

**RESOLUTION #2006-41
A BOISE COUNTY RESOLUTION ESTABLISHING
STANDARD OPERATING PROCEDURES FOR
EAST BOISE COUNTY AMBULANCE UNITS
RESCINDING RESOLUTION #2004-01**

WHEREAS, the Board of Boise County Commissioners has determined it necessary to adopt Standard Operating Procedures (SOP's) for its voluntary ambulance service; and

WHEREAS, each individual East Boise County Ambulance District unit has had an opportunity to be heard and, through its advisory board representative, to suggest inclusion or deletion of certain proposed procedures; and

WHEREAS, the Board of Commissioners recognizes that a comprehensive policy and procedure manual for its volunteer EMT's and drivers serves to provide direction for the ambulance program in Boise County, establish the expectations of the board for the volunteer ambulance program and its members, and to clarify members' individual roles in the program; and

WHEREAS, the Board of Commissioners has worked with the East Boise County Ambulance Advisory Committee and revisions have been made to the Standard Operating Procedures as adopted by Resolution #2004-01.

NOW THEREFORE, BE IT HEREBY RESOLVED that the East Boise County Ambulance District Proposed Standard Operating Procedures Revision shall be and are hereby adopted as the governing document for the operation of the volunteer ambulance program within Boise County, as Revised.

APPROVED and ADOPTED by the BOARD OF BOISE COUNTY COMMISSIONERS at its REGULAR MEETING on this 26th day of June 2006.

BOARD OF COUNTY COMMISSIONERS

Roger B. Jackson

Roger B. Jackson, Chairman

Fred H. Lawson

Fred H. Lawson, Commissioner

Paul A. Stutzman

Paul A. Stutzman, Commissioner

Attest:

Rora A. Canody

Rora A. Canody, Clerk to the Board



STANDARD OPERATIONAL PROCEDURES FOR EAST BOISE COUNTY AMBULANCE DISTRICT

NAME: The name of the organization shall be East Boise County Ambulance District, an organization staffed with volunteers.

STANDARD OPERATING PROCEDURES

The SOPs are a collection of written protocols to help EBCAD operate in a uniform manner. They shall be developed by the EBCAD Advisory Board and approved by the Boise County Board of Commissioners. In the event of a conflict, SOPs of the EBCAD will take precedence over individual unit SOPs.

LOCAL UNITS

The individual ambulance units shall be defined as follows: Idaho City Ambulance, Lowman Ambulance, Mores Creek Ambulance, and Placerville Ambulance.

MISSION STATEMENT

The mission of East Boise County Ambulance District is to provide the best possible patient care, transportation, rescue, and extrication to the sick and injured who request our services. Total quality management will be practiced while continuing to promote the individual growth of our members and the community.

I. PURPOSE

- A. The purpose of the organization shall be as follows:
 - 1. To provide adequate and competent ambulance service to the citizens and visitors of East Boise County.
 - 2. To promote Emergency Medical Service (EMS) in the State of Idaho and the County of Boise and educate the public concerning this service.
 - 3. To promote good relations and cooperation between local and State EMS and the medical community.

II. EAST BOISE COUNTY AMBULANCE DISTRICT BOUNDARY.

- A. The Service Area shall include:
 - 1. Boise County, Northern portion of Elmore County, Southern portion of Valley County and the Western portion of Custer County as directed by Boise County Commissioners.

III MEDICAL DIRECTOR

- A. A licensed medical physician will serve as Medical Director for EBCAD.
- B. The Medical Director(s) will serve according to Idaho state guidelines.

IV. EMS MEMBERSHIP

- A. Application and Pre-screening
 1. EMS volunteers will complete a volunteer application. All EMS volunteers will serve six (6) month probation.
 2. Each unit will conduct a pre-screening interview with each EMS volunteer applicant (see attached exhibit C), which may, from time to time, be revised with approval of the Board of County Commissioners.
 3. Prospective volunteer drivers must complete a volunteer application and units will submit drivers' names, drivers' license numbers, and dates of birth to the EBCA Billing Clerk for submission to the Idaho Transportation Department for a record search. Based on the record, the County Risk Manager will determine eligibility into the volunteer program.
 4. EMS volunteers must follow standard operating procedures, protocols, written standing orders, and other documents to meet the objective of the EMS.
 5. EMS volunteers must respond to all ambulance calls received during his/her shift, or arrange proper coverage prior to such calls. The driver must not precede the EMT at the scene.
 6. EMS volunteers must attend one meeting per quarter.
 7. EMS volunteers must maintain professionalism while on call or representing their units.
 8. EMS volunteers must drive the emergency vehicle safely according to statutes, rules, and regulations of the State of Idaho and the standards of this SOP manual.
 9. EMS volunteers must follow direct orders of their lead EMT.
 10. EMS volunteers will be subject to for-cause drug testing.
- B. EMT Duties
 1. EMTs serve to provide basic life support and patient care as defined by the State of Idaho.
 2. EMTs provide patient care at the scene of an emergency and during transport to medical facilities based on his/her level of training, level of agency licensure, agency protocols, the Medical Director, and the procedures listed in the SOP manual.
 3. EMTs give complete verbal and written (PCR) reports to the emergency department nurse or physician regarding the condition of the patient upon arrival to that facility. (A verbal report maybe given prior to arrival.)
 4. EMTs restock the ambulance and jump kit with needed supplies and ensure the ambulance is ready to respond to another call at the completion of each call.

5. EMTs ensure that all paper work and reports are complete and precise for state reporting and local billing purposes. (Drivers may complete reports for the Rescue Units.)
6. EMTs maintain state certification and continuing education requirements of the State of Idaho for applicable certification levels, including EMT-B, First Responder, and CPR. When an EMT receives national-registry certification, the unit president will submit a copy, along with the EMS provider form (see Attachment D), to State EMS. This will result in state certification.
7. When a victim is deceased an EMT must remain with the body until the coroner or law enforcement officer arrives. In no circumstance should the EMT move the body. In a situation of limited personnel, additional ambulance staff should be called to stay with the body while the ambulance transports the injured patient.
8. When an EMT terminates, the unit president is responsible for notifying State EMS.

V. ADVISORY BOARD

A. EBCAD Advisory Board Members

1. The EBCAD Advisory Board shall consist of one Boise County Commissioner, the Disaster Coordinator, the Medical Director(s), a citizen representative, and one representative from each unit. All members except the County Commissioner and citizen representative will have a designated alternate. All representatives and alternates will be selected by their units or employers and approved by the Boise County Board of Commissioners.
2. Advisory Board Meetings shall be governed under the Open Meeting Laws of the State of Idaho.
3. The Boise County Commissioner shall be designated Chairman of the Advisory Board.
4. The EBCAD Vice Chairman shall be elected by the Advisory Board.
5. The EBCAD Advisory Board shall meet the first Thursday of each month, unless otherwise notified.
6. The EBCAD Advisory Board shall be responsible for preparing the proposed annual budget and submitting the budget to the County Clerk.
7. The EBCAD Advisory Board will review the expense and income reports on a monthly basis.
8. Decisions of the EBCAD Advisory Board are not considered final until confirmed by the Boise County Board of Commissioners
9. Only approved Advisory Board members will have voting privileges and participate in executive sessions. The Medical Director(s) has/have one vote in total.

VI. EBCA INDIVIDUAL UNIT STRUCTURE:

A. Officers

1. Each Ambulance unit shall elect three (3) to five (5) officers who shall

serve a term of one (1) year and whose duties are hereby described as:

2. President - shall supervise all business affairs of his/her respective unit and shall preside at unit meetings. The president shall be chief spokesperson for the unit.
3. Vice President - shall serve as President Pro-tem when the president is absent, shall be responsible for membership and recruiting, and shall be the liaison between the executive and various committees of his/her respective unit.
4. Secretary - shall be the custodian of the unit records and keep minutes of the unit meetings and the Executive Board. The secretary is also responsible for the unit's correspondence.
5. Treasurer - is responsible for the unit's funds, keeping accounts of all income and expenditures in books belonging to the organization. All unit funds shall be deposited in accounts designated by each unit Executive Board; funds shall be dispersed with vouchers signed by two ambulance unit personnel. . Monthly financial statements shall be prepared for distribution at each individual ambulance unit meeting and forwarded to the Boise County Clerk. An annual statement shall be prepared at the end of the unit's fiscal year and the books given to the Boise County Clerk for audit. Units having 501C3 status are exempt from treasury reports and audit.
6. Advisory Board Member - shall be the day-to-day liaison between the Unit and Boise County and will sit on the EBCA Advisory Board, serving as an advocate of the general membership at meetings of the EBCA Board.

B. Coordinators

1. Training Coordinator: Each unit may select a training coordinator who shall be responsible for organizing and scheduling training sessions for the unit.
2. Infection Control Coordinator: Each unit may select an infection control coordinator who shall be responsible for implementing and adhering to an infection control program and coordinating training for all member volunteers. (See attached Infection Control Program Exhibit A)
3. Unit Scheduler: Each unit will appoint an ambulance scheduler. The scheduler will keep track of the monthly schedules for EMTs on call and provide a copy of schedules for all members by the last day of each month for the new month. The scheduler will notify all affected units, State Communication, and the Disaster Services Coordinator of any out-of-service dates.

- C. MEETINGS:
 - 1. Unit meetings shall be held at a time that will be determined by each unit. Each unit must hold at least one meeting per month.
- D. MEMBERSHIP:
 - 1. Members in good standing will be defined as those who take 24 hours of call per month or provide significant support to the unit. Persons on leave of absence (LOA) have no voting privileges.

VII. TRAINING REQUIREMENTS

- A. EMTs and Drivers
 - 1. EMTs shall abide by the training requirements set forth by the Idaho State EMS Bureau.
 - 2. EMTs will complete a Training Contract Agreement with Boise County if applicable. (See attached Exhibit B.)
 - 3. EMTs and First Responders are responsible for keeping their own records of continuing education units.
 - 4. Training sessions may be conducted at monthly unit meetings for approximately one (1) hour in which all members present should participate and practice.
 - 5. EMTs and drivers will be encouraged to attend additional training conferences. Boise County may financially assist EMTs for training on a funds-available basis (budgetary constraints) for those who wish to attend additional training.

VIII. SERVICE HOURS

- A. All active EMS volunteers shall be required to serve a minimum of 24 hours each month.
- B. A LOA may be granted to an individual only upon written request to the unit president of the service area. LOAs shall not normally be granted for a period exceeding six (6) months, except in extenuating circumstances deemed acceptable by the unit Executive Board (e.g., military duty, college, medical conditions or treatment, etc.).

IX. SCHEDULING

- A. Responsibilities
 - 1. Each EMT and driver has the responsibility to notify his/her unit scheduler of call availability as required by the individual unit.
 - 2. Each member is responsible for covering all shifts that have been assigned with his/her concurrence. If they cannot cover a shift, it is their responsibility to arrange for a substitute and to advise the unit scheduler, and as defined by unit policy/protocol. In emergency circumstances beyond the member's control, he/she should call a person responsible for assuring coverage

X. MEDICAL TRANSFER

- A. When the need for an out-of-county transfer is deemed necessary by a physician or EMT, State Com will page the assigned ambulance.
- B. When a patient has been transported to the nearest available facility and the physician deems it necessary to transport to a different facility, the original unit may transport, providing they have not departed. An additional ambulance run sheet (PCR) will be required.
- C. If a patient requests transport to a hospital other than St. Lukes, Veterans, or St. Alphonsus hospitals, this service will be provided and statements reflecting this request and service will be logged on the run sheet. Services will be limited to medical facilities in Nampa, Caldwell, and Emmett.

XI. AMENDMENTS

- A. Any unit may submit a proposed amendment to the SOPs to the EBCA Advisory Board.
- B. Proposed amendments must be distributed to all members of the unit at least four weeks prior to the general meeting at which they will be voted on. Sealed absentee ballots in sealed, signed envelopes will be accepted from members in good standing if they cannot be present for the vote.
- C. Proposed amendments to the EBCA SOPs must initially be approved by majority vote in an EBCA Advisory Board.
- D. The proposed change shall be voted on by the other three units and must be passed by three (3) of the four (4) units.
- E. It will become an amendment after approval by all units and submission and approval from the Board of Commissioners.
- F. Copies of the amended SOPs will be distributed to the president or EBCA member for distribution to units.

XII. ADOPTION

The Standard Operational Procedures for East Boise County Ambulance District as set forth herewith shall be adopted by the Board of County Commissioners by Resolution in an open meeting.

EAST BOISE COUNTY AMBULANCE RULES-REGULATIONS

PROVIDER ISSUES

The organization may adopt such rules and regulations as necessary to regulate the conduct and operations of its members while on duty. All such rules and regulations must meet or exceed all Federal and State Laws. These rules and regulations shall be approved by a majority vote of the EBCAD Advisory Board and approved by the Boise County Board of Commissioners.

I. OPERATIONS

All ambulance runs or transfers should have a minimum of one certified EMT-B on board in addition to a driver. Drivers shall not respond alone.

- A. A member shall wear such uniform or apparel so as to identify the member as having the authority to act or treat the patient.
- B. A member on duty, unit President and State Com shall be notified in advance if the ambulance is to operate in activities other than emergency calls.
- C. Smoking is not be permitted in any part of the emergency vehicle.
- D. EMS staff will use discretion when transporting children or pets that accompany an ambulance patient.
- E. Non-authorized personnel are not allowed in the emergency vehicle without the express written consent of the Boise County Board of Commissioners or in cases where a County Ride-A-Long Waiver Form (see attachment E) has been completed and submitted to the County.
- F. Volunteers under the age of 18 may be allowed to participate in the EBCA program upon completion of a release form (see attachment F).
- G. No children or pets are allowed in the ambulance quarters unless under circumstances deemed necessary by the individual units.
- H. Personal use of the emergency vehicle and/or equipment is prohibited except under extreme circumstances, which require prior written approval of the Boise County Board of Commissioners.
- I. A member in direct contact with patients is required to maintain current immunizations as prescribed in the Infection Control Plan (see attachment A).

II. HOSPITAL

- A. Each member will follow the protocol for EMTs within the hospital, as it is presently set forth by the Hospital Administration. A verbal patient-care report must be transmitted 10 to 15 minutes prior to patient arrival at the hospital.
- B. It shall be standard County policy that patients may chose transport to either of the four (4) nearest medical facilities. The service area shall include Boise County, the northern portion of Elmore County, the southern portion of Valley County, the western portion of Custer County, or as directed by Boise County Commissioners.

- C. When transporting a patient eligible for VA medical care, the VA must be notified. A patient may request transport to the VA Hospital except in trauma cases, in which case the patient will be transported to a trauma care facility. (All transports must be approved by VA through State Com). Patient-identification information cannot be transmitted over the radio without patient permission.

III. RESPONDING TO AN AMBULANCE CALL

- A. All calls will be documented using Idaho Emergency Medical Services, Patient Care Reports. The Reports are to be completed per EMS guidelines and submitted to the EBCAD Billing Clerk as soon as possible.
- B. Members who are on call will respond when paged. Other members may respond (for additional help and acquiring experience) but will act under the direction of the on-call staff. Drivers cannot enter the scene in the absence of an EMT.
- C. The ambulance will not stand down after being dispatched for a motor vehicle crash within Boise County until the crew has evaluated the patient. Ambulance personnel will not self-cancel when dispatched.
- D. All Ambulance Drivers training shall include the following;
 - 1. The driver is ethically and legally responsible for the safety of his/her passengers, people in the other vehicles, and pedestrians when operating outside the common motor vehicle code.
 - 2. When the ambulance is under lights and siren, there is an increased risk that other drivers will do the unexpected.
 - 3. Other drivers may not be aware of the presence of the ambulance due to various factors, including deafness, loud music, other loud noises, or forward focus.
- E. The emergency vehicle may be operated under lights and siren under the following circumstances and provisions:
 - 1. When responding to an emergency. The speed may exceed the speed limit by 10 miles per hour where safe.
 - 2. When transporting a patient whose life or physical being are at risk (to be determined by the medical person in charge of the call). Note that cardiac patients are generally considered at increased risk when the siren is used.
 - 3. When the physical presence of the emergency vehicle places other traffic at risk (for example a blind curve on a narrow one lane road.)
- F. While operating under lights and siren, the emergency vehicle may make turns and cross intersections against the normal, regulated flow of traffic. The emergency vehicle must pause long enough to verify that all other traffic is stopped and no pedestrians are in the way. The emergency vehicle may then proceed with caution.
- G. All other use of the emergency vehicle should be without lights and siren. The emergency vehicle will then obey the provisions of the motor vehicle code.
- H. Avoid passing on the right or going into the oncoming lane when proceeding under lights and siren.
- I. Use of personal vehicles to transport patients is prohibited except in cases of recovery as follows:
 - 1. If appropriate, request search and rescue (timing may be too long for this).

2. Contact the sheriff for approval to use vehicles to transport patients from remote locations. The vehicles may be provided by the sheriff, or the use of a personal vehicle may be approved. This is mainly for over-snow and off-road vehicles. Contact the sheriff for permission to use horses.

J. BACKING POLICY

1. If you can avoid backing, do not back!
2. Never be in a hurry when backing.
3. Do not start to back when unsure of the area.
4. Do not put the unit into reverse gear before coming to a complete stop.
5. Roll the window down completely when applicable.
6. Make visual or verbal contact with spotter when one is available.
7. When no spotter is available:
 - a. Reconsider backing up. Is it really necessary?
 - b. Make a reasonable attempt to get someone to act as a spotter.
 - c. If a spotter cannot be obtained, get out of the unit and walk around the unit completely and survey the backing area. Before proceeding to back unit, be sure to check overhead clearance.

THIS POLICY IS NOT INTENDED TO COVER ALL BACKING SITUATIONS. THESE ARE GENERAL AREAS OF CONCERN ASSOCIATED WITH MOST BACKING MANEUVERS. THIS POLICY DOES NOT COVER EVERY SITUATION IN AN INTERSECTION CROSSING AND IS NOT INTENDED TO BE APPLICABLE IN ALL SITUATIONS. IN ANY INSTANCE, THE SAFETY OF MEMBER AND PATIENT ARE FIRST AND FOREMOST.

- K. When utilizing the radio all personnel will use **PLAIN ENGLISH** whenever possible, using the I.D. of the person/place you are calling first, then your I.D. second (i.e., "State Com, this is __Ambulance"). Because of the nature of our business, it is imperative that all communications be brief and to the point. Mobile units will be referred to by their vehicle designation or personal call sign and dispatch will be referred to as "**State Com.**" When discussing items of a sensitive nature, it is important to use another, secure method of transmission if possible. Radio communication is limited to official business only. Casual conversation and non-pertinent business is unauthorized.

L. RENDEZVOUS

1. Criteria have been established with State Com that set forth certain situations and conditions in which an air ambulance rendezvous is automatically dispatched.
2. Upon arrival at the scene, the first responding EMT will assess the patient and circumstances and determine whether or not an air ambulance should be called.
3. Once en route and the lead EMT determines that the patient requires advanced life support services, a ground or air rendezvous may be requested from State Com.
4. For automatic medical helicopter dispatch protocol, see attachment G.

M. AFTER-ACTION REVIEW/CRITIQUE

1. The unit president or other unit board member may call an after-action review/critique meeting to discuss an EMS team's response to or behavior at a call. All members, unless excused by the unit president for a legitimate reason, are required to attend. Any communication or behavior problems or other operational or tactical issues should be discussed and, if possible, resolved at this meeting. If not resolved, the issue should be presented to the EBCAD Board as described in section VIII (Disciplinary Action).

N. REFUSAL OF PRE-HOSPITAL CARE

1. If a patient refuses pre-hospital care, he/she must be advised of the potential outcome or injury. Patient shall be advised to see a medical provider for follow-up medical care.
2. If patient still refuses treatment, documentation on EMS run sheet will state the EMT has advised patient of the potential seriousness of the injury.
3. If the lead EMT feels the patient is at risk of life or serious medical complications, he/she is advised to contact on-line medical control. The Sheriff's Department can place the patient in protective custody.
4. Patients who refuse treatment shall be requested to sign a Refusal to Transport Form and the EMT shall circle the appropriate phrase: "**Refusal of treatment**" or "**Refusal of transport,**" indicating the patient's choice. The EMT will complete a run sheet with a description of all events and patient information. These forms will be turned into the Boise County Deputy Clerk (see attachment H)
5. A responsible party, sworn law enforcement officer, or—as the last resort—the treating EMT shall witness and document all refusal-to-transport forms.
6. If the patient refuses transport and appears at the time to be under the influence of alcohol or other drugs, or appears to be confused from possible injuries, he or she is not considered to be mentally competent to refuse care and should be transported as appropriate. If questions arise as to appropriate patient disposition in such a situation, contact off-line or on-line medical control or local law enforcement. If a patient becomes combative in refusing care, an effort must be made to obtain law enforcement back-up to facilitate patient co-operation prior to releasing the patient. At no time should EMTs place themselves in a hazardous situation in an effort to get an uncooperative patient to comply with a treatment plan.
7. Patients under the age of 18 are considered minors and are unable to refuse appropriate medical care; this can only be done by a legal guardian on scene who may refuse appropriate patient care if so desired. In that situation the legal guardian must sign a refusal of care form as above.
8. People who are not the minor's parents (i.e., friends, relatives, etc.) are not considered legal guardians and are unable to refuse care unless they have

documentation specifically stating that they are authorized to make medical decisions for the minor in question. If a non-guardian is refusing care and unable to provide appropriate documentation allowing them to do so, the minor must be given appropriate medical care including transport if needed. If the non-guardian obstructs patient care then local law enforcement must be contacted for assistance.

9. Guardians who appear at the time to be under the influence of alcohol or other drugs, or who may be confused from their own injuries, are not considered to be mentally competent and are not able to refuse care for a minor if they should wish to do so. If such a situation arises local law enforcement should be contacted for assistance.

IV. INSURANCE

It is the intent of the Boise County Board of Commissioners to provide secondary insurance coverage, through the County insurance carrier, for privately-owned vehicles for volunteers using their personal vehicles to respond to the ambulance building or scene of a medical emergency at the sole discretion of the Board.

V. STANDARDS OF CONDUCT FOR MEMBERS

- A. There shall be no consumption of controlled substances (controlled substances include all illegal drugs as well as many prescription drugs) or alcohol while on call or eight hours prior to going on call, except for prescription medication and only if those prescription medications will not hinder the safe, efficient performance of emergency services by personnel.
- B. Personal appearance and behavior reflect upon the entire organization. Therefore, the following rules for dress while on duty shall apply to all members of the EBCAD.
 1. Hair shall be clean and presentable.
 2. Body shall be clean.
 3. Uniform or clean clothing shall be worn on all calls. If the uniform or clothes are so soiled from a prior call on the same shift and there is insufficient time to launder it before the next call, the member should change into scrubs or coveralls provided by the unit.
 4. Member patches shall be worn as follows: the unit logo goes on the left sleeve centered and about one inch below the shoulder seam. EMT patches go on right sleeve.
 5. Members responding to an off-duty call—such as when a patient comes to the EMT's home for assistance or an EMT happens to be on the scene when an accident or illness occurs—may not be able to follow these rules of dress.
- C. All members of the scheduled crew shall have a radio with them at all times while on shift. EBCAD shall provide the radios.

- D. During treatment and transportation of patients, or while otherwise representing any unit, unit members shall show respect and professional courtesy to all patients and bystanders. EMS members while attending to patients shall use no abusive or foul language.
- E. All personnel have the right to work in an environment free from discrimination and harassment. Any member that feels he/she has been subjected to any form of harassment or discrimination should report the incident immediately to the unit president.

VI. CHAIN OF COMMAND

- A. Problems, including, but not limited to, violation of these rules, regulations, and protocols that may arise within an EBCAD unit area shall be resolved by the units themselves. If unresolved, procedures in section VIII will be followed.
- B. A member may present a problem to the EBCAD Advisory Board provided the individual has followed procedures in section VIII.
- C. The EBCAD clerk shall be under the sole supervision of the County Clerk. Any problems concerning the clerk should be brought to the attention of the County Clerk to be resolved.

VII. PROHIBITED BEHAVIOR

The East Boise County Ambulance Advisory Board shall determine, through due process, if behavior constitutes a violation of acceptable behavior and make recommendations to the Boise County Board of Commissioners.

The activities prohibited by members while on duty include, but are not limited to, the following:

- A. Disorderly conduct, which includes the following:
 - 1. Fighting, arguing, acting in an obscene manner; using obscene, intimidating, coercing, abusive, or threatening language; using an inappropriate, unprofessional tone which may provoke interference with EBCAD operations.
 - 2. Interfering with the work of other members, unless intervention is necessary to protect the patient.
- B. Any action that tends to destroy good relations between Boise County Emergency Services or between East Boise County Ambulance and any of its suppliers, customers, or physicians.
- C. Harassment, which is defined as conduct that substantially interferes with a member's work performance or creates an intimidating, hostile, or offensive work environment. This would include, but not be limited, to harassment; threatening or offensive conduct directed toward a person's sex, race, age, disability, religion, national origin, veteran or current military status; or any other reason which may be deemed by the EBCAD to require termination.
- D. Immoral, indecent, or criminal conduct while on Boise County property, work time, or in other circumstances which might adversely reflect upon Boise County's reputation and interests.
- E. Refusal or failure to courteously cooperate in the successful operations of East Boise County.

- F. Careless, reckless, and/or intentional misconduct.
- G. Refusal or failure to follow instructions that could potentially result in bodily injury or contamination, defacing, wasting, or damage to Boise County property, the property of other members, patients, contractors, or otherwise interfering with Boise County processes.
- H. Refusal to complete a reasonable assignment or request of a lead EMT.
- I. Conduct endangering life, safety, or health of others.
- J. Failure to follow EBCAD or unit policies including, but not limited to, the grievance and discipline policies.
- K. Failure to report incidents and grievances to the appropriate unit officers in an appropriate manner.
- L. Refusal to respond to a call or request for emergency help while on duty.
- M. Violation of local, State, or Federal laws.
- N. Non-compliance with the rules and regulations for the EBCAD organization.

VIII. DISCIPLINARY ACTION

- A. Issues involving unit members will be resolved within the unit, following unit protocols. If an issue is brought to the EBCAD Advisory Board that should be resolved within the unit, it will be referred to the unit president.
- B. Issues to be presented to the EBCAD Advisory Board include, but are not limited to, the following:
 - 1. Issues that a unit is not able to resolve.
 - 2. Appeal of a unit decision by a member.
 - 3. Complaints of a member against a unit officer.
 - 4. Issues involving an alleged illegal action.
 - 5. Issues involving the Medical Director.
 - 6. Issues impacting the licensure of EBCAD.
 - 7. Complaints from a hospital or rendezvous crew against a member.
 - 8. Complaints from a member against a hospital or rendezvous crew.
 - 9. Violations of Standards of Conduct in these Provider Issues.
- C. Complaints:
 - 1. Must be in writing.
 - 2. Must be signed.
 - 3. Should be concise and factual.
 - 4. May include signed witnessed-information.
- D. Resolution of complaints:
 - 1. All complaints will be given the full attention of the EBCAD Advisory Board—with attention to detail, investigation of the facts, and fair consideration of the evidence. The Board will decide if further investigation is warranted and will appoint appropriate personnel to undertake this investigation.
 - 2. Complaints will be heard in executive session and by the rules of executive sessions.
 - 3. All involved parties should be present. A sincere attempt will be made so that attendance is possible.

4. An accused member has the right to know and hear his/her accuser and any witnesses.
 5. An accused individual will be given the opportunity to assemble answering facts and witnesses.
 6. The only written documentation of the session will be that of a resulting motion which will be made in open session.
 7. Decisions of the EBCAD Advisory Board will be referred to the Boise County Board of Commissioners for final resolution.
 8. Letters written to members as a result of the executive session will be transmitted confidentially.
 9. Results of an executive session that will affect unit operations will be transmitted to the unit president.
- E. Recommendations of the EBCAD Advisory Board as a result of executive sessions may include: no action, reprimand, suspension or termination.
- F. Appeals of EBCAD Advisory Board decisions will be by confidential, signed letter to the Boise County Board of Commissioners.

IX. CONFIDENTIALITY

- A. Any information concerning patients is strictly confidential and is not to be discussed with persons outside the EBCA district members and Medical Director.
- B. No information should be released to news media
- C. Any discussion of the patient via radio communication available to the general public will not include patient identification or any other inappropriate information. Patient names should never be transmitted over the radio.
- D. EMS personnel will not release any information to *any* attorney or other unauthorized non-medical personnel. In the event of legal action, members should report the incident to the unit president, who in turn will then report the incident to the EBCAD Board and County Commissioners.
- E. Members will not discuss their fellow members' performance, private or public lives.
- F. Members shall not disclose, outside the organization, an offending/complaining individual's identity, issues presented, or the nature of a problem or complaint discussed in meetings or hearings.
- G. Violation or breach of confidentiality shall be subject to disciplinary review or dismissal.
- H. Quality control issues require evaluation of run sheets by a Medical Director and discussion of run issues within the organization.

SAFETY ISSUES

I. PATIENT SAFETY

- A. All patients shall be placed on a gurney and securely fastened, using applicable straps. Both side rails shall be raised.

- B. No patient will be allowed to smoke who is receiving oxygen therapy or who is inside the ambulance. No patient will be left unattended in the ambulance at any time.
- C. Violent or combative patients may be restrained appropriately before transport according to state EMS guidelines.

II. VEHICLE SAFETY AND CARE

- A. All EMS personnel are required to abide by the laws of the State of Idaho governing the operation of emergency vehicles.
- B. All ambulances will be checked after each use, utilizing the ambulance equipment checklist. All supplies will be restocked in the unit upon return to the unit station.
- C. Fill vehicle with fuel, oil and other fluids as needed and document amounts used.
- D. Document any repairs needed and notify unit president and EBCAD Board for scheduling of repairs.
- E. Any time a vehicle is required to be out of service, inform State Com, unit president, disaster coordinator, and the other affected unit presidents of the situation so coverage can be arranged.
- F. All personnel will have their restraint devices securely fastened whenever the vehicle is in motion. (Unless an emergency prohibits use.)

III. PERSONNEL SAFETY

- A. Infection Control Program will be monitored by the Infection Control Coordinator, who will be responsible to train all personnel according to the program as it is described in the attached documents.
- B. When working at the scene of a motor vehicle accident, personnel will not enter the vehicle without appropriate personal protective equipment (PPE).
- C. No emergency vehicle is to approach an accident where a hazardous spill is suspected. The following “rule of thumb” should be applied to determine the distance you stay away from the accident: you cannot see the vehicle past your thumb when you hold your hand an arm’s length away from you. If you can identify the substance placard with your binoculars, you should look it up in the Emergency Response Handbook carried in the ambulance. Notify State Com and ask for Hazmat and the Disaster Coordinator to be notified. It is the responsibility of these teams to effect decontamination at the scene. No contaminated individual should be placed in any ambulance. Any ambulance service volunteer that accidentally becomes contaminated will also be decontaminated at the scene.
- D. Shorts shall not be worn.
- E. Footwear shall be sufficient to cover the feet and be as clean as possible. (No open footwear).
- F. Jewelry should be limited and appropriate for the work environment. (A violent patient can establish control over an EMT using jewelry.)
- G. Long hair shall be contained to prevent disease transmission.

COUNTY ISSUES

I. RIDE TICKETS

- A. The purchaser transfers directly to EBCAD their rights to ground ambulance insurance payments. Such payments shall not exceed the EBCAD's regular charges and any applicable insurance will be billed prior to the redemption of the EBCA Ambulance Ride Ticket.
- B. The EBCAD Ambulance Ride Ticket must be purchased prior to a request for medical response and/or emergency transport on any ambulance in East Boise County Ambulance District. The ticket is valid for one full year from the date of purchase or until it has been redeemed for a one-time medically necessary ground ambulance transport or response. The cost is \$25.00 per household per year.
- C. The EBCAD Ambulance Ride Ticket fees are non-refundable.
- D. Purchasers should understand that the EBCAD Ambulance Ride Ticket program might be cancelled at any time for any reason
- E. Purchasers should understand that their EBCAD Ambulance Ride Ticket is not an investment and does not provide any form of financial security or any form of insurance to them, their spouse or dependents. Purchasers should understand that the primary purpose for the EBCAD Ambulance Ride Ticket is to support the EBCAD. Purchasers waive any and all rights, claims, or causes of action against Boise County, its employees, volunteers, and agents with respect to their EBCAD Ambulance Ride Ticket and the EBCAD Ambulance Ride Ticket program.
- F. Original Ride Tickets will be maintained in the County Clerk's Office with a list maintained in Microsoft Word for cross-referencing and reminder notices.

II. AUTHORIZED SIGNATURES

Authorized signatures for EMT affiliation statements are as follows: District 1 Commissioner, unit presidents, or as further policy is set by the Boise County Board of Commissioners. (See attachment D.)

III. INVENTORY

- A. Each unit will maintain a current inventory of equipment, to include those items in the quarters and ambulance, as well as portable radios and miscellaneous items valued at over \$100.
- B. An up-to-date inventory will be submitted to the County Clerk annually. Items donated for use only to the EBCA, must be listed on the inventory for insurance purposes; however, a letter of donation can be submitted by the owner regarding said equipment and will be maintained on file with the County Clerk.

IV. ACCOUNTS PAYABLE

- A. The County Clerk's office will provide the services of a Billing Clerk who will be responsible for the up-to-date billing of run sheets as provided by the EBCA units. Procedures for billing are to be maintained in the Clerk's Office to include

processing new accounts, billing details, and filing insurance claims and monthly statements.

- B. The Billing Clerk will track all accounts, sending past due notices or forwarding accounts for collection services.
- C. The Billing Clerk will submit a quarterly write-off report to the Board of Commissioners for approval.
- D. Purchasing agent, appointed by the Board of County Commissioners, shall be responsible for maintaining and ordering supplies and coordinating with the Boise County Clerk's Accounts Payable Department

V. BILLING CHARGES

- A. The Boise County Board of Commissioners will establish through a County Resolution the applicable fees to charge for services and supplies, as recommended by the EBCA Advisory Board.
- B. Patient Care Reports will be submitted to the EBCAD Billing Clerk as soon as possible to ensure timely billing. The EBCAD Billing Clerk will forward the original "bubble" side of the report directly to Idaho State EMS on a Bi-monthly basis.
- C. In accordance with the Resolution adopted by the Boise County Board of Commissioners, ambulance units will charge stand-by fees and run sheets will be submitted to the Billing Clerk for processing and billing according to the current fee resolution. (See attachment J.)
- D. EBCAD members and their immediate families are exempt from paying for services after all claims have been paid from any and all insurance companies.

VI. EXPENSE REIMBURSEMENTS

- A. Meal Reimbursement Policy
 - 1. The meal reimbursement policy is set by the EBCAD Advisory Board and approved by the Boise County Board of Commissioners based on budgetary limitations for each fiscal year.
 - 2. EMTs and drivers will be given an allowable charge for meals based on ambulance runs. Meals may be take-out when out of service area or sit-down within a service area. (Meals are allowed if emergency vehicles are paged out by State Com or are on standby, to include repair standby.) Meals should be within the timeframe of the run or that shift, unless otherwise approved by the EBCAD Chairman (a County Commissioner).
- B. EMT and First Responder Training Reimbursement Policy
 - 1. EMTs and first responders who pay for their training through an approved EMT course, and who are members in good standing, will be reimbursed \$75.00 after completing their first year commitment to the EBCA and \$75.00 after completing their second year commitment. Leave of absence time does not contribute toward time of commitment.
 - 2. Unit presidents will be responsible for notifying the County of commitments that have been fulfilled.

3. If a volunteer fails to complete a prepaid training course, the volunteer will be expected to reimburse the EBCA or set up a payment plan with the Billing Clerk.
 4. If an EMT or driver fails to fulfill his/her commitment to the EBCA, no reimbursement will be allowed and any funds expended by the County for immunizations will be reimbursed to the County from the EMT or driver.
- C. General Expenses
1. Continuing education classes are an allowable expense, but limited to budget funds.
 2. Immunizations received from Central District Health for Hepatitis and Influenza are reimbursed contingent upon a valid voucher being obtained through the Purchasing Agent.
 3. Items purchased in accordance with budgeted line items will be reimbursed at the discretion of the Purchasing Agent and/or EBCAD Advisory Board contingent upon a valid itemized receipt. Requests for reimbursement should be made within two weeks of when the expense is incurred.
 3. Individual Units have spending authority up to \$25.00. Spending over \$25.00 and up to the amount currently allowed by the Board of Commissioners must have a Purchase Order or verbal approval from the Purchasing Agent.

VII. MISCELLANEOUS

- A. Fuel Cards
Ambulances will abide by the fuel-purchasing policy established by the Boise County Commissioners.
- B. Grants
1. The EBCA applies for annual grant funding through the Idaho EMS Department of Health and Welfare, specifically for training and equipment needs. This effort must be coordinated as a whole due to the EBCA licensed as one entity.
 2. Units may apply for individual grants using the County federal ID number; however, in order for the grant application to be valid, the Board of Commissioners must acknowledge and sign the application.
 3. Grant funds received must be deposited through the County in order for an accurate report of income to be recorded for the budget.
- C. Other Billing Clerk Duties
1. The Billing Clerk will organize and prepare the necessary documents for the monthly Advisory Board Meetings.
 2. The Billing Clerk will take the minutes of the meeting, typing them up for approval at the next meeting. A detailed job description is maintained in the EBCA Procedures Manual.
 3. The Billing Clerk reports directly to the County Clerk and is only available to assist the Advisory Board during monthly meetings and maintain records for the EBCA, not for the day-to-day business of running the ambulance units unless specifically requested by the Board of Commissioners.
- D. Budgets
1. The EBCA will prepare an annual budget as required by Idaho Code.

2. The County Clerk will prepare a worksheet for the EBCA Advisory Board to facilitate the completion of a balanced budget, which will be submitted to the Clerk by a pre-established deadline.
3. The EBCA Advisory Board will review the monthly Expenditure Activity Report at the monthly meetings to verify compliance with the set budget.
4. The EBCA will not be allowed to exceed its annual budget.
5. Persons responsible for preparing the budget should participate in the hearing.

East Boise County Ambulance District

Infection Control Plan

PURPOSE: The purpose of the infection control plan is to provide for the protection of the health of EMS volunteers from exposure in their work. This encompasses provision of protective equipment, providing for appropriate immunizations, and ensuring that the affected EMS volunteer has medical care after an emergency service related incident.

SCOPE: This policy covers all members of the EBCAD providing emergency medical care and rescue services.

POLICY: East Boise County Ambulance District (EBCAD) will comply with the requirements of the Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Standard and the requirements of OSHA Occupational Exposure to blood borne pathogens. This policy refers to exposures to all body substances. Care will also be provided for a volunteer injured in the course of providing emergency care.

EBCAD recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission or injury is possible during any aspect of emergency response, including in station operations. The health and welfare of each member is a joint concern of the member and this department. The goal of this program is to provide all members with the best available protection from occupational injury and acquired communicable disease.

EBCAD will provide emergency medical and rescue services to the public without regard to known or suspected diagnosis of communicable disease.

EBCAD members will regard all patient contacts as potentially infectious. Body Substance Isolation (BSI) will be practiced by all members at all times in order to minimize the possibility of contact with infectious material.

EBCAD members will be provided with the necessary training, immunizations, and personal protective equipment (PPE) needed for protection from injury and communicable disease.

EBCAD will not discriminate against members on the basis of seroconversion with HIV, HBV, or HCV. All member health information will be confidential and will not be released without a signed written consent of the member.

Plan Implementation

TRAINING: Members will receive training in sources of exposure, PPE, and the course they should follow if exposed to body substances or injured in the course of an emergency response.

EQUIPMENT: Gloves, face masks, safety glasses, pocket masks, gowns, antiseptic towelettes, etc. will be supplied to be used as needed by the member. Biohazard bags, ziplock bags for body parts, sharps containers, and bleach for cleaning the ambulance and equipment will also be supplied.

IMMUNIZATIONS: Members will be offered immunizations for influenza, HBV, and HAV. If a member does not wish to receive the HBV immunization a written refusal of immunization must be submitted. (See attached form)

RESPONSIBILITY: While the agency is responsible for the above listed items, it is the responsibility of the member to know the potential for exposure, the equipment provided for their protection, and the appropriate use of that equipment.

Exposure Evaluation and Follow Up

An exposure incident is an eye, mouth (or other mucous membrane), or non-intact skin contact with blood or other body fluid or a human bite where the skin is broken. A cutaneous exposure if the skin is chapped, abraded, affected with dermatitis, or any non-intact skin surface is also considered significant. In case of suspected TB, exposure is unprotected breathing near the suspect patient (a HEPA quality mask is necessary for protection).

When an exposure has occurred the member is responsible for immediately reporting the exposure to the lead EMT. The exposed member should admit themselves to the emergency department for an evaluation by a physician. Testing for Hep B, Hep C, and HIV ideally needs to be done within three hours of exposure. Several forms need to be completed. Each ambulance unit will have a folder on board containing these forms and a short explanation of the steps an exposed person needs to follow. Copies of these forms are found in this packet as follows:

1. If you have a body fluid or TB exposure.
2. Workers Compensation application form.
3. Exposure to Infectious Disease Information Request.
4. Significant Exposure Disposition Form.
5. A letter to be given to the ER physician caring for the source patient.
6. A consent for testing form for the patient to sign.
7. A form for Declination of Treatment.

The first form is a list of instructions for the exposed EMS volunteer.

The second form must be submitted to Boise County to initiate payment for medical care. ER should be notified that it will be a Workers Comp claim.

Forms 3 and 4 are the forms required by the state and are to be submitted to the Epidemiologist, 450 W. State St. 4th floor, Boise, ID 83720. They must be submitted within 48 hours of the incident.

Forms 5 and 6 are an explanatory letter to the ER physician and a form to be submitted with it that has been signed by the patient giving consent for testing. The testing requested should be HBV, HCV, and HIV. In the event of an expired patient, these forms should be submitted to the coroner in as complete a state as possible.

East Boise County Ambulance

Consent to Administer Communicable Disease Blood Tests
And
Tests for Blood Borne Illnesses

Since a member of East Boise County Ambulance District became exposed to my body fluids, I agree to have my blood tested for Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).

I have been informed of the nature of the blood tests, their expected benefits, risks and alternatives and I have been given the opportunity to ask questions about the blood tests or the information.

I understand that I will be informed of test results and the results will be included in my medical chart. I also understand that while these test results are confidential, state law requires that a positive test result for HIV antibodies/antigens as well as other infectious diseases must be reported to the State Department of Health and that the test result may be given to other persons with a legitimate need to know.

Subject to the foregoing, this agency, to the best of its ability, will not disclose the results of these tests to others, except to the extent required by law or except to the extent such disclosure is required in order to safeguard the well being of the exposed EMS volunteer.

On this basis, I authorize blood testing to be performed for the above designated communicable diseases.

Name Printed _____

Signature _____ Date _____

Witness Printed _____

Witness Signature _____ Date/Time _____

In the event of a minor or unconscious patient:

Name of Parent or Spouse _____

Signature of Parent or Spouse _____ Date _____

Witness Printed _____

Witness
Signature _____ Date/Time _____

Form 7 is for the exposed EMS volunteer who wishes to deny treatment after an exposure. In this case, no other forms are necessary.

All testing and treatment of the exposed EMS volunteer will be under the direction of the physician consulted and at the consent of the informed volunteer. It is common at most medical facilities to perform baseline testing of the exposed person for HIV, HBV Ab, and HCV Ab. This would be testing that the volunteer would be advised to request. A baseline negative test for these diseases is generally required by Worker's Compensation in order that this insurance will cover medical care for a contracted infection. In addition, this same testing is normally repeated at one and six months for those tests that were initially negative. If the patient from whom the volunteer was exposed proves to be positive for HIV this test is commonly repeated for the exposed volunteer at one year. Prophylactic treatment of the exposed volunteer for HIV will be under the advice of the attending physician and with the informed consent of the volunteer. It is recommended that such prophylactic medication begin within 2-4 hours of exposure but can be initiated up to two weeks after exposure.

For the EMS volunteer exposed to TB it is recommended that they have a TB test after exposure and another one at a later time to be determined by the attending physician.

Dear Emergency Room Physician;

During a recent evaluation/transport of a patient to your facility, one of our EMS volunteers was involved in an event which may have resulted in exposure to a body fluid borne pathogen or air borne TB.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event please determine whether our EMS volunteer is at risk for infection. Our specific concerns relate to HIV, HBV, HCV or TB.

If possible, given the circumstances of this event, our EMS volunteer will have obtained consent for testing from the source individual. If that has not been possible, we would appreciate your attempt to obtain this consent and proceed with testing.

We recognize the need for confidentiality for the patient and the exposed worker and assure you that any information regarding this event is to be handled at the medical provider level.

We understand the information relative to HIV/AIDS has specific protections under the law and cannot be disclosed or released without written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this matter.

Sincerely,
Betty Myers
Infection Control Officer
East Boise County Ambulance District
280-259-3424

East Boise County Ambulance District

Declination of Treatment

I, _____, have received an exposure to body fluids while responding to a call on ___/___/____. I understand that by declining treatment there exists the possibility that I may become infected and/or infect others to whom I come in contact, and there fore agree to save, defend, keep harmless and indemnify Boise County, and all of its agents and employees from and against any and all claims, loss, damage, injury, cost (including court costs and attorney's fees), charge, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with declining treatment in this instance. This Hold Harmless and Indemnification Agreement shall survive my services to Boise County.

In executing this Agreement, I represents and warrant that I have completely read, fully understand, and voluntarily accept its terms and have executed it expressly to may the covenants in favor of Boise County described in the paragraph above. I also understand that this is considered a work related incident and choose not to report it as such, thus I am responsible for any cost incurred because of this.

Signature _____ Date ___/___/____

Witness _____ Date ___/___/____

Witness name printed _____

EAST BOISE COUNTY AMBULANCE

HEPATITIS B VACCINE DECLINATION FORM

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

I understand that by declining vaccination there exists the possibility that I may become infected and/or infect others to whom I come in contact, and therefore agree to save, defend, keep harmless and indemnify Boise County, and all of its agents and employees from and against any and all claims, loss, damage, injury, cost (including court costs and attorney's fees), charge, liability or exposure, however caused, resulting from, arising out of, or in any way connected with declining this vaccination. The Hold Harmless and Indemnification Agreement shall survive my services to Boise County.

In executing this Agreement, I represent and warrant that I have completely read, fully understand, and voluntarily accept its terms and have executed it expressly to make the covenants in favor of Boise County described in the paragraph above.

Employee Signature

Date

EAST BOISE COUNTY AMBULANCE

IF YOU HAVE A BODY FLUID EXPOSURE:

1. Obtain identification of the patient to whom you were exposed. If possible obtain a signed consent form to initiate testing of the patient. The form is in this packet along with a letter to give the attending physician.
2. Go to ER as a patient. Ask to be treated as an exposed ambulance worker.
3. Insure that billing for yourself is Worker's Compensation through Boise County. There is a form in this packet to fill out and give to the county.
4. There are two more forms to be completed (Exposure to Infectious Disease Information Request and Significant Exposure Disposition Form). These forms are also in this packet. Once completed they are to be submitted to Chris Hahn, Epidemiologist, 450 W. State St. 4th floor, Boise, ID 83720. They must be submitted within 48 hours of exposure.
5. There is a form to sign if you do not wish treatment.
6. Keep copies of all records yourself and a copy for your ambulance unit.
7. Inform the infection control officer of your unit. They can help you with anything you do not understand.

SIGNIFICANT EXPOSURE DISPOSITION FORM

Date _____

District _____

Petitioner Name _____

Petitioner Address _____

Incident Date _____

Information Request or Significant Exposure is:

Disapproved (if disapproved, give reason)

Approved

Conclusion:

No information on HIV or Hepatitis B is available

The petitioner may have been exposed to:

HIV

Hepatitis B

The patient should be counseled and tested as appropriate, taking into consideration the petitioner's Hepatitis B immunity status and the petitioner's wishes for sequential HIV testing.

The absence of information on the source person does not assure that exposure to a communicable disease did not occur.

Signed _____

Title _____

Date _____

Copies: State
District

10-1-91

**DEPARTMENT OF HEALTH AND WELFARE
SIGNIFICANT EXPOSURE INFORMATION REQUEST**

(Completed by person providing emergency or medical services)
Must be received within 14 days of incident.

Name _____ Phone (home) _____
Phone (work) _____

Home Address _____
Street Town State Zip

Your Occupation _____

Emergency Service Affiliation _____

Have you received Hepatitis B vaccine? Yes ___ No ___

Emergency Service Report Number _____

Place Incident Occurred _____

Incident: Date _____ Time _____ A.M. Type: _____
P.M. (i.e., auto accident, etc.)

Exposure Description:

- A. Blood or body Fluids:
1. _____ Blood or body fluids into natural body openings (nose, mouth, eye)
 2. _____ Blood or body fluids into cut or wound
 3. _____ Needlestick with contaminated needle
 4. _____ Other (describe) _____

- B. Respiratory:
1. _____ Mouth-to-mouth resuscitation
 2. _____ Resuscitation using airway
 3. _____ Other (describe) _____

- C. Type of fluid to which you were exposed:
1. _____ Blood
 2. _____ Other (describe) _____

D. Any other information related to the incident: _____

Source of Exposure:

Patient's Name: _____ Sex M ___ F ___

Health care facility receiving patient: _____

Additional Information:

A. Describe any action taken in response to the exposure to remove the contamination (e.g., handwashing): _____

B. What protective measures were being taken at the time of exposure (e.g., wearing gloves, goggles): _____

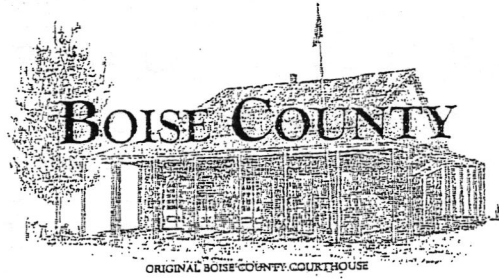
I hereby consent to the release of this medical record to the Idaho Department of Health and Welfare and the local district health department and agree to hold in confidence information regarding this report.

Signature _____ Date _____

Please mail in envelope stamped confidential to:
Idaho Department of Health and Welfare
Bureau of Preventive Medicine - STD/AIDS Program
450 West State Street, Boise, ID 83720

DHW USE ONLY
Approved ___ Disapproved ___

Signature of DHW Official _____
Title _____ Date _____



Training Reimbursement Contract

I, _____, understand that acceptance to become a certified EMT for East Boise County Ambulance requires considerable training, the costs of which are being paid by the taxpayers of East Boise County Ambulance, through the governing body of Boise County. Said costs are in addition to the customary costs of training a new volunteer due to the certification requirements of the position. I acknowledge that East Boise County Ambulance is requiring a two (2) year commitment to my position as an EMT in good standing, in order for East Boise County Ambulance to recover its costs of training. In the event that I am unable to fulfill the term of my commitment; or unable to complete my training for any reason; or unable to pass the certification exam, I agree to reimburse East Boise County Ambulance for all costs of my training, including immunization, CPR, books, testing, background check or associated costs on a pro-rata basis if applicable, effective from the date of certification. EMT Class date _____, Total Cost _____.

I understand that this agreement is not a guarantee or promise by Boise County for any specific term and subject to any applicable laws. If Boise County terminates my services for cause, Boise County shall not release me from this contract.

Date

Volunteer

EBCA Chairman

Board of Commissioners



EAST BOISE COUNTY AMBULANCE

EBCA - P.O. BOX BC; IDAHO CITY, ID 83531

PHONE: (208) 392-4431 (Recorder's Office) FAX: (208) 392-4473

DRAFT

- 1. _____
- 2. _____
- 3. _____

To be completed after interview.

IV. INTERVIEWER ASSESSMENT

APPEARANCE:

- Poised, neat
- Acceptable
- Unkempt

PHYSICAL RESTRICTIONS:

REACTIONS TO QUESTIONS:

- Helpful, interested, volunteers information
- Evasive
- Answers questions
- Confused

DISPOSITION:

- Outgoing, pleasant, confident
- Withdrawn, moody
- Reserved
- Suspicious, antagonistic

INTERPERSONAL SKILLS:

- Adept at dealing with others
- Relatively at ease with others
- Uncomfortable

V. RECOMMENDED ACTION

Place as:

Consider for following positions:

- 1. _____
- 2. _____

EAST BOISE COUNTY AMBULANCE

EBCA - P.O. BOX 300, IDAHO CITY, ID 83631
PHONE: (208) 392-4431 (Recorder's Office) FAX: (208) 392-4473

VOLUNTEER INTERVIEW RECORD

Interviewer _____ Date _____
Name of Volunteer _____ Phone _____

I. REVIEW OF ENROLLMENT FORM

Clarify information on Volunteer Enrollment Form. Correct information on form and place other comments below.

II. NON-DIRECTIVE QUESTIONS

1. What attracted you to our agency? Is there any aspect of our work that most motivated you to seek to volunteer here?

2. What would you like to get out of volunteering here? What would make you feel like you've been successful?

3. What have you enjoyed most about your previous work? About your paid jobs?

4. Describe your ideal supervisor. What sort of supervisory style do you prefer?

5. Would you rather work on your own, with a group, or with a partner? Why?

6. What skills do you feel you have to contribute?

7. What can I tell you about our agency?

III. MATCH WITH VOLUNTEER POSITIONS

Discuss potential volunteer positions and check match of interests, qualifications, and availability.

Position

Comments

EAST BOISE COUNTY AMBULANCE

DRAFT

EBCA - P.O. BOX BC; IDAHO CITY, ID 83631
PHONE: (208) 392-4431 (Recorder's Office) FAX: (208) 392-4473

Schedule for second interview.

Hold in reserve for position of:

1. _____

2. _____

Investigate further.

Refer to: _____

Not suitable for agency at this time.

V. NOTIFICATION

Volunteer notified of agency decision:

Name: _____

Date and Method: _____

* Material reprinted with permission from *Volunteer Management Forms*. 1988. Steve McCurley, Heritage ARTS Publishing/VMSystems, 1807 Prairie Avenue, Downers Grove, IL 60515. (708) 964-0841. Free "Volunteer Marketplace" catalog available on request.

Idaho EMS Provider Form

Application Type

Initial
 Recertification
 Reversion
 Reinstatement
 Status Change

FR
 EMT Paramedic

EMT Basic
 Ambulance Rating

Adv EMT-A

Name
 Phone #

Mailing Address
 Email

Affiliation

<p>Current Contact Information</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Name: _____</p> <p style="margin-left: 20px;">Last First M.I.</p> <p>S.S.#: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home Phone #: _____ Work Phone #: _____ E-mail: _____</p>	<p>Previous Contact Information if changed</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	---

Circle the highest level of education: H.S. Diploma GED College: 1 2 3 4 5 6 7 8

Affiliation

Agency Name: _____ License #: _____

Agency Chief/Director/President: _____

Signature of Chief/Director/President: _____

Check all circumstances in which you will use this certification: Volunteer Career

No Compensation Part Time

Compensated Full Time

List additional licensed EMS affiliates: _____

I hereby affirm the information herein is true and correct, and that I meet all requirements for EMS Certification as established by the State of Idaho.

Signature of applicant: _____ Date signed: _____

<p>EMS Bureau Use</p> <p><input type="checkbox"/> CHC Fee Receipt</p> <p><input type="checkbox"/> Certification Fee Receipt</p> <p><input type="checkbox"/> Confirmation</p> <p style="margin-left: 20px;"><input type="checkbox"/> Course #: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> NR Exam - Pass Date: ____/____/____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Proof of Identification</p> <p><input type="checkbox"/> Data Entered, date sent to CO: ____/____/____</p> <p><input type="checkbox"/> RC Approved: _____ Date: _____</p>	<p style="text-align: center;">Regional Date Stamp</p>	<p style="text-align: center;">C&L Date Stamp</p>
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**EAST BOISE COUNTY EMERGENCY MEDICAL SERVICES
RIDER-OBSERVER PROCEDURE**

For various reasons, individuals request to ride and observe on Emergency Medical Services units. Persons wishing to participate must complete a request form and submit it to an Executive Officer of the Unit they are interested in observing. All persons authorized to observe shall be required to sign the standard East Boise County Emergency Medical Services Waiver and Release of Liability form prior to participation.

For purposes of safety and incident coordination, observers shall be under the direct supervision of the applicable Unit's personnel and shall not participate in provision of patient care. Observers may be requested to assist in non-patient care aspects of incident operation, such as moving and carrying equipment, etc.

Dress code for observers shall include dark slacks, pants or jeans in good condition, professional-appearing shirt or blouse, comfortable shoes and a coat appropriate to weather conditions. Time and frequency of riders or specific individuals may be limited by each Unit and permission to accompany and ride with EMS volunteers may be revoked at any time and for any reason by the on-duty volunteer or Officers of East Boise County EMS.

REQUEST FOR EMS UNIT OBSERVATION

Date: _____

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Emergency Contact Person: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

EMS or Other Affiliation: _____

Purpose for Observation: _____

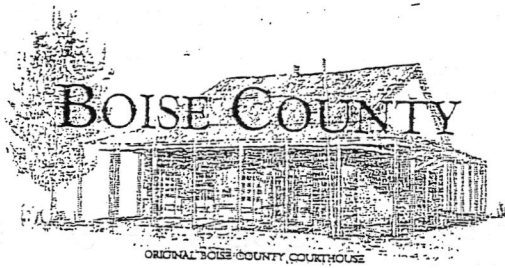
Date Requested: _____

Date Approved: _____

Request Denied: _____

Officer signature and Title

EBCA Unit



DRAFT

BOISE COUNTY VOLUNTEER
 SERVICES PROGRAMS
 UNDER AGE 18 RELEASE FORM

DATE _____

I do hereby release and discharge the State of Idaho, Boise County and their officers, agents, and employees from all claims, demands, and causes of action of every kind whatsoever for any damages and/or injuries that may result and from my participation in the East Boise County Ambulance as an EMT or driver.

I further agree to hold harmless the State of Idaho, Boise County and their officers, agents and employees from liability for any damages of injuries resulting from any negligence or willful wrongdoing on my part during my participation in said volunteer activities on or with the East Boise County Ambulance as an EMT or driver.

Minor's Name (please print) _____

Minor's Signature _____

Parent's or Guardian's Name (please print) _____

Parent's or Guardian's Signature _____

Parent's or Guardian's Address _____



PROTOCOL: 650

TITLE: SARMC LIFE FLIGHT AUTOMATIC DISPATCH (EAST BOISE COUNTY)

EFFECTIVE DATE: February 27, 2003

To identify situations when Life Flight is to be dispatched into East Boise County prior to EMS or law enforcement's arrival on location. If SARMC Life Flight is unavailable refer to the Air Ambulance rotation policy (SOP 640)

POLICY:

SARMC Life Flight is to be simultaneously dispatched when East Boise County (Lowman, Idaho City, Mores Creek or Placerville) ambulances are dispatched under the following circumstances:

MVA

1. Vehicle over the embankment
2. High speed crashes
3. Ejection
4. Vehicle vs. pedestrian of greater than 5 MPH
5. Vehicle in the river
6. Crashes with fatalities

AIRCRAFT ACCIDENT WITH KNOWN LOCATION

INDUSTRIAL ACCIDENT (i.e., logging and farming)

Except for minor non-life threatening injuries where ground transport is appropriate.

TRAUMA

1. Burns - 2nd or 3rd degree involving face or airway
2. Electrocution - with burns or unconsciousness
3. Lightning strike
4. Drowning or near drowning if patient has been located and is out of the water
5. Penetrating wounds (i.e., gunshot or knife) from mid-thigh to head
6. Falls greater than patient height X 2 - unless patient is not injured and has had no loss of consciousness
7. Boating, hunting or vehicle accident not accessible by ground

REMOTE ACCESS

Response time greater than 30 minutes, with the potential risk of life, limb or eyesight.

MEDICAL

1. Deterioration of level of consciousness
2. Chest pain
3. Respiratory distress
4. Anaphylaxis
5. Suspected CVA
6. Obstetrical emergencies
7. Overdose with potential for airway problems
8. CPR in process - DISPATCH, then contact medical control through coordination center to see if Life Flight continues.

DISPATCH PROCEDURE: SOP 635

BUILDING AND INSURANCE INFORMATION

PATIENT LAST NAME	FIRST	M.I.A.	PHONE	DATE OF BIRTH
STREET ADDRESS	SOCIAL SECURITY NUMBER			AGE
CITY	STATE	ZIP CODE	EMPLOYER'S NAME	GENDER
BILL TO (COMPANY or NAME): <input type="radio"/> Same As Above			EMPLOYER'S PHONE NUMBER	
STREET ADDRESS			INSURANCE CARRIER	
P.O. BOX	PHONE NUMBER	MEDICARE NUMBER		
CITY	STATE	ZIP CODE	MEDICAID NUMBER	
LEGAL GUARDIAN/NEXT OF KIN			PERSONAL PHYSICIAN	

EMS AGENCY NAME	EMS AGENCY #	INCIDENT #	TODAY'S DATE
INCIDENT LOCATION	TRANSPORTED TO		
LEGAL GUARDIAN/NEXT OF KIN		MILEAGE	
		TO SCENE	TO DEST
		TOTAL	

QUANTITY	ITEM	QUANTITY	ITEM
1	Non Rebreather		
	Co		

RECEIPT OF SERVICES

I acknowledge receipt of the EMS services listed in this document and accept full responsibility for all charges. I authorize payment of Medicare and/or other insurance benefits to the provider of such services and authorize the provider to release medical and other necessary information to my insurance company for that purpose.

Signature of Responsible Party _____ Relationship to Patient _____ Date _____

REFUSAL OF TREATMENT/TRANSPORT

I, the undersigned, have been fully advised of my right to receive medical treatment and/or transportation services from the Placerville Ambulance (Unit Name). It is my conscious decision to refuse such treatment and/or transportation and further realize that this refusal may be against the advice of the emergency medical crew members and accept the consequences of my decision. I further release E. Boise County Amb. (Unit Name) from any liability for harm, damage, or loss caused by my refusal to permit treatment and/or transportation.

Patient Signature _____ Date/Time 2 Sept 0 Witness _____ Date/Time 12:31/9-2-01

DESTINATION/RECEIVING FACILITY:

Signature of Person Receiving Patient _____ Date/Time _____