority, with the District Director's approval, to suspend any District One EMS service member from active participation in jump-team or ambulance shifts until certified according to the minimum standards of District One EMS, Dane County EMS and the State of Wisconsin.

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Subject Position Description — Infectious Disease Director	Date of Issue 2015	Supersedes 2013

Summary of Duties and Responsibilities (continued)

9. Ensure that the Dane County Rosters are up to date for the BBP/ABP Standard Training and Hepatitis B Immunization. Enroll personnel in the BBP/ABP and Fit Testing of the Respirator Mask refresher classes.
10. Maintain confidential records for every member of District One EMS for the BBP/ABP Standards, including training and exposure records.
11. Provide any member of the District confidential assistance if an exposure occurs, coordinate communications and maintain confidential records of the exposure—all as outlined in the Exposure Control Plan of District 1 EMS.
12. Represent District One EMS at various meetings or training sessions to keep the district in compliance with the BBP/ABP Standards.
13. Will work with the District Director, Training Director and the Medical Director in planning and executing the training for members of District One EMS in the BBP/ABP Standard.
14. Must be able to maintain confidential records for the district BBP/ABP Standard, Tuberculosis screening when needed and Hepatitis B Immunization.
15. This position may require an immediate response to requests for hands-on or directions to needed information or incidents.
16. Schedule yearly flu vaccinations.

Selection Criteria:

- Maintain CPR certification and National Registry and must be licensed by the State of Wisconsin to the highest level of this Service.
- Active EMT with a minimum of five years EMS experience and at least five years with this service.
- Have a working knowledge of the BBP/ABP Standards and educational standards required by District One EMS, Dane County EMS and the State of Wisconsin.
- Ability to organize work effectively.
- Ability to use computer and software.
- Ability to communicate with a wide variety of people and establish good working relationships.
- Have a valid driver's license (EVOC is not required).
- Ability to develop an OSHA budget.
- Ability to assess training needs and work with District Medical Director to implement the needed training for the BBP/ABP Standard.