



POLICY & PROCEDURE MANUAL

VERSION 3.2

EFFECTIVE DATE: 05/01/2022

Updates from previous versions (3.0 and 3.1)

- ALL Policies in Section 100 Personnel and Staff Development have been renewed with a new renewal date of 01/2024 with updated language reflecting State and Federal updates to employment law. Additionally, “employees” was changed to “team members”
- [Policy 100.401 Punctuality and Attendance](#): language removed about acceptable number of absences per quarter.
- UPDATED [Policy 100.405 Family Medical Leave Act \(“FMLA”\)/California Family Rights Act \(“CFRA”\)](#) to current Federal and State regulations
- Replaced Policy 100.423 Volunteer Firefighters to [California Emergency First Responder Leave](#)
- NEW [Policy 100.504 Employee Assistance Program \(EAP\)](#)
- NEW [Policy 100.505 Retirement Savings 401k Plan](#)
- NEW [Policy 100.900 Sign-On Bonuses](#)
- NEW [Policy 200.319 EMResource/Reddinet Monitoring](#)
- NEW [Policy 200.320 Call Intake Patient Transfer Hospital to Hospital](#)
- NEW [Policy 200.321 Call Intake Bariatric Patients](#)
- Renewed Section 300 – Field Operations, next renewal date 07/2023
- Added New Policy [300.302 Controlled Substances – Field Policy](#)
- Updated [Policy 300.404 In-Field Patient Care](#) – added language about patient identification and safe gurney operations.
- NEW [Policy 300.421 Patient Destination Determination](#)
- NEW [Policy 300.422 Do Not Resuscitate Orders \(DNRs\)](#)
- Added language to [300.501 Mandated Reporting](#) - to include the reporting of suspected abuse even in a non-patient
- Added language to [300.503 Patient Care Report](#) - about leaving a copy of the PCR/EHR with the receiving provider
- Renewed Section 400 – Critical Care Transport, next renewal date 10/2023
- Removed Policy 500.231 (replaced by NEW Policy) [500.115 Transport of Psychiatric Patients](#)
- Change Policy 500.232 [Remedial Driver Training to 500.231](#)
- Moved Policy 300.413 Flu Shot to [500.413 Flu Vaccination](#) and included language to apply to both field and non-field employees.
- NEW [Policy 500.414 COVID-19 Vaccination](#)

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*****currently in revision*****

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*****currently in revision*****

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Policy & Procedure Manual	<i>Personnel and Staff Development</i> Section 100	Revision Due: 01/2024
Title: C.O.O.	Name: Eric Larimer	Signature: 
Title: CEO	Name: Karla Nazareno	Signature: 
Title: MEDICAL DIRECTOR	Name: GERALD R. NAZARENO	Signature: 
Title: Director of Human Resources	Name: Jacqueline Mitchell, II	Signature: 


	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.100 Policy Name: Mission Statement and Core Values	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Mission Statement

NORCAL Ambulance believes that people deserved to be cared for with integrity, dignity, and compassion by a comprehensive team committed to excellence in customer care.

II. Core Values

1. Our team is our priority. We recognize that our team members are responsible for creating an excellent patient experience and are the heart of our company. Caring for our team results in exceptional service of our customers.
2. Phenomenal patient experience. We treat every patient like a cherished family member. We advocate for their care and deliver service that surpasses expectation.
3. Be the best. Innovation and a quest for excellence is the driving force behind our success. It is in our desire to deliver the highest quality service possible.
4. Safety without compromise. We promote a culture of safety, accountability, and continuous quality improvement throughout our workplace. We maintain the highest quality equipment and provide superior training.
5. Celebrate diversity. We foster a culture that celebrates the unique contributions of each individual as we partner together, making NORCAL Ambulance a great place to work, learn, and grow.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.101 Policy Name: Policy & Procedure Process and Review</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

All company policies and procedures will be reviewed, revised and approved by NORCAL at least every two years. All departments are provided an opportunity to review the policy for their input.

The purpose of this policy is to provide clear direction to team members as to how policy and procedures are to be developed, reviewed, and revised.


II. Procedure

A. New Policies

1. A team member or a member of the management team identifies the need for a new policy.
2. A draft policy is written and submitted to Human Resources for the next Policy Review Board Meeting.
3. The Policy Review Board submits the draft with suggested revisions.
4. Human Resources will forward a copy of the draft of the policy and procedure to the appropriate staff for review and input.
5. The reviewed and/or revised draft policy will be returned to the Policy Review Board and Corporate Officers for final review and approval.
6. The final policy and an updated table of contents will be added to the Master Policy and Procedural Manual. A notice of changes with policy links will be placed before the Table of Contents.
7. The new policy will be distributed to appropriate personnel through Memo Postings, e-mail, and *Traumasoft* notifications.

B. Review or Revision of Existing Policies

1. Policies will be reviewed at least every two years.
2. Policies will be reviewed by the Policy Review Board, where applicable.
3. If a policy requires no change the revision date will be extended for another two years.
4. If a policy is revised, the same procedure as New Policies (above) will be followed for the appropriate approval of changes.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.200 Policy Name: At-Will Employment Status</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


The purpose of this policy is to establish NORCAL Ambulance as an at-will employer.

II. Procedure

Employment at NORCAL Ambulance is at-will. At-will employment may be terminated with or without cause, or reason, and with or without advance notice, at any time, by the team member or the Company. Nothing in this policy manual changes or affects the conditions of at-will employment.


Except as stated below, no company manager, supervisor, or other representative has authority to enter into an agreement other than at-will.

Only the CEO of NORCAL has the authority to enter into an agreement for employment other than at-will. Any such agreement must be in writing and signed by the CEO of NORCAL and the team member.

	<u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.201 Policy Name: Arbitration	Original: 05/2005 Revised: 05/2022 Renewal: 01/2024
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I. Purpose

NORCAL Ambulance understands that an employment-related dispute may arise during the time of a team member’s time with the company. NORCAL Ambulance provides full disclosure of the Mutual Agreement to Arbitrate in the Team Member Handbook. Team members will be issued handbooks at orientation and will sign the Arbitration Acknowledgement at the same time. Additional copies of the Arbitration Agreement are available upon request.


	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.202 Policy Name: Equal Opportunity Employer Status</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL is an equal opportunity employer. We will not unlawfully discriminate against qualified applicants or team members with respect to any terms or conditions of employment based on race (including traits historically associated with race, such as hair texture and protective hairstyles), color, national origin, ancestry, sex, gender, gender identity, gender expression, sexual orientation, age, religion, physical or mental disability, medical condition, pregnancy, marital status, citizenship status, military or veteran status, genetic information, or any other basis protected by applicable federal, state, or local law, whether or not such protected basis is associational, actual, or perception-based.

II. Procedure

NORCAL will provide reasonable accommodations to otherwise qualified applicants or team members with known physical or mental disabilities to perform the essential functions of the job, unless it would create an undue hardship for NORCAL. Team members who require accommodations should contact the Human Resources Director and request an accommodation. Team members should specify in what way they are limited in their ability to perform the essential job functions and what accommodation(s) they believe is needed. NORCAL will review the situation with the team member to identify possible accommodations, if any, that will allow the team member to perform the essential functions. If a reasonable accommodation can be identified that will not impose an undue hardship, NORCAL will make the accommodation. If there is more than one possible accommodation, NORCAL will decide which one will be provided.

	<p>Policy & Procedure Manual Personnel and Staff Development Policy Number: 100.203 Policy Name: Minimum Qualifications for Application</p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2024</p>
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I. Policy

To be eligible for employment with NORCAL Ambulance, applicants must meet specific minimum requirements, as set forth by applicable state, county, and management regulations.

II. Requirements

A. EMT-B Requirements


To qualify for the position of EMT, the applicant must submit a completed application packet which shall include:

- Completed NORCAL Ambulance Application form(s)
- Current EMT-B license
- Additional EMT county certification (when applicable)
- Current CPR certification for Healthcare/BLS Provider (*can be obtained after job offer*)
- Current valid California Driver’s License (driver positions)
- Ambulance Drivers’ certification (driver positions)
- Current Medical Examiner’s certification (driver positions)
- DMV H6 Motor Vehicle Report in accordance with company insurance standards (driver positions)

B. EMT-P Paramedic Requirements

To qualify for the position of EMT-Paramedic, the applicant must submit a completed application packet which shall include:

- Completed NORCAL Ambulance Application form(s)
- Current EMT-Paramedic license
- Additional county EMT-P certification (when applicable, may be obtained after position is offered)
- Current Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) certification
- Current valid California Driver’s License (driver positions)
- Ambulance Drivers’ certification (driver positions)
- Current Medical Examiner’s certification (driver positions)
- DMV H6 Motor Vehicle Report in accordance with company insurance standards (driver positions)

	<p><u>Policy & Procedure Manual</u> Personnel and Staff Development Policy Number: 100.203 Policy Name: Minimum Qualifications for Application (Continued: Page 2 of 2)</p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2024</p>
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C. CCT-RN Requirements

To qualify for the position of Critical Care Nurse, the applicant must submit a completed application packet which shall include:

- Completed NORCAL Application form(s)
- Current RN license
- Minimum 3 years’ experience in Critical Care, Intensive Care Unit (ICU), or Emergency Room (ER) setting

D. Administrative Position Requirements

To qualify for the administrative positions the applicant must submit a completed application packet which shall include:

- Completed NORCAL Ambulance Application form(s)

Additional certifications/degrees may be required dependent upon the position. Such requirements will be listed under the job description and job opening listing.


III. Procedure

Receiving Application

When an application is received, a cover sheet will be attached to the application packet. The cover sheet is to contain the applicant’s name, date application packet received, date applicant called, date interviewed, decision made, and any applicable comments.

Reviewing Application

If there are items missing (i.e. certifications, driving report, etc.) the Human Resources representative will call the applicant and ask for submission of missing papers. An interview cannot be scheduled until the application packet is complete. If the application is complete and the applicant is eligible for employment, the Human Resources Representative will call and schedule an interview. If the application packet is complete and the applicant is not eligible (i.e. bad driving record, etc.), the Human Resources representative will write ineligible on the packet. The applicant will be notified of their ineligibility by mail.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.204 Policy Name: Field Personnel Interview Process</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The interview process for Emergency Medical Technicians (“EMTs”) will consist of several stations which will test the abilities and skills of the EMTs in different areas.

II. Procedure

Written Exam

The written exam is to take place in the station day room or meeting room. Each applicant will be given a pen, test, and answer sheet to fill in. There are several different versions of the test to ensure that applicants cannot copy answers from each other. The tests are reflective of the questions asked on the National Registry Exam. The test is not timed. All applicants will begin the written testing first; and may be interrupted throughout the written exam for other stations.

Basic Skills Testing

The skills testing will be conducted in a designated testing area. The evaluator will set the applicant up with a scenario. The evaluator must witness the applicant verbalize and/or demonstrate several key points on the evaluation sheet such as scene safety, appropriate body substance isolation (BSI) precautions and other appropriate actions for the scenario.

Oral Interview


The oral interview will be held in an office by the appropriate supervisor(s) and/or manager(s) in charge of oversight for the position. Applicants will participate in the oral interview individually. Oral interviews will not be conducted in groups. The duration of the oral interview will vary each time. Each applicant will be given time at the end of the oral interview for any comments, questions, additional information they would like to add. Interviews will be conducted privately so that only the members in the interview can hear the conversation.

III. Post-Interview

All chosen applicants will be called and given instructions for physical agility testing (if applicable), medical vaccinations/titer testing (if applicable) and drug testing. They will also be given the date(s) for orientation. Chosen applicants will be contacted by phone by a Manager or Human Resources Representative.

All applicants who are not selected will be notified via e-mail from the appropriate management or human resource personnel. Their contact information and reason for not selecting them will be annotated on an interview tracking spreadsheet.

All interview notes, documents, tests must be submitted to HR for record keeping.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.205 Policy Name: Office Personnel Interview Process</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The interview process for all office personnel will consist of an oral interview. Additional testing may be done, dependent upon the position. The grouping “office personnel” may apply to billing representatives, supervisors, managers, and other positions as assigned.

II. Procedure

Oral Interview

The oral interview will be held in a management office and will be conducted with a minimum of two supervisors and/or managers. Applicants will participate in the oral interview individually. The duration of the oral interview will vary each time. Each applicant will be given time at the end of the oral interview for any comments, questions, additional information they would like to add. Interviews will be conducted privately so that only the members in the interview can hear the conversation.

Specialty Tests


NORCAL Ambulance may administer specialty assessment tests when it applies to the position being filled. For example, dispatch applicants may also be subject to typing tests, map reading or geography tests, etc. Tests administered during the interview process will not be pass/fail, but be used to determine the level and abilities at which the applicant is entering the field.

III. Post-Interview

All chosen applicants will be called and given instructions for physical agility testing (if applicable), medical vaccinations/titer testing (if applicable) and drug testing. They will also be given the date(s) for orientation. Chosen applicants will be contacted by phone by a Manager or Human Resources Representative.

All applicants who are not selected will be notified via e-mail from the appropriate management or human resource personnel. Their contact information and reason for not selecting them will be annotated on an interview tracking spreadsheet.

All interview notes, documents, tests must be submitted to HR for record keeping.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.206 Policy Name: Occupational Health Requirements</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

All offers of employment with NORCAL Ambulance are contingent based on the timely completion of Occupation Health Requirements.

Different positions require different levels of testing (based on the applicability of the position). Applicants must have all testing complete and results received prior to attending orientation.

Failure to complete tests in a timely fashion will result in the termination of the offer of employment. Requests for extensions on time received for completing Occupational Health Requirements will be evaluated on a case-by-case basis and only granted when NORCAL Ambulance has failed to give enough notice to the applicant to schedule testing or when Occupational Health cannot accommodate the applicant prior to orientation.

II. Required and Optional Vaccinations and Testing

EMT-B and EMT-P Positions


Mandatory: MMR vaccination or titer (immunity) test, Varicella vaccination or titer (immunity) test, negative TB/PPD test (or positive test with a negative chest x-ray) within 1 year, a physical agility test, and drug test, COVID-19 vaccination
Optional: Hepatitis B titer (immunity) test or vaccination and yearly flu vaccination.

CCT-RN Positions

Mandatory: MMR vaccination or titer (immunity) test, Varicella vaccination or titer (immunity) test, negative TB/PPD test (or positive test with a negative chest x-ray) within 1 year, COVID-19 vaccination and drug test.
Optional: Hepatitis B vaccination or titer test and yearly flu vaccination.

Dispatch and all other Administrative Positions

Mandatory: Drug Test and COVID-19 vaccination
Optional: MMR, Varicella and/or Hepatitis B vaccination or titer test(s), and yearly flu vaccination.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.206 Policy Name: Occupational Health Requirements (Continued: Page 2 of 2)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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III. Contracted Providers

All candidates will go to a contracted Occupational Health Center for NORCAL Ambulance. The locations are as outlined below:

Alameda County Locations:
Stanford Health Care
Valley Care Occupational Health
4000 Dublin Blvd.
Dublin, CA 94568
Phone: (925) 416-3603
Hours: Monday-Friday, 8 am – 5 pm

Sacramento County Locations:
Mercy Occupational Health Service
Downtown Location
3160 Folsom Blvd.
Sacramento, CA 95816
Phone: (916)733-3390
Hours: All Days, 7am - 5pm

Marin County Location:
Medical Center of Marin
Occupational Health Services
101 Casa Buena Drive
Corte Madera, CA 94925
Phone: (415) 924-4525
Hours: Monday-Friday, 7am - 5pm

Mercy Occupational Health Services
Big Horn Location
9394 Big Horn Blvd.
Elk Grove, CA 95758
Phone: (916) 691-8505
Hours: Monday-Friday, 8am - 5pm

Other Various Locations:
Any Concentra Location
See www.concentra.com/
for specific locations and hours

Mercy Occupational Health Services
Folsom Location
1700 Prairie City Rd.
Folsom, CA 95630
Phone: (916) 351-4801
Hours: Monday-Friday, 8am – 4pm

All candidates will bring an authorization form and picture ID. No appointment is necessary.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.207 Policy Name: Respirator Fit Testing Requirements</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL Ambulance uses the NIOSH approved N95 negative pressure respirators to control exposure to airborne biohazardous contaminants (respiratory hazards) that may be encountered on a field team member’s shift. N95 Masks should be considered single use only.


Respirator fit testing of all team members at risk for possible exposure to patients with infectious tuberculosis or other aerosol transmissible diseases is required by OSHA for respiratory protection. A baseline fit test will be done with follow up testing, as needed, for possible changes in facial structure due to weight loss of gain of 10 pounds or more, extensive cosmetic surgery, or anything else which may alter the size or shape of face.

II. Required Testing

Fit testing will be performed using Saccharin or Bitrex or with fit testing machines. By the end of the fitting session the team member will know how and when to: don and adjust the respirator; store the respirator, when appropriate; return for training, fit testing, and medical surveillance; discard and replace the respirator.

Fit testing occurs upon initial hiring, and yearly thereafter in conjunction with the yearly TB titer.

Team members who receive respirator medical clearance must complete respirator training. The training will occur at orientation and yearly thereafter. Respirator training must include the following elements: reasons why respirator is worn; purpose of medical screening and examination; conditions that prevent a good face seal; necessity of wearing the respirator as instructed, without modification; when to change the mask; sanitary care of respirators; proper way to don and fit check a respirator; team member responsibility.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.208 Policy Name: Avesta Physical Ability Test (PAT)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The Avesta Physical Ability Test (PAT) has two main purposes:

1. To ensure candidates for field positions can perform essential functions of the job.
2. To reduce health and injury risks for both team members and patients.

This PAT is used as a standardized screening tool for pre-employment (or conditional employment post offer) for ambulance service provider (field) positions. It assesses various physical abilities required to perform the field personnel job duties. The weights and equipment used in the test are designed to simulate the physical abilities needed to lift and transport patients and equipment in the field.

II. Policy

All candidates selected for EMT-Basic and EMT-Paramedic have to successful complete the Avesta Physical Ability Test (PAT), before a position can be offered.

Additionally, if a team member has an injury that has cause the team member to be removed from their normal duties and/or be placed on light duty, the team member will have to successfully complete the PAT before returning to their normal position.


III. Procedure

NORCAL Ambulance conducts a PAT that has been designed by Avesta and administers the PAT per the contract and regulations set forth by Avesta. The Avesta PAT test consists of several stations that will need to be successfully completed by the testing individual. The stations have been designed to simulate on the job tasks.

IV. Passing Requirements

NORCAL Ambulance trained staff will evaluate persons completing the PAT test. Utilizing the Avesta rubric they will score candidates and determine whether they have passed or failed the PAT test.

If the PAT is not passed, the individual will have up to 90 days to retake the test.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.209 Policy Name: Driving Position Requirements</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

All applicants applying for a driving position will have their driving record reviewed by a Human Resources employee prior to interviewing. NORCAL Ambulance has established driving requirements to aid in this screening process.

II. Procedure

Any of the following on the list below on an applicant’s driving record will make the candidate ineligible for employment with NORCAL Ambulance:

- Homicide with vehicle
- Using a vehicle to elude an officer
- Hit and run
- Manslaughter with vehicle (vehicular manslaughter)
- Felony with vehicle
- Permitting an unlicensed driver to drive
- Greater than two points or two accidents
- Greater than one point and one accident

NORCAL Ambulance does not interview any applicant who has had a non-alcohol related suspension within the past three years, no matter who was at fault in the incident.


NORCAL Ambulance does not interview anyone who has had any of the following offenses within the past five years:

- Driving under the influence (DUI)
- Reckless or negligent driving
- Exceeding the speed limit by 25 mph
- Any alcohol related suspension

Drivers must meet the company’s insurance acceptability guidelines prior to and throughout the duration of their employment.

All ambulance personnel with driving responsibilities must possess a current valid California driver’s license, valid County EMT certificate, valid CPR card, Medical Examiner’s certificate (DL51A), and California Ambulance Driver’s certificate (DL61).

Team members who drive company vehicles **must** report suspension of their driver’s license to their Supervisor **immediately** upon receiving notification of such suspension or intent to suspend.


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.209 Policy Name: Driving Position Requirements (Continued: Page 2 of 2)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Any team member who becomes uninsurable or fails to meet driver acceptability guidelines will be restricted in his/her eligibility for employment and may lose their employment.

NORCAL Ambulance participates in the DMV *Employer Pull Notice* (EPN) program. Team member driving records are received annually and whenever there is activity on an individual's record. If team member's driving record shows activity that threatens the ability to meet acceptable driver criteria, the team member will be notified by the appropriate supervisor.

Any team member driving a NORCAL vehicle or driving on company business must observe all safety, traffic, and criminal laws of this state. No driver may consume alcohol or illegal drugs while driving a NORCAL vehicle, while on company business, while in a NORCAL vehicle, or prior to the team member's shift if such consumption would result in a detectable amount of alcohol or illegal drugs being present in the team member's system while on duty. In addition, no driver may consume or use any substance, regardless of legality or prescription status, if by so doing, the driver's ability to safely operate a motor vehicle and carry out other work-related duties would be impaired or diminished. No driver may pick up or transport non-employees while in a NORCAL vehicle or on company business, unless there is a work-related need to do so or otherwise approved by management. Any illegal, dangerous, or other conduct while driving that would tend to place the lives or property of others at risk is prohibited.

Anything a driver does in connection with the operation of motor vehicles can affect that driver's fitness for duty or insurability as a driver. Regardless of fault, circumstance, on- or off-duty status, time, or place, any driver who receives a traffic citation from or is arrested by a law enforcement officer, or who is involved in any kind of accident while driving, must inform an appropriate supervisor about the incident immediately or as soon as possible thereafter.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.210 Policy Name: Orientation & Handbook Acknowledgement</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Once an applicant is offered a position with NORCAL Ambulance, they will be scheduled for an orientation. Every newly hired team member must attend orientation before beginning training.


II. Procedure

Orientation will cover, but is not limited to the following topics:

- Welcoming to Company (including company history and tour)
- NORCAL Ambulance Core Values
- Levels of Service
- Team member and Employer Expectations
- Legal Paperwork (W-4, I-9, Dress Code Agreement, etc.)
- Payroll (Time cards, Direct Deposit, etc.)
- Communications
- Training (Schedule, Evaluations)
- Introduction of applicable duties
- Uniform distribution
- Sexual Harassment Training and Reporting
- Occupational Safety and Health Administration (violence, hazardous conditions, ergonomics)

During orientation, all newly hired team members will be issued a company handbook. All team members are responsible for reading all content in the handbook. Team members will sign a handbook acknowledgement receipt which will be stored in their personnel file.

If there are any changes to the handbook all team members will receive an updated copy and may need to sign a new acknowledgement receipt for the newly issued handbook.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.211 Policy Name: Reasonable Accommodation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy


NORCAL provides reasonable accommodation for such qualified disabled individuals in accordance with applicable laws.

NORCAL is committed to ensuring that qualified disabled individuals are accorded non-discriminatory treatment both in the pre-employment/applications process as well in all terms, conditions, and privileges of employment.

NORCAL retains confidential employee medical information in separate confidential files.

II. Procedure

Qualified individuals with disabilities (either applicants for employment or current team members) may make requests for reasonable accommodation. On receipt of an accommodation request, the Director of Human Resources or other HR designee, will meet with the requesting individual to discuss his/her work-related limitations and the potential accommodations that might enable the individual to perform the essential job function.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.212 Policy Name: Job Duties</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


The purpose of this policy is to outline NORCAL Ambulance’s expectations of job duties for each position in the company.

II. Procedure

Job responsibilities and performance standards are detailed in the "Job Description" section of the original job posting. Additional copies of job descriptions can be produced by Human Resources.

Team members should be aware that job responsibilities are subject to change at any time during employment. NORCAL team members may occasionally be asked to perform tasks that are not listed in their job description. Full cooperation in performing any work outside of a team member’s standard responsibilities is required.


NORCAL reserves the right to alter, change job responsibilities, reassign, transfer job positions, or assign additional job responsibilities at any time, with or without notice.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.213 Policy Name: Employment of Relatives</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Because of potential problems of supervisor, safety, security, morale, or conflict of interest that may result from employing relatives, the decision to employ two or more related team members is at the sole discretion of NORCAL management. “Related team members” or "relatives" are defined as persons related to each other by blood, marriage, or cohabitation.

NORCAL may elect to place related team members at separate work locations. Related team members will not be permitted to be in a direct reporting relationship with each other. Related team members, like all other team members, are required to maintain a dignified and professional relationship in the workplace.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.214 Policy Name: Onboarding – Employment Offer</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

Employment offers are commitments on behalf of NORCAL, and the company must ensure that every offer made to an individual complies with the company’s policies and federal and state legal requirements.

II. Procedure

There are internal as well as external factors to be considered in making offers of employment once the decision to hire has been made. Thus, NORCAL has designated individuals who have exclusive authority to make offers of employment.

Internal factors include: salary equity issues, consideration of EEO and/or affirmative action goals, payment arrangements with external recruiting sources, applicant travel requirements, and establishment of the appropriate job classification for the offer.


External factors to be considered are wage and hour laws, related experience, training and/or certification(s), and market pricing.

The only individuals authorized to commit the company to an offer of employment are the CEO, COO, Director of Human Resources or other designated management/HR staff.

The Human Resources Department will be advised by the appropriate business head of the need for an offer of employment and the recommended start date. HR will the make contact with the candidate to discuss the forthcoming offer of employment and prepare all required supporting materials.

Offer letters are to be signed by the CEO and/or a Human Resources representative.

Any adjustments to the written offer of employment sent to the candidate will be made in writing and approved by the authorized individuals above.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.301 Policy Name: Employment Status Definitions</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

All team members are required to keep current any certifications, and/or licenses required by their position. It is the team member’s responsibility to ensure compliance with employment status requirements. Any team member unable to fulfill necessary shift obligations may request an appropriate leave of absence.

II. Procedure

Regular Employees

Regular employment applies to team members hired to work on a regular, recurring schedule. Regular employment may be either full-time or part-time.

Temporary Employees

Temporary employment applies for team members hired for short-term assignments. Short-term assignments generally cover periods of three (3) months or less, but may be extended beyond that time frame, at the sole discretion of NORCAL. The team member will still be classified as temporary despite the any extension of the assignment. Temporary employed team members are not eligible for employee benefits except where mandated by applicable law.

Full-Time Employee

Regular full-time employment applies to team members who are normally scheduled to work, and who do work a regular schedule of thirty (30) or more hours per week.

Part-Time Employees


Regular part-time employment applies to team members who are normally scheduled to work and who do work less than thirty (30) hours per week, but at least sixteen (16) hours per week.

Per Diem Employees

Per diem employment applies to team members who are not regularly scheduled for work. Team members must meet several requirements and be approved by a supervisor/manager to be considered. Shift(s) to be worked can be an open shift, sick call, and/or shift coverage.

Per Diem requirements for EMT-B’s, Paramedics, and Dispatchers include but are not limited to:

- Successful completion of one (1) year of service (unless otherwise approved)
- Work a minimum of 2 shifts per month

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.301 Policy Name: Employment Status Definitions <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Per Diem requirements for CCT Nurses include but are not limited to:

- Successful completion of training and introductory period
- Work a minimum of 4 shifts per month with one of those shifts being on a weekend day


Classifications of Positions

Non-exempt Field Team Members includes all roles for EMTs, Field Training Officers (FTOs) and Leads, Paramedics, Nurses, Patient Transport Specialists, and EMT Trainees

Exempt Field Team Members includes Field Supervisors

Field Non-Exempt Administrative Team Members may include roles in Training, Dispatchers, Support Services, Fleet, Quality Assurance (QA) and Scheduling Departments


Administrative Team Members (exempt and non-exempt) may include Human Resources, Finance, Accounts Receivable, Accounts Payable, Training, Business Development, and other Executive and Headquarters (HQ) positions

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.302 Policy Name: Introductory Period</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Newly hired or promoted team members will be required to complete a training period, followed by an introductory period. The total time of an introductory period is ninety (90) days following a team member’s date of hire.

In order to successfully complete an introductory period, a supervisor or other designated team member will evaluate the new team member’s performance after the 90-day mark. If performance is satisfactory the team member will be considered for regular employment. If the team member fails to complete the training or has unsatisfactory performance, the team member will be placed in a Performance Improvement Program and/or termination of employment. [[see Policy 100.1005 Performance Improvement Program \(PIP\)](#)]


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.303 Policy Name: Job Duties</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Job responsibilities and performance standards are detailed in the "Job Description" section of the NORCAL application package.

Team members should be aware that job responsibilities are subject to change at any time during employment. NORCAL team members may occasionally be asked to perform tasks that are not listed in the job description. Full cooperation in performing any reasonable work assignments outside of a team member’s standard responsibilities is required.

NORCAL Ambulance reserves the right to alter, change job responsibilities, reassign, transfer job positions, or assign additional job responsibilities at any time, without advance notice.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.304 Policy Name: Training Evaluations	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

All employees will complete a training program specific to their position and may have daily training evaluations specific to their position.

II. Procedure

If issued a training checklist, the trainee will be evaluated based on the duties on the checklist and their performance will be reviewed daily. If not issued a training checklist, the trainee will be evaluated based on the requirements and duties for the position they are being trained for.

The trainer will go over the daily evaluation with the trainee each shift. Areas that the trainee has excelled in or failed to complete will be addressed daily. Plans for improvement needs or training extension will be discussed as needed and brought to the attention of the department supervisor or manager as needed.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.305 Policy Name: Seniority Policy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Seniority is awarded to team members according to the time worked in the specific job position. If a team member promotes to a new position (example EMT-B to Paramedic, higher ranked dispatcher, etc.), or switches positions within the company, the team member will begin their new position with the same seniority of a new team member at the same position.

In the event that two team members were hired on the same day, in the same position, seniority will be awarded with the team member with the most hours worked to date.

Seniority is utilized for scheduling purposes only and does not deem one person more medically qualified than another. Scene authority for field personnel will fall under the most medically experienced person, including those working for other agencies (fire, police, etc.).

More specifically, when an EMT promotes to a Paramedic, they will retain their seniority for their time worked as an EMT, to bid on an EMT shift. The EMT and/or Paramedic will be paid wages applicable to the lower level position they are filling (example: a Paramedic working EMT shift gets paid EMT wages).

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.306 Policy Name: Certification Maintenance</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL team members are responsible for maintaining current accreditation for all required licenses and certifications. Additionally, if a team member works in a county or specific region that requires additional certification(s), the team member will be required to maintain those as well.

II. Procedure

All team member credentials and their expiration dates are entered into *Traumasoft* upon hire by the Human Resources Department. Team members generally receive a courtesy notification beginning at approximately one hundred twenty (120) days prior to the written expiration of your credentials to the email address associated with your *Traumasoft* account.

This includes medical compliance such as TB testing, flu vaccinations, medical examinations for Ambulance Drivers Certificates and all other requirements depending upon position.

Although NORCAL assists its team members in tracking the expiration of licenses and certifications, team members are still responsible for maintaining necessary renewals and re-certifications on time. If the certification is expired, the team member will be pulled from their shift by the supervisor.

	<p>Policy & Procedure Manual Personnel and Staff Development Policy Number: 100.307 Policy Name: Telecommuting</p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2024</p>
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I. Policy

Telecommuting provides eligible team members with an opportunity to work from an alternative work environment instead of in the primary location of NORCAL. Telecommuting must be pre-approved by a team member’s supervisor and cannot be initiated without a *Telecommuting Agreement* completed in advance and signed by the affected team member and by management.

II. Procedure

NORCAL Ambulance retains the right in its sole discretion to designate which positions are, or are not, appropriate for telecommuting, and to approve, or not approve team members for a telecommuting arrangement. Telecommuting must be approved in advance by a team member’s supervisor, as indicated by a completed, signed *Telecommuting Agreement*. Telecommuting does not change any other conditions of employment or required compliance by the employee with all Company policies and procedures. NORCAL reserves the right to change or terminate the *Telecommuting Agreement* at any time, with or without cause or reason, and without advance notice. Telecommuting is a privilege and may not be appropriate for all team members. If a team member wishes to request a *Telecommuting Agreement*, s/he should contact his or her supervisor and ask for a *Telecommuting Request* form.

Telecommuting Safety


The Telecommuter is solely responsible for ensuring the safety of his or her alternative work environment. However, because NORCAL remains obligated to provide its team members with a workplace that is free from hazards that might cause serious harm or injury, NORCAL reserves the right to periodically inspect the Telecommuter's home work space. Any such inspection will be preceded by advance notice and an appointment will be scheduled. Telecommuters are protected by the NORCAL’s workers' compensation insurance. As such, Telecommuters are required to immediately report any injuries that occur while working.

Hours of Work

Nonexempt team members are not permitted to work outside of scheduled hours without advance approval; this includes such activities as checking and responding to emails. Any work performed by a non-exempt team member outside of a scheduled shift must be reported to a supervisor.

Attendance at Meetings

Telecommuters are expected to attend all required meetings in person or teleconference when available. Such specifics will be outlined in the *Telecommuting Agreement*.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.308 Policy Name: Department Transfers</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL Ambulance offers its’ team members the ability to transfer from one department to another. Job postings may be offered internally first, allowing team members to pursue other options within the company.

II. Procedure


Internal job openings are posted via company email. A team member can email back regarding interest and will be instructed on what information is needed to apply, such as a resume, certification copies, etc. Qualified team members will be interviewed just like a non-team member would for the position.

If the team member is not selected for the new position of interest, they will remain in their same schedule and position. If the team member is selected for the new position in another department, their acceptance of the new position will also be considered a forfeiture of their prior position.

In the event the team member would like to return to old position they will need to reapply for that position. However, there is no guarantee of placement into old position, schedule or previous work schedule.

Whenever a field team member is seeking to transfer to another division, station or department they must work at least one (1) complete shift bid period prior to requesting the transfer.

A request for transfer must be initiated by the team member, and the request and transfer approved by the gaining manager with the coordination on the transfer date.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.401 Policy Name: Punctuality and Attendance</p>	Original: 05/2005 Revised: 12/2021 Renewal: 01/2024
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I. Policy

This policy outlines proper procedures for punctuality and attendance to ensure adequate staffing is always available and service will not be interrupted. Team members are expected to be punctual and regular in attendance.

II. Procedure

Team members are expected to report to work as scheduled, on time, and prepared to start their shift. Team members are also expected to remain at work for their entire shift, except when required to leave on authorized company business, or for authorized meal breaks or other breaks as required by law. Late arrival, early departure, or other unanticipated and unapproved absences from scheduled hours can be disruptive and should be avoided.

Field crew members may clock in up to fifteen (15) minutes prior to their shift start time to begin working without a supervisor’s approval. Field crew members who choose to clock in early are expected to begin their daily duties immediately. Punching in prior to fifteen (15) minutes before the scheduled shift start time requires approval from a supervisor.

Tardiness

NORCAL considers a team member “tardy” if they clock in for duty at any time after their scheduled start time. When a team member realizes they will be tardy for their shift, they must make every effort to notify their supervisor immediate allowing as much notice as possible.

Unexpected Absences


If a team member is unable to report to work for their scheduled shift, they must notify their supervisor immediately. Field employees are expected to contact the On-Duty Supervisor (ODS) at least three (3) hours prior to the start of their shift. All employees also must inform their supervisor of the expected duration of any absence. If the absence lasts more than two (2) days (i.e., 5 days for the flu), a doctor’s note may be required to return to work.

Excused Absences

Absences will be considered excused if they are covered by sick pay, PTO (in accordance with company [Policy 100.417 Paid Time Off](#)), or an approved leave of absence.

Job Abandonment


If a team member fails to report for work without any notification to their supervisor and the absence continues for a period of three (3) consecutive workdays, NORCAL will assume the team member has abandoned their job, and will terminate the employment.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.402 Policy Name: Paid Family Leave (“PFL”)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Team members taking approved leave for family-medical reasons may be eligible to apply to the State of California, for Paid Family Leave (“PFL”) partial wage replacement benefits. These benefits are funded through payroll deductions and coordinated through the Employment Development Department. PFL may provide eligible team members with limited compensation for up to eight (8) weeks when a team member needs to take leave from work to care for a parent, parent-in-law, child, spouse, registered domestic partner, grandparent, grandchild, or sibling who is seriously ill, or for a working parent who wants time to bond with his or her newborn, foster child or newly adopted child.

The PFL program does not provide team members with a right to a leave of absence; it is simply a partial state-sponsored wage replacement benefit available to requesting and eligible team members.


	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.403 Policy Name: Shift Change Communication	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL reserves the right to change shifts to accommodate business needs.

II. Procedure

If a team member's regularly scheduled shift is going to be changed (i.e., start time, location, etc.), they will be notified as soon as possible. If any of the affected team members will be working the shift within the next 7 days, they will receive a phone call in addition to the email.


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.404 Policy Name: Bereavement Leave</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

In the event of the death of a spouse, domestic partner, child, parent, legal guardian, brother, sister, grandparent, grandchild, or mother-, father-, sister-, brother-, son- or daughter-in-law, any team member may be eligible to request up three consecutive shifts of unpaid leave.

Approval of bereavement leave is contingent upon the team member providing NORCAL in advance with documented proof that the bereavement leave is for an eligible relative. Team members are allowed to utilize available vacation or sick time when taking an approved bereavement leave.

The Human Resources Department may approve additional bereavement time off.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.405 Policy Name: Family Medical Leave Act (FMLA)/California Family Rights Act (“CFRA”)</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Definitions

In implementing this policy, the following definitions will apply.

“12-Month Period” means a rolling twelve (12) month period measured backward from the date leave is taken and continuous with each additional leave day taken.

“Child” means a child under eighteen (18) years of age, or eighteen (18) years of age or older (and under the FMLA, who is incapable of self-care because of a mental or physical disability). A team member’s child is one for whom the team member has actual day-to-day responsibility for care and includes a biological, adopted, or foster child, a step-child, a legal ward, a son or daughter of a domestic partner, or a son or daughter to whom the team member stands in loco parentis (in place of a Parent).

“Parent” means the biological, foster, or adoptive parent of a team member, a parent-in-law (CFRA only) or an individual who stands or stood in loco parentis (in place of a parent) to an team member when the team member was a child.

“Parent-in-law” means the parents of a spouse or domestic partner (CFRA only).

“Spouse” means a husband or wife as defined or recognized under California state law for purposes of marriage.


“Domestic Partner” means a partner as defined in Section 297 of the Family Code.

“Family Member” means a Child, Parent, Spouse, or Domestic Partner as defined under the FMLA.

“Family Member” means a child (regardless of age), sibling, Parent, Spouse, Domestic Partner, Grandparent, or Grandchild as defined under the CFRA.

“Serious Health Condition” means an illness, injury impairment, or physical or mental condition that involves:

- (1) Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity (i.e., inability to work or perform other regular daily activities because of the Serious Health Condition, treatment involved, or recovery there-from); or
- (2) Continuing treatment by a health care provider (i.e., a Serious Health Condition involving continuing treatment by a health care provider as defined under federal or state law).

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.405 Policy Name: Family Medical Leave Act (FMLA)/California Family Rights Act ("CFRA") <i>(continued: page 2 of 9)</i></p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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“Health Care Provider” has the same meaning as defined under the FMLA and CFRA.

“Covered Servicemember” is a member of the Armed Forces, including a member of the National Guard and Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

II. Reasons for Leave

Leave is only permitted for the following reasons:

- 1) The birth of a Child or to care for a newborn of a team member or the team member’s Domestic Partner;
- 2) The placement of a Child with a team member in connection with the adoption or foster care of the Child by the team member or the team member’s Domestic Partner;
- 3) To care for a Child of the team member, Spouse, or Domestic Partner who has a Serious Health Condition;
- 4) Because of a Serious Health Condition that makes the team member unable to perform the functions of his or her position (under the FMLA, this includes pregnancy) (under the CFRA, this excludes pregnancy);
- 5) To care for a Parent, Spouse, or Domestic Partner who has a Serious Health Condition;
- 6) To care for a Covered Servicemember with a serious injury or illness related to certain types of military service (see Military Caregiver Leave below—FMLA only); or
- 7) Because of a qualifying exigency related to the covered active duty or call to covered active duty of a team member’s Spouse, Domestic Partner (CFRA only), Child, or Parent in the United States Armed Forces.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.405 Policy Name: Family Medical Leave Act (FMLA)/California Family Rights Act ("CFRA") <i>(continued: page 3 of 9)</i></p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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III. Team Member Eligibility and Duration

A team member is eligible for leave if the team member:

- 1) Has been employed for at least twelve (12) months;
- 2) Has been employed for at least 1,250 hours during the twelve (12) month period immediately preceding the commencement of the leave; and
- 3) Is employed at a worksite where NORCAL employs at least fifty (50) team members within a seventy-five (75) mile radius – this third prong applies only to the FMLA.

NORCAL counts FMLA/CFRA leave using a “looking back” method, meaning that if a team member requests FMLA/CFRA leave, NORCAL looks back over the preceding twelve (12) months to determine if the team member has taken FMLA/CFRA leave during that time period. If the team member did take FMLA/CFRA leave, then that time would be deducted from the amount of leave for which the team member is now eligible. If the team member has not taken any FMLA/CFRA leave, then the team member would be eligible for FMLA/CFRA leave to the extent permitted by law.

Amount of Leave & Minimum Duration of Leave:


Eligible team members are entitled to a total of twelve (12) workweeks of leave during any twelve (12) month period.

If leave is requested for the birth, adoption, or foster care placement of a Child of the team member or Domestic Partner, leave must be concluded within one (1) year of the birth or placement of the Child. In addition, the basic minimum duration of such leave is two (2) weeks. However, a team member is entitled to leave for one of these purposes (e.g., bonding with a newborn) for at least one (1) day, but less than two (2) weeks’ duration on any two (2) occasions.

If leave is requested to care for a Child, Parent, Spouse, or Domestic Partner or for the team member himself or herself with a Serious Health Condition, there is no minimum amount of leave that must be taken. However, the notice and medical certification provisions of this policy must be complied with.

Spouses Both Employed by NORCAL (FMLA Only):

In any case in which domestic partners or a husband and wife are both employed by NORCAL and both are entitled to leave, the aggregate number of workweeks of leave to which both may be entitled may be limited to twelve (12) workweeks during any twelve (12) month period if leave is taken for the birth or placement for adoption or foster care of the team members’ child (i.e., bonding leave). This limitation does not apply to any other type of leave under this policy.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.405 Policy Name: Family Medical Leave Act (FMLA)/California Family Rights Act ("CFRA") <i>(continued: page 4 of 9)</i></p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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Team Member Benefits While on Leave:

Leave under this policy is unpaid. However, team members may be able to use and are expected to exhaust their PTO and/or Sick Time, as permitted by law, before going into an unpaid status. While on leave, the team member will continue to be covered by NORCAL’s group health insurance to the same extent that coverage is provided while the team member is on the job.

Team members will continue to receive the same level of benefits coverage they were eligible to receive before their leave, in accordance with applicable state and federal law. The team member may be entitled to other, non-Company-provided benefits under any other federal or state programs such as state disability insurance benefits. NORCAL is not responsible for administering any such benefits.

Team members may make the appropriate contributions for continued coverage under the preceding non-health benefit plans by payroll deductions or direct payments made to these plans. Depending on the particular plan, NORCAL will inform the team member whether the premiums should be paid to the carrier or to NORCAL. The coverage on a particular plan may be dropped if the team member is more than thirty (30) days late in making a premium payment. However, the team member will receive a notice at least fifteen (15) days before coverage is to cease, advising the team member that the team member will be dropped if the premium payment is not paid by a certain date. Team member contribution rates are subject to any change in rates that occurs while the team member is on leave.


While on leave under this policy, a team member may elect to concurrently use paid accrued leaves. Similarly, NORCAL may require a team member to concurrently use paid accrued leaves after requesting FMLA/CFRA leave and Paid Family Care Leave and may also require a team member to use family and medical care leave concurrently with a non-FMLA/CFRA leave that is FMLA/CFRA-qualifying.

Employer’s Right to Require Team Member to use Paid Accrued Leave Concurrently with Family Leave:

When a team member has earned or accrued PTO or Sick Time, that paid leave must be substituted for all or part of any (otherwise) unpaid leave under this policy.

A team member is entitled to and must use PTO or Sick Time, if available, concurrently with leave under this policy if the leave is for the team member’s own Serious Health Condition.

A team member may use PTO or Sick Time concurrently with leave under this policy, if available.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.405 Policy Name: Family Medical Leave Act (FMLA)/California Family Rights Act ("CFRA") <i>(continued: page 5 of 9)</i></p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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As a condition of a team member’s initial receipt of family temporary disability insurance benefits during any twelve (12) month period in which a team member is eligible for these benefits, NORCAL may require a team member to take up to two (2) weeks of earned but unused PTO or Sick Time (or both) before the team member’s initial receipt of these benefits, if available and permitted by law. If NORCAL requires the team member to take PTO or Sick Time, that portion of the leave that does not exceed one (1) week shall be applied to any applicable waiting period for receipt of family temporary disability insurance benefits.

Medical Certification:

Team members who request leave for their own serious health condition or to care for a child, parent, domestic partner, or spouse who has a serious health condition must provide written certification from the Health Care Provider of the individual requiring care if requested by NORCAL.

When a team member’s leave is foreseeable and at least thirty (30) days’ notice has been provided, if a medical certification is requested, the team member must provide it before the leave begins. When this is not possible, the team member must provide the requested certification to NORCAL within the time frame requested by NORCAL (which must allow at least fifteen (15) calendar days after the employer’s request), unless it is not practicable under the particular circumstances to do so despite the team member’s diligent good faith efforts.


NORCAL will advise the team member in writing what additional information is necessary to make the certification complete and sufficient. The team member will have seven (7) calendar days, unless not practicable under the circumstances despite the team member’s diligent good faith efforts, to cure any deficiency. If the deficiency is not cured, NORCAL may deny the taking of FMLA/CFRA leave.

Intermittent Leave or Reduced Schedule Leave:

If a team member requests leave intermittently (e.g., a few days or hours at a time) or on a reduced leave schedule to care for a Family Member with a Serious Health Condition, the team member must provide medical certification that such leave is medically necessary.

Reinstatement on Return from Leave:

On expiration of leave, a team member is entitled to be reinstated to the position of employment held when the leave commenced, or to an equivalent position with equivalent employment benefits, pay, and other terms and conditions of employment. Team members have no greater rights to reinstatement, benefits, and other conditions of employment than if the team member had been continuously employed during the FMLA/CFRA-Paid Family Care Leave period.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.405 Policy Name: Family Medical Leave Act (FMLA)/California Family Rights Act ("CFRA") <i>(continued: page 6 of 9)</i></p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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If a definite date of reinstatement has been agreed on at the beginning of the leave, the team member will be reinstated on the date agreed on. If the reinstatement date differs from the original agreement date between the team member and NORCAL, the team member will be reinstated within two (2) business days, when feasible, after the team member notifies NORCAL of his or her readiness to return.

A team member may be required to periodically report on his or her status and intent to return to work. This will avoid any delays to reinstatement when the team member is ready to return.


As a condition of reinstatement of a team member whose leave was based on the team member's own serious health condition that made the team member unable to perform his or her job, the team member must obtain and present a fitness-for-duty certification from the Health Care Provider stating that the team member is able to perform the essential functions of the team member's job. When reasonable job safety concerns exist, NORCAL may require a fitness-for-duty certification before a team member may return to work when the team member takes intermittent or reduced leave. Additionally, field team members may be required to complete a Physical Ability Test (PAT) in order to return. Failure to provide such certification will result in denial of reinstatement.

Military Caregiver Leave (FMLA Only)

An eligible team member who is a spouse, child, parent, or next of kin of a Covered Servicemember with a serious injury or illness may take up to a total of twenty-six (26) workweeks of unpaid leave during a single twelve (12) month period to care for the servicemember. A serious injury or illness is one that was incurred by a Covered Servicemember in the line of duty on active duty that may render the Covered Servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating. The single twelve (12) month period for leave to care for a Covered Servicemember with a serious injury or illness begins on the first day the team member takes leave for this reason and ends twelve (12) months later, regardless of a twelve (12) month period established by the employer for other types of FMLA leave. An eligible team member is limited to a combined total of twenty-six (26) workweeks of leave for any FMLA-qualifying reason during the single twelve (12) month period.


Qualifying Exigency Leave

An eligible team member may take up to a total of twelve (12) workweeks of unpaid leave during the normal twelve (12) month period established by the employer for FMLA/CFRA leave for qualifying exigencies arising out of the fact that the team member's Spouse, Domestic Partner (CFRA only), Child, or Parent is on active duty, or has been notified of an impending call or order to active duty, in support of a contingency operation.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.405 Policy Name: Family Medical Leave Act (FMLA)/California Family Rights Act ("CFRA") <i>(continued: page 7 of 9)</i></p>	<p>Original: 05/2005 Revised: 04/2022 Renewal: 01/2024</p>
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Qualifying exigencies include:

- 1) Issues arising from a covered military member's short-term deployment (i.e., deployment on seven (7) or fewer days of notice) for a period of seven (7) days from the date of notification;
- 2) Military events and related activities such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that are related to the active-duty or call to active-duty status of a covered military member;
- 3) Certain child care and related activities arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative child care, providing child care on a non-routine, urgent, immediate-need basis, enrolling or transferring a child in or to a new school or day care facility, or attending certain meetings at a school or day care facility, in each case if necessary because of circumstances arising from the active duty or call to active duty of a covered military member;
- 4) Making or updating financial and legal arrangements to address a covered military member's absence;
- 5) Attending counseling provided by someone other than a Health Care Provider for oneself, the covered military member, or a child of the covered military member, the need for which arises from the active duty or call to active-duty status of a covered military member;
- 6) Taking up to five (5) days of leave to spend time with a covered military member who is on short-term temporary rest and recuperation leave during deployment;
- 7) Attending to certain post-deployment activities, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military, for a period of ninety (90) days following the termination of the covered military member's active-duty status;
- 8) Addressing issues arising from the death of a covered military member; and
- 9) Any other event that the team member and employer agree is a qualifying exigency.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.405 Policy Name: Family Medical Leave Act (FMLA)/California Family Rights Act ("CFRA") <i>(continued: page 8 of 9)</i></p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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Leave to Care for Covered Servicemember with Serious Illness or Injury Incurred in the Line of Duty on Active Duty (FMLA Only)


Eligible team members who have Family Members who are Covered Servicemembers may take up to twenty-six (26) workweeks of leave in a single twelve (12) month period to care for a Covered Servicemember with a serious illness or injury incurred in the line of duty on active duty. The leave may be taken intermittently whenever medically necessary to care for a Covered Servicemember with a serious injury or illness. Leave may also be taken intermittently for a qualifying exigency arising out of the active-duty status or call to active duty of a covered military member. When leave is needed for planned medical treatment, the team member must make a reasonable effort to schedule the treatments so as not to unduly disrupt NORCAL’s operation.

Spouses employed by the same employer are limited to a combined total of twenty-six (26) workweeks of leave in a single twelve (12) month period if the leave is to care for a Covered Servicemember with a serious injury or illness; for the birth and care of a newborn child; for placement of a child for adoption or foster care; or for care of a parent who has a Serious Health Condition.

Team members seeking to use Military Caregiver Leave must provide thirty (30) days’ advance notice of a need to take FMLA leave for planned medical treatment for a serious injury or illness of a Covered Servicemember. If leave is foreseeable but thirty (30) days’ advance notice is not practicable, the team member must provide notice as soon as practicable, generally, either the same or next business day. The team member must provide notice of the need for foreseeable leave based on a qualifying exigency as soon as practicable. When the need for military family leave is not foreseeable, the team member must provide notice to the employer as soon as practicable under the facts and circumstances of the particular case. Generally, it should be practicable to provide notice for unforeseeable leave within the time prescribed by NORCAL’s usual and customary notice requirements.

The team member must provide sufficient information to make NORCAL aware of the need for FMLA leave for these reasons and the anticipated timing and duration of the leave. Such information may include, as applicable, information to the effect that:

- 1) The requested leave is for a particular qualifying exigency related to the active-duty status or call to active duty of a covered military member, along with the anticipated duration of the leave; and
- 2) The leave is for a qualifying Family Member who is a Covered Servicemember with a serious injury or illness, along with the anticipated duration of the leave.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.405 Policy Name: Family Medical Leave Act (FMLA)/California Family Rights Act ("CFRA") <i>(continued: page 9 of 9)</i></p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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Employer Notice:

When the team member requests FMLA leave under this policy, NORCAL will notify the team member of his or her eligibility to take leave, including a reason for non-eligibility if the team member is determined not to be eligible. Such eligibility notice may be oral or written and should generally be given within five (5) business days of the team member’s request for leave. Subsequent eligibility notice in the same twelve (12) month leave period may be required when an team member’s eligibility status changes. NORCAL will inform team members of their rights and responsibilities under this leave, including giving specific written information on what is required of the team member.

Certification Requirements:


NORCAL will require the team member who requests military family leave to produce a certification and may require the team member certification to be supported by:

- 1) For leave for a qualifying exigency, a copy of the covered military member’s active-duty orders and certification providing the appropriate facts related to the particular qualifying exigency for which leave is sought, including contact information if the leave involves meeting with a third party; and
- 2) For leave to care for a Covered Servicemember with a serious injury or illness, certification completed by an authorized Health Care Provider or a copy of an Invitational Travel Order (ITO) or Invitational Travel Authorization (ITA) issued to any member of a Covered Servicemember’s family.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.406 Policy Name: Paid Time Accrual and Seniority During Leave of Absence (LOA)</p>	<p>Original: 05/2005 Revised: 05/2022 Renewal: 01/2024</p>
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I. Policy

Team members on any Leave of Absence (“LOA”) will not continue to accrue paid sick time, vacation time (PTO) or seniority.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.407 Policy Name: Carryover</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to establish the procedure regarding year-to-year carryover of family/medical leave.


II. Procedure

Leave granted under any of the reasons provided by state and federal law will be counted as family/medical leave and will be considered as part of the 12-month period under FMLA.

The 12-month period is measured backward from the date a team member uses any FMLA leave. Successive 12-month periods commence on the date of a team member’s first use of such leave after the preceding 12-month period has ended.

Each request for FMLA/CFRA or any leave under ADA is a separate request and determined according to eligibility.

If spouses both employed by NORCAL are requesting FMLA leave, the leave is limited to a combined total of 12 weeks in a 12-month period when leave is taken for the birth, adoption or foster care placement of a child, or to care for the team member’s parent with a serious health condition.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.408 Policy Name: Intermittent Leave</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to establish the procedure regarding intermittent family/medical leave.

II. Procedure

A team member is entitled to up to 12 workweeks of FMLA leave for most qualifying reasons or up to 26 workweeks of FMLA leave for military caregiver leave. The team member’s actual workweek is the basis for determining the employee’s FMLA leave entitlement. A team member does not accrue FMLA leave at any particular hourly rate.

FMLA leave may be taken in periods of whole weeks, single days, hours, and in hourly increments. NORCAL allows team members to take leave in as small as 1-hour increments.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.409 Policy Name: Pregnancy Related Disability Leave (PDL)</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

Team members who are disabled by pregnancy-related disability are entitled to request up to four (4) months of PDL, in accordance with their doctor’s medical certification of the need for leave. A team member who is pregnant or has a related medical condition is eligible to transfer to a less strenuous or hazardous position or to less strenuous or hazardous duties, if such a transfer is medically advisable.

II. Procedure

Team members should advise their supervisor and Human Resources of their intent to take pregnancy disability leave (“PDL”) as soon as possible. Notice should include the anticipated timing and duration of the leave.

If the need for the PDL is foreseeable, team members must notify the company at least thirty (30) days before the leave is to begin. If thirty (30) days advance notice is not possible, notice must be given as soon as practicable.

Team members must consult with their supervisor regarding the scheduling of any planned medical treatment or supervision related to pregnancy disability so as to minimize disruption of NORCAL operations. Any such scheduling is subject to the approval of the team member’s healthcare provider.


If requested by the team member and recommended by their healthcare provider, the team member’s work assignment may be changed as required to protect the health and safety of the team member and her unborn child.

Requests for temporary job transfers related to pregnancy disability will be reasonably accommodated in accordance with applicable law. The temporarily transferred team member will receive the pay corresponding to the transfer job, as is the case with any other temporary transfer because of health reasons.

Pregnancy leave will usually begin when ordered by the team member’s healthcare provider. The team member must provide NORCAL with medical certification from a healthcare provider confirming the need for leave.

The disability certification must contain:

- The date on which the team member became disabled due to pregnancy,
- The probable duration of the period or periods of disability, and
- A statement that, due to the disability, the team member is unable to work at all or to perform any one (1) or more of the essential functions of the team member’s job without undue risk to herself, the successful completion of her pregnancy, and/or other persons.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.409 Policy Name: Pregnancy Disability Leave (PDL) <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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PDL includes any period of time for actual disability caused by the team member’s pregnancy, childbirth, or related medical condition. This also includes leave for severe morning sickness and for prenatal care. PDL does not need to be taken in one continuous period of time and may be used intermittently, as necessary. All team members are entitled to PDL leave. Absent from FMLA/CFRA guidelines, PDL leave is granted for a maximum of 4 months. For FMLA/CFRA leave-related guidelines please see the policies on the next page.

Returning to Work

The following are the guidelines for team members returning to work from PDL.

- As with return from any medical leave, return from PDL is allowed only upon receipt of medical certification releasing the team member to return to work.
- A team member returning from PDL will be reinstated to the same position held at the time the leave began or to an equivalent position, if available, to the extent of the law.

Team members on PDL may also be eligible for other legally protected leaves. These leaves will run concurrently to the extent permitted by law.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.410 Policy Name: Coordination of PDL with FMLA</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2022
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I. Purpose

This policy is to coordinate PDL (pregnancy disability leave) with family/medical leave (FMLA).

II. Procedure

If a team member takes pregnancy disability leave and is eligible under the federal or state family and medical leave laws, NORCAL will maintain group health insurance coverage for up to a maximum of 12 workweeks (if such insurance was provided before the leave was taken) on the same terms as if the team member had continued to work. Leave taken under the pregnancy disability policy runs concurrently with family and medical leave under federal law, but not family and medical leave under California Law. If the team member is ineligible under the federal and state family and medical leave laws, while on pregnancy disability, they will receive continued paid coverage on the same basis as other medical leave that NORCAL may provide and for which they are eligible. In some instances, NORCAL may recover premiums it paid to maintain health coverage for the team member if they fail to return to work following pregnancy disability leave.

If the team member is on pregnancy disability leave and is not eligible for continued paid coverage, or if paid coverage ceases after 12 workweeks, they may continue the group health insurance coverage through NORCAL in conjunction with federal COBRA guidelines by making monthly payments to NORCAL for the amount of the relevant premium. Questions regarding payment amounts and frequency are to be directed to the Human Resources Department.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.411 Policy Name: Medical Leave</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Purpose

A medical leave of absence may be granted for non-work-related temporary medical disabilities (other than pregnancy, childbirth, and related medical conditions) for up to one year with a doctor’s written certificate of disability. Team members should request any leave in writing as far in advance as possible.

II. Procedure


A medical leave begins on the first day the doctor certifies that the team member is unable to work, and ends when the doctor certifies that the team member is able to return to work. Team members must supply Human Resources with a form/note from their doctor, showing the date that they were disabled and the estimated date they will be able to return to work. A team member returning from a medical disability leave must present a doctor’s certificate declaring fitness to return to work. Field team members may be required to complete a Physical Ability Test (PAT) prior to returning depending on the length of time the team member has been on medical leave or the nature of their medical leave. The PAT is to ensure the team member is safely able to return to their position.

If returning from a non-work-related medical leave, team members will be offered the same position held at the time the leave began, if available. If the former position is not available, a comparable position will be offered. If neither the same nor a comparable position is available, the team member’s return to work will depend on job openings existing at the time of the scheduled return. NORCAL makes no guarantees of reinstatement, and the team member’s return will depend on qualifications for existing openings.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.412 Policy Name: Personal Leave (“PLOA”)</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

A personal leave of absence (“PLOA”) without pay may be granted to any team member at the discretion of NORCAL. Requests for personal leave are approved on a case-by-case basis and generally granted in one to two week increments and not for longer than thirty (30) days. All requests require the completion of a Leave of Absence (LOA) Request Form submitted to Human Resources. Forms are available upon request from the HR Department.


	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.413 Policy Name: Concurrent Personal & Family/Medical Leave	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to establish the procedure regarding combining personal and family/medical leave.

II. Procedure

Any leave taken under this provision that qualifies as leave under the state and/or federal Family and Medical Leave Acts will be counted as family/medical leave and charged to the entitlement of 12 workweeks of family/medical leave in a 12-month period.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.414 Policy Name: Domestic Violence Leave</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy


NORCAL will not discriminate against team members who are victims of domestic violence, stalking, or sexual assault for taking time off from work to obtain or attempt to obtain any relief, including, but not limited to, a temporary restraining order, restraining order, or other injunctive relief to help ensure the health, safety, or welfare of a victim or the team member’s child.

NORCAL will also not discriminate against an team member who is a victim of domestic violence, stalking, or sexual assault for taking time off from work to seek medical attention for injuries caused by such domestic violence, stalking, or sexual assault, to obtain services from a domestic violence, stalking, or sexual assault program, to obtain psychological counseling related to the domestic violence, stalking, or sexual assault, or to participate in actions to increase safety from future domestic violence, stalking, or sexual assault, including temporary or permanent relocation.

Affected team members must give NORCAL reasonable notice that they are required to be absent for a purpose stated above, except for unscheduled or emergency court appearances or other emergency circumstances. In such a case, NORCAL will take no action against affected team members if, within a reasonable time after the appearance, they provide NORCAL with documentary evidence that their absence was required for any of the above reasons.

NORCAL will provide reasonable accommodations to a team member who is a victim of domestic violence, stalking, or sexual assault, unless it would create an undue hardship for NORCAL. Team members who require an accommodation should contact their supervisor or the Human Resources Department and request an accommodation. NORCAL will review the situation with the team member to identify possible accommodations, if any.

This leave is unpaid, except the team member may use PTO or Sick Time, if available. To the extent allowed by law, NORCAL will maintain the confidentiality of all communications made in connection with such leave.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.415 Policy Name: Jury Duty and Witness Leave</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

NORCAL encourages team members to serve jury duty when they are called to do so.

Team members must notify scheduling of the potential need for time off as soon as a jury or witness summons is received. Written verification is required to receive time off.

NORCAL will provide eligible team members time off for jury duty or witness leave, up to a two-week period. Any additional that the team member serves beyond the two-week period will be granted, with additional verification/documentation.


Jury duty and witness leave is only eligible for pay under a team member’s available PTO balance. To request PTO for jury duty or witness leave, team members must submit the request in *Traumasoft*, just like any other PTO request. Team members may choose to opt out of Jury Duty due to an undue hardship. To request an undue hardship letter team members must contact the Human Resources Department with a copy of their summons.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.416 Policy Name: Military Leave</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Team members who wish to serve in the military and take military leave or those who have a spouse serving in the military should contact NORCAL’s Managing Director for information about their rights before and after military leave or the leave of their spouse.

Team members are entitled to military leave/military spouse leave in accordance with applicable law. For more information see Military Leave under [FMLA/CFRA Policy](#) for military caregiving leave and more detail.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.417 Policy Name: Vacation Time ("PTO")</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2022
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I. Policy

All non-exempt team members who actually work eighty (80) or more hours per pay period are eligible to accrue paid time off ("PTO"). Non-exempt field personnel must have one (1) year of service with NORCAL Ambulance before eligibility for PTO begins, on the one-year anniversary from his/her date of hire.

Eligible personnel accrue at a rate of 1 hour for every 30 hours worked. If a PTO eligible team member falls below the eighty (80) hour minimum worked they will not accrue paid time off that pay period, they will instead accrue paid sick time. See the Paid Sick Time Policy for more information.

No other classification of employee (included but not limited to: temporary, part-time, per diem, or probationary employees) accrues paid time off.

Eligible team members may accrue up to a maximum of 160 PTO hours at any time. Once this cap is reached, no further paid time off will accrue until the team member uses sufficient paid time off, to bring his/her total PTO accrual below the 160 PTO hours maximum.

Team members may not use PTO until and unless it has accrued; no advances on PTO will be granted.


PTO may be used for any purpose, including, for the diagnosis, care, or treatment of an existing health condition of, or preventative care for, either the team member or his or her family member. Team members will need to schedule the use of accrued PTO with their supervisor. However, a supervisor may control when PTO may be taken or the amount of PTO that may be taken at any particular time.

II. Procedure

All PTO requests will be submitted through *TraumaSoft*, which will send the request to payroll. Employees on unpaid leave do not accrue paid time off.

Other rules governing PTO:

- Upon termination, team members will be paid for earned but unused PTO.
- Team members must take PTO in a minimum of one-hour increments. Team members are required to take accrued and unused PTO before taking unpaid leave, or having unpaid absences, unless prohibited by state and federal laws.
- Team members requesting to use PTO for non-sick-related/non-emergency purposes are generally required to find shift coverage to cover their PTO absence.
- All team members who promote, change job title or departments or have a significant rate change in wages may be cashed out their PTO balance at the rate it was accrued.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.418 Policy Name: Paid Sick Time</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

All team members are entitled to use up to twenty-four (24) hours (or 3 days) of paid Sick Time annually provided they have been employed with NORCAL for at least thirty (30) days. Sick Time can be utilized for time for diagnosis, care, or treatment of an existing health condition or time for preventative care for the team member or a family member or if you are a victim of domestic violence, sexual assault, or stalking. This sick time policy shall comply with the requirements set forth in the California Healthy Workplace, Healthy Families Act of 2014. If you have a question regarding paid Sick Time eligibility, please see the Human Resources Director for more information.

II. Procedure


Sick Time will accrue for each team member, beginning the team member’s first day of employment with NORCAL, at a rate of one (1) hour for every thirty (30) hours worked. Full-time exempt team members will be deemed to work forty (40) hours every week for the purposes of Sick Time accrual. If an exempt team member’s normal workweek is less than forty (40) hours, they will accrue Sick Time based upon their normal workweek.

Once a team member has accrued Sick Time, and beginning on their ninetieth (90) day, they may use up to twenty-four (24) hours (or 3 days) of paid Sick Time each year. Any remaining unused Sick Time will be carried over to the following year; however, the maximum number of Sick Time a team member can accrue shall be capped at forty-eight (48) hours (or six (6) days).

If a team member works multiple positions for NORCAL with differing paid sick rates, the team member will be paid at the rate of the specific position called out for.

Team members are required to take accrued and unused Sick Time before taking unpaid leave, or having unpaid absences, unless otherwise prohibited by state and federal laws. Team members should provide NORCAL with reasonable advanced notification if the need to use their Sick Time is foreseeable. Where the need to use their Sick Time is unforeseeable, the team member shall provide notice of the need for the time off as soon as practicable.

Pay is not granted in lieu of taking actual time off. Sick time is not cashed out upon departure from NORCAL. Team members without enough Sick Time cannot accrue a negative balance. All time taken off work when no Sick Time are available will be unpaid. Except in very limited circumstances, team members should not expect to take unpaid time off.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.419 Policy Name: School Activities</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2022
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I. Purpose

Team members are encouraged to participate in the school activities of their child(ren), to the extent required by law.

II. Procedure


School-related absences for a team member’s child(ren) is subject to all of the following:

- Parents, guardians, or grandparents having custody of one or more children in kindergarten or grades one (1) to twelve (12) may take time off for a school activity;
- The time off for school activity participation cannot exceed eight (8) hours in any calendar month, or more than a total of forty (40) hours each school year;
- Team members planning to take time off for school activities/visitations must provide as much advance notice as possible to their supervisor;
- If both parents are employed with NORCAL Ambulance, the first team member to request such leave will receive the time off. The other parent will receive the time off only if the leave is approved by his or her supervisor;
- Team members must use Vacation Time (PTO) in order to receive compensation for this time off;
- Team members who do not have paid time off available will take the time off without pay; and
- Team members must provide their supervisor with documentation from the school verifying that they participated in a school activity on the day of the absence for that purpose.

Suspension

If a team member who is the parent or guardian of a child facing suspension from school is summoned to the school to discuss the matter, the team member should alert his or her supervisor as soon as possible before leaving work. In accordance with law, no discriminatory action will be taken against an employee who takes time off for this purpose.

If it becomes necessary for a team member who is the parent or guardian of a child to attend the child's school at the request of the pupil's teacher or principal, the team member’s supervisor should be informed of the need for time off as soon as possible.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.420 Policy Name: Temporary Transfers</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

This policy outlines NORCAL Ambulance’s position on temporarily transferring team members to other offices due to medical and/or family medical leave.

II. Procedure

Team members may request a temporary transfer, including to a different department for medical and/or family medical leave reasons. The Management may consider a temporary transfer request if an open position exists at the time the transfer is requested. Among other factors, management will also consider whether the team member has the qualifications for the job for which the transfer is requested.

A temporary transfer team member is compensated in accordance with the responsibilities and duties of the temporary position.


	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.421 Policy Name: Time Off for Voting	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Under California law, if a team member does not have sufficient time outside of working hours to vote in a statewide election, the team member may, without loss of pay, take off some time from work to do so.

The following rules govern time off from work to vote:

- The maximum time allowed is two (2) hours.
- Time off for voting may be taken only at the beginning or end of the regular working shift.
- The decision by the employer regarding when to permit the employee to take time off for voting is determined by whether the beginning or the end of the shift allows for more voting time, and interferes less with the team member's responsibilities.
- If at all possible, the team member must give NORCAL Ambulance at least two (2) working days' notice that time off for voting is desired in accordance with the provisions of this policy and California law.


	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.422 Policy Name: Victims of Crime Leave</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

NORCAL will grant reasonable and necessary leave from work, without pay, to team members who are victims of a crime, or whose spouse, child, stepchild, brother, stepbrother, sister, stepsister, mother, stepmother, father, stepfather, domestic partner, or child of a domestic partner is a victim of a crime to attend judicial proceedings related to a violent felony, serious felony, felony theft, embezzlement, and any other offenses permitted by state law.

When feasible, affected team members must provide NORCAL with advance notice of the team member’s need for leave, including a copy of the notice of the scheduled proceeding. If advance notice is not feasible, affected team members must provide documentation evidencing the legal proceeding requiring the team member’s absence within a reasonable time after leave is taken.

Affected non-exempt team members may elect to use accrued PTO or Sick Time in lieu of unpaid leave. Exempt team members may be provided time off with pay when necessary to comply with state and federal wage and hour laws.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.423 Policy Name: California Emergency First Responder Leave</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

NORCAL provides unpaid leave to eligible team members who are volunteer firefighters, reserve peace officers or emergency rescue personnel so that such team members may respond to a call to emergency duty. Additionally, the company provides unpaid leave, up to 14 days per calendar year, to such team members so that they may engage in scheduled fire, law enforcement or emergency rescue training. Additional time may be granted with additional supporting documentation to support leave dates.

II. Eligibility


Team members should notify the company of their status as a volunteer firefighter, reserve peace officer or emergency rescue personnel. Additionally, team members should provide as much advanced notice as practicable of the need for leave under this policy when they are called to emergency service or scheduled training.

Team members may use accrued, unused paid time off (Sick/PTO) for leave taken under this policy. The notice and eligibility requirements for any such paid time off will generally apply to a team member’s request for use of paid time off under this policy.

Team members requesting leave under this policy should comply with the following requirements:

- As soon as practicable after hire, or on becoming designated as a volunteer firefighter, reserve peace officer or emergency rescue personnel, team members should notify the company of their status.
- When called to emergency service or scheduled training, a team member should notify Human Resources as soon as practicable of the need for leave under this policy and provide information regarding the start and end dates for the requested leave.
- When returning from leave under this policy, the team member should provide Human Resources with appropriate written documentation confirming that during the leave the team member was actively engaged in responding to an emergency or participating in scheduled training.

On returning from leave under this policy, team members will typically be restored to their positions, or to an equivalent position with equivalent pay, benefits, and other employment terms and conditions. Team members with questions regarding this leave should contact Human Resources.


	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.424 Policy Name: Military Spouse Leave</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Team members who work more than 20 hours per week and have a spouse in the Armed Forces, National Guard or Reserves who have been deployed during a period of military conflict are eligible for up to 15 unpaid days off when their spouse is on leave from military deployment.

Team members must request this leave in writing to Human Resources within two business days of receiving official notice that their spouse will be on leave. Team members requesting this leave are required to attach to the leave request written documentation certifying the spouse will be on leave from deployment.

More information on Military Leave and Military Spouse Leave is available in [Family Medical Leave Act \(“FMLA\)/California Family Rights Act \(“CFRA”\) Policy.](#)


	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.425 Policy Name: Request for Time Off	Original: 05/2005 Revised: 05/2018 Renewal: 01/2022
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I. Policy

To ensure adequate staffing of all departments, NORCAL has established policies for when a team member requests time off.

II. Procedure

1. All requests for Vacation/Time Off must be made in writing or through *Traumasoft* and submitted a minimum of two-weeks prior to the shift to a supervisor. If request is for multiple shifts the request must be made fourteen (14) days prior to the first shift requested off.
2. The request will next be reviewed, then approved or denied.
 - a. If the time off is approved, the team member will not be required to find shift coverage.
 - b. If time off request is denied or is made less than two-weeks prior to the shift(s), the team member is responsible for finding coverage for the shift(s). Failure to show for any shift will result in an unexcused absence.
3. Request for time off will be based on seniority and scheduling necessity.
4. Holidays are treated the same as any other shift. Any requests for time off on holidays are to be treated as described in this policy. For more information on holiday pay, see [Policy 100.501 Holiday Pay](#).

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.426 Policy Name: Lactation Breaks</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

NORCAL provides a supportive environment to enable breastfeeding team members to express their milk during work hours. NORCAL will use reasonable efforts to designate a room or other location for the use of nursing mothers as needed and as available. This room or other location will be safe, clean, free from hazardous materials, in close proximity to the team member’s work area, shielded from view and free from intrusion by co-workers and/or the public. In order to minimize disruption of work, nursing mothers who are classified as non-exempt, must use their rest breaks to express milk, if possible. If additional time is necessary, please contact your supervisor or the Human Resources Director to discuss reasonable accommodations.

All team members have a right to request a lactation accommodation. Any team member requesting such an accommodation must notify the Human Resources Director in writing. Whether approved or not, the Human Resources Director will provide a written response to the team member. NORCAL will not discriminate or retaliate against a team member who requests or uses a lactation accommodation in accordance with this policy or otherwise exercises their rights under California’s lactation accommodation law. Team members who feel their lactation accommodation rights have been violated can file a complaint with the California Labor Commissioner’s Office.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.427 Policy Name: Makeup Time	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Team members may request to make up time for work missed because of their personal obligations.

II. Procedure

Team members who wish to do so must provide their manager with a written and signed request for each occasion that they desire to make up time, and make-up time if approved must be completed in the same workweek the work is missed. A team member who makes up missed time in the same workweek will not be paid overtime for the additional hours of make-up work on a given day unless they exceed eleven (11) hours worked on that day or total more than forty (40) hours worked in that week.

Any questions concerning make-up time should be directed to the team member's supervisor.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.428 Policy Name: Bridging of Time</p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2022</p>
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I. Policy

NORCAL Ambulance will give service credit to team member previously employed by the Company, provided the break in service does not exceed 6 months or 182 days.

II. Procedure

Generally, the break in service time will be deducted from the team member's original service date.

Human Resources Department will discuss reinstatement of benefits and other length of service issues with rehired team members. Special rules apply to reinstatement of paid sick leave benefits under the California Healthy Workplaces, Healthy Families Act.

	<u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.500 Policy Name: Continuing Education, Lectures and Training Pay	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL will pay nonexempt team members for their attendance at meetings, lectures, and training programs where such attendance has been approved in advance by their supervisor if any of the following conditions are met:

- Attendance is mandatory;
- The meeting, course, or lecture is directly related to the team member's job; or
- The training or meeting is held during normal working hours.

In Addition:

- The team member who is required to attend such meetings, lectures, or training programs will be notified of the necessity for such attendance by his or her supervisor;
- Team members will be compensated at their regular rate of pay; and overtime compensation if applicable.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.501 Policy Name: Paid Holidays</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

NORCAL Ambulance observes the following paid holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day.

II. Procedure

Nonexempt Team Members Working Actual Holiday:


Team members may be required to report for duty on recognized holidays and will be notified of their schedules in advance of the holiday. Non-exempt personnel who are required to be on duty on a NORCAL-recognized holiday are paid at a special holiday rate of 1.5 times their normal rate of pay for the first eight (8) hours worked on the holiday, and then double time thereafter for any time worked in excess of eight (8) hours on the holiday. To be eligible for special holiday pay rate, non-exempt team members must actually work on the day of the NORCAL-recognized holiday. The special holiday pay rate begins at 0700 on the actual NORCAL-recognized holiday and ends at 0659 the following day.

Non-exempt team members who are full-time, part-time, and per diem team members are eligible for special holiday pay when working on the date of the holiday. Team members not working a holiday due to a downed shift are not eligible for holiday pay but are encouraged to work another shift to make up for lost hours. Team members will not be penalized (loss in benefits, full-time status, etc.) due to the downing of a shift.

Team Members Not Working Actual Holiday:

Eligible team members will be paid for holiday time off on days when they would normally be scheduled to work, but they cannot work due to holiday office closure. Team members eligible to receive pay for not working on NORCAL-recognized holidays are those scheduled to work at least thirty (30) hours per week (i.e., full-time exempt or full-time non-exempt team members), provided they have completed their probationary period. Team members who are not full-time do not receive paid holidays but may be eligible to receive unpaid days off for the above holidays.

If you are eligible for holiday pay, you will receive your regular ‘straight-time’ pay for the number of hours you would normally have worked that day, not to exceed eight (8) hours. Holiday paid time off is not counted as “hours worked” when calculating overtime. Eligible team members who are on a paid absence, such as paid time off or sick leave, at the time of a NORCAL-recognized holiday will get holiday pay instead. That is, the paid time off or paid sick leave bank of the eligible team member will not be deducted for day of the NORCAL-recognized holiday. Team members on leave without pay shall not be paid for any holidays occurring within their leave period.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.502 Policy Name: Benefit Premiums</p>	Original: 05/2005 Revised: 04/2022 Renewal: 01/2024
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I. Policy

NORCAL provides a medical, dental and vision insurance plans for eligible team members, with affordable premiums deducted directly from the team member’s paycheck. A team member becomes eligible to begin benefit options at the ninety (90) day mark of employment and if the team member is working full-time.

Eligible team members are given the opportunity to enroll in benefits the month prior to the start day of their selected plan(s). For example, if a full-time team member will reach their ninetieth (90th) day mark/complete their introductory period on April 4th, they will need to complete their insurance enrollment forms no later than March 30th, to allow their coverage to begin on April 1st.

If a team member declines insurance coverage upon becoming eligible, the team member still has an opportunity to enroll again during the annual open enrollment. Failure to enroll in benefits by the end of the eligibility month may be deemed as a waiver of such benefits even if the team member fails to submit the appropriate declination form.

In the event of an increase in medical insurance premium rates, team member monthly premiums may increase as well to meet the higher cost.


When formerly eligible team members, and dependents, become ineligible for insurance coverage, they will be given information describing eligibility to elect continuing coverage under applicable laws.

Dependent Coverage

Insurance coverage for eligible team member dependents may also be available for an increased monthly premium, paid fully by the team member.

Termination of Benefits

Team members must always maintain full-time status to continue their benefits. In the event an team member falls below hours, changes their status (to part time or per diem) or goes on a leave of absence they can continue coverage (either through covered leave options or COBRA) or discontinue benefits. Continuation of benefits will only be permitted as long as the team member is paying their portion of their benefit premium as agreed upon by the COBRA or Leave of Absence (LOA) terms.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.503 Policy Name: Benefit Premiums</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

In the event a team member is unable to continue working temporarily due to injury, illness or another company approved leave, NORCAL has adopted the following benefit premium policy.

Family Medical Leave Act (FMLA) and Pregnancy Disability Leave (PDL)

For team members on approved FMLA and/or PDL, NORCAL will continued to provide health insurance benefits as if the team member remained actively working during the leave period. The team member remains responsible for paying their portion of the insurance premium during the leave. Payment arrangements should be made with the Human Resources Department.

Workers Compensation


If the team member on leave for workers’ compensation also qualifies for FMLA, please see above. If the team member does not qualify for FMLA, NORCAL will continue to pay its portion of the health insurance premium for up to 3 months. The team member is responsible for paying their personal portion of the premium during the leave. Payment arrangements should be made with the Human Resources Department.

Non-FMLA Medical Leave

The employer premium portions are paid until the end of the same month of the date the team member begins the unpaid portion of his/her absence for non-FMLA medical leave. If this leave results in a COBRA-triggering event, the team member will be provided information about electing to continue health insurance at his/her own expense.

Personal Leave of Absence (PLOA)

For team members granted an unpaid personal leave of absence, the employer premium portions are paid until the end of the same month of the date the employee begins the unpaid leave. If this leave results in a COBRA-triggering event, the team member will be provided information about electing to continue health insurance at his/her own expense.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.504 Policy Name: Employee Assistance Program (EAP)</p>	Original: 04/2022 Revised: Renewal: 01/2024
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I. Policy

All team members may participate in our EAP through Claremont EAP immediately upon hire.

The Claremont EAP helps team members resolve personal insure before they become more serious and difficult to manage. Team members are their eligible family members can receive professional, confidential counseling at no cost. They also provide access to resources that can help address virtually any personal concern or question. All conversations with EAP, and all EAP records are confidential.

The administrative cost of this program is fully paid for by NORCAL.

Additional information regarding this program is available at www.claremonteap.com or calling (toll-free, 24 hours a day/7 days a week) 1(800) 834-3773.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.505 Policy Name: Retirement Savings (401k) Plan	Original: 04/2022 Revised: Renewal: 01/2024
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I. Policy

NORCAL provides a 401k retirement savings plan for all eligible team members. To be eligible, the team member must have a year of service and be full-time status (minimum 1,000 hours annually). During an eligible team member’s 11th month of service, they will be automatically enrolled in the 401k plan at the minimum 3% contribution rate. Team members can opt out of 401k participation by contacting the benefits department or directly declining with Voya during the eligibility period. If a team member declines to enroll during the eligibility period (the 25th day of their 11th month), they will not have the opportunity to enroll until NORCAL’s open enrollment period.

The 401k plan is offered through Voya.

NORCAL matches at 25% of your contribution up to 5%. Matching is determined by years of service (from hire date).

- Year 1 = 0%
- Year 2 = 20%
- Year 3 = 40%
- Year 4 = 60%
- Year 5 = 80%
- Year 6 = 100%

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.600 Policy Name: Workers' Compensation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

In accordance with state law, NORCAL provides insurance coverage for team members in cases of work-related injury. Workers' Compensation benefits provided to injured team members may include medical care, lost wage replacement; and/or vocational rehabilitation to help qualified injured team members return to suitable employment.

Team members are expected to obey all NORCAL rules and regulations regarding safety and are expected to exercise care and reasonable caution in the performance of duties to prevent injury to themselves and fellow team members.


II. Procedure

1. Seek first aid if applicable and/or necessary by team members. Report the injury or illness to your direct supervisor or the on-duty supervisor. Supervisors will provide the team member with the phone number for the Priority Care 365 (PC365) Service to start the reporting and treatment process.
2. If life threatening, go to the closest appropriate facility. If team member is stable and can make it during open hours, they will be directed to either self-treat or seek further treatment at a contracted Occupational Health location (see [Policy 100.206](#) for a list of locations). If the team member is critically injured or needs medical attention during the closed hours of the occupational centers, they should report to the closest hospital emergency room.
3. Fill out the Workers' Compensation Claim Form (DWC-1 Form) and Employee First Report of Injury Form and send to HR as soon as possible.
4. If testing, treatment, and/or isolation/quarantine requirements are necessary the team member will be removed from their shift until medically released. Lost wages will be reimbursable through the team member's Workers' Compensation claim. HR will provide direction for initiating the claim.

Reinstatement

Under most circumstances, upon submission of medical certification that a team member is able to return to work from a Workers' Compensation leave, the team member will be reinstated to the same position or to an equivalent position, if available, to the extent of the law.

If, after returning from a Workers' Compensation leave, a team member is unable to perform the essential functions of the team member's job because of a physical or mental disability, NORCAL will engage in the interactive process with the team member to determine whether reasonable accommodation exists that will enable the team member to perform essential job functions.


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.601 Policy Name: Workers Compensation and FMLA/CFRA</p>	Original: 05/2005 Revised: 03/2020 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to make NORCAL Ambulance team members aware that a Worker’s Compensation Leave and FMLA can act concurrently.

II. Procedure

Team members who are ill or injured as a result of a work-related incident, and who are eligible for family and medical leave under state and federal law, classified as Family Medical Leave Act (FMLA) and the California Family Rights Act (CFRA), will be placed on FMLA/CFRA during the time they are disabled and not released to return to work. The leave under these laws runs concurrently, and eligible team members will be on FMLA/CFRA for a maximum of 12 weeks in a 12-month period.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.602 Policy Name: Modified Duty</p>	Original: 05/2005 Revised: 03/2020 Renewal: 01/2024
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I. Policy

This policy establishes the procedure for team members who require modified duty due to an injury or illness.

II. Procedure

All team members that are assigned to modified duty must report to work in their company issued uniform or applicable dress code requirement, at the designated location, and at the designated start time for each shift. This procedure delineates the procedure for implementing the modified duty schedule, check in/check out procedures, and work requirements.

Shift Information

At the beginning of the team member’s scheduled shift, they should clock in at a worksite computer. After that, they should proceed to contact Human Resources or designated supervisor to receive their assigned work for the day.

Employee Break Schedule


- The first break begins two hours into the shift, and its duration is 10 minutes.
- The meal break begins four hours into the shift, and its duration is 30 minutes.
- The third break begins six hours into the shift, and its duration is 10 minutes.
- If a team member’s condition requires additional break time, documentation of the requirement shall be required, and the team member’s supervisor will be contacted to coordinate the scheduling need.

At the end of their shift, the team member should save all their completed work and contact Human Resources or their designated supervisor. They should submit completed work and check out. They should clock out at the worksite computer. The team member is not permitted to leave the worksite without permission from Human Resources or supervisor.

If the team member requires more frequent breaks due to the restrictions outlined by their treating physician, they should follow the breaks listed above first and foremost.

Modified Duty Conduct Requirements


Team members who require modified duty are always required to remain compliant with company policy while performing modified duty.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.602 Policy Name: Modified Duty (continued: page 2 of 2)	Original: 05/2005 Revised: 03/2020 Renewal: 01/2024
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Additionally, while performing modified duty, team members are required to maintain the following behavior at all times:

- Remain focused and limit any distraction from their assigned tasks.
- Remain at their assigned workstation, except during break times.
- Not participate in activities that are not directly related to their assigned work.
- Limit personal conversations with coworkers to their assigned break times.
- Never use company computers or telephones to conduct personal business.
- Never engage in activities that will exceed the physical limits that have been prescribed by their treating physician.
- Perform any doctor prescribed stretch breaks within the immediate vicinity of their assigned workstation.

Team members on modified duty are permitted to leave work to attend medical appointments that are directly related to their industrial injury or illness, provided that they have informed Human Resources no less than 48 hours in advance of the appointment. They are additionally required to provide a copy of each work status report that is issued by their treating physician following each medical appointment to Human Resources. When team members on modified duty are leaving work to attend a medical appointment, they are required to clock out before leaving the worksite and clock back in upon returning to work.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.603 Policy Name: Returning to Work Post Injury or Illness</p>	Original: 05/2005 Revised: 03/2020 Renewal: 01/2024
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I. Policy

Our goal at NORCAL Ambulance is to return team members with work-related or non-work-related injuries or illnesses into transitional work as soon as possible. A return to work might be accomplished by temporarily modifying the team member’s job or temporarily providing the team member with another job. The team member’s medical condition is always a priority when identifying transitional work, including any limitations or restrictions set by the attending physician.

Under most circumstances, upon submission of medical certification that a team member is able to return to work from a Workers’ Compensation leave, the team member will be reinstated to the same position or to an equivalent position, if available, to the extent of the law.


If, after returning from a Workers’ Compensation leave, a team member is unable to perform the essential functions of their job because of a physical or mental disability, NORCAL will engage in the interactive process with the team member to determine whether reasonable accommodation exists that will enable the team member to perform essential job functions.

The Return-to-Work program is designed to provide NORCAL team members with an opportunity to continue as valuable members of the company while recovering from an injury.

II. Procedure

Upon receipt of all required paperwork to initiate a Workers Compensation Claim and/or time off from normal shifts/work schedules, HR will evaluate the claim for the best solution to help the team member safely return to work. At no time will HR require or assign a team member to do anything outside of the recommendation, restrictions given by the team member’s medical provider or physician.

The team member must continue to update HR with Work Status Reports to best evaluate the need for time off, modified duty, and/or ability to return to work. Based on the status report HR will notify scheduling of time off (if needed), modified duty schedule or return to duty date. HR will update the claims adjuster and let them know if the team member is unable to work, working modified duty, or if/when the team member returns to their normal full duty schedule and tasks.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.603 Policy Name: Returning to Work Post-Injury or Illness <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 03/2020 Renewal: 01/2024
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Returning to Work: Post-Injury

If a team member is off work due to an injury (work related, or non-work related) NORCAL Ambulance must ensure the team member is ready and fit for duty to return. Any team member who misses two (2) or more shifts will be required to complete and pass a Physical Ability Test (PAT) if their position requires one. A team member will only be allowed to return to work upon successful completion of the PAT and approval from Human Resources. If a team member will still have appointments and/or therapy (physical therapy, chiropractic, etc.,) upon their return, they must notify HR to avoid scheduling conflicts.

Returning to Work: Post-Exposure or Post-Illness

If a team member is off work due to an exposure and/or illness, they must remain off in accordance with their physician’s orders. The team member will only be allowed to return to work with a release from the treating physician. Additional documentation may be necessary depending upon the illness. Additionally, all team members will follow guidelines for returning to work in accordance with CDC, WHO, state and local guidelines.

Specific Return to Work guidelines may be published for specific viruses, especially as they pertain to healthcare providers (such as EMTs, Paramedics, Nurses, etc.,).

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.604 Policy Name: Coronavirus (COVID-19) Exposure</p>	Original: 03/2020 Revised: Renewal: 01/2024
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I. Policy

NORCAL Ambulance strives for the safety and well-being our or team members and patients. This policy is to ensure the well-being of our team members who have contracted the Coronavirus (COVID-19) and to eliminate the spread of the virus among our team members and patients.


II. Procedure

All transports of a suspected or confirmed patient with Coronavirus must be documented on an Employee Report of Exposure/Injury Form. The completed form will be sent to Human Resources to document/file as well as the Director of Nursing for review. The Director of Nursing will report on a plan of action if necessary and grade the level of exposure in accordance with CDC guidelines.

Any team member who has transported or been in contact with a confirmed or suspected patient/person with COVID-19 must monitor their temperature daily for fourteen (14) days from the date of suspected exposure. Team members may be given thermometers to assist in their monitoring. Any temperature above 100.9 degrees Fahrenheit must be reported to the employee’s supervisor as soon as possible. The employee must also call PC365 to report symptoms and/or seek medical treatment and testing.

All employees with symptoms of COVID-19 must remain off from their shifts until the guidelines below are met. If the contraction COVID-19 is work-related, it will be treated in accordance with all Workers’ Compensation policies and guidelines. See [Policy 100.600 Injury and Illness Reporting, Workers Compensation](#) for more information.

In the event an employee has contracted or is suspected to have contracted COVID-19, all other at-risk employees will be notified in a manner to maintain the employee’s confidentiality. All employees who have been in contact with the ill employee will be required to monitor temperature and follow up with their supervisor. All work stations, vehicles, and objects that the employee has touched or come into contact with will be thoroughly disinfected.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.604 Policy Name: Coronavirus (COVID-19) Exposure <i>(continued: page 2 of 2)</i></p>	Original: 03/2020 Revised: Renewal: 01/2024
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Returning to Work: Post-confirmed Coronavirus (COVID-19) Contraction

An employee may return to work after confirmed contraction of COVID-19 if the following are met:


- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)

OR

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*

After returning to work, the employee must:

- Wear a facemask at all times while on shift until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.700 Policy Name: Employer Property</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to define what property belongs to NORCAL.

II. Procedure


Lockers, desks, vehicles, radios, phones and other equipment belonging to NORCAL are company property and must be maintained according to NORCAL rules and regulations. Company property must be kept clean and in working order, and is only to be used for work-related purposes. NORCAL reserves the right to inspect company property to ensure compliance, without notice to the team member and/or regardless of whether the team member is present.

NORCAL’s voicemail and/or electronic mail (email) systems are to be used for business purposes only. NORCAL reserves the right to listen to voicemail messages and to access e-mail messages on its systems at any time. Accordingly, the team members have no expectation of privacy in any information store, created, or received or sent on these systems.

It may be necessary to assign and/or change passwords, codes and/or combinations for voicemail, email, computers and stations. Passwords, codes and combinations remain the property of NORCAL and are to be used for company business only. NORCAL may keep a record of all passwords, codes and combinations used and may be able to override any company password system.

Prior authorization must be obtained before any NORCAL property may be removed from company premises.

For security reasons, team members should not leave personal belongings of value in the workplace. Personal items brought onto NORCAL property (including into NORCAL vehicles or parking lots) are subject to inspection and search, with or without notice, with or without the team member’s prior consent.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.701 Policy Name: Open Door Policy	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL Ambulance is committed to creating the best work environment - a place where everyone's voice is heard, where issues are promptly raised and resolved, and where communication flows across all levels of the company. Openness is an essential to quickly resolve customer concerns, to recognize business issues as they arise, and to address the changing needs of our diverse and global workforce.


II. Procedure

Suggestions for improving NORCAL Ambulance are always welcome. At some time, you may have a complaint, suggestion, or question about your job, working conditions, or the treatment you are receiving. Your good-faith complaints, questions, and suggestions also are of concern to NORCAL Ambulance.

The essence of our Open-Door Policy is to open communication in an environment of trust and mutual respect that creates a solid foundation for collaboration, growth, high performance and success across all departments of NORCAL Ambulance.

It provides for a work environment where:

- Open, honest communication between managers and employees is a day-to-day business practice
- Team members may seek counsel, provide or solicit feedback, or raise concerns within the company
- Managers hold the responsibility for creating a work environment where employees' input is welcome, advice is freely given, and issues are surfaced early and are candidly shared without the fear of retaliation when this input is shared in good faith.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.702 Policy Name: Personnel Records</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

NORCAL Ambulance maintains personnel information for each team member in the team member’s individual personnel file. It is NORCAL Ambulance’s intent to ensure the privacy of information contained in team member records. Personnel without a work-related need and authorization to access personnel files are prohibited from doing so.

Team members have the right to inspect certain documents in their personnel file, as provided by law. Team members may request of the Human Resources Department to schedule an appointment to view their personnel file.

Any request for information from personnel files must be directed the Human Resources Department. Only the Human Resources Department is authorized to release limited information about current or former team members. Disclosure of personnel information to outside sources is limited in accordance with applicable law.


II. Procedure

Personal Contact Information

Personal contact information is recorded in each team member’s personnel file at the time of hire. It is the responsibility of each team member to ensure that such information remains current.

Team members are required to notify the Human Resources Department in writing, within three (3) days, of changes to any of the following:

- Name
- Address and/or telephone number
- Marital status, number of dependents and/or tax filing status
- Persons to be notified in the event of an emergency
- Next of kin and/or beneficiaries

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.703 Policy Name: Proprietary Information</p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2024</p>
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I. Policy

To assure stable business practices, NORCAL Ambulance requires its team members to address all operational information as confidential within the organization. Confidential or proprietary information to which a team member may have access should be discussed only on a need-to-know basis with the persons inside NORCAL Ambulance or contracting/associated healthcare providers.


For the purpose of this policy, confidential information is defined as being “information that NORCAL Ambulance” considers private and which is not common knowledge among other persons or organizations that might find it useful for competitive or other reasons.

Proprietary Information is defined as being “information that NORCAL Ambulance owns, develops, pays to develop, possesses, or to which it has exclusive right(s).

Confidential information and property information include, but are not limited to:

- Medical and personal information of patients, personnel and team members
- Patient medical records
- Information, ideas, or data developed or obtained with NORCAL Ambulance in the making of business decisions

All team members sign a *Proprietary Information Agreement* at orientation. Completed agreements are kept in personnel files for the duration of employment.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.704 Policy Name: Bulletin Boards	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

This policy outlines acceptable conduct in regard to bulletin boards, both physical and digital.

II. Procedure


NORCAL maintains current postings located in each station, as well as digital bulletin boards. Postings are used to provide information to team members concerning updates, schedules, events, activities or other work-related matter.

Team members may post items if the following conditions are met:

- Postings can only be made by team members
- Postings may only involve work-related matters
- The information to be posted must first be approved by Human Resources or the station manager.

Furthermore:

- Postings will be updated or discarded monthly
- Posted items can be removed at any time in the discretion of the station manager
- Postings must not include anything offensive or derogatory

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.705 Policy Name: Housekeeping</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

All team members are expected to keep their work areas clean and organized.

II. Procedure


Common areas such as lunchrooms, restrooms, meeting rooms, and ambulance bays should be maintained according to the station/office duties schedule.

Please clean up after meals and dispose of trash properly.

Team members are expected to maintain the cleanliness of assigned NORCAL vehicles and ambulances throughout the course of their shift. Trash must not be allowed to accumulate in NORCAL vehicles between uses.

All housekeeping is expected to be done at the beginning of the shift if time allows, and throughout the shift as necessary to maintain a clean and healthy working environment.

Any safety hazard should be reported to the station manager, immediate supervisor, or the Human Resources Department and documented via email to fixme@norcalambulance.com.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.706 Policy Name: Station Parking</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy


Team members may park their personal vehicles in designated areas, if space permits. If space is unavailable, employees must park in permissible public areas in the vicinity of NORCAL property. Team members may not use parking areas specifically designated for customers, vendors, NORCAL vehicles, deliveries, or reserved for manager.

NORCAL is not responsible for any loss or damage to employee vehicles or contents while parked on NORCAL property or public areas in the vicinity of the NORCAL.

Ambulances may not be parked in red, loading or handicap zones unless on an emergency call.

Station Parking Rules

At no time are any personal vehicles to be parked in company spaces reserved for ambulances or inside stations, unless given direct approval by a supervisor with a set duration of time allowed. Personal vehicles must not be parked, in any way that obstructs the movement of ambulances, company vehicles, deliveries, other tenants or in any way the prohibits daily operations.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.707 Policy Name: Records Management</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL team members must accurately complete all personnel records, incident reports, patient information and communication information as required by federal, state, county, local and NORCAL policies. Inaccurate or untimely completion of records will not be tolerated. The information in these records may not be inspected, amended or removed without the expressed permission of the NORCAL Compliance Officer. Furthermore, this information is confidential and will not be related to other employees or the public without written permission of management in accordance with HIPAA.

II. Procedure

Records are to be completed as soon as possible after call completion and submitted no later than the end of the team member’s assigned shift. At no time shall any official records of any kind be removed from the company’s property.


Official records include but are not limited to:

- Patient Care Records (PCRs),
- billing information,
- hospital face sheets,
- transportation prescriptions,
- transport orders, or
- any other information related to the patient or team member.

Patients receiving care, team members, and the general public have a definite right to expect that the confidential nature of identifiable medical and personal information obtained by the NORCAL team member is reasonable preserved.

1. No person employed by NORCAL Ambulance shall disclose medical or personal information regarding a patient, fellow team member or member of the general public without first obtaining an authorization from the party or party’s legally authorized representative except when such disclosure is permitted and/or required by law.
2. Radio communications shall be limited to that information, which is relevant to the field care of the patient. If the patient’s name is necessary, the team member shall landline the hospital with the required information.

Prehospital care providers transporting patients to hospitals shall disclose all relevant information to health care professionals at the hospital as required by our local governing medical authorities.

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 100.707 Policy Name: Records Management (<i>continued page 2 of 2</i>)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Medical information refers to any patient-identifiable information processed by a health care provider regarding a patient’s medical history, mental or physical condition, or treatment, or the specific circumstances surrounding a specific patient-identifiable incident (e.g., suspected child/elder abuse).

All records will be maintained electronically for an extended period of time and at minimum, for the length of time determined by applicable laws and regulations.

All mission critical data is backed up locally and to remote locations in such increments and ways to minimize data lost, breach, or downtime.

Records Maintenance-Patient Records

All employees shall maintain strict confidence on all patient records. Patient records are retained for a period of seven years. Paper Patient care reports are stored in secure filing cabinets in designated locations, and electronic Patient Care Reports are stored on designated encrypted servers.

Records are destroyed by a shredding service.

Release of EMS Report Forms


Copies of records, to include medical or billing information, shall only be released by NORCAL Ambulance in accordance with HIPAA regulations. For more information on HIPAA regulations see [Section 900](#) in this Policy Manual.

Retention of Hospital Records

NORCAL Ambulance shall maintain paper records related to patient care and transports for seven (7) years following the date of service.

Records affected by this policy are:

1. Copies of the original EMS Report Form
2. Patient Information Sheet/Run Ticket
3. Copies of medical insurance cards or authorizations

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.708 Policy Name: Visitors</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

To prevent possible harm, maintain patient confidentiality, and prevent distraction of personnel while on duty that may occur with personal visits, NORCAL Ambulance has established a policy for visitors. Visitors in the workplace shall be restricted to specified areas and may be limited in the time of their visit.

II. Procedure

Standards for visits:

- A. While visitors are not prohibited within the station, we ask that visits from visitors be limited to ten (10) minutes or less.
- B. When a visitor comes to the building, the visitor must be met in the lobby, other public area near the entrance to the station, or (when possible) outside. This is to prevent unnecessary visitor access to areas of the station that may house patient information and to prevent possible injury. A staff member must remain with the visitor at all times during the visit.
- C. Visitors are not permitted in areas where patient information is stored or may easily be viewed or in other areas that could negatively impact operations.
- D. Visitors must be approved for their visit by appropriate supervisory personnel.
- E. Off-duty personnel are considered “visitors” and are subject to this procedure unless management has given explicit prior permission.
- F. Team members must not share station keys, security combinations, or entry codes with anyone other than authorized personnel. Sharing information, property or keys belonging to any NORCAL Ambulance buildings and equipment is strictly prohibited and will result in a serious offense and disciplinary action.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.709 Policy Name: Restricted Equipment</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL restricts the use of specified equipment for personal use. This is to ensure proper business conduct, confidentiality of patient records, professional operations and a safe working environment.

II. Procedure

Copy/Fax Machine

Copy and fax machines are for company use only. Use of a company copy or fax machine for any other reason or by unauthorized personnel is prohibited.

Mail Meter

The mail meter is to be used only for official company mailings.

Office/Dispatch Phones

Office and dispatch phones are for official company use only.

Computers


NORCAL computers may only be used by authorized individuals for official company business.

Phone Lines

Open phone jacks and company phone lines may not be used for personal internet access or any other unauthorized personal use.

Direct TV, TEVO or Programming Cards


The programming for all Direct TV boxes at NORCAL worksites are restricted and may not be modified or have the programming card replaced without the expressed permission of the station supervisor.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.710 Policy Name: Company Access Restriction</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL prohibits any former team member, a team member on administrative leave, or any unauthorized visitors (defined in this policy as “Unauthorized Persons”) from coming on to or in any way accessing NORCAL owned or operated property. This prohibited access pertains to all NORCAL property both real and personal and includes, but is not limited to, all NORCAL stations, dispatch locations and vehicles.

In order to access NORCAL property, any Unauthorized Persons must first request and receive express oral or written authorization from the Human Resources Department.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.711 Policy Name: Protected Health Information (PHI) Access</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL maintains strict requirements regarding the security, access, disclosure and use of PHI.

Patients may exercise their rights to access, amend, restrict, and request an accounting of their own protected health information. Patients also have the right to lodge a PHI complaint with either NORCAL or the Secretary of the Department of Health and Human Services.

All patients will be given the green form titled “Privacy Practice Acknowledgment” from the Patient Care Report (“PCR”) to sign on completion of the ambulance transport. Upon request, patients will be provided with Notice of Privacy Practices form from the ambulance crew, which in full outlines the uses/disclosures, patient access, amendments, and PHI restrictions.

Team members are required to follow NORCAL’s policies and procedures concerning patient privacy.


II. Procedure

Disclosures Exempt from Minimum Necessary Requirements

Most PHI disclosures, if made, must be limited to the minimum amount of information necessary. However, there is an exemption when disclosing PHI to other healthcare providers for the treatment of a patient. This disclosure exemption includes doctors, nurses, etc. at the receiving hospital, any mutual aid provider, fellow crew members involved in the call, and any other person involved in the treatment of the patient.

In addition, disclosures authorized by the patient are exempt from the “minimum necessary” requirement.

Patient authorizations through third parties such as Medicare or other insurance companies directing the release of PHI to those entities are exempt from the “minimum necessary” standard. For example, a patient’s authorization to disclose PHI to Medicare permits NORCAL to disclose the PHI requested without making any “minimum necessary” determination.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.711 Policy Name: Protected Health Information (PHI) Access <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Company Requests for PHI


NORCAL requests for PHI from another healthcare provider on a routine or recurring basis must be limited to only the reasonably necessary information needed for the intended purpose, as described in the following table.

HOLDER OF PHI	PURPOSE OF REQUEST	INFORMATION REASONABLY NECESSARY TO ACCOMPLISH PURPOSE
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, and Physician Certification Statements
Hospitals	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, and Physician Certification Statements
Other Ambulance Providers	To have adequate patient records to conduct joint billing operations for patients mutually treated/transported	Electronic Patient Care Reports (“ePCRs”)

For PHI requests not addressed in the table above, privacy determinations must be made on an individual basis in consultation with a supervisor. For example, a non-recurring or non-routine request, such as a subpoena request for documents, must be reviewed by NORCAL’s assigned Compliance Officer or other designee, to ensure disclosure of only the minimum necessary PHI to fulfill the purpose of the request.


Incidental Disclosures

NORCAL understands that there may times when incidental PHI disclosures occur in the context of caring for a patient. For example, incidental disclosures may stem from radio or face-to-face conversations between healthcare providers. The fundamental principle of patient privacy that all team members must remain sensitive to under all circumstances is the importance of maintaining the confidence and security of all material created or used that contains patient care information. Coworkers and other team members should not have access to information that is not necessary for them to complete their job duties.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.711 Policy Name: Protected Health Information (PHI) Access <i>(continued: page 3 of 3)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2024</p>
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The fundamental principle of patient privacy that all team members must remain sensitive to under all circumstances is the importance of maintaining the confidence and security of all material created or used that contains patient care information. Coworkers and other team members should not have access to information that is not necessary for them to complete their job duties.

All personnel must make every effort to avoid incidental disclosures of PHI to health care providers and other individuals who do not have a need to know. Team members should pay attention to who is within earshot when verbal statements are made concerning PHI and team members must use their best professional judgment to avoid accidental or inadvertent disclosures.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.712 Policy Name: Professional Credentials</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL Ambulance requires that each team member maintain, in accordance with the requirements of his/her job assignment, any and all accurate and current licenses, certifications, and professional credentials. A copy of each required credential is kept in each team member’s personnel file. Team members must keep these documents in their possession while working, to the extent required by applicable law/regulation.

II. Procedure

All team member credentials and their expiration dates are also entered in NORCAL's scheduling system, *Traumasoft*, upon hire by the Human Resources Department. Team members generally receive a courtesy, notification beginning at approximately 120 days prior to the written expiration of your credentials to the email address associated with your *Traumasoft* account.

Team members are required to submit a copy with the updated certification, as set forth in the list below, on or before the expiration of any license or certification. This courtesy notification system is in place only to assist and under no circumstance will a failure of this courtesy notification system excuse team member failure to maintain all certifications for employment. Ultimately, it is each team member’s responsibility for making sure this compliance is met.


All current/renewed certifications and licenses required of team members to maintain active employment **MUST** be submitted by the team member to NORCAL via one or more of the following routes:

- Directly turned into the Human Resources department.
- Uploaded directly into your *Traumasoft* account.
- Faxed to Human Resources at (925) 452-8748.
- Email a scanned copy of each certification/license to certs@norcalambulance.com.

Any team member without current credentials on file is not permitted to work and will be removed from the schedule until renewed licensing/credentialing information is submitted by the team member.

Field supervisors possess an updated list of all credentials expired and due to expire. If you have any questions about your current certification status, contact the Human Resources Department.


Additionally, field team members must carry copies of their current certifications on their person at all times on shift. This is a requirement in many of the counties we serve and therefore should be observed in all areas we service.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.713 Policy Name: Off-Duty Use of Facilities	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Team members are prohibited from being on NORCAL premises or making use of NORCAL facilities while not on duty, unless previously authorized by a supervisor and the Human Resources Department.


Team members are expressly prohibited from using NORCAL facilities, NORCAL property or NORCAL equipment for personal use.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.714 Policy Name: Team Member Property</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

A team member’s personal property that is brought onto NORCAL facilities, including, but not limited to, packages, purses, backpacks, and vehicles, may be subject to inspection. In addition, NORCAL-issued lockers, desks, offices, and vehicles are subject to inspection.

NORCAL does not accept responsibility for any lost or damaged team member property that is brought onto the worksite, including NORCAL vehicles.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.715 Policy Name: Call Recording and Monitoring</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL Ambulance uses a telecommunications system that is capable of recording telephone calls/conversations. This is a standard business practice used by many organizations that allows the recording of telephone calls for quality assurance, training, compliance and security purposes.

NORCAL Ambulance monitors and records inbound and outbound calls that are placed and/or received by our Communications, Scheduling, Billing, Human Resources and other administrative departments. Recordings will be used solely for the purposes specified in this policy.

NORCAL Ambulance will ensure that the use of these recordings comply with the requirements of the relevant legislation and business law.


II. Procedure

Calls made to or from company phones may be recorded for quality assurance, training, compliance, and security purposes. Under normal circumstances, a call will not be retrieved or monitored unless:

- Investigating a complaint
- Part of management 'spot checks' to ensure customer experience standards are being met;
- There is a threat to the health and safety of staff or visitors, or for the prevention or detection of a crime;
- In order to remain in compliance with regulatory procedures; or
- For training and coaching purposes. However, this will only be permitted if caller anonymity can be upheld and the employee party gives consent.

Supervisors who conduct service monitoring will leave the line immediately if they monitor a call which appears to be personal or confidential in nature.

NORCAL Ambulance requires personal calls not to be conducted on company phone lines.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.715 Policy Name: Call Recording and Monitoring <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Collecting Information

Personal data collected in the course of recording activities will be processed fairly and lawfully in accordance with state laws and HIPAA practices. It will be:

- Adequate, relevant and moderate in nature;
- Used solely for the purpose(s) stated in this policy and not for any other purposes;
- Available only to Executive and Management personnel, with employee consent treated confidentially; and
- Stored securely;

Access of Information

Recorded material will only be made accessible to Executive and Management personnel whom have acknowledged the call recording policy.


At this time, the following staff have administrative access to the entire call records:

- Executive-level and Management-level representatives,
- Communications leadership staff, as appropriate,
- IT staff providing server and networking support,

Advising Callers of Recording

Where call recording equipment is used, all incoming calls are prompted with a pre-recorded announcement on the line informing the caller of the monitoring/recording. The caller then has the opportunity to consent by remaining on the line or hanging up if they do not wish to be recorded.

Additionally, all employees of NORCAL Ambulance are given a *Telephone Recording and Monitoring Consent Form* to sign as acknowledgement of the Company’s policy and terms regarding call recording and monitoring. The signed acknowledgement will be placed in the employee’s personnel file and will remain active until the termination of employment or the employee’s written consent to withdraw the acknowledgement.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.716 Policy Name: Document Retention and Destruction Policy</p>	Original: 12/2019 Revised: Renewal: 01/2024
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I. Purpose

This Document Retention and Destruction Policy provides for the systematic review, retention and destruction of documents received or created by NORCAL Ambulance in connection with the transaction of all business. This Policy covers all records and documents, regardless of physical form (including electronic documents), contains guidelines for how long certain documents should be kept and how records should be destroyed. The Policy is designed to ensure compliance with federal and state laws and regulations, to eliminate accidental or innocent destruction of records and to facilitate NORCAL Ambulance’s operations by promoting efficiency and freeing up valuable storage space.

II. Procedure

Document Retention


NORCAL Ambulance follows the document retention procedures outlined below. Documents that are not listed, but are substantially similar to those listed in the schedule will be retained for the appropriate length of time.

Corporate Records

Annual Reports to Secretary of State/Attorney General	Permanent
Articles of Incorporation	Permanent
Board Meeting and Board Committee Minutes	Permanent
Board Policies/Resolutions	Permanent
Bylaws	Permanent
Construction Documents	Permanent
Fixed Asset Records	Permanent
IRS Application for Tax-Exempt Status (Form 1023)	Permanent
IRS Determination Letter	Permanent
State Sales Tax Exemption Letter	Permanent
Contracts (after expiration)	5 years
Correspondence (general)	3 years

Accounting and Corporate Tax Records

Annual Audits and Financial Statements	Permanent
Depreciation Schedules	10 years
General Ledgers	10 years
IRS 990 Tax Returns	Permanent
Business Expense Records	6 years
IRS 1099s	6 years

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.716 Policy Name: Document Retention and Destruction Policy <i>(continued: page 2 of 4)</i></p>	Original: 06/2019 Revised: Renewal: 01/2024
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Journal Entries	6 years
Invoices	6 years
Sales Records (box office, concessions, gift shop)	3 years
Petty Cash Vouchers	3 years
Cash Receipts	3 years
Credit Card Receipts	3 years


Bank Records	10 years
Check Registers	10 years
Bank Deposit Slips	7 years
Bank Statements and Reconciliation	7 years
Electronic Fund Transfer Documents	7 years

Payroll and Employment Tax Records

Payroll Registers	Permanent
State Unemployment Tax Records	10 years
Earnings Records	7 years
Garnishment Records	7 years
Payroll Tax returns	7 years
W-2 Statements	7 years

Employee Records

Employment and Termination Agreements	10 years
Retirement and Pension Plan Documents	10 years
Records Relating to Promotion, Demotion or Discharge	7 years after termination
Accident Reports and Worker's Compensation Records	5 years
Salary Schedules	5 years
Employment Applications	3 years
I-9 Forms	3 years after termination
Time Cards/Sheets	2 years
Donor Records and Acknowledgement Letters	7 years
Grant Applications and Contracts	5 years after completion

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.716 Policy Name: Document Retention and Destruction Policy <i>(continued: page 3 of 4)</i></p>	Original: 06/2019 Revised: Renewal: 01/2024
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Legal, Insurance and Safety Records

Appraisals	10 years
Copyright Registrations	Permanent
Environmental Studies	Permanent
Insurance Policies	10 years
Real Estate Documents	Permanent
Stock and Bond Records	10 years
Trademark Registrations	Permanent
Leases	6 years after expiration
OSHA Documents	5 years
General Contracts	3 years after termination

Electronic Documents and Records

Electronic documents will be retained as if they were paper documents. Therefore, any electronic files, including records of donations made online, that fall into one of the document types on the above schedule will be maintained for the appropriate amount of time. If a user has sufficient reason to keep an email message, the message should be printed in hard copy and kept in the appropriate file or moved to an “archive” computer file folder. Backup and recovery methods will be tested on a regular basis.


Emergency Planning

All NORCAL Ambulance records will be stored in a safe, secure and accessible manner. Documents and financial files that are essential to keeping the Organization operating in an emergency will be duplicated or backed up at least every week and maintained off site.

Document Destruction


The Managing Attorney of NORCAL Ambulance is responsible for the ongoing process of identifying its records, which have met the required retention period and overseeing their destruction. Destruction of financial and personnel-related documents will be accomplished by shredding.

Document destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent. Destruction will be reinstated upon conclusion of the investigation.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.716 Policy Name: Document Retention and Destruction Policy <i>(continued: page 4 of 4)</i></p>	<p>Original: 06/2019 Revised: Renewal: 01/2024</p>
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Compliance

Failure on the part of employees or contract staff to follow this policy can result in possible civil and criminal sanctions against the Organization and its employees or contract staff and possible disciplinary action against responsible individuals. The Treasurer will periodically review these procedures with legal counsel or the organization’s certified public accountant to ensure that they are in compliance with new or revised regulations.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.717 Policy Name: Personal Use of Company Provided Vehicle</p>	Original: 07/2020 Revised: Renewal: 01/2024
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I. Policy

Team members whose job duties require them to drive a NORCAL vehicle or their own vehicles for company business will be required to show proof of current valid driving licenses and proof of insurability under NORCAL's policy or current effective insurance coverage before the first day of employment.

NORCAL participates in a system that regularly checks state Department of Motor Vehicles (DMV) records of all team members who are required to drive as part of their job.

If a team member is required to drive as part of his or her job, NORCAL retains the right to transfer to an alternative position, suspend, or terminate a team member whose license is suspended or revoked, or who fails to maintain personal automobile insurance coverage or who is uninsurable under NORCAL's policy.

Team members who drive their own vehicles on company business will be reimbursed at the rate of IRS standard mileage rate per mile.

II. Procedure


Driver's Obligations

We expect team members who drive company vehicles to follow rules. They should:

1. Drive safe and sober.
2. Always wear safety belts while the vehicle is moving.
3. Respect traffic laws and fellow drivers.
4. If applicable, wear glasses or contacts when driving.
5. Document any driving-related expenses, like fuels and tolls.
6. Check their car regularly to ensure gas, tire pressure and all car fluids are at appropriate levels.
7. Report any damages or problems with their assigned cars to HR immediately.
8. Notify NORCAL and bring car in for regular and routine maintenance as soon as practicable.
9. Team members are required to comply with NORCAL backing rules and regulations.
10. Avoid double-parking, blocking entrances and engaging in other traffic violations that may result in fines.

ADA

NORCAL will make reasonable accommodations to facilitate company vehicle use for eligible team members with disabilities.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.717 Policy Name: Personal Use of Company Provided Vehicle <i>(continued: page 2 of 3)</i></p>	Original: 07/2020 Revised: Renewal: 01/2024
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Suspension/Revocation of License

If team members have their driver’s licenses suspended or revoked, they must inform the Human Resources Department immediately. We will reassign their NORCAL vehicle until they become eligible to drive in accordance with our policy and insurance standards.

Illness/Sickness Which May Impair Ability to Drive

Team members who are fatigued and/or sick should avoid driving if they feel their driving ability is impaired. If sickness occurs during a business trip that requires the use of a NORCAL car, team members should take regular breaks while driving or ask the Human Resources Director for overnight accommodations, if needed.

Team members are not allowed to:

1. Smoke inside of a NORCAL vehicle.
2. Lease, sell or lend a NORCAL vehicle.
3. Violate distracted driving laws by using a phone or texting while driving.
4. Use a NORCAL vehicle to teach someone how to drive.
5. Leave NORCAL vehicle unlocked, unattended or parked in dangerous areas.
6. Allow unauthorized people to drive a NORCAL vehicle unless an emergency mandates it.

Accidents:

If team members are involved in an accident with a company vehicle, they should contact the Human Resources Department immediately. Team members should not accept responsibility or guarantee payment to another party in an accident without NORCAL authorization. Follow legal guidelines for exchanging guidelines for exchanging information with other drivers and report the accident to local police, if required.


NORCAL’s Obligations:

We want to ensure that all our team members are safe at work and preserve our company’s legality. For these reasons, we will:

1. Make sure vehicles are safe to drive before assigning them to team members.
2. Schedule periodical maintenance to ensure vehicles remain in good condition.
3. Provide a copy of this policy to all team members who are assigned company vehicles.
4. Insure vehicles with a reliable insurance provider.

Drivers are responsible for bringing in their company cars for any maintenance NORCAL schedules.

NORCAL keeps records of our fleet with manufacturing date and mileage. We will retire any vehicle that is deemed too old or too high in mileage.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.717 Policy Name: Personal Use of Company Provided Vehicle <i>(continued: page 3 of 3)</i></p>	Original: 07/2020 Revised: Renewal: 01/2024
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NORCAL is not responsible for:

1. Paying fines team members accumulate while driving NORCAL vehicles that they are responsible for (e.g., parking tickets, speeding tickets, etc.,).
2. Bailing out team members arrested while driving NORCAL vehicles.
3. Any personal property left unattended in a NORCAL vehicle will not be under the responsibility of NORCAL for any losses or damages.


Inspections and Searches:

Inspections and searches of any NORCAL vehicle may be conducted at the discretion of a station supervisor and the Human Resources Department.

Disciplinary Consequences:

Team members will face disciplinary consequences if they fail to adhere to this policy. For minor offenses, like allowing unauthorized people to drive a NORCAL vehicle or receiving more than two (2) fines, we may issue reprimands and ultimately revoke the vehicle.

We may terminate a team member and/or take legal action as needed for more serious offenses. That can include leasing out a NORCAL vehicle for personal financial gain or causing an accident while driving intoxicated.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.800 Policy Name: Solicitation and Distribution of Literature</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

In order to ensure efficient operation of company business, NORCAL restricts solicitations and distribution of literature on NORCAL property and on team member working time. NORCAL has established rules applicable to all team members governing solicitation, distribution of written material and entry onto NORCAL premises and into work areas.


II. Procedure

All team members are expected to comply with the following rules:

- Team members may not solicit or promote any cause or organization during his or her working time or during the working time of the team member or team members at whom such activity is directed, without advanced approval from the Human Resources Director; “working time” is defined below.
- Team members may not distribute or circulate any written or printed material in work areas at any time, or during his or her working time or during the working time of the team member or team members at whom such activity is directed, unless approved in advance by the Human Resources Director.

“Working time” includes the working time of both the team member doing the soliciting/distributing and the team member who is the subject of solicitation/distribution. Working time does not include break periods, meal periods, or another specified period during the workday when the team member is appropriately not engaged in performing work tasks.

Any team member who is in doubt concerning the application of these rules should consult the Human Resources Department immediately.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.801 Policy Name: Use of Electronic Media</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL uses various forms of electronic communication in its business including, but not limited to, computers, e-mail, telephones, mobile phones, two-way radios, pagers, voicemail, fax machines and internet access. Team members should not use cell phones, cordless phones, portable computers or fax transmission for the communication of NORCAL confidential or sensitive information.


All NORCAL electronic communications equipment, including all software and hardware, remains the sole property of NORCAL and is to be used for company business only and not for personal use. Team members may not install personal software in NORCAL computer systems. Access to the internet and websites and other types of company-paid computer access from NORCAL systems are intended for company-related business only. A supervisor must approve any information about NORCAL products or services or any other aspect of NORCAL before that information can be posted using a NORCAL electronic information source. All electronic information created by any team member using any means of NORCAL electronic communication is NORCAL’s property and remains the property of NORCAL. While personal passwords may be provided to team members for their use on NORCAL systems for security purposes, the use of a personal password does not affect NORCAL’s ownership of the electronic information.

NORCAL reserves the right to access and review any electronic files, messages, mail, etc., stored on, created on, or sent or received on NORCAL Systems. In addition, NORCAL monitors the use of electronic communications as necessary to ensure, so that there is no misuse or violation of company policy or any law. Accordingly, team members have no expectation of privacy in anything stored on, created on, or sent or received on NORCAL systems. Team members are not permitted to access the electronic communications of other team members or third parties unless directed to do so by management.

Voicemail/Email

NORCAL maintains voicemail and email systems in order to facilitate company business. All messages sent, received, composed and/or stored on NORCAL voicemail and email systems are company property. The use of a password on either system is not intended to indicate that messages are private; they are not. Accordingly, team members should have no expectation of privacy in their use of the NORCAL’s voicemail or email systems. NORCAL will override any passwords if it becomes necessary to do so for any reason.

NORCAL reserves the right to access a team member’s voicemail and email messages, both outgoing and incoming, at any time. Therefore, a team member’s outgoing voicemail message must not indicate or imply that incoming messages will be kept confidential or private.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.802 Policy Name: Social Media</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy


NORCAL has in place policies that govern use of its own electronic communication systems, equipment, and resources which team members must follow. We encourage all team members to use good judgment when communicating via social media.

II. Procedure

“Social media” includes all means of communicating or posting information or content of any sort on the internet, including to your own or someone else’s web log or blog, journal or diary, personal web site, social networking or affinity web site, web bulletin board or a chat room, whether or not associated or affiliated with the NORCAL, as well as any other form of electronic communication.


The following is a general and non-exhaustive list of guidelines you should keep in mind when engaging in social media:

1. Always be fair and courteous to fellow team members, customers, vendors, suppliers or people who work on behalf of the company. Also, keep in mind that you are more likely to resolve work related complaints by speaking directly with your co-workers or by talking directly with supervisors and management, rather than by posting complaints to a social media outlet. Nevertheless, if you decide to post complaints or criticism related to your employment, avoid using statements, photographs, video or audio that reasonably could be viewed as malicious, obscene, threatening or intimidating, that disparages customers, team members, vendors, or suppliers, or that might constitute harassment or bullying. Examples of such conduct might include offensive posts meant to intentionally harm someone’s reputation or posts that violate NORCAL policy, including the policy prohibiting workplace harassment or workplace violence.
2. Make sure you are always truthful and accurate when posting information or news regarding NORCAL and your employment. If you make a mistake, correct it quickly. Be open about any previous posts you have altered. Use privacy settings when appropriate. Remember that the internet archives almost everything; therefore, even deleted postings can be searched. The internet is immediate, nothing that is posted ever truly “expires.” Never post any information or rumors that you know to be false about NORCAL, fellow team members, customers, vendors, suppliers, people working on behalf of NORCAL or competitors.
3. Maintain the confidentiality of NORCAL trade secrets and proprietary or confidential information. Trade secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal NORCAL reports, policies, procedures or other internal business-related confidential communications.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.802 Policy Name: Social Media <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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4. Do not create a link from your blog, website or other social networking site to the NORCAL's website without identifying yourself as a team member of NORCAL.
5. Express only your personal opinions. Never represent yourself as a spokesperson for the NORCAL. If NORCAL is a subject of the content you are creating, be clear and open about the fact that you are a team member and make it clear that your views do not represent those of NORCAL, fellow team members, customers, vendors, suppliers or people working on behalf of NORCAL. If you do publish a blog or post online related to the work you do, or subjects associated with NORCAL, make it clear that you are not speaking on behalf of NORCAL. It is best to include a disclaimer such as “The postings on this site are my own and do not necessarily reflect the views of NorthStar Emergency Services, Inc.”
6. You must refrain from using social media while on working time or while using computer equipment or software provided by NORCAL, unless it is work-related as authorized by the Human Resources Department, or other member of management; or consistent with the Acceptable Use of Electronic Communications Policy.
7. Do not use NORCAL email addresses to register on social networks, blogs or other online tools utilized for personal use.
8. NORCAL provides computers for employees to use to access their work schedules, clock in and out for shifts and meal breaks, and to check work emails. Personal use of NORCAL computers is allowed only on breaks. Team members are not allowed to access websites on NORCAL computers/equipment that may compromise company computers, or to download personal files or accessing websites that may contain viruses or other inappropriate or harmful data. Using NORCAL computers to access social networking websites (i.e. Facebook, Twitter, etc.) is not allowed during working hours.

If you have questions or need further guidance, please contact the Human Resources Department.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.803 Policy Name: Business Conduct and Ethics</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL is committed to excellence and to leadership in the field of endeavor. NORCAL participates in community affairs, support good work and recognize a responsibility to protect the environment.

Gifts & Entertainment

Kickbacks or bribes to team members from suppliers or subcontractors and kickbacks or bribes from team members to customers or their team members or to governmental officials are strictly prohibited, without exception.

Gifts & Entertainment – Team Members

Gift and entertainment guidelines for suppliers, customers and competitors inform NORCAL policy with respect to gifts and entertainment received by team members.

It is always forbidden for any team member to receive any amount of money or a gift of any monetary value from any supplier, subcontractor or customer in return for the award of business. Gifts otherwise given totaling more than \$25 in any year from any supplier, subcontractor or customer may not be accepted and any gift not meeting this requirement which has been received by a team member should normally be returned to the donor. If the circumstances would clearly make the return of the gift detrimental to the interests of NORCAL, the manager of the respective division should be immediately consulted by the team member for a decision on the proper course of action.


Advertising & Sales Practices

Team members must not create, approve or disseminate any advertising materials that are false or deceptive, are not adequately substantiated or that otherwise violate applicable laws and regulations. A team member should never knowingly misrepresent any NORCAL product or service or the product or service of a competitor.

Confidential Information & Intellectual Property


Information relating to trade secrets, as well as lists of customers and suppliers and cost, profit and other marketing information are company assets belonging to NORCAL. They may not be used by team members for their own benefit or given to others except in furtherance of company business as directed by management. Care must be taken to avoid inadvertent as well as intentional disclosure.

Team members are prohibited from using trade secrets for his/her own benefit. Team members must use the patents, trademarks, copyrights and trade secrets of NORCAL in a manner that will safeguard them as assets of NORCAL. Team members must not misappropriate or infringe the patents, trademarks, copyrights or trade secrets of others. No team member should attempt to obtain confidential information or intelligence from a competitor, supplier or customer by unfair means.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.803 Policy Name: Business Conduct and Ethics <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Outside Activities

Team members may not engage in outside employment or any other activity which would conflict with or otherwise adversely affect the interests or reputation of NORCAL, or which would reduce the team member's efficiency in performing the duties required at NORCAL. For example, team members may not work for a competing ambulance service or agency.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.804 Policy Name: Conflict Resolution and Problem Solving</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

To provide for an effective working relationship between staff members and to have a mechanism in place to resolve problems as they occur, NORCAL Ambulance has established a policy on conflict resolution and problem solving. NORCAL Ambulance will handle and resolve misunderstandings, conflicts, and complaints that may arise in a systematic and non-discriminatory manner to ensure appropriate resolution.

II. Procedure:

Conflict Resolution:


When a complaint or conflict is apparent, personnel should first discuss the situation with a supervisor, preferably immediately following the event or incident. Complaints received by any personnel coming from non-personnel (e.g. patients, family members, vendors, and business partners, regarding incidents of quality care and poor relations) shall be forwarded to a supervisor as soon as possible. The nature of the problem or complaint will be documented by the supervisor. The supervisor will conduct an investigation of the problem. In cases where the problem relates to compliance, HIPAA, or raises a question of federal or state law, appropriate persons shall be notified and involved (including but not limited to, the Privacy Officer, the Compliance Officer, and/or legal counsel).

Personnel are encouraged to present good faith concerns of any nature to their supervisor, or other manager. Such concerns may pertain to any work-related subject, including:

- scheduling conflicts, alleged harassment, perceived policy violations,
- potential HIPAA violations or other compliance issues,
- benefit or pay issues,
- personal conflicts among co-workers (e.g. inability to work together),
- disciplinary actions and/or,
- any perceived violation of the law, or any perceived unethical conduct.

Investigation Procedure:

Management will engage in an investigation of any complaint, and will gather all appropriate information, and interview all persons involved, or believed to be involved. Personnel will be interviewed by management regarding a concern, complaint, suggestion, or conflict and are expected to fully cooperate and offer information in a truthful manner. All attempts will be made to resolve problems in a quick and fair manner. Personnel offering complaints, conflicts and problems in good faith will not face retribution or retaliation.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.805 Policy Name: Confidentiality	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

This policy states NORCAL Ambulance’s position on protecting the confidentiality of all business interests.

II. Procedure

Each employee is responsible for safeguarding the confidential information obtained during employment.

In the course of employment, employees may have access to confidential information regarding NORCAL Ambulance, its suppliers, its customers, patients, or perhaps even fellow employees. Employees have a responsibility to prevent revealing or divulging any such information unless it is necessary for them to do so in the performance of their duties. Access to confidential information should be on a “need-to-know” basis and must be authorized by a supervisor. Any breach of this policy will not be tolerated and legal action may be taken by NORCAL Ambulance.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.806 Policy Name: Conflicts of Interest</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

All team member must avoid conflict of interest situations. Conflicts of interest can arise, for example, when a team member:

- Has a financial interest in a work-related decision which could affect his/her judgment;
- Gains personal enrichment through access to confidential information;
- Misuses their position at NORCAL in a way which results in personal gain;
- Is also employed by a competing agency;
- Has a personal interest, direct or indirect, in any supplier to or customer or competitor of NORCAL (An indirect interest is where an immediate family member of an employee has an interest in any supplier to or customer or competitor of NORCAL Ambulance) and/or;
- Engages in supervisor-subordinate romantic or personal relationships that can lead to supervisory problems, possible claims of favoritism or sexual harassment, and morale problems.

II. Procedure

Any team member with a potential or actual conflict of interest must disclose such potential conflict to the Human Resource Department. When a potential conflict has been disclosed, a determination will be made by the Human Resources Department as to whether the conflict of interest situation needs to be eliminated or can be corrected.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.807 Policy Name: Customer Relations</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

This policy outlines appropriate actions regarding customer relations.

II. Procedure

NORCAL recognizes both internal and external customers. Internal customers are our team members who work for the company. External customers are those the company provides service to, including patients, nursing staff, physicians, family members, acute and long-term care facility staff, fire and police personnel, public officials and the general public.

Team members are expected to be polite, courteous, prompt, and attentive to every customer. When a team member encounters an uncomfortable customer relations situation that he or she does not feel capable of handling, the on-duty supervisor should be called immediately.

Ours is a service business and all employees must remember that the customer always comes first. Our customers ultimately pay all of our wages.


Customers are to be treated courteously and given proper attention at all times. Never regard a customer’s question or concern as an interruption or annoyance. You must respond to inquiries from customers, whether in person or by telephone, promptly and professionally.

Never place a telephone caller on hold for an extended period. Direct incoming calls to the appropriate person and make sure the call is received.

Through your conduct, show your desire to assist the customer in obtaining the help he or she needs. If you are unable to help a customer, it is your responsibility to find someone who can.

All correspondence and documents, whether to customers or others, must be neatly prepared and error-free. Attention to accuracy and detail in all paperwork demonstrates your commitment to those with whom we do business.

Never argue with a customer. If a problem develops, or if a customer remains dissatisfied, ask your supervisor to intervene.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.808 Policy Name: Dress Code and Grooming Standards</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL strives to maintain a workplace environment that functions well and is free from unnecessary distractions and annoyances. As part of that effort, NORCAL requires team members to maintain a neat and clean appearance that is appropriate for the workplace setting and for the work being performed. To that end, NORCAL department heads may determine and enforce guidelines for workplace-appropriate attire and grooming for their areas; guidelines may limit natural or artificial scents that could be distracting or annoying to others.

All NORCAL staff members are expected to present a professional, businesslike image to clients, visitors, customers and the public. Acceptable personal appearance, like proper maintenance of work areas, is an ongoing requirement of employment with NORCAL.

Supervisors should communicate any department-specific workplace attire and grooming guidelines to staff members during new-hire orientation and evaluation periods. Any questions about the department’s guidelines for attire should be discussed with the immediate supervisor.


Any staff member who does not meet the attire or grooming standards set by his or her department will be subject to corrective action and may be asked to leave the premises to change clothing. Hourly paid staff members will not be compensated for any work time missed because of failure to comply with designated workplace attire and grooming standards.

All staff members must carry or wear the NORCAL identification badge at all times while at work.

Specific requirements

Certain staff members may be required to meet special dress, grooming and hygiene standards, such as wearing uniforms or protective clothing, depending on the nature of their job. Uniforms and protective clothing are required for certain positions and will be provided to team members by NORCAL.

At the discretion of the department head, in special circumstances, such as during unusually hot or cold weather, during special occasions, or on a specific workday(s), staff members may be permitted to dress in a more casual fashion than is normally required. On these occasions, staff members are still expected to present a neat appearance and are not permitted to wear ripped, frayed or disheveled clothing or athletic wear. Likewise, tight, revealing or otherwise workplace-inappropriate dress is not permitted.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.808 Policy Name: Dress Code and Other Personal Standards <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Reasonable accommodation of religious beliefs

NORCAL recognizes the importance of individually held religious beliefs to persons within its workforce. NORCAL will reasonably accommodate a staff member’s religious beliefs in terms of workplace attire and grooming standards unless the accommodation creates an undue hardship. Accommodation of religious beliefs in terms of attire may be difficult in light of safety issues for staff members. Those requesting a workplace attire accommodation based on religious beliefs should be referred to the Human Resources Department.

Appropriate	Inappropriate
Slacks	
<ul style="list-style-type: none"> • Khakis or corduroys • Skorts, capris • Leggings (only with a dress or top that covers to the mid-thigh) 	<ul style="list-style-type: none"> • Shorts • Low-rise or hip-hugger pants • Sweatpants, leggings, exercise wear (no yoga pants) • Jeans* (must be clean, free of rips, tears and fraying; may not be excessively tight or over-revealing)
Shirts	
<ul style="list-style-type: none"> • Polo collar knit or golf shirts • Oxford shirts • Company logo wear • Short-sleeved blouses or shirts • Turtlenecks • Blazers or sport coats • Jackets or sweaters • Sleeveless blouses (only with cardigan, shawl or other type of cover-up) 	<ul style="list-style-type: none"> • Shirts with writing (other than company logo) • T-shirts or sweatshirts • Beachwear • Sleeveless blouses or shirts* • Exercise wear • Crop tops, clothing showing midriffs, spaghetti straps
Shoes	
<ul style="list-style-type: none"> • Dress shoes, flat or low-heeled • Casual, low-heel, shoes • Boots 	<ul style="list-style-type: none"> • Sandals, thongs, flip-flops, open-toe shoes • Tennis shoes*, Athletic shoes*, sneakers* • Croc-like sandals, slippers, UGG boots <p style="text-align: right;">*Appropriate only for casual days only</p>

Casual or dress-down days

Departments that adopt casual or dress-down days may use the * in the chart above for guidance.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.808 Policy Name: Dress Code and Other Personal Standards <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Business attire

The following guidelines apply to business attire:

- For men, business attire includes a long-sleeved dress shirt, tie, and tailored sport coat worn with dress trousers (not khakis) and dress shoes.
- For women, business attire includes tailored pantsuits, business-like dresses, coordinated dressy separates worn with or without a blazer, and conservative, closed-toe shoes.

Addressing workplace attire and hygiene problems

Violations of the policy can range from inappropriate clothing items to offensive perfumes and body odor. If a team member comes to work in inappropriate dress, he or she will be required to go home, change into conforming attire or properly groom, and return to work.

If a team member’s poor hygiene or use of too much perfume/cologne is an issue, the supervisor should discuss the problem with the team member in private and should point out the specific areas to be corrected. If the problem persists, supervisors should follow the normal corrective action process.


All team members required to wear uniforms provided by NORCAL Ambulance must take care of their uniforms and report any wear or damage to their supervisor(s). Instructions regarding cleaning and maintenance of uniforms will be provided. Uniforms can be washed in normal washers/dryers, and do not require dry cleaning. Supervisors will inform you of additional requirements regarding acceptable attire. Certain team members may be required to wear safety equipment or clothing. Any deviations from these guidelines must be approved by your supervisor.

Hair should be kept clean and out of the face.

Facial hair should never exceed ½ inch in length. Neatly kept goatees, beards and sideburns are permitted with management approval. For field personnel facial hair outside of approved areas should be clean shaven at all times (e.g., no beards), because of their interference with the seal on an N95 mask.

Visible piercing should be limited to one post/stud per ear. No other visible piercings are permitted due to safety risks and concerns.

Tattoos must be kept concealed if they are deemed extremist, indecent, racist, sexist or otherwise offensive per management or Human Resources discretion.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.809 Policy Name: Prohibited Conduct</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The following are examples of the type of conduct that is prohibited, and will not be tolerated, by NORCAL in the workplace or in a work-related setting. This list of prohibited conduct is for illustrative purposes only; it is not an exhaustive list. Other types of conduct that threaten security, safety, employee welfare and NORCAL operations also may be prohibited.

II. List

- Falsification of NORCAL records;
- Recording the work time of another team or allowing any other team to record your work time, or falsification of any time card, either your own or another team member's;
- Damaging or destroying any NORCAL property, or the property of any team or customer;
- Theft or unauthorized use of NORCAL property (including equipment, vehicles, time, materials, or facilities); removing or borrowing NORCAL property without prior authorization;
- Fighting, horseplay, or engaging in practical jokes;
- Carrying firearms or any other weapons on NORCAL premises at any time;
- Insubordination, or the use of abusive or threatening language;
- Unsatisfactory attendance;
- Unsatisfactory performance;
- Violation of any NORCAL policies, rules or procedures;
- Violation of the NORCAL’s policy prohibiting workplace harassment, discrimination, or retaliation;
- Any other conduct that adversely affects the interest of NORCAL.

This statement of prohibited conduct does not alter or affect NORCAL’s policy of at-will employment. Both the team member and NORCAL remain free to terminate the employment relationship at any time, with or without cause or reason, and with or without advance notice.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.810 Policy Name: Unlawful Discrimination and Harassment</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to establish that NORCAL Ambulance is against unlawful harassment and any behaviors which will disrupt the work environment.


II. Policy

Harassment and discrimination in employment on the basis of sex, race (including traits historically associated with race, such as hair texture and protective hairstyles), color, national origin, driver’s license indicating immigrant status, ancestry, citizenship, religion, age, physical or mental disability, medical condition, sexual orientation, gender identity or gender expression, military or veteran status, marital status, registered domestic partner status, genetic information, or any other protected basis is unlawful under federal and state law. The law prohibits all team members (including coworkers, supervisors, and managers), as well as third parties with whom the team member comes into contact, from engaging in this prohibited conduct. Accordingly, NORCAL does not tolerate discrimination or harassment in the workplace or in a work-related situation. Unlawful discrimination and/or harassment is a violation of NORCAL's rules of conduct.

III. Procedure

Unlawful harassment in employment may take many different forms. Some examples are:

- Verbal conduct such as epithets, derogatory comments, slurs, or unwanted comments and jokes;
- Visual conduct such as derogatory posters, cartoons, drawings, or gestures;
- Physical conduct such as blocking normal movement, restraining, touching, or otherwise physically interfering with work of another individual;
- Threatening or demanding that an individual submit to certain conduct or to perform certain actions in order to keep or get a job, to avoid some other loss, or as a condition of job benefits, security, or promotion; and
- Retaliation by any of the above means for having reported harassment or discrimination or having assisted another employee to report harassment or discrimination.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.810 Policy Name: Unlawful Discrimination and Harassment <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Sexual harassment under these laws includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.


Internal Complaint Procedure

Every individual is entitled to work free of discrimination and harassment based on sex, race (including traits historically associated with race, such as hair texture and protective hairstyles), color, national origin, driver’s license indicating immigrant status, ancestry, citizenship, religion, age, physical or mental disability, medical condition, sexual orientation, gender identity or gender expression, military or veteran status, marital status, registered domestic partner status, genetic information, or any other protected basis. Accordingly, discrimination and harassment will not be tolerated. In addition, NORCAL prohibits retaliation for having made a report and/or otherwise participated in the reporting or investigative process under this policy. Violation of this policy will result in disciplinary action up to, and including, immediate discharge.

Any individual who believes that he or she is the object of harassment or discrimination on any prohibited basis, or who has observed such harassment or discrimination, or who believes he or she has been subjected to retaliation, should notify his or her supervisor or NORCAL's Human Resources (HR) Director. Supervisors who receive a complaint under this policy will report it to NORCAL’s HR Director. NORCAL will timely and thoroughly investigate the matter, and will do so in a confidential manner, to the extent possible. The investigation will be performed by impartial and qualified personnel and will be documented as appropriate. Following the investigation, NORCAL will take such action as is warranted under the circumstances.

Agency Complaint Procedure

Both state and federal governments have agencies whose purpose is to address unlawful discrimination in the workplace. If an individual who provides services to NORCAL believes he/she has been harmed by an unlawful practice and is not satisfied with NORCAL's response, he/she may file a written complaint with these agencies.


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.810 Policy Name: Unlawful Discrimination and Harassment <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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For the State of California, the agency is called the Department of Fair Employment and Housing ("DFEH"). The local address for the DFEH is 2218 Kausen Drive #100, Elk Grove, CA 95758. For the federal government, the agency is called the Equal Employment Opportunity Commission ("EEOC"). The local address for the EEOC is 1301 Clay Street #1170, Oakland, CA 94612.

If, after an investigation and hearing, either of these agencies finds that unlawful discrimination has occurred, the injured employee may, depending on the circumstances, be entitled to reinstatement or promotion, with or without back pay.

Retaliation

Retaliation against any individual for making a report, or for participating in an investigation, under this policy is strictly prohibited. Individuals are protected by law and by Company policy from retaliation for opposing unlawful discriminatory practices, for filing an internal complaint under this policy or for filing a complaint with the DFEH or EEOC, or for otherwise participating in any proceedings conducted by NORCAL under this policy and/or by either of these agencies.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.811 Policy Name: Smoking and Tobacco Use Policy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Smoking or the use of any tobacco product is prohibited in all NORCAL buildings, vehicles and facilities, except in specific smoking areas designated by managers.

Products covered under this policy include but are not limited to cigarettes, cigars, pipes, E-cigarettes, vapor cigarettes and chewing tobacco.

Smoking or the use of any tobacco product by team members is also prohibited in the following situations:

- During any phase of a call or patient transport
- While engaged in any NORCAL drill or training
- While dealing with the public at work or in a work-related situation
- When inside company vehicles or within a 25’ radius of NORCAL vehicles

While team member is at work, smoking is only permitted during designated break periods, as established by department managers. These managers shall also designate the specific sites to be used as smoking areas. Field personnel are strongly discouraged from smoking in plain view of the public while on shift.


As health care providers, team members are expected to display a health-conscious demeanor when within public viewing. As such, designated smoking areas shall be placed in areas outside of the public’s view.

It is the smoker's responsibility to ensure that the smoke does not enter the building, and does not create discomfort to other team members or adversely affects the workplace. The smoker is also responsible for cleaning up all byproducts of smoking or other tobacco products immediately after use.

II. Procedure

Disposal of Tobacco Products

- All cigarette butts will be placed in the designated receptacles not the in the smoking area.
- Cigarette butts should not be discarded on the ground or in any trash bins.
- Smokeless tobacco residue will be deposited in the appropriate receptacle or spittoon. There shall be no spitting of tobacco juice on NORCAL property, including in sinks or toilets.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.812 Policy Name: Workplace Violence</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

NORCAL has adopted the following workplace violence policy to ensure a safe working environment for all team members.

NORCAL has zero tolerance for acts of violence and threats of violence. Without exception, acts and threats of violence in the workplace, or a work-related situation, even those made in apparent jest, are not permitted.

Possession of weapons on NORCAL premises, in NORCAL vehicles, and/or in any work-related situation or NORCAL-sponsored events is not permitted.


II. Procedure

It is every team member’s responsibility to assist in establishing and maintaining a violence-free work environment. Therefore, each team member is expected and encouraged to report any incident which may be threatening to themselves, co-workers or any event which they reasonably believe is threatening or violent.

Incidents can be reported to any supervisor or manager.

A threat includes, but is not limited to, any indication of intent to harm a person or damage Company property. Threats may be direct or indirect, and they may be communicated verbally or nonverbally. The following are examples of threats and acts that shall be considered violent - this list is in no way all-inclusive:

Example	Threat Type
Saying, “Do you want to see your next birthday?”	Indirect
Writing, “Team members who kill their supervisors have the right idea.”	Indirect
Saying, “I’m going to punch your lights out.”	Direct
Making a hitting motion or obscene gesture	Nonverbal
Displaying weapons	Direct/Nonverbal
Stalking/forcing undue attention on someone, romantic or hostile	Direct
Taking actions likely to cause bodily harm or property damage	Direct

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.813 Policy Name: Drug and Alcohol Abuse</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

NORCAL is concerned about the use of alcohol, illegal drugs and controlled substances as that usage affects the workplace. Use of these substances, whether on or off the job, can adversely affect a team member's work performance, efficiency, safety and health and therefore could seriously impact the team member's value to the company. In addition, the use or possession of these substances on the job constitutes a potential danger to the welfare and safety of other team members and exposes NORCAL to liabilities. The use of prescription drugs and/or over-the-counter drugs can also seriously impair team member performance.

II. Procedure

The following rules and standards of conduct apply to all team members either on NORCAL property or at any time either at work on in a work-related situation.

NORCAL strictly prohibits:


- Possession/use of alcohol, or being under the influence of alcohol, on the job.
- Driving a NORCAL vehicle while under the influence of alcohol or drugs.
- Distribution, sale or purchase of an illegal or controlled substance while on the job.
- Possession or use of an illegal or controlled substance, or being under the influence of an illegal or controlled substance, while on the job.

Any team member using prescription or over-the-counter drugs that may impair the team member's ability to safely perform their job and/or affect the safety or well-being of others must notify the Human Resources Department of such that fact before starting or resuming work.

Treatment & Rehabilitation

NORCAL encourages team members with chemical dependencies (alcohol or drug) to seek treatment and/or rehabilitation. NORCAL will provide reasonable accommodation in this regard, as appropriate. Team members desiring such assistance should request a treatment or rehabilitation leave.

This policy on treatment and rehabilitation is not intended to affect NORCAL’s policy regarding team members who violate company drug and alcohol regulations. Rather, treatment and/or rehabilitation is an option for a team member who acknowledges a chemical dependency and voluntarily seeks treatment to end that dependency.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.813 Policy Name: Drug and Alcohol Abuse <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Drug & Alcohol Testing


All new team members are tested for the use of illegal drugs as part of their pre-placement, post-offer medical examinations. Additionally, a team member may be tested for such use, when reasonable cause for suspicion exists.

Testing is accomplished through analysis of a urine or blood sample by an outside laboratory designated by NORCAL. Prior to the collection of the urine or blood sample, the team member is notified in writing that the sample will be tested for the presence of illegal drugs and/or alcohol. In the case of an employment candidate who declines to be tested and withdraws their application for employment, no record is maintained of the declination.

Drug Free Workplace

Pursuant to the Drug Free Workplace Act of 1988, team members must notify their supervisor or managing director of any conviction for a drug violation occurring in the workplace within five (5) days of such conviction.


The team member’s supervisor or Human Resources Department will notify the applicable federal contracting agency within ten (10) days after receiving notice of a team members’s workplace drug conviction or otherwise gaining knowledge of such conviction.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.814 Policy Name: Workplace Privacy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

Due to privacy concerns, team members may not use any audio or video recording devices while on working time. Team members also may not use any audio or video recordings in work areas that NORCAL has identified as confidential, secure or private, unless the employee is engaged in protected activity related to improving the terms and conditions of his/her employment, such as documenting health and safety issues.

NORCAL uses or may use video surveillance in public areas (not in restrooms, locker rooms or changing areas). The video surveillance does include sound recording.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.815 Policy Name: Internal Grievance Procedure</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The Internal Grievance Procedures may be used only in connection with a team member’s work-related grievance.

From time to time, questions or misunderstandings may arise in any work situation. NORCAL Ambulance believes that team members should have the opportunity to express questions, concerns or problems associated with their employment. For this reason, NORCAL has established a grievance procedure that allows employees to bring certain work-related problems and questions to the attention of the Human Resources Department, and to assure team members of fair treatment.

It is important that the NORCAL’s grievance procedure be followed whenever any team member has a genuine concern associated with his or her employment. The grievance procedure provides the opportunity for open discussion and confidential investigation coupled with an opportunity to appeal determinations under certain circumstances. It is particularly important that team members know NORCAL Ambulance is truly interested in the prompt and fair resolution of all team member concerns. However, it is difficult, if not impossible, for the company to resolve any problem unless it is known and communicated to the Human Resources Department.


Team members with a concern about perceived harassment or discrimination in employment should use the special complaint procedure for such concerns. See the policy prohibiting Harassment and Discrimination.

II. Procedure

All team members should feel free to avail themselves of the internal grievance process. Nothing in the NORCAL's internal grievance procedure limits the employee’s right to communicate directly with all levels of management including directors.

The following flow chart below is a typical flow to give a formal grievance. As stated above employees have the right to take a grievance to any member listed below and not necessarily in the given order.



	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.815 Policy Name: Internal Grievance Procedure <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Resources


All supervisor, manager and director contact numbers are available in *Traumasoft* and given in new hire packets at orientation. Team members are also welcome to utilize the Employee Assistance Program (EAP) for additional help. EAP Information is also given at orientation and is available in the Handbook and website.

Investigation

Although a complete confidentiality guarantee cannot be given in workplace grievance investigations, all team member grievances requiring investigation will be promptly investigated in as confidential a manner as possible. If the NORCAL determines that corrective action is required, steps will be taken to both rectify the underlying problem and, if appropriate, establish procedural changes to avoid a recurrence.

Team members are welcome to reach out anytime to the investigation officer for updates on status. If updates are available the investigator will share. Additionally, the investigating officer will reach out periodically to let the team member know progress in the investigation.

In order to properly investigate grievances, team members are required to cooperate. Failure to cooperate may lead to the canceling of an investigation or inability to fully investigate the grievance.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.816 Policy Name: Off Duty Conduct</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


While NORCAL Ambulance does not seek to interfere with the off-duty and personal conduct of team members, certain types of off-duty conduct can hinder NORCAL’s legitimate business interests.

II. Procedure

For this reason, employees should be aware of the following:

- NORCAL regards its good name and image as a company asset. Use of any identifying company name and/or logo trademarks is strictly limited to the ordinary and official conduct of company business. At no time may any NORCAL hat, T-shirt or sweater be worn while engaged in what may be interpreted as inappropriate activities such as drinking, clubbing or gambling. A uniform shirt or jacket should never be worn while off duty.
- While NORCAL does not entirely prohibit outside employment, team members are expected to dedicate their primary focus to their NORCAL responsibilities. The following types of outside employment are not permitted for team members:
 1. Employment that conflicts with a team member’s NORCAL work schedule, duties and responsibilities.
 2. Employment that creates a conflict of interest or is otherwise incompatible with the team member’s employment with NORCAL.
 3. Employment that impairs or has a detrimental effect on the team member’s work performance with NORCAL Ambulance.
 4. Employment that requires the team member to conduct work or related activities on NORCAL property during working hours or use NORCAL facilities and/or equipment.
 5. Employment that directly or indirectly competes with the business or the interests of NORCAL.

Team members who wish to engage in outside employment must submit a written request to the Human Resources Department explaining the details of the outside employment. NORCAL assumes no responsibility for any authorized outside employment.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.817 Policy Name: Media Contacts</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Team members may be approached for interviews or comments by the news media. Only contact people designated by NORCAL’s CEO or Board of Directors may comment on behalf of NORCAL to news’ reporters on NORCAL policy or events relevant to NORCAL.

It is NORCAL’s policy to establish and maintain a positive operating relationship with the news media. Team members may be approached for interviews or comments by the news media. This policy provides general guidelines for handling media contacts.


II. Procedure

Team members are expected to use the following guidelines:

- Do not make statements that would disclose confidential or patient information.
- Direct all requests for information from the news media to the Human Resources Department or the Board of Directors.
- For incidents where no public safety agency is in control, it is important to refer all interviews or comments to NORCAL’s CEO or Board of Directors.
- Avoid statements such as “no comment”. Rather, state politely that you have no information pertinent to the incident.
- Never speculate as to how an accident may have occurred. Never give out information as to what may have caused an accident, which may be at fault or the number of injuries or deaths.

Team members are personally responsible for any statements they make to the media. Discretion should be use in every case.


Team members must always keep in mind that patient health information must not be disclosed to the media, and may only be discussed with those who are directly involved and assigned to the care of the patient.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.818 Policy Name: Use of Company Name</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL regards its good name and image as a company asset.

The NORCAL name and image are conveyed through the proper use of vehicles, equipment, uniforms, letterhead and printed materials, all bearing NORCAL’s name and logo. The use of any identifying NORCAL name and/or logo trademarks is strictly limited to the ordinary and official conduct of company business. Any unauthorized or inappropriate use of the NORCAL name or logo is not permitted.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.819 Policy Name: Cell Phones</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL cell phones (including handheld devices and smartphones) may be provided to some team members to assist them in performing their job. NORCAL cell phones are company property. Data (including web browsing), messages (including voice mail, mobile email, and text messaging), and other stored electronic information is subject to monitoring and team members have no expectation of privacy in the use of this company property.

II. Procedure


NORCAL may ask team members to assign a password to a NORCAL cell phone to prevent unauthorized access. Team members are required to furnish all such passwords to the NORCAL. Assigning of such a password does not affect the NORCAL's ownership of the cell phone or ability to monitor the information on the phone.

NORCAL cell phones must not be used in any manner that violates any NORCAL policy, including safety policies, confidentiality policies, electronic and social media policies, and policies against discrimination and harassment. For more information regarding NORCAL-owned cell phones, see [Policy 100.700 – Employer Property](#).

Team members who are provided a NORCAL cell phone may use it to send and receive occasional and limited personal communications. Any personal usage of a company-issued cell phone must not interfere with the team member's work performance, must not take away from work time, and must not violate any NORCAL policy, including policies against harassment, discrimination and disclosure of confidential or trade secret information. Team members are responsible for paying for additional time or data usage in excess of any rate plan maintained by NORCAL and that is unrelated to performance of job duties or following NORCAL directions.

Prohibited Cell Phone Use

Team members are not permitted to use cell phones and personal devices containing audio or video recording devices or cameras in any work areas that NORCAL has designated as confidential, secure or private, unless the team member is engaged in protected activity related to improving the terms and conditions of his or her employment, such as documenting health and safety issues. This restriction applies to the use inside bathrooms, Communications Center, Accounts Receivable Department, patient compartment, and document storage locations.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.819 Policy Name: Cell Phones <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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Prohibited Use of Company Cell Phone While Driving

In the interest of the safety of our team members and other drivers, team members are prohibited from using cell phones (including all smart phones) or other wireless communication devices (including laptops) while driving on company business and/or company time. This prohibition includes any use of the cell phone or other wireless communications device, such as answering or placing calls, engaging in conversations, texting, web browsing or using any smartphone application while driving.


If your job requires that you keep your cell phone or other wireless communication device turned on while you are driving, you must use a hands-free, voice-operated device at all times. Unless indicated by the exceptions below, employees may not place phone calls while driving on company business and/or company time.

Team members needing to conduct business while on the road are required to safely pull off the road before conducting company business.

Exceptions of Company Cell Phone Policy While Driving

There may be extenuating circumstances that require a team member to operate a cellular device while driving. Such exceptions include but not limited to:

- Hospital Ring Downs (Emergency calls only)
- Urgent communication (investigated on a case-by-case basis)

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.820 Policy Name: Use of Computer Equipment</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

All data created or recorded, stored or received using any computer equipment owned, or controlled by NORCAL is at all times the property of NORCAL. Team members may not erase or delete data off of any computer equipment owned or controlled by NORCAL without written authorization from NORCAL’s CEO.

Team members are responsible for exercising good judgment regarding the reasonableness of computer use and must follow operational guidelines for the personal use of NORCAL internet systems and any computer equipment. NORCAL and patient confidential information must be protected at all times, regardless of storage medium. NORCAL passwords must not be shared and must be kept secure. Authorized computer users are responsible for the security of their passwords and accounts. However, all NORCAL computers and systems remain the property of NORCAL, despite the issuance of any passwords to team members. As such, team members have no expectation of privacy in anything stored, sent, created, or received on NOCAL computers and systems. All information on NORCAL computers and systems may be monitored, retrieved, and accessed by NORCAL.


II. Procedure

For security and network maintenance purposes, authorized team members may monitor equipment, systems, and network traffic at any time to ensure compliance with company confidentiality policies.

Team members must exercise extreme caution when opening email attachments received from unknown senders because they might contain computer viruses that can compromise security.

Under no circumstances should any team member engage in any activity that is illegal under local, state, or federal law while utilizing NORCAL computer resources, or that violates any NORCAL policy. Some activities that fall under the category of unacceptable computer use include the following:

- Making fraudulent statements or transmitting fraudulent information, especially when dealing with PHI. This includes using the facsimile or electronic transmission of *ePCR*s and billing reports and claims.
- Causing security breaches or disruptions of network communication. Security breaches include, but are not limited to, the unauthorized accessing of PHI or other confidential information by a team member, or the unauthorized logging into a server or account by a team member.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.820 Policy Name: Use of Computer Equipment <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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- Providing confidential information about NORCAL including but not limited to lists of team members or patients, to parties outside of NORCAL without authorization.

Use of Remote Devices

The appropriate use of NORCAL laptop computers, personal digital assistants (PDAs), and remote data entry devices is of the utmost concert to NORCAL. "Remote devices" pose a unique and significant patient privacy risk because they are used to store confidential patient information. PDAs can be easily misplaced, lost, stolen, or accessed by unauthorized individuals.

All team members are therefore subject to the following requirements for the use of remote devices:

- Remote devices may not be purchased, or used, for work without prior NORCAL approval.
- NORCAL must approve in advance the installation and use of any remote device software on NORCAL equipment.
- Remote devices storing any patient information must never be left unattended.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.821 Policy Name: Prohibited Media Content</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Team members shall obtain authorization in advance from the managing supervisor or Human Resources Department before viewing in the workplace any recorded material, which is either unrated or rated anything other than G through PG-13. Team members should consult the approved media list to determine the acceptability status of the media. Material which is not on the approved media list or which has not yet been reviewed shall be forwarded to Human Resources Department for review.

In furtherance of NORCAL policies; the Human Resources Department shall restrict all satellite receivers and implement the use of television V-Chips in the workplace. Hacking or otherwise changing the restriction controls on NORCAL electronic equipment, satellite receivers, or V-Chips, or the bringing on to NORCAL property unrestricted receivers is prohibited.

Video games viewed or used in the workplace, including but not limited to those intended for computer workstations, PlayStation, X-Box, or any other electronic games are limited to those with a rating of E for everyone or T for teens. Those with different ratings such as a rating of M for mature or A for adult are prohibited. Contact the Human Resources Department for a review of any game whose acceptability in the workplace you believe should be re-evaluated and allowed.

In addition, supervisors will be making spot checks at stations to ensure compliance with these regulations.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.822 Policy Name: Sleeping</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

In order to ensure the best overall patient care, NORCAL requires all team members to be awake, alert and attentive throughout their shifts.

Under normal working conditions and apart from team members working a designated 24-hour shift, no team member will be allowed to sleep while on-duty.

Team members working any non-24-hour shift, whether during the day, evening or overnight shall report to work alert and be prepared to perform their assigned duties.

In a rare, specialized situation a team member may be authorized to sleep by their supervisor with verbal permission.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.823 Policy Name: Sexual Harassment</p>	Original: 05/2005 Revised: 05/2020 Renewal: 01/2024
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I. Policy

NORCAL Ambulance strives to ensure a work environment free of sexual harassment. In accordance with that philosophy, unwelcome sexual advances: requests for sexual favors; sexual demands; or other verbal, physical, or visual conduct of sexual nature. Harassment because of sex includes sexual harassment, gender harassment, and harassment based on pregnancy, childbirth, or related medical conditions. The definition includes many forms of offensive behavior and includes harassment of a person of the same sex as the harasser.


The following is a partial list:

- Unwanted sexual advances;
- Offering employment benefits in exchange for sexual favors;
- Making or threatening reprisals after a negative response to sexual advances
- Visual conduct, e.g., leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons, or posters;
- Visual conduct e.g., making or using derogatory comments, epithets, slurs, and jokes;
- Verbal abuse of a sexual nature, graphic verbal commentaries about an individual’s body, sexual degrading words used to describe an individual, suggestive or obscene letters, notes, or invitations;
- Physical conduct, e.g., touching, assault, impeding, or blocking movements.

Sexual Harassment is also predicted on these factors:

- Submission to the conduct is either an explicit or implicit term or condition of employment;
- Submission to or rejection of the conduct is used as a basis for an employment decision affecting the person rejecting or submitting the conduct;
- The conduct has the purpose of effect of unreasonably interfering with an affected person’s work performance, or creating an intimidating, hostile, or offensive work environment;
- In third-party situations, one individual is offended by the sexual interaction, conduct, or communications between others.

NORCAL Ambulance prohibits all forms of illegal sexual harassment of employee by managers, fellow employees, employees of outside vendors, customers, or visitors. Determinations made relative to employment, training, compensation, and promotions on job-related qualifications in compliance with Equal Employment Opportunity Commission laws and regulations, which prohibit discrimination based on sex.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.823 Policy Name: Sexual Harassment (continued: page 2 of 3)</p>	Original: 05/2005 Revised: 05/2020 Renewal: 01/2024
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Federal and state laws make sexual harassment unlawful. Just as we do not tolerate violations of other laws in our workplace, we do not tolerate violations of the laws prohibiting sexual harassment.


NORCAL Ambulance will exercise reasonable care to prevent or correct any sexually harassing behavior by launching prompt and thorough investigations and enforcing appropriate disciplinary actions. In order to prevent and remedy sexual harassment in the workplace as quickly as possible, employees are encouraged to take full advantage of NORCAL’s preventative and corrective opportunities.

Employees will receive a copy of the company’s harassment policy when they begin working. They will also receive an information sheet based on California’s sexual harassment in a pamphlet. If at any time employees would like another copy of the policy, they should contact Human Resources. If NORCAL Ambulance should amend or modify its harassment policy, employees will receive an individual copy of the amended or modified policy.

The Human Resources Director will investigate every complaint of harassment, without bias or premature judgement. Such an investigation should include interviews with the complaining employee, the subject of the complaint, co-workers, and former employees who may have knowledge of the situation.

The investigation will include a thorough review of files and other tangible evidence. The investigation will make very reasonable attempt to resolve any questions of credibility rationally and objectively between the complaining and the accused employees. Information obtained during an investigation of harassment will be maintained in confidence. It will be released only to individuals who have a need to know it, e.g., individuals who will enable the company to investigate the charges thoroughly. A determination must be made, and the results communicated to the complainant, to the alleged harasser, and, as appropriate, to all others directly concerned.

Individuals who make false statements during a harassment investigation may be subject to discipline, which may include discharge. All employees are expected to cooperate fully with such investigations. Failure to cooperate fully may lead to discipline, which may include discharge. Where investigations confirm allegations, appropriate corrective action will be taken.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.823 Policy Name: Sexual Harassment <i>(continued: page 3 of 3)</i></p>	<p>Original: 05/2005 Revised: 05/2020 Renewal: 01/2024</p>
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If proven, there must be a prompt and effective remedial action. First, appropriate action must be taken against the harasser and communicated to the complainant. Second, steps must be taken to prevent any further harassment. Third, appropriate action must be taken to remedy the complainant’s loss, if any.

Employees who experience or witness sexual harassment in the workplace must report it immediately to the CEO, HR Director or most appropriate management team member. If that is the person who is harassing the employee, the employee may approach another member of NORCAL’s management. All allegations of sexual harassment will be investigated, to the extent possible, the employee’s confidentiality and that of any witness and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, the employee will be informed of the outcome of that investigation.

NORCAL Ambulance will permit no employment-based retaliation against anyone who brings a complaint of sexual harassment or speaks as a witness in the investigation of a co

Once the investigation is complete and the company determines that harassment has occurred, it will take immediate and appropriate corrective action to discipline the harasser and prevent sexually harassing conduct from occurring in the future.

NORCAL Ambulance will provide all its employees, supervisors, and managers with comprehensive sexual harassment training, which explains prohibited conduct, outlines the company’s sexual harassment policy.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.900 Policy Name: Sign-On Bonuses</p>	Original: 04/2022 Revised: Renewal: 01/2024
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I. Policy

In recognition of the added value longer-service team members bring to its capabilities and add to its complement of skills, NORCAL has implemented a Sign-on Bonus/Retention Bonus under the terms of this policy. At times NORCAL may implement changes to the amounts of bonuses to better address staffing and/or to compete in the job market. If an employee is offered anything other than the standard sign-on/retention below, it will be clearly stated in their signed Sign-on/Retention Bonus Agreement in their personnel file. Bonuses will be paid according to the pay period in which the installment dates occur in regular paychecks.

II. Procedure

This is the standard or default sign on bonus structure unless otherwise stated in the team members Sign-On Bonus Agreement.

EMTs under East Bay and West Bay Divisions ONLY: \$2,500 bonus, paid in five (5) installments of \$500 each. Installments are as follows:


1. At hire date (first paycheck),
2. Six (6) months from hire date,
3. One (1) year from hire date,
4. Eighteen (18) months from hire date, and
5. Two (2) years from hire date

Paramedics (all divisions): \$5,000 bonus, paid in five (5) installments of \$1,000 each. Installments are as follows:

1. At hire date (first paycheck),
2. Six (6) months from hire date,
3. One (1) year from hire date,
4. Eighteen (18) months from hire date, and
5. Two (2) years from hire date

Critical Care Nurses (CCT-RNs): \$5,000 bonus, paid in three (3) as follows:

1. Three (3) months from hire date = \$1,000
2. Six (6) months from hire date = \$1,000
3. One (1) year from hire date = \$3,000

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.900 Policy Name: Sign-On Bonuses <i>(continued: page 2 of 2)</i></p>	Original: 04/2022 Revised: Renewal: 01/2024
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Eligibility


To remain eligible for sign-on/retention bonus installments team members must:

- Successfully pass training and introductory periods
- Incur no written warning(s) during the period(s)
- Maintain the minimum hours required for employment
- Remain employed at NORCAL

Temporary and per diem team members regardless of the number of hours worked, are not eligible to participate unless otherwise stated in their offer letter and Sign-on/Retention Bonus Agreement. Team members that are out on a leave of absence (LOA) or any other approved leave will not be eligible for sign-on/retention bonuses if the team member has no hours worked in the pay period in which the installment bonus would be due.

Each eligible team member who meets the above standards will be paid a bonus award as outlined in the bonus structure. Bonuses are paid on the pay date that corresponds with the pay period in which the installment date falls. No pro rata retention bonuses are paid for team members who fail to meet all the standards in full.

Retention bonuses are taxable income to the team member and must be added to the team member’s compensation in the year in which they are awarded.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.901 Policy Name: Call-In and Reporting to Work Pay	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to state how NORCAL Ambulance handles pay for employees who show up and have no work/shift to complete, or when a situation arises that makes an employee unable to complete their work.

II. Procedure


Call-In Pay

NORCAL Ambulance will pay up to four hours of pay to employees who report to work as scheduled but no work is available.

Reporting to Work Pay

NORCAL Ambulance will not pay employees for reporting under the following circumstances:

- Interruption of work because of the failure of any or all public utilities; or
- Interruption of work because of natural causes or other circumstances beyond NORCAL Ambulance’s power to control.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.902 Policy Name: Deductions for Exempt Employees</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to state the wage deductions for exempt employees.

II. Procedure


Employees paid on a “salary basis” regularly receive a predetermined amount of compensation each pay period. Subject to the exceptions listed below, exempt employees will receive full salary for any workweek in which they perform any work, regardless of the number of days or hours worked. Exempt employees may not be paid for any workweek in which they perform no work, subject to NORCAL Ambulance benefits programs and policies.

No deductions from salary may be made for time when work is not available, provided the exempt employee is ready, willing, and able to work. Deductions from pay are permissible when an exempt employee:

- Is absent from work for one or more full days for personal reasons other than sickness or disability;
- Is absent for one or more full days due to sickness or disability if the deduction is made in accordance with a bona fide plan, policy, or practice of providing compensation for salary lost due to illness;
- Is absent for jury duty or military duty for a full week and performs no work during the week; or
- Works less than a full week during the initial or final week of employment.

It is Company policy to comply with these salary basis requirements. Therefore, NORCAL Ambulance prohibits all Company managers from making any improper deductions from the salaries of exempt employees. NORCAL Ambulance wants employees to be aware of this policy and know that NORCAL Ambulance does not allow deductions that violate federal or state law.

If you believe that an improper deduction from your salary has been made, you should immediately report this information to your direct supervisor, or to Human Resources. Reports of improper deductions will be investigated promptly. If it is determined that an improper deduction has occurred, you will be promptly reimbursed for any improper deduction made.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.903 Policy Name: Pay for Mandatory Meetings/Training	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to state when nonexempt employees will be paid for mandatory meetings and/or training.

II. Procedure

NORCAL Ambulance will pay nonexempt employees for their attendance at meetings, lectures, and training programs under the following conditions:

- Attendance is mandatory;
- The meeting, course, or lecture is directly related to the employee's job; and
- The employee who is required to attend such meetings, lectures, or training programs will be notified of the necessity for such attendance by his or her supervisor;
- The employee will be paid at their usual wage for time spent at meetings, lectures, and training programs if the employee does not perform any productive work during such attendance;
- Employees who do perform productive work during attendance at meetings, lectures or training programs will be compensated at their regular rate of pay; and
- Any hours in excess of eight in a day or 40 in a week will be paid at the appropriate overtime rate, at the hourly rate in effect at the time the overtime work is being performed.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.904 Policy Name: Payments of Wages</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Paychecks are issued every other Friday, in accordance with the calendar year's pay schedule. Paychecks will normally be directly deposited into the team member's bank account by noon on payday. For team members who choose not to have direct deposit, their checks will be available for pick up at their designated station by noon on payday.

In the event that payday falls on a holiday, paychecks are issued the day prior.

II. Procedure


Team Member Expense Reimbursements

NORCAL Ambulance reimburses team members for authorized business expenses each payday. Team members who have incurred business expenses must submit required receipts and an Expense Report to the Payroll department no later than Tuesday of pay week.

Any questions about the NORCAL's expense reimbursement policy should be directed to the team member's immediate supervisor or payroll department.

Direct Deposit

You have the option of receiving your pay in a payroll check or having your pay deposited into your bank account through our direct deposit program.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.905 Policy Name: Payroll Policy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy


Pay periods are two weeks in length beginning on a Friday and ending on a Thursday. Payday is every other Friday after 12:00 pm. Team members can either pick up their check at their assigned station, or the team member can request direct deposit into the account(s) of their choice.

II. Procedure

All timecards must be obtained from all locations, digitally or in paper format. All timecards must be approved for by the Monday in the same week that pay will be distributed (the Monday before the Friday payday).

Timecard Breakdown:

- Twenty-four-hour shifts are paid twenty-four (24) hours straight time, and overtime after forty hours (40) worked in one week.
- Ten (10) and twelve (12) hour shifts are paid eight (8) hours of straight time, time and a half thereafter until twelve (12) hours and double time after twelve (12).
- Office personnel are paid eight (8) hours straight time daily. Overtime is paid after eight (8) hours in a day, or forty (40) hours in a week.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.906 Policy Name: Workday and Pay Period Definitions</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to define the timeframe for a workday and pay period.

II. Definitions

Workday: A workday begins at 0700 and ends at 0659 on the following day.

Pay Period: The pay period begins on a Friday and 0700 and ends at 0659 on the Friday two weeks from the start of the period. A pay period is always the duration of two work weeks.


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.907 Policy Name: Call Bonus</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

The purpose of this policy is to define eligibility for call bonuses.

II. Procedure

EMTs, Paramedics, and Wheelchair Van drivers that have completed their training period, are eligible to receive a call bonus(es). A call bonus is a field team member performance-based incentive. Call bonuses are paid out bi-weekly on paychecks. Any questions regarding call bonus structure should be directed to the team member’s supervisor or payroll department.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.908 Policy Name: Employee Referral Program (ERP)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

All team members are invited to participate in NORCAL’s Employee Referral Program (ERP). Team members are encouraged to refer the name(s) of a prospective candidate(s) to fill current NORCAL job openings. When NORCAL hires a referred candidate (in accordance with guidelines below), the team member making the referral may be eligible to receive an award of \$500.00 or more, depending on current ERP offering. Team members can reach out to Human Resources for the current ERP offering.

II. Procedure

Eligibility of Referrers

All team members except as noted below are eligible for ERP awards, provided they are not involved in the process of selecting/hiring a particular candidate that they have referred.

The following team members are not eligible to receive ERP rewards:

- Team members in the Human Recourses Department.
- The direct, indirect, or functional supervisor/leader of the position being filled.

Eligibility of Referrals


Oral referrals are not considered for an award. To be eligible for ERP award, the request must be submitted in writing by email to Human Resources prior to the candidate’s interview, or the team member must be identified on the application packet of the referred new hire.

If two (2) or more team members refer the same successful candidate, the award is divided equally among all eligible referrers.

If it is determined that a candidate being referred has applied directly prior to the referral, or is otherwise already in the Human Resources Department “recruiting” data base, the subsequent team member referral is not eligible for an award. All resumes and applications for particular available positions are generally considered active for a period of one (1) year from the date of application.

All referrals remain active for one (1) year. An award is made only if the individual referred is hired and completes training within that one (1)-year period. Referrals may be resubmitted after one (1) year from the date first referred.

Team members who leave the company after referring a candidate will no longer remain eligible for an ERP award.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.909 Policy Name: Timekeeping Requirements</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The Human Resources Department determines which job classifications are exempt or nonexempt from the obligation to pay overtime compensation for overtime hours worked. The criteria for determining this is based on the duties and responsibilities of an individual position, the required educational level, and the salary received.

An exempt team member is not entitled to overtime pay or compensatory time off. Non-exempt employees are paid on an hourly basis and are entitled to overtime pay for overtime hours worked. All non-exempt employees are required to record time worked for payroll purposes.

Field team members must clock in and notify the Dispatch Communications Center at the beginning and end of each scheduled shift. Team members must also clock in and out for their unpaid meal breaks, as well as any other unpaid time off work.

All team members are responsible for their individual timecard. Clocking in/out for another team member or allowing another team member to clock in/out for you, and/or altering a timecard are all prohibited. Team members required to make entries into a time clock must do so in person.


Making false entries on, failing to turn in, or late submission of, a time card, or completing another employee’s time cards, or altering a time card after the fact are prohibited.

If a team member fails to clock in/out, the hours will be generally by calculated according to the team member’s scheduled shifts and will be confirmed in writing with the team member.

Team members are not allowed to work "off the clock." All work time must be accurately reported on the timecard.

Any time card errors should be reported immediately to a scheduler/supervisor who will correct legitimate errors. Any timecard adjustments that are due to team member error, including failure of any team member to review/sign his/her timecard, will be made on the paycheck for the following pay period. Any adjustments that need to be made due to error by NORCAL will also be rectified in a timely manner.

Pay periods cover two (2) pay weeks. A pay week starts at 0700 on Friday and ends at 0659 on the following Friday.


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.910 Policy Name: Unauthorized Work Hours (Working Off the Clock)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Team members are prohibited to work off the clock, or work other non-scheduled hours for any event, training, community outreach or any other purpose, without advanced consent from their supervisor or other authorized management team member. Additional unauthorized work hours include a team member checking or logging into company email and/or other systems outside of their scheduled hours.

All team members are required to report all hours worked in accordance with the Timekeeping Policy, which outlines proper timekeeping and submission of hours.

If a team member feels they require additional hours to complete a work assignment, they must have supervisor approval prior to working any additional hours. If approved, all hours worked must be recorded upon completion, in accordance with the Timekeeping Policy for proper payment of wages.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.911 Policy Name: Meal and Rest Periods</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Non-exempt team members are entitled to a paid ten (10) minute rest break for shifts from three and a half (3 ½) to six (6) hours in length, two (2) ten (10) minute rest breaks for shifts of more than six (6) hours and up to ten (10) hours, and three (3) ten (10) minute rest breaks for shifts of more than ten (10) hours and up to fourteen (14) hours. Team members should take their rest breaks in the middle of each aforementioned work period, to the extent that is practicable.

II. Procedure

Non-exempt team members who work five (5) hours or more are entitled to an uninterrupted unpaid thirty (30) minute meal break every five (5) hours. The meal break must be taken no later than the end of the fifth (5th) hour of work (in other words, before the start of the team member’s sixth (6th) hour of work). For example, if a team member regularly works from 8:00 a.m. to 5:00 p.m. each day, the team member would have to begin his or her meal break before 1:00 p.m. A team member is entitled to a second meal break only if the team member works more than ten (10) hours per day. The second meal break must be taken no later than the end of the team member’s tenth (10th) hour of work (in other words, before the start of the team member’s eleventh (11th) hour of work).

Team members are relieved of all duties and are free to leave the premises during meal and rest breaks. Field team members can notify dispatch when they take a meal or rest break to avoid interruption of their break. Because meal breaks are unpaid, team members must record the start and stop time for each meal break. NORCAL provides its team members with such meal breaks even if NORCAL does not remind its team members to take them. If a team member chooses to work through their off-duty meal break, NORCAL will not owe that team member any premium pay because NORCAL is relinquishing control over its team members for each off-duty meal break. Team members that feel they are unable to take a duty-free meal or rest break for any reason should immediately notify, in writing, their supervisor or any member of management and the Human Resources Department.

Team members who sign an on-duty meal period agreement should refer to the terms of their agreement regarding meal periods. For additional information regarding meal and rest periods during twenty-four (24) hour shifts please refer to the Twenty-Four (24) Hour Shift Agreement Policy given to applicable personnel at orientation and also available in the Policy and Procedure Manual.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.912 Policy Name: Overtime</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL Ambulance team members may be required to work overtime.

Only non-exempt team members are entitled to, and receive, overtime compensation for overtime hours worked. The overtime pay rate is based on the employee’s regular rate of pay. This hourly rate is generally determined by dividing the employee’s total remuneration in any workweek (including, e.g., “on call” pay, shift differentials, etc.) by the total hours actually worked in that workweek.


II. Procedure

NORCAL Ambulance provides compensation for all overtime hours worked by nonexempt team members in accordance with state and federal law as follows:

- All hours worked in excess of eight (8) hours in one (1) workday or forty (40) hours in one (1) workweek will be compensated as overtime, except where the 24-hour shift agreement applies.
- Compensation for hours worked in excess of forty (40) for the workweek, or in excess of eight, (8) but not more than twelve (12) hours worked, for the workday is paid at a rate of one and one-half (1.5) times the team member’s regular rate of pay, except where the 24-hour shift agreement applies.
- Compensation for hours worked in excess of twelve (12) in one workday is paid at double the regular rate of pay, except where the 24-hour shift agreement applies.
- Non-exempt team members who work seven consecutive days are paid 1.5 times their regular rate for the first eight hours worked on the seventh consecutive day and double their regular rate for hours worked in excess of eight.

Ambulance drivers and attendants scheduled for 24-hour shifts may have a special exemption from the requirement to pay daily overtime. Specifically, where such team members have agreed in writing to exclude no more than eleven (11) hours for meal and sleep time from their daily hours worked, those team members will be paid overtime compensation only for work in excess of forty (40) hours in a workweek.


While exempt team members may have to work hours beyond normal scheduling, as work demands require, no overtime compensation is paid to exempt team members. Instead, exempt team members are paid a salary that is intended to compensate them for all hours worked.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.913 Policy Name: Expense Reimbursements	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL reimburses team members for authorized business expenses each payday. Team members who have incurred business expenses must submit required receipts and an Expense Report to the payroll department no later than Tuesday of pay week to receive reimbursement by the following payday. A team member requesting reimbursement for an item must have proof of purchase dated no older than one pay period from the time of request.

Any questions about NORCAL’s expense reimbursement policy should be directed to the employee's immediate supervisor or payroll department.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1000 Policy Name: Progressive Discipline Plan</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The purpose of this policy is to ensure that staff members adhere to all essential policies and standards of performance and behavior established by NORCAL Ambulance, including the Code of Conduct, and to initiate corrective action when those standards are not met, NORCAL Ambulance has established a progressive disciplinary policy.

NORCAL Ambulance will follow a progressive discipline approach whenever possible and, as appropriate, based upon the severity of the offense, and other important factors to help ensure compliance with established policies and standards.

II. Procedure


Background

Progressive Disciplinary Model

1. NORCAL Ambulance follows a progressive discipline model. It is a structured, but flexible disciplinary plan, whereby discipline will be handled in phases, and the severity of the discipline will generally increase based upon the severity or frequency of the violation.
2. NORCAL Ambulance will use this model where appropriate and necessary, but certain violations may warrant immediate and more serious action, based upon the nature or degree of the violation and other factors.
3. Progressive discipline is accomplished through four levels of sanctions for disciplinary violations - verbal warning, written warning, suspension, and termination. NORCAL Ambulance will attempt to follow this progression whenever possible, but it may skip a step or move to more serious discipline in its discretion, depending on the particular circumstances.
4. An overlying theme to administration of discipline is to ensure thorough review of each situation and to make an objective determination. Staff members subject to discipline will have an opportunity to be heard and to present their “side of the story” whenever possible, so that “due process” is provided.

Standards


- A. Depending upon the nature and severity of the offense, interviews and statements of persons involved in the incident may be required.
- B. A supervisor or other member of management will initiate corrective counseling and impose appropriate discipline if necessary after an investigation of the incident has occurred.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1000 Policy Name: Progressive Discipline Plan <i>(continued: page 2 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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- C. All personnel involved in any incident investigation are expected to fully cooperate with any such investigation.
- D. Corrective counseling will be used whenever possible to correct work performance and improper conduct, or in situations where policies such as our Privacy and Compliance Policies have been violated.
- E. Disciplinary action will be imposed only when necessary, depending on the facts and circumstances of the incident. At no time will any disciplinary action be based upon race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.

Levels of Violations

- A. NORCAL Ambulance’ Progressive Discipline Model is structured as follows:
 - 1. Notification of Non-Compliance. This is a method to address with an employee that they are out of compliance with a company policy. Multiple Non-Compliances for the same offense will lead to further disciplinary action. Non-Compliance documentation forms are placed in a temporary file in their personnel folder and cleared after 90 days if there are no further offenses or infractions.
 - 2. Verbal warning. Note is placed in the personnel file as a reminder only of the date of violation. Verbal warnings are cleared after one (1) year.
 - 3. Written warning. Written documentation shall be placed in the personnel file, for the length of employment with the company.
 - 3. Suspension without pay. Written documentation of the nature of the offense and the starting date of suspension is placed in the personnel file.
 - 4. Termination from employment or membership.
- B. Minor violations will typically begin with a Non-Compliance, while more serious violations can result in suspension or in rare cases, termination. At all times, because of the at-will nature of employment, NORCAL Ambulance reserves the right to impose any level of discipline upon any employee for any type of violation as is necessary to maintain operational integrity.


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Types of Violations

- A. The following are examples of the types of conduct that can result in discipline, as imposed at the discretion of a supervisor or other member of management, based upon the degree and frequency of the offense.
1. Violations of any Company Policy, including but not limited to:
 - a. Repeated absence or tardiness without prior notice.
 - b. Failure to maintain required personnel records.
 - c. Rules infractions.
 - d. Damage or loss of Company property due to carelessness.
 - e. Inappropriate language or conduct toward other personnel, patients, healthcare facility staff, guests or vendors, in violation of the “Sexual and Other Harassment” Policy and Non-Discrimination Commitment.
 - f. Violation of the “General Compliance” Policy.
 - g. Participating in dangerous practical jokes and horseplay.
 - h. Violation of policies pertaining to patient privacy.
 - i. Unsatisfactory performance or conduct.
 - j. Falsification of timekeeping or reimbursement records.
 - k. Insubordination.
 - l. Deliberate and willful destruction or misuse of patient information or property.
 - m. Possession, use, or under the influence of drugs, in violation of the “Alcohol and Substance Abuse” Policy.
 - n. Violation of the “Workplace Violence” Policy.
 - o. Theft or other misappropriation of Company property.
 2. Any patient care related offense, or other violation related to licensure, certification, or term of employment, based upon NORCAL Ambulance or State EMS Agency requirements.


Documentation

All written warnings, investigations, and other documentation related to an incident investigation shall be retained in the staff member’s personnel file.

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Non-work Activities

- A. Generally, NORCAL Ambulance will not initiate corrective counseling or impose discipline for actions and events that occur on non-work time. However, to the extent that unacceptable off duty conduct affects NORCAL Ambulance, or your ability to perform job duties, appropriate discipline may be imposed.
- B. A supervisor or appropriate member of management shall have the discretion to impose appropriate discipline in situations where off duty activities adversely affect NORCAL Ambulance, its reputation, its obligations, or your ability to perform your job.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1001 Policy Name: Termination of Employment</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL is an at-will employer; which means NORCAL and the team members have the option to terminate the team member’s employment at any time.

II. Definitions


Voluntary Resignation

A notification of voluntary resignation will be accepted whether presented orally or in written form, although NORCAL requests a written resignation from team members who voluntarily leave employment. Additionally, NORCAL requests that team members provide two (2) weeks’ notice of resignation. Failure to provide at least two (2) weeks’ notice may result in a “no rehire” status.

Involuntary Resignation

A team member may be terminated involuntarily due to a reduction in workforce (RIF), unsuccessful completion of training, or as a result of disciplinary action.

- A Reduction of Force (RIF): Is a layoff in which team members are let go due to staffing, departmental reorganizing, company downsizing, etc. If it becomes necessary to implement a reduction in force (“RIF”) and/or layoff, NORCAL will attempt to provide advance notice to minimize the impact on those team members who will be affected. Whenever possible, team members subject to a RIF or layoff will be informed and if foreseeable, the duration of the layoff. In determining which team members will be subject to RIF/layoff, NORCAL may take into account, among other things: operational requirements; the skill, productivity, ability, and past performance of the team members involved; and the length of team member’s service.
- Failure of Training Program: In the event that a newly hired team member cannot pass through the training program for the job they have been hired, they will be subject to termination. All attempts to extend training to remediate and address performance issues, however all extensions will be assigned a time period. If at the end of the time period the supervisor or applicable management staff does not see improvement the team member will be terminated.


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1001 Policy Name: Termination of Employment <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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- Result of Disciplinary Action:** Violation of, or failure to comply with, company policies and guidelines, and/or unsatisfactory performance or attendance, may warrant disciplinary action, up to termination. Generally, NORCAL believes in a progressive disciplinary system that matches disciplinary action with the severity of an offense and seeks to encourage corrected behavior/performance through a series of progressively more serious steps. NORCAL reserves the right to determine which, if any, steps in the process will be used and what course of disciplinary action is appropriate under the circumstance. NORCAL also reserves the right to terminate a team member for a first offense in a severe instance.

III. Procedure

All NORCAL property (keys, uniforms, badges, handbooks, etc.) must be returned to NORCAL immediately upon termination (voluntary or involuntary) of employment.

If NORCAL permits a team member to cease work prior to the expiration of the team member’s notice period, the team member will be paid for the duration of the notice, or for the two weeks, whichever is shorter.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1002 Policy Name: Performance Improvement Plan (PIP)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

To clearly identify areas for performance improvement; and to provide team members with a specific, measurable outline of an action plan that specifies areas needing improvement, resources that will be provided to support ongoing development, and time frames.

II. Policy

A team member who is continuously struggling with their performance in a specific area(s) may be placed on a Performance Improvement Plan (PIP) at the discretion of a supervisor, manager or director. The PIP is created for a designated period of time to outline and assess significant performance deficiencies that are determined to be within the team member’s ability to correct.


A PIP is not a form of disciplinary action. It is a tool to assist a team member’s development in an area of their job that is either lacking or extremely under developed.

III. Procedure

Once a performance problem has been identified and isolated, a team member’s direct supervisors, managers and/or directors work in conjunction with Human Resources to form a plan to help the team member improve their performance. Once the plan had been created, the team member is advised in person of the PIP and it is gone over in detail. Expectations are documented on the PIP, dates of expected improvements are set, the plan is written out, discussed, and follow up of team member’s performance is monitored by an assigned person(s).

Performance assessment and counseling should be documented using the designated form and will provide fair, objective and useful feedback to team members. A copy of the form should be given to the team member and have another copy placed in the team member’s personnel file.

At the conclusion of the PIP, if the team member fails to achieve performance improvement goals, the PIP may be extended, or disciplinary action may be taken as deemed appropriate by the team member’s direct supervisors, managers and/or directors. Team members on performance-related probationary status are not eligible to receive salary increases during the probationary period.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1003 Policy Name: Employee Verifications and References</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

This policy states the procedure involved with a request for a reference for a current or former team member of NORCAL.

II. Procedure


All requests for employment verification for current or former team members, must be directed to the Human Resources Department. No other manager, supervisor, or team member is authorized to release employment verification, or any other information, about current or former team members.

NORCAL Ambulance policy concerning employment verification for former and current team members is to disclose only the dates of employment and title of the last position held, unless otherwise authorized by the team members.

Requests for a letter of recommendation or referral letters can be completed by other team members acting as an individual, and not as a representative of NORCAL.

NORCAL recognizes that some team members see the EMT career as a stepping stone to careers with fire or police departments. NORCAL is happy to provide additional information about team members to fire or police officials, provided the team member submits, in advance, a signed written request, which shall include a signed liability waiver provided by the requesting agency.

If NORCAL letterhead is used for letters of recommendation or referral letters, a copy should be kept in the team member’s permanent file.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1004 Policy Name: Exit Process</p>	Original: 05/2005 Revised: 01/2020 Renewal: 01/2024
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I. Policy

The exit process is a checklist designed by Human Resources (HR) to ensure all exit-related matters are addressed at the time or prior to the time a team member exits the company. All exits must be initiated in writing either by the team member for voluntary terminations or by the appropriate department leadership for voluntary and involuntary terminations.

II. Policy

All resignations must be turned in to Human Resources via email (hr@norcalambulance.com) to ensure the proper initiation of the exit process. Resignations received by staff other than HR must forward any email, written notifications or verbal agreements as soon as possible regardless or the amount of notice or length before the last scheduled shift.

If a department leadership team member receives notice verbally from a team member, the supervisor must e-mail HR to inform of the notice and include the exiting team member in the e-mail to begin exit communication as soon as possible.

Human Resources will confirm with the team member the last scheduled work shift and outline the exit process.

The exit process will include instructions regarding the team member’s final paycheck, return of company property, option to buy eligible uniform items, benefit continuation information (where applicable), and exit interview options.


Final Paycheck

All final paychecks will be sent by certified mail unless otherwise requested by the team member. Enclosed with the final check is a written breakdown of all wages, taxes, or other applicable credits/deductions. Team members are asked to send a copy of their final check upon receipt to hr@norcalambulance.com.

Property Return Checklist and Uniform Buy Back Information

All team members who have been issued company property during their employment with NORCAL Ambulance will receive an itemized list of such items. Items include but are not limited to: uniforms, jackets, boots, belt, computer, cellular phone, gas card, badge, flash drive, and other company property. The itemized list will also include the value of the items if not returned.

Team members will also be notified of which items in their possession are available for our Uniform Buy Back Program and how to participate if interested. See Uniform Buy Back for more information.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1004 Policy Name: Exit Process <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 01/2020 Renewal: 01/2024
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Team members may return company property to their station by making an appointment with their supervisor. All returned items must be labeled by the supervisor with the team member’s name and packaged in order to be sent to the appropriate supply warehouse.

Benefits Continuation Information

If a team member had benefits with NORCAL at the time of their termination they may be eligible for COBRA Continuation benefits. Information regarding options to continue will be mailed to the team member prior to the termination of their benefits. Information may be in their original packet or mailed separately depending on the corresponding benefit termination date. All questions regarding benefits can be addressed directly through benefits@norcalambulance.com.

Exit Interviews

NORCAL strives to provide our team members an opportunity to share information about their experiences with the company and decision to leave. Efforts will be made to schedule live in-person exit interviews prior to a team member’s departure. In the event a live interview is not possible, all team members will have an opportunity to share information through a written or digital exit interview survey. The written packet has instructions on how to fax or email (hr@norcalambulance.com). The digital exit interview is completely anonymous. Team members may complete both written and digital formats if desired. All responses from exit interviews are reviewed to better improve our processes and experiences for our team members.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1100 Policy Name: Paid Parental Leave, SF Policies</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The Paid Parental Leave Ordinance requires employers with 20 or more employees to provide supplemental compensation to employees who are receiving California Paid Family Leave for purposes of bonding with a new child.

II. Procedure

A “Covered Employee” entitled to Supplemental Compensation under the PPLO is an employee:

1. Who began employment with the Covered Employer at least 180 days prior to the start of the leave period;
2. Who performs at least eight hours of work per week for the employer in San Francisco;
3. At least 40% of whose total weekly hours worked for the employer are in San Francisco; and
4. Who is eligible to receive paid family leave compensation under the California Paid Family Leave law for the purpose of bonding with a new child.


Supplemental Compensation

During the leave period, Covered Employers are required to provide Supplemental Compensation in an amount such that the California Paid Family Leave wage replacement plus the Supplemental Compensation equals 100% of the employee’s gross weekly wage. The ordinance requires employers to pay supplemental compensation during the 6-week leave period.

In cases where an employee has multiple Covered Employers, the Supplemental Compensation amount is apportioned between or among the Employers based on the percentage of the employee’s total gross weekly wages received from each employer. In cases where an employee works for a Covered Employer and a non-Covered Employer, the Covered Employer is responsible only for its percentage of the employee’s total gross weekly wages.

Maximum Weekly Benefit Limitation

The PPLO includes a cap on the total amount of an employee's benefits, and the cap is proportional to the CA PFL maximum weekly benefit amount. For CA PFL claim effective dates in 2017, an employee's maximum weekly total benefit (from the state and from the employer) would be \$2,133. An employee's maximum weekly total benefit for claim effective dates in 2018 would be \$2,027.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1101 Policy Name: Lactation, SF Policies</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL recognizes that breast milk is the optimal food for growth and development of infants. This policy is to establish guidelines for promoting a breastfeeding-friendly work environment and supporting lactating employees at NORCAL for as long as they desire to express breastmilk. NORCAL supports the legal right and necessity of employees who choose to express milk in the workplace. This policy is established to comply with San Francisco’s Lactation in the Workplace Ordinance.

II. Procedure

Employer Responsibilities


- A. Communication
 - A copy of this policy will be disseminated to every newly hired employee and to any employee who inquires about or requests pregnancy or parental leave.
 - This policy is included in the employee handbook.
 - NORCAL Ambulance must respond to an employee’s request for lactation accommodation within 5 business days.
- B. Breaks
 - The break time shall, if possible, run concurrently with employee’s lunch and break time.
 - If the time for an employee’s break time does not run concurrently or when additional time is necessary, the break time may be unpaid.
- C. Lactation Space
 - NORCAL Ambulance will provide breastfeeding employees with space in close proximity to the employee’s work area that is that shielded from view and free from intrusion from co-workers and the public, to express breastmilk. The room or location may include the place where the employee normally works if it otherwise meets the requirements of the lactation space. Restrooms are prohibited from being utilized for lactation purposes.
 - The lactation space must:
 - i. Be safe, clean, and free of toxic or hazardous materials
 - ii. Contain a place to sit, a surface to place a breast pump and personal items
 - iii. Have access to electricity
 - iv. Have access to a sink with running water and a refrigerator in close proximity to employee work area
 - Multi-purpose rooms may be used as a lactation space if they satisfy the requirements for the space; however, use of the room for lactation takes priority over other uses.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1101 Policy Name: Lactation, SF Policies <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2024</p>
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Retaliation related to breastfeeding or expressing milk is prohibited. San Francisco Lactation in the Workplace Ordinance expressly prohibits retaliation against lactating employees for exercising their rights granted by the ordinance. This includes those who request time to express breast milk at work and/or who lodge a complaint related to the right to lactation accommodations.

Employer Records:

NORCAL will maintain a record of the written requests for Lactation Accommodation that includes the name of the employee, the date of the request, and a description of how the request was resolved. If an Employer denies a request for Lactation Accommodation it must save the written denial. All of these records must be maintained for 3 years from the date of request.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1102 Policy Name: Family Friendly Workplace Leave, SF Policies</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The San Francisco Family Friendly Workplace Ordinance requires that employers with 20 or more employees allow any employee who is employed in San Francisco, has been employed for six months or more by the current employer, and works at least eight hours per week on a regular basis to request a flexible or predictable working arrangement to assist with caregiving responsibilities. The employee may request the flexible or predictable working arrangement to assist with care for:


1. a child or children under the age of eighteen;
2. a person or persons with a serious health condition in a family relationship with the employee; or
3. a parent (age 65 or older) of the employee.

II. Procedure

Within 21 days of an employee’s request, an employer must meet with the employee regarding the request. The employer must respond to an employee’s request within 21 days of that meeting. An employer who grants the request shall confirm in writing.

An employer who denies a request must provide a written response that includes a bona fide business reason for denial and notices the employee of the right to request reconsideration. An employer’s failure to follow the procedural, posting or documentation requirements or an employer’s denial of an employee rights under the law shall constitute a violation.

It is unlawful for an employer to discharge, threaten to discharge, demote, suspend, or otherwise take adverse employment action against any person on the basis of Caregiver status, in retaliation for exercising rights protected under the Ordinance, or for cooperating with the City in enforcement.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1103 Policy Name: Paid Sick Leave, SF Policies</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL Ambulance in compliance with San Francisco’s Paid Sick Leave Ordinance, offers paid sick time/leave to all eligible employees. Eligible employees earn one hour of paid sick leave for every 30 hours worked. Employees begin accruing sick leave on the 1st day of employment and may begin using paid sick time after 90 days of employment. Employers must allow employees to accrue at least up to 72 hours. Accrued paid sick leave carries over from year to year. Amount of available paid sick leave is listed on each paycheck or wage statement.

II. Procedure

All employees requesting to use his/her paid sick time must follow [Policy 100.418 Paid Sick Leave](#).

Paid Sick Leave is not cashed out upon departure from NORCAL.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1104 Policy Name: Healthcare Security Ordinance (HCSO), SF Policies</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

Under the Health Care Security Ordinance (HCSO), NORCAL Ambulance must meet the following obligations:

1. Satisfy the Employer Spending Requirement by making required health care expenditures on behalf of all covered employees (those who have been employed for more than 90 days and who regularly work at least 8 hours per week in San Francisco) at the following rate: \$3.08 per hour payable.
2. Maintain records sufficient to establish compliance with the employer spending requirement.
3. Post an HCSO Notice in all workplaces with covered employees.
4. Submit an Annual Reporting Form to the OLSE by April 30th of each year.

II. Procedure

These expenditures must be made for each employee within 30 days following the end of each calendar quarter. As long as they make the minimum required expenditures, employers may choose how they spend the money. For example, NORCAL Ambulance contributes a designated amount towards the monthly premium for health insurance.


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1105 Policy Name: Healthcare Security Ordinance Voluntary Waiver SF Policies</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The San Francisco Health Care Security Ordinance requires NORCAL Ambulance to make health care expenditures on each eligible employees’ behalf, even if the employee already has health insurance and/or receives health care services from another employer.

A health care expenditure is an amount of money paid by NORCAL Ambulance to provide an employee with access to health care services.

Employees can voluntarily decide to exclude themselves from the Healthcare Security Ordinance at any time by completing a [Healthcare Security Ordinance Voluntary Waiver Form](#). Employees have the right to revoke a signed waiver at any time for any reason or without reason at all.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1200 Policy Name: Healthcare Fraud and Abuse</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

The U.S. General Accounting Office (GAO) estimates Medicare fraud to be ten percent (10%) of every dollar spent. Medicare fraud costs taxpayers about sixty-five (65) million dollars each day. As an ethical company and a concerned corporate citizen, NORCAL Ambulance shares with all honest ambulance providers the goal of eliminating Medicare fraud and abuse.

Fraud involves intentional deception with the aim of unauthorized benefit. It is a federal crime to defraud the U.S. Government or any of its programs. The most frequent kind of Medicare fraud arises from a false statement or misrepresentation made or caused to be made, that is material to entitlement or payment under the Medicare program. Seeking payment for services not rendered is an example of fraud.

Federal law defines abuse, as applied to the Medicare program, as incidents or practices by providers, which although not usually considered fraudulent, are inconsistent with accepted sound medical, business or fiscal practices that directly or indirectly create unnecessary costs to the Medicare program. Examples of such abuse include improper reimbursement or reimbursement for services which fail to meet professionally recognized standards of care or which are not reasonable and necessary.


Compliance Program

NORCAL Ambulance has established a compliance program to ensure the filing of appropriate claims that are reasonable and necessary according to Medicare rules and policies.

Documentation must always substantiate the level of care provided and the medical reasonableness for the services rendered. Incomplete and/or improper claims can carry a wide range of undesirable results for the company and the individual, from non-payment and monetary penalties to civil and criminal prosecution.

NORCAL Ambulance's Safety and Billing Compliance Manager is responsible for the oversight of the company's compliance program, including:

- Compliance policy and procedure development and implementation
- Screening of employees regarding fraud and abuse history
- Employee training and continuing education
- Internal compliance monitoring
- Compliance enforcement
- Compliance discipline
- Resolution of compliance issues

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1201 Policy Name: Compliance Training</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL requires Medicare compliance training to ensure that all team members understand and appreciate the NORCAL's goal of eliminating health care fraud and abuse.


Team members receive compliance training as part of orientation. All team members are required to undergo additional compliance training within a reasonable time frame following any material change to NORCAL policies and procedures on compliance. Team members will be notified of any such changes and provided training opportunities.

II. Procedure

Privacy training is conducted by the Compliance Manager and/or his/her designee.

- All employees must attend compliance training in person and verify both attendance and agreement to adhere to policies and procedures regarding compliance.
- All attendees receive copies of NORCAL Ambulance policies and procedures regarding compliance.
- Compliance training includes a complete review of NORCAL Ambulance policies on compliance and instruction in the following topics:
 - Overview of Medicare compliance rules
 - Description of fraud and abuse
 - Patient rights under the HIPAA privacy rule
 - Employee compliance responsibilities
 - Consequences of failure to follow established compliance policies

Team member who do not follow NORCAL compliance policies and procedures are subject to disciplinary action. NORCAL will make every effort to provide remedial education and training in compliance policies and procedures in the case of a first-time unintentional violation of compliance policies.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1202 Policy Name: Compliance Policy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy

NORCAL Ambulance requires strict Medicare compliance to ensure that all employees understand and appreciate the company's goal of eliminating health care fraud and abuse.

II. Procedure

Unacceptable Billing Practices

Billing practices that can result in criminal, civil or administrative action include the following:


- Using an approved ambulatory surgical center (ASC) procedure code to obtain reimbursement for a procedure that is not ASC approved
- Fragmenting (unbundling) of procedure codes to obtain additional reimbursement
- Indicating "Signature on File" in the beneficiary signature field when in fact no patient signature authorization forms are maintained
- Intentionally using a "dummy" address for the beneficiary
- Using an incorrect place of service code to qualify for payment
- Billing for items/services before they were delivered/performed
- Billing for non-covered services under a covered procedure code

Health Insurance Portability & Accountability Act (HIPAA)

- HIPAA includes measures designed to combat Medicare fraud and abuse.
- HIPAA establishes the crime of "health care fraud";
- HIPAA increased penalties and fines for health care fraud;
- New auditors, analysts, investigators and attorneys were assigned to investigate and prosecute Medicare fraud and abuse.
- Medicare contractors received additional funding to increase their medical review and anti-fraud activities.

Penalties & Sanctions

Providers found to have been billing for services not provided, not covered, or in excess of recognized standards of care, are subject to a variety of sanctions.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1202 Policy Name: Compliance Policy <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2024</p>
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These sanctions include:


- Administrative overpayment recoveries
- Expanded prepayment review
- Payment suspension
- Administrative civil monetary penalties
- Criminal and civil prosecutions and penalties
- Administrative sanctions
- Exclusion from the Medicare and Medicaid programs.

Documentation

The most important element supporting Medicare compliance is medical record documentation. An undocumented service is not considered to have been performed and may not be reimbursed.

- Medical records must be complete.
- All notes made on medical records must be legible.
- All entries on medical records must be signed and dated.

Medical documents may serve as a legal document to verify care provided.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1203 Policy Name: Compliance Enforcement</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Policy


Employees who do not follow NORCAL Ambulance compliance policies and procedures are subject to disciplinary action. All employees may report a suspected compliance violation to the On-Duty Supervisor or Human Resources Management.

II. Procedure

Human Resources Management along with the immediate Supervisor of the involved employee will review suspected violations of the compliance program and make determinations as to their validity.

Violations of the company compliance program are subject to disciplinary action up to and including termination.

The company will make every effort to provide remedial education and training in compliance policies and procedures in the case of a first-time unintentional violation of compliance policies.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1204 Policy Name: Patient Care Report Documentation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

To capture a complete picture of the ambulance service provided for a patient, ensure appropriate billing, and prevent FCA and other federal violations.

II. Policy


All Patient Care Reports (PCRs) must be complete and thorough, and must accurately and objectively address the patient’s condition at the time of transport. Documentation must cover all key elements necessary to fully document the patient assessment and care provided, as well as to allow the billing staff to make appropriate determinations as to the medical necessity and other requirements needed to ensure proper reimbursement for the services we provide.

III. Procedure

The PCR should contain the information necessary to accurately describe the services provided. The PCR should be concise, thorough and accurate and include an unbiased, objective description of information received, observations, and the ambulance service provided. The information contained in the PCR must be complete, accurate and never misrepresent the patient’s actual condition. There must be sufficient documentation in the PCR to determine if the patient’s medical or physical condition was such that other means of transportation other than an ambulance was appropriate for the patient.

All sections of the PCR must be completed in their entirety and should include information such as: dispatch instructions, the patient’s condition and chief complaint, the patient’s relevant medical history, the services provided to the patient, the pick-up and destination location, and the loaded mileage.

The PCR should not be used as a medium to express concerns or otherwise document potential problems to management and others. The PCR should document the objective findings related to patient assessment, patient care, and the ambulance service provided. Other forms and documents should be used (e.g., incident report, complaint reporting form, etc.) to document concerns, risks, issues or complaints.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1205 Policy Name: Review and Amendment of PCRs</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

NORCAL Ambulance will maintain a strict quality assurance procedure to ensure that the accuracy and clarity of our patient care documentation is at the highest possible level.

II. Policy

Substantive amendments to the PCR will be made only by the original author of the PCR or another member of the crew that provided the ambulance service. Demographic information (e.g., patient name, Social Security Number, address, health insurance information) may be corrected or added by Billing or Quality Assurance (QA) personnel.

III. Procedure

1. An ambulance crew will complete a PCR as promptly as possible following completion of the call (and must be prior to the completion of the shift). The PCR should be completed by the primary caregiver. A PCR may not be completed by personnel other than the crew that participated in the call. Amendments may be made as set forth in this policy.
2. Crew members who provided the ambulance service will check the PCR for accuracy prior to submitting the PCR and other paperwork for billing.
3. PCRs will undergo quality assurance review as part of the billing process and prompt feedback will be given to the author of the PCR where it is apparent that there is an error, or missing information on a PCR.
4. Addenda and corrections will be requested by returning the PCR to the author for any substantive amendments. Requests for addenda and corrections will be made only to ensure completeness and accuracy of the medical record or to correct clearly erroneous or conflicting information.
5. A crew member may make corrections or additions to the PCR after submitting if information was inadvertently omitted prior to submission or additional information regarding the patient’s care or condition was acquired after submission.

All amendments must be truthful and initialed and dated by the crewmember who makes the amendment. If using electronic PCR software, automatic tracking of amendments may suffice as “initialing and dating”. The crew member making the amendment must have direct knowledge of the matter addressed by the amendment.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1206 Policy Name: Physician Certification Statements</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


To satisfy a regulatory requirement that requires a properly completed Physician’s Certification Statement (PCS) for most non-emergency transports of Medicare beneficiaries.

II. Policy


NORCAL Ambulance personnel (call intake, dispatch, or field crews) will obtain a properly completed and signed PCS for any non-emergency transport for which a PCS is required. Billing personnel will confirm that a PCS is obtained and properly completed and signed by an authorized signer before billing Medicare for any non-emergency transport for which a PCS is required to support the claim. Or when a required PCS was not obtained for a non-scheduled, non-repetitive transport, billing personnel will ensure the appropriate steps are taken to verify an attempt to obtain a PCS.

III. Procedure

1. Billing personnel will ensure that there is a PCS for a non-emergency ambulance service unless other documentation reviewed by them establishes that the ambulance transport was an unscheduled transport of a beneficiary who at the time of the transport was residing either at home or in a facility and who was not under the direct care of a physician.
2. Billing personnel will ensure that the PCS includes:
 - a. Identification of the beneficiary, and date of transport or notation that the PCS is for scheduled repetitive transports and dated within 60 days of the date of transport.
 - b. Specific information regarding the patient’s condition which substantiates the certified medical necessity for an ambulance transport.
 - c. A certification by a qualified person that other means of transportation were medically contraindicated.
 - d. Signature of the qualified person and date the document is signed and that the person signing the PCS is identified, in accordance with the signature verification requirements as outlined in Medicare Transmittal 327 of 2010, and the Medicare Program Integrity Manual, Chapter 3, Section 3.2.2.4.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1206 Policy Name: Physician Certification Statements <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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- e. A qualified person is the attending physician for scheduled, repetitive transports. For all other transports for which a PCS is required, a qualified person includes the attending physician or where the physician is unavailable, a physician assistant (PA), registered nurse (RN), discharge planner, clinical nurse specialist, or nurse practitioner (NP) as long as that person is employed by either the attending physician or the facility from which the beneficiary is being transported and has personal knowledge of the beneficiary’s condition at the time the ambulance transport is ordered or the ambulance service is furnished.
3. In the event a PCS was not obtained prior to or at the time of transport, or if the PCS is incomplete, efforts can be made to obtain a signed PCS for 21 days after the date of transport for non-scheduled, non-repetitive transports, A PCS obtained after the date of service can still be valid, as long as the PCS relates to the patient’s condition on the actual date of service.
 - a. If a PCS is not obtained within 21 calendar days following the date of the service, billing personnel will document the attempts to obtain the PCS with either a signed return receipt from the U.S. Postal Service or other similar service or the U.S. Postal Service Certificate of Mailing form approved by Medicare and then submit the claim to Medicare using the certified mailing record in lieu of the signature on the PCS.
 4. Billing personnel will review the PCS form submitted with the PCR and other documentation to ensure that the above requirements have been satisfied.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1207 Policy Name: Internal Audits</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

To verify that claims are properly coded to be submitted for payment or that proper payment was made for submitted claims, and to determine if appeals for denials or refunding of overpayments may be required.

II. Policy


In accordance with the auditing and monitoring standards, to promote a positive compliance atmosphere, and to detect and prevent violations of the law, Medicare Program requirements, and our policies and procedures, NORCAL Ambulance will conduct periodic audits and reviews of claims and other Medicare requirements to ensure that proper coding and billing of services are being performed and that proper reimbursement is being pursued and received. Samples of pre-and/or post-submission claims will be audited to verify accuracy, check for any possible errors, and ensure that all Medicare coverage criteria are met.


III. Procedure

1. On a monthly basis, thirty (30) claims will be selected and internally reviewed and audited for accuracy (“self-audit”). Claims will be chosen randomly, using random number generators (e.g., OIG’s “RAT STATS”) where possible.
 - a. Upon review of claims that have not yet been billed, a determination will be made as to whether each claim can be submitted for payment as prepared, or whether additional documentation is required, corrections must be made to address errors, or it cannot be billed at all. In each case, compliance with all Medicare coverage criteria should be evaluated.
 - b. Upon review of claims which have been paid, a determination will be made as to whether the claim was appropriately billed and paid, and whether an overpayment or underpayment exists. In each case, compliance with all Medicare coverage criteria should be evaluated. A denied or “down-coded” claim will be further reviewed and a decision made as to whether the claim should be appealed.
 - c. Information for each claim will be reviewed (including a review of the CMS 1500 claim form (or its electronic equivalent), the electronic remittance advice, the PCR, the PCS (if applicable), the CAD notes (or other dispatch instructions or information) if available, and all other available and relevant information.

- d. The self-audit process will ensure that claims for ambulance transports of Medicare beneficiaries meet the requirements for a “covered transport” in accordance with CMS Manual 100-02 (“Medicare Benefit Policy Manual”), Chapter 10 (“Ambulance Services”), CMS Manual 100-04 (“Medicare Claims Processing Manual”), Chapter 15 (“Ambulance”), 42 CFR 410.40, 42 CFR 410.41, and 42 CFR 414.605 *et seq.*
2. In order to assess these criteria, we will use our Ambulance Claims Review Spreadsheet to assist in performing a thorough review, which will be able to concisely demonstrate problem areas, and provide input for future corrective actions. Below is a table further describing the general categories on the spreadsheet and a brief explanation as to what to consider when assessing each area.

Patient Name	Verify that patient’s name is spelled correctly and will be/was recognized by Medicare.
Date of Service	Ensure that the dates reported on the various forms (PCR, PCS, dispatch records, claim, etc.) are consistent and correct.
Was Medical Necessity Met?	Determine if the documentation reveals the medical or physical reason the patient needed an ambulance transport, and that other forms of transport were contraindicated.
Was the Transport Reasonable?	Determine if the patient required transport from the origin point to the destination point. Ensure that the service could not have been provided at less cost at the point of origin and that the destination was the closest appropriate destination.
Was There an Immediate Response?	For emergency transports, verify that there was a 911 dispatch or equivalent and that there was minimal delay between the dispatched and en-route times. If the time between dispatch and arrival is lengthy, verify that the PCR contains information explaining the delay and how the crew acted as quickly as possible to respond.
Are Modifiers Correct?	Verify that proper modifiers were used, including origin and destination modifiers, and possible payment related modifiers (GY, GA, GZ, etc.).
Does Destination Appear Appropriate?	Confirm that the destination facility is a covered destination, appropriate (to meet reasonableness standards) and that it is the closest appropriate facility to meet the patient’s needs.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1207 Policy Name: <i>Internal Audits (continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
<p>Was Loaded Mileage Recorded?</p>	<p>Check to make sure that mileage was recorded on the PCR (from the point of pickup to the destination in tenths), and that only loaded mileage was billed on the claim form.</p>	
<p>Was Patient Signature Obtained?</p>	<p>Confirm that a patient signature has been captured, or, where appropriate and permitted, that a representative signature has been obtained, or a lifetime signature is on file.</p>	
<p>Was Zip Code Recorded?</p>	<p>Verify that the zip code of the point of pick-up is recorded.</p>	
<p>What Service Level was Billed?</p>	<p>Determine whether the service level (base rate HCPCS code) was appropriately recorded, based on the information available, and was based upon the totality of facts and circumstances.</p>	
<p>Does the Service Level Billed Appear Correct?</p>	<p>If the claim is not yet paid, verify that the level of service to be billed is proper. If already paid, make sure that the right service level code was used and that payment is consistent with the trip documentation. Verify coding based upon both the level of service billed considering dispatch type (E or NE) and services provided (ALS, BLS, etc.)</p>	
<p>Is the Crew Appropriate for Level of Service</p>	<p>Verify that the composition of the crew is adequate for the level of service billed or to be billed. The legible name of each crew member, accompanied by their certification level should appear on the PCR and, if billed or to be billed ALS, the crew member who assessed the patient or provided interventions needs to be identified.</p>	
<p>Comments</p>	<p>Insert relevant comments, related to any of the review areas, or any other issues that may arise, including whether an overpayment or underpayment may exist.</p>	

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1208 Policy Name: Identifying and Refunding Overpayments</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


To prevent retention of improper payments, and to avoid fraud and abuse or the appearance of improper payments.

II. Policy

Where required by law or other executed agreement, improper or inadvertent overpayments that are self-identified will be promptly returned upon identification of the overpayment, but in no case, will an overpayment be refunded more than 60 days after the date it was identified. Overpayments identified by payers will be investigated internally and responded to in an appropriate manner.


III. Procedure

1. Remittance advice and payments will be reconciled with submitted claims to determine whether payment was made in accordance with how the claim was billed. All patient accounts will be reconciled.
 - a. Billing personnel (other than the person that prepared and submitted the claim) will compare the billed amounts with the received amount to fully reconcile all claims. This helps prevent overpayments, underpayments, and the accumulation of large amounts of accounts receivable.
 - b. Accounts that have been properly paid in full may be considered “closed.”
 - c. If a duplicate payment is made upon any account, an assessment will be made to determine which payer is “primary.” Payments made by a secondary payer for which the payer is not responsible will be reimbursed.
 - d. Upon discovery of payment from any payer that is not responsible for payment, the overpayment (or improper payment) will be refunded, and an appropriate payer will be subsequently billed.
2. Where overpayments are discovered, and where overpayment forms exist, appropriate repayment forms and explanatory letters (where required) will be utilized to explain the reason for the repayment. For example:
 - a. Payment may have been made at the wrong level of service.
 - b. Payment may have been made where it was improper (e.g., medical necessity not met, no proper assignment of benefits, etc.)

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1208 Policy Name: Identifying and Refunding Overpayments <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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3. If a payer identifies an overpayment and issues a demand notice, billing personnel in coordination with the Compliance Officer will review the request to determine if an overpayment does indeed exist. NORCAL Ambulance will contest the overpayment demand or initiate a refund promptly in accordance with the timeframe established in the letter or with typical payer practices.

In the case of an overpayment demand or self-identified overpayment that could potentially be large in scale or implicate the need for the OIG Self Disclosure Protocol, the Compliance Officer will consult with legal counsel and make a decision on how to proceed on a case-by-case basis.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1209 Policy Name: Financial Hardship Waivers</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


To objectively evaluate the financial ability of patients to make payments for their ambulance services, and make appropriate decisions as to when a hardship reduction or waiver may be appropriate.

II. Policy


Write-offs, waivers of payments, and other discounts will be made on a discretionary basis, taking such considerations as financial hardship and ability to pay into account.

III. Procedure

1. Patients will be billed promptly for any balance due including legally required cost sharing amounts. Billing the patient and attempts to collect co-payment and deductible amounts (after insurance has paid) from the patient may be waived in the following circumstances:
 - a. If the patient participates in a membership or subscription program where the patient made a contribution in advance, the contributions collectively are designed to “cover” any cost-sharing amount that would be otherwise due by the subscribers, and the subscription program is actuarially sound.
 - b. If the patient is a bona fide resident of a community where there is a municipally-run ambulance service operation and cost-sharing amounts are waived based upon taxes, or other payments made for ambulance services provided by the municipality for the purpose of “covering” cost-sharing amounts.
 - c. If the patient is a bona fide resident of a community where there is a private ambulance service provider serving the community, and the municipality makes a payment to the private ambulance service provider for the purpose of “covering” the cost-sharing amounts that would otherwise be the patient’s responsibility.
2. Attempts to collect co-payments or deductible amounts or payment in full, from the patient may be revised in the following circumstance:
 - a. If the patient or patient representative advises us that the patient is suffering a financial hardship and is unable to make payments we will ensure that insurance benefits have been maximized and offer a payment installment plan.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1209 Policy Name: Financial Hardship Waivers <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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- b. If a patient is unable to maintain even a minimal repayment plan and claims financial hardship, we will conduct a Financial Hardship Assessment by asking the patient to provide the following:
 - i. Verification of current employment/unemployment status.
 - ii. A copy of tax returns (or W-2 forms, at least) for the previous two (2) years.
 - iii. Additional information as to why the patient feels a financial hardship waiver should apply.
3. If financial hardship does not apply, the patient must make routine installment payments on their account. If promised payments are not made, the patient will be referred to a collection agency.
4. If assessment yields evidence of financial hardship, but not of a magnitude sufficient to waive patient payment, provide 25% discount and payment plan (immediate payment is preferred).
5. Grant waiver of payment if assessment yields evidence of financial hardship sufficient to a grant waiver.
6. A patient is eligible to be declared a “Financial Hardship” case and may be eligible for discounted services if the patient’s household income is at or below 250% the income levels established by HHS in its annual guidelines. See: <http://aspe.hhs.gov/POVERTY/index.cfm>.
7. Only the personnel designated by NORCAL Ambulance management may approve a financial hardship case. Under no circumstances may any personnel disclose hardship criteria to the patient. Personnel will gather as much information as possible from the patient and present this information to the designated personnel for processing. A patient’s financial and insurance status is subject to change. The fact that a patient qualifies for financial hardship treatment at one time does not mean that the patient will qualify for financial hardship treatment in the future. Past showing of financial hardship will not preclude attempts to collect on future services provided if financial hardship ceases to exist or is at a level that warrants patient discounted payments.
8. Personnel will use the following Financial Hardship Request Form and, for Medicare beneficiaries, the following Financial Hardship Approval and Denial Response Letters.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1210 Policy Name: Excluded Parties/Background Checks</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


To collect exclusion and other background information about individuals and entities who provide or seek to provide services for NORCAL Ambulance to enable NORCAL Ambulance to comply with federal health care program requirements and otherwise make employment and contract decisions.

II. Policy

All personnel and contractors will be subject to background screening. NORCAL Ambulance will not employ or do business with individuals or entities who have been convicted of health care fraud or listed by a federal agency as excluded, debarred or otherwise ineligible to participate in federal health care programs.

III. Procedure

1. We will utilize the Office of Inspector General’s List of Excluded Individuals/Entities (“LEIE”) to determine if an individual or entity has been excluded from participation in federal health care programs. For individuals, both current and maiden names or any other prior legal names will be checked.
2. Individuals seeking to work for us and entities seeking to contract with us will be required to disclose exclusion from a federal health care program, debarment by a federal agency, any criminal conviction, and any civil monetary penalty assessed against the individual or entity for conduct involving a federal health care program.
3. We will screen all individuals seeking to work for us, including volunteers and board members, and entities seeking to contract with us against the LEIE prior to making an employment or contract decision.
4. Our personnel and contractors, upon receiving notice of being excluded from a federal health care program, debarred by a federal agency, convicted of a criminal offense, or assessed a civil money penalty for conduct involving a federal health care program, will be required to immediately disclose that information to us.
5. We will check the LEIE on a monthly basis to determine whether any of our personnel or entities with which we contract have been excluded from a federal health care program.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1210 Policy Name: Excluded Parties/Background Checks <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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6. We will require our contractors to check the LEIE on a monthly basis to determine whether any of their personnel have been excluded from a federal health care program and to alert us promptly if an excluded individual is involved in any way with providing services to us, directly or indirectly, under the contract.
7. We will not allow an individual who is excluded from a federal health care program to work for us in any capacity that directly or indirectly involves the provision of service payable by a federal health care program. This includes, without limitation, field personnel, billers, coders, and administrative and management personnel.
8. We will take disciplinary action against any of our personnel who fail to immediately notify us of exclusion from a federal health care program, debarment by a federal agency, a criminal conviction or a civil monetary penalty assessed against the individual for conduct involving a federal health care program.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1211 Policy Name: Licensure Certification Check	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


To ensure compliance with Medicare and applicable state ambulance staffing and vehicle requirements.

II. Policy

All personnel who serve as EMS provider members of our ambulance crews will have their licensure/certification (hereafter “licensure”) status verified to ensure current licensure at the EMS provider level for which they are being used by us.

III. Procedure

1. We will verify the licensure status of all personnel, both career and volunteer, who serve as EMS provider members of our ambulance crews as follows:
 - a. All individuals who apply to work for us as an EMS provider will be required to produce an original document issued by the licensing authority identifying their licensure level and the status of their license.
 - b. Before making a hiring decision regarding an EMS provider applicant, we will communicate with the licensing authority to verify the applicant’s licensure status.
 - c. Personnel who are serving as EMS providers for us will be required to immediately inform us of any change in their licensure status and display an original document issued by the licensing authority demonstrating that change in status.
 - d. We will maintain in each EMS provider’s personnel file a copy of current and past documents issued by the licensing authority identifying their licensure level and the status of their license.
 - e. We will maintain a record of the scheduled expiration date of each EMS provider’s license, and will require the EMS provider to display, prior to that date, an original document issued by the licensing authority verifying the timely renewal of the license. If the EMS provider advises that the license has been timely renewed, but is unable to secure written documentation from the licensing authority as proof, we will contact the licensing authority to determine whether the license has been timely renewed.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1211 Policy Name: Licensure Certification Check <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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2. An individual who does not have a current active license as an EMS provider may not serve as an EMS provider on an ambulance operated by our organization or as a member of an ambulance crew on behalf of NORCAL Ambulance.
3. We will not permit any of our personnel to serve as an EMS provider on an ambulance for whom either of the following apply:
 - a. We have evidence that the individual does not have a current active license.
 - b. The expiration date of the individual’s license has arrived, the individual has not produced original documentation from the licensing authority to prove renewal, and we have not otherwise confirmed renewal of the license with the licensing authority.
4. We will take disciplinary action against any of our personnel whose EMS provider license has been revoked, suspended, downgraded, restricted or sanctioned in any manner by the licensing or any other regulatory authority, who fails to immediately notify us of such action upon the EMS provider receiving notification of such action.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1212 Policy Name: Risk Identification and Response</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


To identify possible compliance risk areas and ensure proper controls are in place to prevent compliance problems in an effort to avoid a government investigation or other negative consequences for NORCAL Ambulance.

II. Policy


On a routine basis, we will perform a risk assessment which will include a review of potential risk areas identified by the OIG as well as other potential risks identified by the Compliance Officer as relevant to the organization in order to ensure that we are maintaining compliance with statutes, regulations and other requirements applicable to our ambulance service operations and that our compliance efforts are properly focused and effective.

III. Procedure

1. During the initial development of the Compliance Program, and at least annually thereafter, the Compliance Officer will conduct a risk assessment of NORCAL Ambulance. The risk assessment may be conducted with the assistance of legal counsel or consultants who have experience with compliance risks impacting ambulance services.
2. The risk assessment will include an evaluation of the risk areas identified by the OIG in its Compliance Program Guidance as well as other OIG publications and any other risk areas impacting NORCAL Ambulance as identified by the Compliance Officer. The Compliance Officer may consider laws, regulations, policies and conduct as well as complaints or concerns reported by personnel, prior audits or lawsuits, and external audits and reviews among other factors when identifying areas of risk.
3. As part of the risk assessment, the Compliance Officer may evaluate NORCAL Ambulance’s policies and procedures, employee training, employee knowledge, the claims submission process, documentation practices, management structure and commitment to compliance, contractual arrangements, and technology relied upon in the claims submission process to identify areas where NORCAL Ambulance may be exposed to compliance risk.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1212 Policy Name: Risk Identification and Response <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2024</p>
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4. After identifying potential risks, the Compliance Officer will evaluate all of the identified potential risks along with the systems and controls NORCAL Ambulance currently has in place to combat those risks. Compliance program efforts will be focused on the areas with greatest potential risk to NORCAL Ambulance and those areas where NORCAL Ambulance needs to improve systems and controls.
5. The Compliance Officer may choose to implement a Corrective Action Plan to address some of the identified risks to ensure risks are properly mitigated.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1213 Policy Name: Personnel Rights in a Government Investigation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Background

Government attorneys, agents, and investigators (“government representatives”) frequently conduct investigations and inquiries in order to monitor compliance with government regulations and laws. As a result, NORCAL Ambulance personnel may be contacted by a government representative in the course of an investigation. This does not mean that any laws have been violated or that the government representative believes that any laws have been violated; it could simply be part of a routine inquiry. Personnel may be contacted either at work or away from work during off hours, or be visited at home, at work, or at some other location.

II. Purpose


To ensure that personnel understand their rights and their responsibilities to NORCAL Ambulance when approached by a government representative during an investigation and to ensure that the information and documents NORCAL Ambulance provides during an investigation are honest and accurate.

III. Policy


All personnel are expected to understand their rights in a government investigation and to deal with a government investigation in accordance with the procedures set forth in this policy.

IV. Procedure


1. Personnel have certain rights and obligations of which they should be aware in the event they are contacted by a government representative during the course of an investigation. Personnel have the following rights:
 - a. While personnel are free to talk with government representatives, they are under no obligation to do so.
 - b. Personnel have a right to decline to be interviewed by a government representative.
 - c. Government representatives cannot require personnel to be interviewed or make a statement.
 - d. Unless given permission, government representative cannot enter the homes of personnel without a search warrant.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1213 Policy Name: Personnel Rights in a Government Investigation <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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- e. Just as personnel are free to decline to speak with a government representative, they also have a right to choose to speak with a government representative. If personnel choose to be interviewed or make a statement, they are to respond to questions truthfully.
 - f. If personnel are contacted by a government representative who wants to conduct an interview, they may inform the government representative that they wish to have an attorney present for any interviews or statements (if that is in fact their wish), or that they wish to first confer with NORCAL Ambulance’s Compliance Officer or management, and it is their right to do so.
 - g. If the government representative seeks to interview personnel, they have the right to inform the government representative to contact NORCAL Ambulance Compliance Officer for the purpose of scheduling the interview at a mutually convenient time when legal counsel can be present.
2. If a government representative asks to see or make copies of any NORCAL Ambulance documents, including call records, PCRs, computer disks, hard drives, printouts, faxes, PCSs, etc., personnel should understand that these are NORCAL Ambulance records and inform the government representative that he or she must contact our Compliance Officer. If the representative refuses to do so, personnel should immediately contact the Compliance Officer and so advise.
 3. In the event the government representative has a search warrant, the representative is permitted to enter and inspect the premises described in the warrant and obtain all documents or other evidence within the scope of the search warrant. Personnel should advise the government representative that they want to contact the Compliance Officer before the representative executes the search warrant and do the following:
 - a. IMMEDIATELY contact the Compliance Officer.
 - b. DO NOT interfere or prevent the person from executing the warrant if the representative elects to execute the search warrant without waiting, but advise the Compliance Officer that the representative is executing the search warrant.
 - c. DO NOT make any statements to the government representative while the government representative is executing the warrant.
 - d. DO monitor the government representative while the representative is performing the search or executing the warrant.
 - e. DO take notes as to the areas searched and documents or other evidence seized by the government representative during the course of their visit.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1213 Policy Name: Personnel Rights in a Government Investigation <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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- f. DO attempt to make copies of any documents that are seized. Personnel may not have a right to copy documents being taken in response to a warrant, but should make a request of the government representative to permit you to do this. If the request is refused, allow the representative to continue to do their work uninterrupted.
 - g. DO NOT lie or make a false statement to a government representative at any time.
4. In the event personnel are served with subpoena *duces tecum* for records for NORCAL Ambulance (this is a subpoena for NORCAL Ambulance documents or other records or items), that is not the same as a search warrant and does not entitle the representative to immediate access to the records covered by the subpoena. The subpoena should specify a date by which the covered items are to be produced. Personnel should advise the government representative the subpoena will be provided to management for processing. If personnel receive the subpoena by mail, provide it to the Compliance Officer. In either event, immediately apprise the Compliance Officer of the service of the subpoena and provide the subpoena to the Compliance Officer.
5. After a government investigation has been initiated, and while it is ongoing, DO NOT destroy or dispose of any documents or records in any form that may have any relationship to a government investigation.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1214 Policy Name: Complaint and Concern Reporting</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose

To promote the reporting of compliance concerns or potential violations of the law to the Compliance Officer as soon as possible so that the matter can be promptly considered and addressed.


II. Policy

All personnel will report good faith compliance concerns or suspected compliance violations without fear of retaliation.

III. Procedure

Personnel will report any concern about conduct they believe to be improper including, but not limited to, conduct in violation of our policies and procedures or any conduct that could be seen as violating the principles or standards of our Compliance Program.

1. Concerns are to be brought to the Compliance Officer’s attention as soon as possible after the incident or behavior occurs that causes concern or constitutes the perceived improper conduct.
2. As a general rule, personnel should bring concerns to their immediate supervisor. If the concern is compliance related or if for any reason, personnel do not feel comfortable in reporting the concern to an immediate supervisor, report the concern to the Compliance Officer instead. Personnel have the discretion to report any concern about our operations or personnel conduct to the Compliance Officer, whether or not they also report the concern to an immediate supervisor.
3. Reports may be made in writing, but it is not required that concerns be placed in writing to be treated seriously. Any concern that could affect our compliance with the law will be investigated, even if it is not put in writing.
4. Reports can be made directly to the Compliance Officer by emailing complianceofficer@norcalambulance.com or calling (925) 452-8324.
5. The anonymous reporting process we have in place may also be used to anonymously report compliance concerns.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 100.1215 Policy Name: Exit Interview Compliance Questionnaire</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2024
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I. Purpose


The purposes of the exit interview and exit interview compliance questionnaire are to determine if an individual who is leaving NORCAL has knowledge of any suspected criminal conduct, unethical behavior or other improper conduct pertinent to our operations, or information about unsafe or unsound business practices, or any other concerns about the conduct of our operations. This information is also used to help us determine our strengths and weaknesses, identify possible compliance problems, and identify other important matters affecting the workplace. We will consider the information and opinions provided in evaluating ways to improve our operations and to ensure the highest level of compliance.

II. Policy

All personnel that are departing our organization voluntarily will be asked to participate in an exit interview or complete an exit interview compliance questionnaire to enable NORCAL to gather information about possible problems with our operations so that they can be considered and addressed.





III. Procedure


1. NORCAL will designate a person to conduct an exit interview of an individual, or provide an exit interview questionnaire to an individual, who is voluntarily terminating their service for NORCAL. The designated person will be a person other than the individual’s immediate supervisor.
2. The interview will be conducted, or the questionnaire will be completed while the individual is still on our roster and, if possible, on our property.
3. If an interview is conducted, the interviewer will prepare a report of the exit interview with the individual’s answers duly noted.
4. The designated person will provide the interview report or the completed questionnaire to our Compliance Officer.
5. Neither the report nor the questionnaire will be made a part of the individual’s personnel file. The report and completed questionnaire will be treated as confidential except for use by the Compliance Officer, the Compliance Committee, and management to assist them in evaluating ways to improve the operations of NORCAL, or to the extent NORCAL may be required by law to report the information. The interviewer will disclose these matters to the departing individual prior to conducting the exit interview or having the individual complete the exit interview questionnaire.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 100.1215 Policy Name: Exit Interview Compliance Questionnaire <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2024</p>
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- 6. After reviewing the report or questionnaire, the Compliance Officer has the discretion to follow up with the individual to attempt to secure any additional information that may help us pursue and address matters identified by the individual.
- 7. An Exit Interview Questionnaire will be used if an exit interview is not conducted.



Policy and Procedure Manual	<i>Communications and Dispatch</i> Section 200	Revision Due: 04/2023
Title: C.O.O.	Name: Eric Larimer	Signature: 
Title: CEO	Name: Karla Nazaren	Signature: 
Title: MEDICAL DIRECTOR	Name: GERALD R. NAZAREN	Signature: 
Title: Director of Human Resources	Name: Jacqueline Mitchell, D	Signature: 


	<u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.100 Policy Name: Operating Hours	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

Dispatching services will be operational 24 hours a day, 7 days a week, 365 days a year. A minimum of one dispatcher will be working at all times, additional staffing will be supplied to meet call volume demands.

II. Procedure

1. The hours of operation for the dispatch department does not guarantee all levels of service. Separate hours of operation for different departments and services will be established separately and modified as necessary.
2. In the event of a no-show or sick call-in from the only scheduled dispatcher is to occur, it is the responsibility of the on-duty supervisor to fill the shift. It is strictly prohibited to have no dispatcher (or other employee/representative in the dispatch office) at any time.


	Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.200 Policy Name: Staffing	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

The Scheduling Supervisor of NORCAL Ambulance Service is responsible for staffing the Dispatch department by providing staff for each shift.

II. Procedure

- Dispatchers will be asked to submit availability when hired, or whenever a change in availability occurs within 2 weeks of requested change. When a change in availability is requested, this request can be denied due to staffing needs in the Communications Center.
- A monthly schedule will be posted and/or emailed at the beginning of each month.
- Dispatchers are responsible for covering shifts on the schedule which are assigned to them.
- Dispatchers who are unable to staff a shift they are scheduled for are responsible for covering said shift.
- All sick and absent calls must be communicated to the Communications Management team and the Communications Center at least 3 hours prior to the start of the shift.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.201 Policy Name: Evaluation of New Hires</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy


Every newly hired dispatcher will be evaluated and observed on an individual basis during each training shift. Standard training consists of 6 dispatch training shifts and 1 ride along shift with an ambulance crew. Upon completion of training, all new dispatchers are placed on a 90-day probationary period. Newly hired dispatchers are not eligible for an unsupervised shift until they have completed all training and probation. The EMD-Q and/or Communication Supervisor reserve the right to extend training if needed, or end training at any time.

II. Procedure

The Dispatch Lead or Communications Manager/Supervisor will initiate the employee's evaluation. A summary of the shift's evaluations will be utilized in formulating the competency evaluation.

The competency evaluation is to be completed by the Dispatch Lead and/or the Communications Manager with input from the trainee.

Competency evaluations must be completed at the end of each training shift and submitted to Human Resources for the employee's file.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.202 Policy Name: Training Shifts</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

Every newly hired dispatcher will be evaluated and observed on an individual basis during training. Standard training consists of dispatch training shifts and 1 ride along shift with an ambulance crew. Newly hired dispatchers are not eligible for an unsupervised shift until they have completed all training. The Communications Management team reserves the right to extend training if needed, or end training at any time.


II. Procedure

Each training shift will be scheduled for an 8-12-hour period. Training will be based on the dispatch training manual. Each dispatcher receives a training manual at orientation.

During the shift dispatchers will be trained on new tasks. As dispatchers are shown tasks and displays proficiency, they will be marked off on the dispatch training checklist.

The Dispatch Lead or Communications Supervisor will initiate the employee’s evaluation at the end of each shift. A summary of the shift’s evaluations will be utilized in formulating the competency evaluation. The competency evaluation is to be completed by the Dispatch Training Officer and/or the Communications Supervisor with input from the trainee.

Competency evaluations must be completed at the end of each training shift and submitted to Human Resources for the employee’s file. Once the trainee has completed all shifts and displayed proficiency, they will be given a schedule.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.203 Policy Name: Training Overview</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

Every hired employee working as a call taker/dispatcher for NORCAL Ambulance must complete all steps of the Dispatch Training Program.

II. Procedure

On the first day of orientation each newly hired employee will be given a training packet. The packet contains a checklist on the front of all items to be completed by the end of training. The items are described below:

Completed Daily Training Evaluation Forms (6):

Every newly hired employee will be assigned a Dispatch Lead. The employee will be scheduled a minimum of six shifts with their Lead. At the end of each training shift the Lead must complete a *Daily Training Evaluation*. The evaluation is divided into the following skills: customer service on the phone, employee appearance, professional conduct, call taking skills, call dispatching skills, geography, data entry, company ideals, daily summary, and plan for improvement. The evaluations are to be discussed between the Lead and trainee, so there is a clear understanding of all areas of training including areas that have improved or need to be improved. Once the evaluation has been discussed, both the Lead and employee must sign and date the form. The signed form must then be kept in the training packet.


Ride Along Summary:

Before training is complete the dispatch trainee will complete a ride along day shift with a crew. The trainee will be instructed to observe locations and times, delays, and think from the dispatcher's point of view. They will need to complete a ride along summary on what they learned, how they think it will help them dispatch, what they enjoyed, what they disliked, and any other additional comments.

Dispatch Checklist:

The trainee will need to show proficiency in all equipment and skills before the end of training. During down time on training shifts the Lead and trainee are responsible for working on the checklist. The checklist has items in the following categories: shift preparation, call intake, crew deployment, dispatching calls, customer service, radio usage, ETAs, geography, levels of service, quotes, paperwork and medical terminology.

The Lead must sign off that the employee has viewed a demonstration, attempted the item, and shows proficiency. The checklist is incomplete until the trainee has been signed off on every item.


	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.203 Policy Name: Training Overview <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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The Lead has the right to extend training at any time. If an extension is necessary, the Lead will provide proper documentation for the extension through the *Daily Evaluation Forms* and discuss items that need improvement with the trainee as well as an estimated length of the extension.

End of Training Test:

At the end of training, the trainee will be required to complete a written exam. The exam covers all aspects of training including: call intake, crew deployment, dispatching calls, customer service, radio usage, ETAs, geography, levels of service, quotes, paperwork and medical terminology. The employee is to complete the exam on their own, without the help of a Lead, employee or trainee. The exam is graded and reviewed with the trainee by their Lead or Supervisor. If the employee misses a significant amount of questions, or fails to demonstrate thorough knowledge, training may be extended before placing the trainee on the regular schedule.

Once all items have been completed, the trainee must turn the packet into their immediate supervisor for review. Once the packet has been reviewed and determined complete, the trainee will be placed on the schedule.


	<u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.204 Policy Name: Performance Standards	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

NORCAL Ambulance has established the means to measure the effectiveness and the quality of the dispatcher to measurable standards.

II. Procedure

The dispatchers will be expected to meet certain standards such as call taking time, customer service, phone hold time, pre-billing/verifying, and timeliness of crews. Such standards will be considered in the evaluation of the dispatcher during yearly reviews, before completion of training and/or during probationary periods.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.205 Policy Name: Shift Trades</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

The purpose of this policy is to provide NORCAL Ambulance dispatchers with a policy concerning the procedure for shift trades and how they should be executed.


NORCAL Ambulance is a 24/7 operation. If a dispatcher is scheduled to work a day, even if it's a holiday, the dispatcher is responsible for that shift. To get a day off, the dispatcher must either trade shifts with another dispatcher for a different day, or get coverage approved by the Dispatch Supervisor. This does not apply when calling out sick or for family emergencies.

II. Procedure

In the event that a dispatcher needs a day off, they must contact other qualified dispatchers to find someone who is able to trade shifts. It is very important to remember that shift trades must occur within the same pay period. This prevents the accrual of overtime. When both dispatchers have agreed on the shifts they are switching, two things need to occur: an email needs to be sent to Communications Management and NORCAL Ambulance Scheduling Department and a written confirmation of approval/denial of the trade from Communications Management must be obtained.

III. Disciplinary Action

In the event that a shift swap occurs without the approval, both dispatchers involved will receive a non-compliance. Further discrepancies will result in more disciplinary action.


	<p>Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.206 Policy Name: Emergency Medical Dispatch (EMD)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

All emergency calls origination out of Sacramento County, Stanislaus County and San Francisco County must be taken following the EMD (Emergency Medical Dispatch) process. Only EMD certified employees that are certified through, International Academies of Emergency Dispatch can take these calls. An emergency call is defined as a transport request from a non-acute Hospital for a patient to be taken to an emergency room.

II. Procedure

1. All employees that have EMD certification must maintain certification while employed in the NORCAL Ambulance Communication Center. All EMD employees must also maintain CPR certification.
2. All EMD calls in San Francisco County are to be gone through a QA process. An EMD-Q certified employee will be administering the QA through AQUA software. All calls must score a minimum of 90% QA score to be compliant. In Stanislaus and Sacramento counties, select calls will be pulled and gone through the QA process and a 90% score must be maintained by the call takers.
3. At least one EMD certified employee will be working at all times in the Communications Center.
4. Dispatchers will utilize authorized protocols and procedures using the approved MPDS card set system to determine recommended response or pre-arrival instructions.
5. An MPDS card set will be located at every workstation in the Communications Center.
6. Post-Dispatch Instructions (PDIs) shall be provided to the reporting party whenever appropriate to do so.
7. The EMD Call Taker providing PDIs will follow the protocol, giving instructions appropriate to each individual call and avoiding free-lance information.
8. Pre-Arrival Instructions (PAIs) shall be provided to the reporting party whenever appropriate to do so.
9. PAIs shall be provided directly from the scripted text listed on each PAI Panel on protocol cards A through Z. The EMD Call Taker giving PAIs will follow the script, avoiding freelance information, unless it clarifies or enhances but does not replace the written protocol scripts.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.300 Policy Name: Patient Confidentiality and HIPAA</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

To remain in compliance with all state and federal laws designed to protect the privacy, confidentiality, and security of patient information, NORCAL Ambulance established a policy and guidelines for all personnel to follow. All personnel shall maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards and all NORCAL Ambulance Patient Privacy Policies.


II. Procedure

A. Background

1. NORCAL Ambulance and its personnel are in possession of, and have access to, a broad variety of confidential, sensitive, and proprietary information. Inappropriate release of this information could be injurious to individuals, business associates, and NORCAL Ambulance itself. All personnel have an obligation to actively protect and safeguard confidential, sensitive, and proprietary information in a manner designed to prevent the unauthorized disclosure of such information.
2. All personnel have an obligation to conduct themselves in accordance with the Health Insurance Portability and Accountability Act (HIPAA), and NORCAL Ambulance Policies that have been enacted to address patient confidentiality. Personnel are advised to consult appropriate HIPAA Policies or the Compliance Officer for additional information.
3. There shall be periodic training on patient privacy issues and all personnel are expected to become familiar with all patient privacy policies in the Employee Handbook.

B. Privacy

1. Information pertaining to a patient's medical situation may only be shared with other healthcare professionals involved with the treatment of the patient. Information may also be shared for other limited purposes, such as payment activities and health care operations, or other purposes specifically permitted by law, in accordance with NORCAL Ambulance policies regarding the privacy of patient information.
2. It is prohibited to give a patient's name, birth date, social security number or information that may identify the patient over the radio unless the dispatcher has verbally confirmed that the crew is in a secure location.


	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.300 Policy Name: Patient Confidentiality and HIPAA <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 04/2023</p>
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C. Security

1. Much of the patient information that we collect is maintained on computers, and stored and transmitted electronically. In order to preserve the integrity of that data, and protect the confidentiality and security of this patient information, personnel must follow all applicable computer use and data security policies.

D. Privacy/Security Officer

1. NORCAL Ambulance has appointed a HIPAA Compliance Officer who is responsible for overall Privacy and Security Policies. If you have any questions about the use or release of any patient information, you should contact the Compliance Officer.


	Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.301 Policy Name: Phone and Radio Operations	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

To remain in compliance with all state and federal laws designed to protect the privacy, confidentiality, and security of patient information, NORCAL Ambulance established a policy and guidelines for dispatch personnel operating phones and radios.

II. Procedure

1. During call intake, the dispatcher must obtain important information about a patient, including name, date of birth, social security number, pickup and drop-off location and occasionally insurance information. Unlike radio operations, patient names may be exchanged over the phone to appropriate personnel (affiliated transport companies, insurance companies, etc.) Exceptional customer service must be maintained throughout call intake.
2. During radio operations exchange of personal patient information including: name, date of birth, social security number, or any other identifying factors is strictly prohibited.
3. All personnel have an obligation to conduct themselves in accordance with the Health Insurance Portability and Accountability Act (HIPAA), and NORCAL Ambulance Policies that have been enacted to address patient confidentiality. Personnel are advised to consult appropriate HIPAA Policies or the Privacy Officer for additional information.

	<p>Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.302 Policy Name: Refusal of Service</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

NORCAL Ambulance understands the importance of serving the needs of each patient, as well as the necessity of the transports it provides. However, there are some circumstances that require dispatch to refuse a call.

II. Procedure


When a call is refused, a Lost Call notification must be sent to lostcall@norcalambulance.com

<u>Lost Call Notification</u>	
Run #	
Date of Service	
Requested Pick Up Time	
NORCAL ETA	
Ordering Facility	
Caller's Name	
Pick Up Facility	
Drop Off Facility	
Level of Service	
Reason for Lost Call	
Approved By	
Please provide additional details below:	

The following are circumstances that justify refusing a call. This list is not exhaustive and other circumstances may arise during the course of business operations.

1. Call requires pickup/transport outside coverage area.
2. The pickup location is unsafe. *
3. Call would require overbooking (scheduling conflicts) and/or turnovers. *
4. Call causes abuse of the system. *
5. The transport is not medically justified.
6. NORCAL Ambulance is not contracted with the facility requesting transport. *

**Requires Communications Manager approval*

	Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.303 Policy Name: Personal Calls	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

NORCAL Ambulance has established a policy for phone and workplace professionalism when handling personal business on the phone.

II. Procedure

The company understands that occasionally situations arise that require phone use for personal business.

If it is necessary to handle personal business via the telephone, the call should last no more than 5-10 minutes. It is also important that the calls be unobtrusive to the office, dispatching area or to fellow employees. It is best to use a personal cell phone for these instances whenever possible. All phone calls made on a NORCAL Ambulance phone/phone line is recorded.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.304 Policy Name: Daily Duties</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

NORCAL Ambulance has established a policy for the minimum daily duties required for each dispatcher on shift. NORCAL Ambulance understands that one shift may be busier than the next and that not all duties may be able to be completed during that time. Any instance in which the dispatcher falls short of minimum requirements, a summary of the shift including reason why duties were not completed must be documented using the daily shift checklist binder.

II. Procedure


Minimum duties for a dispatch shift include:

- Confirm frequency transports
- Reviewing and confirming units in service for that day
- Routing all future calls in the CAD
- Contact supervisor about setting up additional units (ambulance or wheelchair/gurney van), if necessary
- Sending out call counts or global reports depending on which shift
- Monitoring fax and digital patient care record accounts for paperwork entry
- Entering paperwork (trip information, patient demographics)
- Verification of insurance
- Scanning and attaching of run sheets, payments, and correspondence
- Pre-billing tasks as assigned
- Filing finished paperwork
- Additional duties when requested (stuffing envelopes, filing, etc.)
- Vacuuming, desk cleaning, and trash emptying as needed
- Cleaning Communications Center restrooms and breakroom
- Sending call outs for open shifts and attempting to find coverage for open shifts
- Assigning C7's (meal and rest period breaks) to all crew members and recording all times.

	<u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.305 Policy Name: Login and Screen Names	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

Each dispatcher will have a unique login name and password for *Traumasoft*. The dispatcher must use his/her own screen name at all times for recognition purposes and statistical purposes. At the conclusion of training, if a dispatcher has not been assigned a unique identifier, it is the requirement of the training Lead to request a username.

	Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.306 Policy Name: Phone Etiquette	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

To establish a consistent basis in which the dispatchers answer and respond to phone calls and maintain quality customer service, NORCAL Ambulance has created a policy concerning phone etiquette. Exceptional customer service must be provided for every phone call.

II. Procedure

It is the goal for the dispatcher to answer the phone call in no more than five rings.

Phone greetings should begin with:

Thank you for calling NORCAL Ambulance,

This is “(insert name)”,


How may I help you?

The dispatcher should try his/her hardest to not put a caller on hold. Holding takes a lot of time on the caller’s part and there is dead-air. If holding is required, it is the goal of the dispatcher to not place the caller on hold for more than 20 seconds. If an extended hold is needed the dispatcher must check back with the caller every 30 seconds and thank them for holding and explain how much longer the hold might be.

The dispatcher should always maintain a friendly, clear, and easy-to-understand phone voice. The dispatcher must maintain exceptional customer service through the entirety of the phone call.

At the conclusion of the call, thank the caller for calling NORCAL Ambulance, and tell the caller to “Have a great day!”

If at any point conflict arises during the conversation, the dispatcher should do their best to keep the customer happy and refer the call to Communications Management for proper handling.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.307 Policy Name: Customer Service</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Purpose

Customer service is a key element of NORCAL Ambulance. The dispatchers frequently interact with internal and external customers and therefore are required to be attentive to the quality of service that they provide.

II. Procedure


External Customers:

When speaking with external customers it is the belief of NORCAL Ambulance to never say no to any request for service. Words such as *booked, unavailable and “we can’t do that”* are unacceptable. Instead consider phrases such as *“my soonest available unit is...”*, or *“we would love to do that transport, would 30-40 minutes be okay?”* Often the way in which a conversation is phrased can either make a person like the service or offend the caller.

When answering the phone, the dispatcher should sound like they have a smile on their face. Sometimes it is easiest when the dispatcher is actually smiling to relay such an attitude over the phone. The goal is to let the customer know that we are glad they called, and this will make them want to call again.

Internal Customers (Crew Members):

The field personnel are equally as important as the external customers but more demanding and sometimes more difficult to please. It is just as important that the dispatcher assume a friendly demeanor with the crew members. “Please” and “Thank You” are important phrases to use as it will let the crew know that the dispatcher appreciates their attentiveness and response. The dispatcher is like the captain of the submarine; he or she can see the direction and purpose for the decisions, but the crew cannot. Because of this phenomenon, the crew sometimes feels the captain may be leading them astray, which should never be the case. Good and friendly communication is the key to combat this issue. Good captains are never dictators but consider the crew their biggest asset otherwise their crew is their worst enemy.


	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.308 Policy Name: Code 3 Calls</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

NORCAL Ambulance provides dispatchers with the training to quickly and effectively triage incoming emergent interfacility requests for service. Dispatchers will then use the information from the caller to determine the most appropriate level of service and response code of dispatched units. Some regions will require an Emergency Medical Dispatcher (EMD) trained personnel to handle such calls. In these scenarios all EMD protocols should be strictly followed.

II. Procedure

When NORCAL Ambulance Dispatch receives an emergent ambulance transport request for a patient requiring transport to an emergency room or facility with a higher level of care, NORCAL Ambulance dispatchers will intake the call and dispatch an ambulance in accordance with local county rules and regulations. Response code will be determined by Emergency Medical Dispatch protocols where applicable.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.309 Policy Name: Long Distance Transports</p>	Original: 05/2005 Revised: 10/2020 Renewal: 04/2023
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I. Policy

The purpose of this policy is to provide NORCAL Ambulance dispatchers with a policy concerning the call intake and procedure involving the execution of long-distance transports.

II. Procedure

When receiving a request for a long-distance transport (LDT), the dispatcher must establish that the trip qualifies as an LDT. A long-distance transport (LDT) is defined for the purpose of crew meal reimbursement, as a loaded transport of 150 miles or more in one direction.


NORCAL Ambulance prefers our contracted facilities provide 24 hours’ notice when scheduling LDT’s. When a caller calls requesting an LDT, the dispatcher will collect the following basic information: caller name, pick-up location, drop-off location, time and date of service requested, insurance information and level of service requested. A quote for the LDT will be calculated using the LDT quote generated and a note will be made in the trip comments of the amount.

The dispatcher booking the call should then alert the crew who will be running the call and notify them that they have an LDT. If the call is for the next day, the scheduling department should be notified along with the on-duty supervisor to potentially staff another resource.

When selecting crews for LDT’s, dispatchers should utilize the crew that is most rested who will incur the least amount of overtime. Dual drivers are preferred whenever possible. If a unit with dual drivers is unavailable and the LDT is of exceptionally long duration where driver fatigue is a concern, the on duty supervisor should be notified and effort should be made to swap crew members so two drivers are on the transport.

Dispatchers should notify the crew of an upcoming LDT as soon as possible allowing them time to be prepared and to bring any food or personal items that they may need. If possible, the crew should be allowed 30 minutes of downtime prior to the call.


For the crews on LDTs, NORCAL Ambulance will reimburse meals to crew members up to a certain amount. For loaded transports between 150 and 299 miles, NORCAL will reimburse each crew member for one meal up to \$20. For loaded transports 300 miles and over, each crew member will be reimbursed for two meals up to \$35 total.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.309 Policy Name: Long Distance Transports <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 10/2020 Renewal: 04/2023</p>
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If an LDT is exceptionally long, special meal and overnight accommodations may be coordinated by the on-duty supervisor.

To receive reimbursements for meals, crew members shall submit their itemized receipts to their supervisor for approval. The supervisor will submit the approval to payroll.

Crew members will receive their reimbursement on the next payroll.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.310 Policy Name: Estimated Time of Arrivals (ETAs)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy


It is policy with NORCAL Ambulance to establish a methodology to determine estimated times of arrival. This methodology will guarantee accurate and consistent estimates with all dispatchers.

II. Procedure

Areas are split into geographic zones of approximately 15-minute drive times. If a call is received within the same zone then the ETA will be 15-20 minutes. If the call is received in the next zone, then the following applies:

Outside edge of zone 1 to outside edge of zone 2 is 30 minutes. The ETA of the crew is dependent upon the distance, traffic patterns and types of roads (i.e. freeway, city streets, etc.). Familiarization of the roads, facilities and traffic patterns is required to determining accurate ETAs for our customers.

It is the responsibility of the dispatcher to keep track of on-scene times compared to ETAs of the responding unit. When taking the call, the “Pick-Up” time should reflect your ETA. Then at that point it is the dispatcher’s responsibility to track that time. Communication is key with the crew and the facility at this point. If the crew is delayed it is mandatory that the facility be notified of the delay and the reason for the delay. It is also mandatory that all delays are recorded in the CAD.

	<p>Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.311 Policy Name: Lost Call Reporting</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

In order to better serve our customers, NORCAL Ambulance has established a policy regarding the recording and tracking of lost calls. This information is used to create demand analyses and reports to better staff for the needs of our customers.


II. Procedure

A call is considered lost whenever the caller denies us a call based on our availability and/or ETA given. Whenever an ETA is given that is perceived by the caller as too long, the dispatcher should suggest the caller to call 9-1-1 if their patient requires immediate attention. Once the caller has verbally stated they do not wish to wait for our services the call is considered lost. If a contracted hospital is requesting a certain ETA and NORCAL Ambulance cannot meet that ETA, the dispatcher must immediately ask the caller if they would like NORCAL to find a sooner ETA with other network providers. The dispatcher then calls all providers in the county and attempts to turn the call over. All phone calls to other providers shall be noted in the CAD for reference. If extended ETA’s are provided the dispatcher must immediately contact the area BD rep and advise of the extended ETA.

All lost calls must be entered into the system. Understandably, when calls are being lost the dispatch center is usually very busy. If the dispatcher is very busy they may want to write the call down quickly and enter it later on when they have a free moment. Lost call notifications must also be sent out.

To record the call into the system, the information is entered under the alias “CALL, LOST” (instead of the patient’s name). Once the alias is on the call taking screen, add the lost trip in the computer including pick-up and drop-off facilities (if the drop-off facility was not obtained during the call, the dispatcher will select “unknown”), and time requested. Under the comments section a brief note on why the call was lost should be entered, e.g., all crews busy, 45 min ETA, too long or only 2 crews on next avail 1 hour, etc. Next cancel the call, and select the reason for cancellation: “CALL LOST”.

Reports will be generated monthly and/or as needed to configure staffing needs to better compile the schedule.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.312 Policy Name: Transportation of Family/Friends</p>	Original: 05/2005 Revised: 07/2017 Renewal: 04/2023
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I. Policy

NORCAL Ambulance understands that at some time an employee’s family member or friend may require transportation. To maintain professionalism NORCAL Ambulance has created a policy for the transportation of family members and friends.

II. Procedure


Any family member or friend of a crew member requesting transportation must be referred to the dispatch center. All calls must originate from the dispatch center. At no time can a crew self-dispatch to a call.

Approval to transport the family member/friend must be obtained from the on-duty supervisor. The on-duty supervisor has the right to take or refuse the call. If the supervisor feels it necessary, they may request a different crew (other than the individual whose family member/friend is requesting transport) completes the call.

A rare situation may incur in which the crew discovers after being dispatched that they know or may be related to the patient. The crew may request for another crew to run the call if available if a conflict is foreseen. Dependent upon availability, the supervisor may grant or deny the request.

Discounts can/will be given to the transported family/friend only with supervisor approval.

All standard policies apply to the transportation of the family/friend.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.313 Policy Name: Calls Originating from a Residence</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

It is a policy of NORCAL Ambulance to thoroughly screen all incoming calls. Additionally, for all calls originating from a residence more screening is necessary to determine the appropriate transportation required. EMD protocols must be used in counties that require EMD screening.

II. Procedure

Third Party Transportation Company


Some calls that originate from a residence may be set up from a third-party service. For all of these calls the caller from the company will usually request a specific level of service, pick-up time, etc. For all third-party transports, ensure all information is gathered including all appropriate billing information. Make sure to note any tracking/billing/run# that the caller may give to you.

Wheelchair and Gurney Transports

Residence originating wheelchair or gurney trips are set up just like the transports that are set up through hospitals and skilled nursing facilities. All of the same information will need to be obtained including payment information. All of the same payment policies and transport policies apply. Another key element to note is any additional requirements at the residence for example: stairs, family member to ride along, etc. All residence calls are documented in the same regards as to crew paperwork and data entry.

Urgent/Immediate Transport

NORCAL Ambulance is not to be used to replace the 9-1-1 system. Any calls originating from a residence to a hospital will be screened for urgency. The dispatcher will inform the caller that if they need immediate attention they should call 9-1-1. If the caller decides that they do not need immediate attention and would like NORCAL to transport them, the dispatcher will gather the following information: patient name, pick-up address (and apt/suite # if applicable), chief complaint or reason for transport, and phone number. Next, the caller must be informed that we can only transport to the closest, most appropriate facility.

	Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.314 Policy Name: Unit Selection and Utilization	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

All dispatchers are trained to efficiently dispatch using proper unit selection and utilization. This requires all dispatchers to be familiar with the geography of the counties in which we serve. As the company expands additional training will be provided to familiarize the dispatchers with the new areas.


II. Procedure

It is the dispatcher's duty to select to most appropriate crew when dispatching. Several factors will affect which crew is chosen, including:

- Unit Availability
- Unit location
- Deactivation time
- Vehicle Type (CCT, BLS, Wheelchair, etc.,)

Although deactivation time is a factor, if the closest most appropriate crew is scheduled for deactivation they will still receive the call; all units can be dispatched up to one minute before the end of shift.

If a dispatcher is consistently selecting the wrong units resulting in missed calls or sufficient overtime, and/or failing to utilize the units efficiently, remediation training may be required.

	<p>Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.315 Policy Name: Radio and Direct Connect Operations</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

All dispatchers are trained to efficiently dispatch using Cellular Radio (Direct Connect) phones. To keep phone lines open, dispatchers are to use the radio for brief communication with units including dispatching, time stamping, giving additional information (delays, diversions, etc.), and instructions for calls.

II. Procedure

To communicate through the radio, the dispatcher must first select who they would like to contact. To find contacts scroll through the list of contacts or go to recently called contacts by pressing the down arrow. Once the desired recipient is highlighted, hold the button on the side of the Nextel phone (direct connect). A beeping noise will sound; do not begin speaking until after the beeping. When talking there are some examples for radio lingo, it is as follows:

Establishing contact:

Dispatcher: Dispatch to ___ (unit #)

Crew: ___ (unit #) or Go ahead Dispatch

Dispatching a crew:

(after establishing contact)

Dispatcher: Head to _____(location), page to follow.

Crew: Copy dispatch, en route.

On scene/transporting:

(after establishing contact)

Crew: On Scene (or transporting/departing scene)

Dispatcher: Copy __ (unit#), transport/on scene__ (time)

At destination:

(after establishing contact)

Crew: At destination, miles ___

Dispatcher: Copy ___ (unit#), At Destination___ (time)

Clear/Available:


(after establishing contact)

Crew: Clear, _____ (current location)

Dispatcher: Opt. 1: Copy ___(unit #), clear for station.

Option 2: Copy __ (unit #), please head to __ (location) call holding.

The dispatcher must keep in mind that all crews are trying to make contact to the same radio, which means all radio communication must be kept to a minimum so that other crews can make contact.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.316 Policy Name: Use of Clear Text</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

NORCAL Ambulance dispatch utilizes a system of “*clear text*” during dispatching and communicating with crew members. All communications that occur across the radio or telephone should remain professional and concise.

II. Procedure

Approved clear text

Approved clear text includes:

- En Route (on the way to the sending facility)
- On Scene (at the sending facility)
- Transporting/Departing Scene (departing sending facility)
- At Destination (at receiving facility)
- Clear (care transferred, equipment is clean, ready for next call)

Replies

When communicating with crews, it is important to acknowledge their call to dispatch with a standard reply and time stamp such as: “copy unit ____ at 1530”

Example:


The appropriate call sequence is as follows:

Dispatcher: “Unit 306, dispatch”

Unit 306: “306”

Dispatcher: “Unit 306 you have a call out of Summit Hospital....”

Remember that you must call the person or entity that you are trying to reach first, followed by your unit (or dispatch) designator.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.317 Policy Name: Posting</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

To better serve the counties in which we are located/certified, NORCAL Ambulance uses a system called “posting” to create ideal response times.

II. Procedure

Posting is only utilized when a unit is not running a call. During calls units will operate in the requested areas. When not in service, the dispatcher will assign a unit to a post. A post may be a station, city, or general vicinity within a response zone of an area in which we serve. Post examples include but are not limited to: company station, cities (within serviced counties), hospital sites, etc.

To post the unit the dispatcher will use the Cellular Phone direct connect and simply state “Unit ____, please post _____ (location)”. The unit will copy and head en route to assigned post. The unit is also required to inform dispatch when they arrive at the post, so the dispatcher can better determine ETAs.


	<u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.318 Policy Name: Self-Dispatching	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

It is a policy of NORCAL Ambulance that all requests for service enter in through the dispatch center. At no time will a crew be permitted to respond to a call they have not been assigned through dispatch; also known as “self-dispatching”. In addition, at no time can a crew swap or giveaway a call to another crew without direct orders from dispatch or the on-duty supervisor.

II. Procedure

In the event that a crew attempts to respond to a call that has not been assigned by the dispatcher, the on-duty supervisor must be informed immediately. Failure to follow the policy may result in disciplinary action.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.319 Policy Name: EMResource/Reddinet Monitoring</p>	<p>Original: 07/2021 Renewal: 04/2023</p>
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I. Policy

It is a policy of NORCAL Ambulance that ensures 24/7 monitoring off all communication through EMResource and Reddinet.

II. Procedure


All new Communications staff will be trained on logging into, monitoring and responding to EMResource and Reddinet communications during the first 2 weeks of employment while attending the training academy.

All Communication Center employees must monitor all communication through EMResource and Reddinet while on duty at all times. While on duty all staff must be logged into www.reddinet.net and www.emresource.com/juvaré at all times. Any communication sent by any region must be responded to within 5 minutes of receiving notification.

For Santa Clara County, all ambulance queries must be responded to. In the event no units are available to respond, a response still needs to get sent within 5 minutes of receiving the notification via EMResource.

Hospital diversion status must be monitored at all times and all field staff must be made aware of all changes in real time.

In the event units are requested for a Strike Team, Communication management must be contacted immediately. In the event Communication management cannot be contacted, please immediately contact the area Manager/Director or the On-Duty Supervisor.

	Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.320 Policy Name: Call Intake Patient Transfer Hospital to Hospital	Original: 09/2021 Renewal: 07/2023
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I. Policy


The purpose of this policy is to ensure that call takers are confirming the appropriate level of service when arranging a call involving a hospital to hospital transfer.

II. Procedure

When NORCAL Ambulance Dispatch receives an ambulance transport request for a patient requiring transport *from* a hospital *to* a hospital they will:

- Ask the caller why the patient is being transported to another hospital
 - In cases involving acute conditions needing definite care, the call taker should recommend ALS, CCT or 9-1-1, depending on the area.
- Acute conditions may include, but are not limited to:
 - An active emergency diagnosis, such as a stroke, sepsis or heart attack
 - A suspected emergency condition, such as a suspected cardiac patient needing transport to a STEMI hospital, or a suspected stroke patient needing transport to a stroke center.
 - A trauma patient needing transport to a trauma center.

If the caller is not asking for a specific Level of Service, the call taker should confirm the level of service with the call taker.

	Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.321 Policy Name: Call Intake – Bariatric Patients	Original: 09/2021 Renewal: 07/2023
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I. Policy

NORCAL Ambulance understands the importance of serving the needs of each patient. This policy is to provide NORCAL Ambulance dispatchers with a procedure for call intake for bariatric patients. The bariatric threshold is to be considered at 300 pounds, or 136 kilograms.

II. Procedure

Call intake


During call intake, the dispatcher must obtain important information about the patient, while still providing exceptional customer service throughout the call. Once it is determined that the patient meets the criteria of bariatric services, further questioning is required.

1. How tall is the patient?
2. Is the patient ambulatory? (i.e., Are they able to transfer without assistance?)
3. Is the patient currently located on a bariatric bed or a regular bed?

Once the patient's needs are determined with the caller, the call taker is to put the customer on a brief hold to obtain an ETA. It is the call taker's duty to advise the dispatcher of the patient's needs for transport.

Dispatching the crew

It is the dispatcher's duty to select the most appropriate crew when dispatching a bariatric request, taking in account the above acquired information and obstacles that could be met at the pickup or drop off locations. The dispatcher is to be knowledgeable of each crew's equipment that accompany the rig (e.g., a bariatric gurney or XPS gurney). If a crew requests a lift assist, it is the dispatcher's duty to provide one to the crew.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.400 Policy Name: Medical Dispatch Center Standards (SF Policy)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Purpose


To establish the minimum standards for Medical Dispatch Centers serving the San Francisco Emergency Medical Services system. This is in reference to San Francisco’s EMS Policy 3000.

II. Policy


- A. Only Medical Dispatch Centers designated by the San Francisco EMS Agency may provide emergency medical dispatching for permitted Basic or Advanced Life Support Ambulance providers.
- B. Advanced Medical Priority Dispatch System (AMPDS) is the designated Emergency Medical Dispatch Priority Reference System authorized for use within the San Francisco EMS system.

III. Requirements

- A. Be designated by the San Francisco EMS Agency as a Medical Dispatch Center by demonstrating compliance with this policy and applicable State and Federal statutes, codes, and regulation through written internal policies and procedure and by allowing announced or unannounced audits and on-site inspections.
- B. Maintain a written agreement with the San Francisco EMS Agency to provide emergency medical dispatch services.
- C. Have a current Federal Communications Commission (FCC) license.
- D. Have internal policies for the retention of medical dispatch call logs, records, and tapes for a minimum of 180 days, or as required by departmental or company record retention and destruction policies, whichever is greater.
- E. Every dispatcher must have current certification as an Emergency Medical Dispatcher (EMD) that meets the standards defined in the San Francisco EMS Policy 3000.1 ([NORCAL Ambulance Policy 200.401](#)) Emergency Medical Dispatcher Standards.
- F. At least one certified Emergency Medical Dispatcher must be available to perform dispatching at all times.
- G. Have available at all times a Dispatch Supervisor for the emergency medical dispatchers. All dispatch supervisor(s) must meet the standards in the Emergency Medical Dispatcher Standards Policy (200.401).

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.400 Policy Name: Medical Dispatch Center Standards (SF Policy) (continued: page 2 of 3)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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- H. Provide a structured training program for dispatchers that minimally includes:
 - 1. Certifying all call taking personnel as Emergency Medical Dispatchers.
 - 2. Orientation to the EMS System including any current or updated versions to applicable EMS Agency policies and procedures.
- I. Medical Dispatch Centers must use the AMPDS Card Set or the Pro QA computerized system. Each on-duty call taker workstation must be provided with an AMPDS Card set or properly enabled computer terminal for AMPDS.
- J. AMPDS must be used on every request for medical assistance. This includes:
 - 1. The standardized caller interrogation and response assignment protocols; and
 - 2. Pre-arrival instructions when appropriate for a call.
 - 3. Use of AMPDS may be suspended during disaster situations or during periods of unusual extreme call demand. The Medical Dispatch Center must notify the EMS Agency Medical Director of all incidents that trigger suspension of AMPDS. Notification must occur within one (1) business day after the suspension.
- K. Have a Quality Improvement program that meets the standards listed in Section V of this policy.
- L. Provide a dedicated web enable computer to display EM system on a continuous 24-hour per day basis.
- M. Have designated representative(s) that participate in the relevant EMS Agency committee meetings.
- N. Participate in research studies on prehospital care approved by the San Francisco EMS Agency Medical Director.
- O. Participate in EMS system-wide disaster training exercises as determined by the EMS Agency.
- P. Maintain a disaster plan that defines medical dispatch center actions to assure continuous operation during a disaster that includes:
 - 1. Personnel disaster response roles;
 - 2. Call-back procedures for staff;
 - 3. Disaster training and exercise plan;
 - 4. Coordination with other disaster response agencies; and
 - 5. Contingency plans for off-site medical dispatch operations in the event the Medical Dispatch Center is rendered inoperable.


	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.400 Policy Name: Medical Dispatch Center Standards (SF Policy) (continued: page 3 of 4)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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IV. Designation Process


- A. The EMS Agency shall evaluate all Medical Dispatch Centers through a designation survey for their compliance with the standards listed in this policy. This survey may be combined with a Certificate of Operation application process for a new ambulance provider agency.
- B. Prior to the designation survey, the EMS Agency shall provide to Emergency Medical Dispatch Centers, the evaluation criteria and minimum passing score requirements. After survey completion, the EMS Agency will provide to Emergency Medical Dispatch Centers a written survey evaluation and score. The Medical Dispatch Center must attain a passing score to be designated as a San Francisco EMS provider.
- C. If the Medical Dispatch Center fails to achieve the minimum passing score on the initial designation survey, they may petition the EMS Agency for a re-survey within three (3) months of the initial survey date. The Medical Dispatch Center must correct the deficiencies noted in the initial designation survey to pass the second survey. Failure to attain the minimum passing score requirement may result in the EMS Agency Medical Director termination the Emergency Medical Dispatch Center’s participation as an Emergency Medical Dispatch Center in the San Francisco EMS system. The decision of the Medical Director is final.

V. Quality Improvement Program Requirements

- A. Appoint at least one quality improvement (QI) coordinator(s) to implement and manage the Medical Dispatch Center’s QI program
- B. Have a QI Plan approved by the EMS Agency Medical Director that described the following:
 1. Methods for evaluating dispatch services using objective structure, process, and outcome indicators.
 2. Identifies the QI feedback methods (e.g., tape review, documentation or training) for individual dispatchers, dispatch management, internal medical dispatch review committees, other EMS providers, and the EMS Agency.
 3. Internal policy and procedures for submitting QI data reports and Sentinel Event and Exception Reports to the EMS Agency.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.400 Policy Name: Medical Dispatch Center Standards (SF Policy) <i>(continued: page 4 of 4)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 04/2023</p>
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4. Internal policy and procedure for providing tapes or call logs to the EMS Agency, other City and County of San Francisco agencies, or other external agencies for external quality improvement review.
5. The formal means to recognize excellence through employee recognition initiatives.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.401 Policy Name: Medical Dispatcher Standards (SF Policy)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Purpose

To delineate the standards for medical dispatchers working in the San Francisco EMS system. This is in reference to San Francisco’s EMS Policy 3000.1

II. Policy


Every San Francisco EMS System emergency medical dispatcher must meet the minimum requirements of this policy.

III. Medical Dispatcher Scope of Practice

- A. The Medical Dispatcher Scope of Practice includes:
1. Receive and process calls for emergency medical assistance;
 2. Determine the nature and severity of medical incident calls;
 3. Prioritize the response urgency;
 4. Dispatch the appropriate emergency medical service resource;
 5. Give post-dispatch and pre-arrival instructions to callers at the scene of an emergency;
 6. Relay pertinent information to responding personnel;
 7. Coordination with public safety and EMS providers as needed, and
 8. Other medical activities as approved by the EMS Agency Medical Director.

IV. Emergency Medical Dispatcher Requirements


- A. Be employed by the primary Public Safety Answering Point for the City and County of San Francisco or by a permitted ALS or BLS ambulance company.
- B. Current certification as an Emergency Medical Dispatcher by the National Academy of Emergency Medical Dispatch.
- C. Current certification in cardio-pulmonary resuscitation (CPR, public level) from either the American Heart Association, American Red Cross or American Safety and Health Institute.
- D. Demonstrated compliance with the Advanced Medical Priority Dispatch standards including call triage, response assignment, and pre-arrival instructions.
- E. Demonstrated current knowledge about applicable San Francisco EMS Agency policies and procedures.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.401 Policy Name: Medical Dispatcher Standards (SF Policy) <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 04/2023</p>
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- F. Demonstrated knowledge about the components and operations of the San Francisco EMS system to adequately meet the operational needs for daily operations, MCI’s and disasters.
- G. Familiarity with the employer’s internal disaster plans.
- H. Demonstrated proficiency in use or all telecommunications and dispatching equipment.

V. Authority

California Health and Safety Code, Sections 1797.220 and 1798(a); California EMS Authority Publication #132: Emergency Medical Services Dispatch Program Guidelines, March 2003

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.402 Policy Name: EMS Communications Equipment and Procedures (SF Policy)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Purpose

- A. To prescribe and define EMS communications within the City and County of San Francisco.
- B. To provide an organized system for communications among all EMS providers during daily operations, multi-casualty incidents and disasters.
- C. This policy is reference from San Francisco EMS Policy 3010.

II. Authority


- A. California Health and Safety Code, Division 2.5, Section 1797.220 and Section 1798(a);
- B. California Code of Regulations, Section 100173(b) (2), 100174(b) (4), 100175 (a).

III. Policy

- A. All EMS providers shall:
 - 1. Be responsible for developing and maintaining internal policies and procedures for regularly scheduled maintenance and prompt repairs or EMS communications equipment to assure its good working order at all times.
 - 2. Have internal policies and procedures for communications and staff training that adhere to the standards set forth in this policy.
 - 3. Provide adequate training for all new and existing personnel to competently use all of these forms of communications.
 - 4. Constantly strive to improve their communications and to directly resolve any problems affecting communications.

IV. Equipment


- A. EMS providers are minimally required to have the following communications equipment:
 - 1. Ambulance Providers:
 - a. 800 MHz radio system in their dispatch communications centers and in each ALS and BLS ambulance.
 - b. EM Resource in their dispatch communications centers.
 - c. Automatic Vehicle Locators in each ALS ambulance.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.402 Policy Name: EMS Communications Equipment and Procedures (SF Policy) (continued: page 2 of 5)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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- B. All EMS Providers are encouraged to have satellite telephones and HAM radios available for disaster communications.

V. Routine EMS Communications Procedures

- A. 800 Megahertz Radio Communications:
1. ECD (does not apply to NORCAL Ambulance)
 2. ALS and BLS ambulance units shall use:
 - a. Talk-group EMS-1/B13 to notify all Receiving Hospitals, except San Francisco General Hospital, of in-coming patients.
 - b. Talk-group EMS-2/B14 to notify San Francisco General Hospital Emergency Department of in-coming patients or for Base Hospital contacts.
 3. Receiving hospital nursing personnel shall answer radio calls from in-coming ambulance units and respond to daily communications checks by the ECD using the emergency department 800 MHz base station.
 4. Standard radio procedures using plain English (no 10-codes) shall be used by hospital and ambulance personnel while communicating on the radio.
- B. EM Resource Communications
1. ECD shall use EM Resource for:
 - a. Ascertaining hospital diversion status in accordance with EMS Agency Diversion Policy.
 - b. Poll hospitals to ascertain Emergency Department bed availability and poll ambulance providers for the number of available ambulances during daily EMS communication checks.
 2. Receiving Hospitals shall use EM Resource for:
 - a. Posting current hospital diversion status to the ECD and ambulance providers in accordance with EMS Agency Policies.
 - b. Monitoring for EMS Agency or Department of Public Health Communicable Disease Control advisory communications.
 - c. Posting Emergency Department bed availability during daily EMS communication checks done by ECD.
- C. Hospital Emergency Administrative Radio Network (HEARNet)
1. The HEARNet is not used during routine EMS communications.
 2. See Sections VII for HEARNet's use during MCI Level 2 and 3 disaster operations.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.402 Policy Name: EMS Communications Equipment and Procedures (SF Policy) (continued: page 3 of 5)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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D. Automatic Vehicle Locator (AVL)

1. The Emergency Communications Department shall dispatch the closest public or private ALS ambulance as indicated by the AVL system to all Code 3 requests for EMS services.

VI. Multi-Casualty Incidents (MCI-Level1) Communications Procedures

A. 800 Megahertz Radios will be used similarly as for routine communications, with the following exceptions:

1. The ECD shall assign ambulance units to specific talk groups as necessary.
2. The ECD shall initiate an all-call announcement to receiving hospitals when a MCI occurs.
3. Ambulances transporting MCI patients originating from the incident are not required to provide advance notification to emergency departments or to contact the Base Hospital for those patients.
4. Hospital emergency departments should anticipate receiving ambulance transports of unannounced patients originating from the MCI incident.

B. EM Resource

1. The ECD shall use EM Resource to alert EMS Providers that a MCI is in progress on the system alert line and as the primary mode for hospital polling to ascertain Emergency Department bed availability for immediate, delayed and minor patients. ECD staff shall report this information to the MCI Incident Commander(s).
2. Receiving Hospitals shall use EM Resource to report emergency department bed availability for immediate, delayed and minor patients to the Emergency Communications Department.
3. Provide a dedicated web enabled computer to display EM Resource on a continuous 24-hour per day basis.


C. Automatic Vehicle Locator (AVL)

The Emergency Communications Department shall dispatch the closest public or private ALS ambulance as indicated by the AVL system to the MCI.

VII. Disaster Situations (MCI Level 2 & Level 3)

A. 800 MHz Radios will be used similarly as for routine communications, with the following exceptions:

1. The ECD shall assign ambulance units and other relevant responders to specific talk groups as necessary.
2. The ECD shall initiate an all-call announcement to alert receiving hospitals.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.402 Policy Name: EMS Communications Equipment and Procedures (SF Policy) (continued: page 4 of 5)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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3. Ambulances transporting patients are not required to provide advance notification to emergency departments or to contact the Base Hospital. Hospital emergency departments should anticipate receiving ambulance transports of unannounced patients.
4. In the event the 800 MHz radio system should fail, or gridlock, at any time, the system will default to the “failsoft” mode, which allows for ongoing communications at a reduced level. This also means that only one conversation can happen at a time instead of the normal “trunked” system of handling many conversations simultaneously on different talk groups. Talk-groups will now be shared with other users in the “failsoft” mode. The ECD will advise users that the system is in Fail Soft mode. During Fail Soft, the 800 MHz radio must only be used for critical communications delivered in a brief and succinct format.

B. EM Resource

1. The ECD shall use EM Resource to alert EMS Providers that a disaster is in progress on the system alert line and as the primary mode for hospital polling to ascertain Emergency Department bed availability for immediate, delayed and minor patients. ECD staff shall report this information to the MCI Incident Commander(s).
2. Receiving Hospitals shall use EM Resource to report emergency department bed availability for immediate, delayed and minor patients to the Emergency Communications Department and as a primary mode for hospital command center reporting to the EOC/DOC the in-patient bed availability for patients from the disaster scene.
3. The city Emergency Operations Center (EOC) and Department of Public Health – Department Operations Center (DPH DOC) shall use the EM Resource system to obtain the number of available, staffed in-patient beds.

C. HEARNet

1. The HEARNet radio system is used for communications among receiving hospitals, the blood bank, the ECD and the EOC or DPH DOC to report facility damage and requirements for emergency assistance, supplies and personnel and if resources permit, notify receiving hospitals of the number and severity of incoming patients during the course of a disaster.
2. The ECD will initiate an all-call announcement to the receiving hospitals when an MCI occurs.
3. The EMS Agency, through the EOC or DPH DOC, may initiate and maintain communications through the HEARNet.

	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.402 Policy Name: EMS Communications Equipment and Procedures (SF Policy) (continued: page 5 of 5)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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D. Land Lines (Telephone)

1. Each receiving hospital shall maintain a conventional land line in their command center solely dedicated to communication with the Department of Public Health’s Department Operations Center (DOC). Each receiving hospital shall notify the EMS Agency of the number.
2. The EMS Agency shall inform all receiving hospitals of the contact phone numbers at the DPH DOC.


VIII. Blood Bank Communications

A. The Blood Centers of the Pacific – Irwin Center shall use the 800 MHZ radio and HEAR Net radio system during a disaster for:

1. Back up communications to and from hospitals for blood and blood product requests.
2. Reporting the DPH DOC the available inventory of blood and blood products and notification of inventory shortages.
3. Reporting to the Emergency Operations Center / Department Operations Center blood availability

IX. Quality Assurance

1. All EMS providers shall assure compliance with this policy through their own quality assurance plans.
2. The EMS Agency may randomly check recorded EMS calls and periodically visit providers to assure compliance with this policy.
3. The EMS Agency will investigate unusual occurrence reports pertaining to EMS communications and make recommendations as appropriate.


	<u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.500 Policy Name: Unusual Occurrences	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

Occasionally the dispatcher might find instances that are beyond the norm or may pose a legal or financial threat to the company. In this instance, the dispatcher must immediately contact the supervisor. It is difficult to receive training for all instances that might occur, but it is desired that the dispatcher handles the situation as professionally as possible and document his/her actions and reasoning for the action. These occurrences are not limited to those that may happen in the dispatch office, but also that happen in the field.

Examples of such occurrences might include, but are not limited to:

- vehicle accidents
- patient injuries
- patient calling with threats
- violent or irrational behavior from any person, caller, etc.
- upset callers
- negative internal and external customer interactions


	<p><u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.501 Policy Name: Contingency Plans</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

In the event of a power failure, NORCAL Ambulance has an emergency power generator on premises to allow for backup power. The server and the primary dispatch computer/phone are on Universal Supply back-up batteries which will allow for 15 minutes of usage and emergency shut-down before the generator is used.

NORCAL Ambulance also utilizes VoIP (voice over internet) phones and in the unlikely event of a telephone failure, the communications center can utilize Cellular Phones (both via phone line and Direct Connect) and Two-Way pagers to communicate with the crew members.

Please refer to the Disaster Plan Policies in the Safety Section of this policy manual for further detail.

	Policy & Procedure Manual <i>Communications and Dispatch</i> Policy Number: 200.502 Policy Name: Complaints and Compliments	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

The dispatcher shall log complaints/compliments by submitting a written Incident Report.


II. Procedure

The dispatcher will ensure that a supervisor is aware of the incident. The dispatcher is to notify an available supervisor of any complaints, no matter how minor in nature, as they are received. Where follow-up needs to occur, the supervisor is to inform the complainant of when they shall receive a call to report the outcome.

Information shall be obtained including:

- Date
- Caller Comments in Detail
- Complaint/Compliment Taken By
- Caller's name and phone number, if they are willing to give it

NORCAL Ambulance will record and store all Incident Reports where they will be tracked for trends by management. These reports will be used as a tool to assist in measuring satisfaction with the company. They are a means of determining strengths and weaknesses within the organizations to be used for CQI.


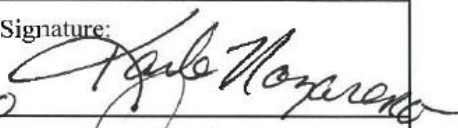


	<u>Policy & Procedure Manual</u> <i>Communications and Dispatch</i> Policy Number: 200.503 Policy Name: Crew Scheduling and Attendance	Original: 05/2005 Revised: 05/2018 Renewal: 04/2023
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I. Policy

Primary scheduling duties are assigned to the Scheduling Supervisor or designee. It shall be the responsibility of the dispatcher to assist the Scheduling Department to call and assist with filling the schedule as necessary.

In the instance of sick-calls, the dispatcher must complete the “Call Out” Template and transfer the person calling to the on-call supervisor. The dispatcher must then advise the on-coming dispatcher of the scheduling changes/sick call.



Policy and Procedure Manual	Field Operations Section 300	Revision Due: 07/2023
Title: C.O.O.	Name: Eric Larimer	Signature: 
Title: CEO	Name: Karla Nazareno	Signature: 
Title: MEDICAL DIRECTOR	Name: GERARD R. NAZARENO MD	Signature: 
Title: Director of Human Resources	Name: Jacqueline Mitchell, II	Signature: 

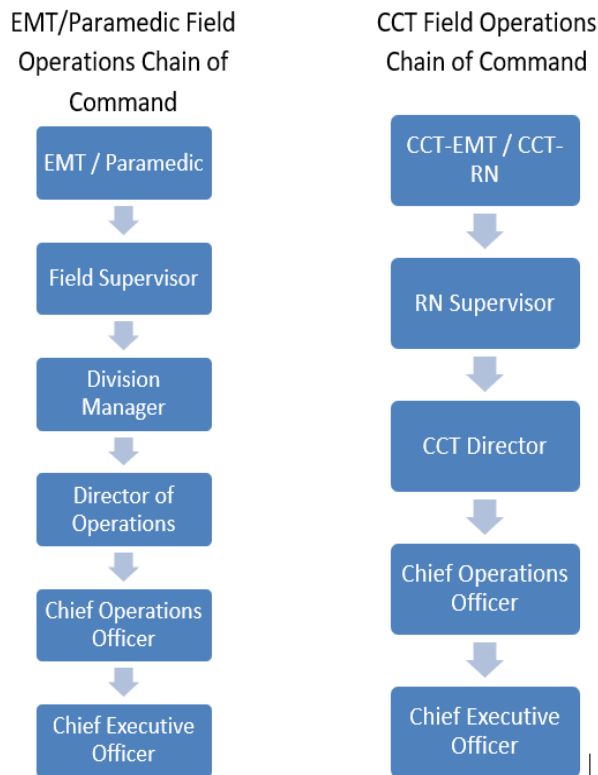
	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.100 Policy Name: Chain of Command</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance has a chain of command in place for field operations. This chain of command chart to help operations staff know who they should contact first with questions, concerns, suggestions or ideas regarding daily operations.

II. Procedure

The following is a chain of command for the departments that fall under field operations.



	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.101 Policy Name: Field Training</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

Every newly hired field employee will be evaluated and observed on an individual basis during each training shift. Standard training consists of 6 training shifts, 3 shifts as a third person on the crew and 3 shifts with the field training officer in the driver position (2-person crew). Upon completion of training, all new field employees are placed on a 90-day probationary period. Newly hired field employees are not eligible for an unsupervised shift until they have successfully completed training. The FTO's, Field Training Supervisor, and/or Field Operations Supervisor reserve the right to extend training if needed, or end training at any time.


II. Procedure

The Field Training Officer (FTO) or Operations Manager will initiate the employee's evaluation. A summary of the shift's evaluations will be utilized in formulating the competency evaluation.

The competency evaluation is to be completed by the Field Training Officer and/or the Operations Manager with input from the trainee.

Competency evaluations must be completed at the end of each training shift. The completed training packet is submitted to Human Resources.

Training must be completed within 30 days of date of hire. If an extension is needed a Performance Improvement Plan (PIP) must be completed.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.102 Policy Name: Driver Training Program</p>	Original: 05/2005 Revised: 06/2020 Renewal: 07/2023
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I. Policy

All driver eligible field employees (EMTs and Paramedics with a minimum of 6 months of service) must meet all driving requirements set forth by the company and its insurance carrier. Additionally, no employee is permitted to drive until they have successfully completed and passed the driver training program.

II. Procedure

The driver training program consists of classroom and behind-the-wheel training. The employee will receive a driver training packet that will be completed during different phases of the driver training program, by partners, proctors, and Supervisors. Upon completion of a driver training packet a Division Training Supervisor will review the packet and authorize the employee as a Driver if appropriate.

Classroom


A lecture representing the Department of Transportation (DOT) National Standard Curriculum for Ambulance Operators, in order to meet the following:

Objectives:

- 1) To mentor new drivers for critical thinking while operating ambulances
- 2) To provide new EMTs a safe place to practice ambulance operations
- 3) To inform EMTs of the laws and standards of ambulance operations
- 4) To define the expectations of NORCAL's driving policies

Lessons intended but not limited to:

- Qualifications to Drive
- Legal Aspects of Ambulance Operation
- Navigation and Route Planning
- Basic Maneuvers and Normal Operating Situations
- Anatomy of Accidents
 - Avoidance
 - Process of Recording/Reporting
- Operations in Emergency Mode and Unusual Situations
- Safety and Special Considerations
- Ambulance Operators responsibility
 - Pre/Post Run
 - Ambulance prep and maintenance
- Review and Test

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.102 Policy Name: Driver Training Program <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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Behind-the-Wheel (AOC)

Comprehensive instruction and assessment to provide employees with the skills and knowledge necessary to operate ambulances, including the following:

- 3-4 hours of proctored practice through obstacles designed to test ability to maneuver ambulances effectively and safely.
- Navigating a cone course, with an evaluator, while being assessed using a standardized rubric.
- Operating an ambulance on a preset route, with an evaluator, to test driving ability in regular traffic conditions.

Note: The Behind-the-wheel assessment can be completed one on one with a Supervisor or by attending the Ambulance Operators Course. [Reference 500.220 “Ambulance Operator Course \(AOC\) Training”](#)

- Driver/Technician “*Driver Teching*”
 - Once an employee’s passes the behind the wheel assessment, they must complete 3 shifts acting as a Driver and a Technician. This is a process in which an employee is responsible for operating the ambulance the entire shift except when they are providing patient care. The Driver/Technician will be evaluated by their partner on their ability to safely and effectively operate the ambulance. At the end of the 3 shifts the student is required to turn an evaluation packet to a Division Training Supervisor.


	<u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.200 Policy Name: Staffing	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

The Scheduling Supervisor of NORCAL Ambulance Service is responsible for staffing the field operations by providing staff for each shift.

II. Procedure

- Field personnel will be asked to submit availability when hired, or whenever a change in availability occurs at least 2 weeks prior to requested change.
- A quarterly shift bid will be conducted and posted in *Traumasoft* at the beginning of each quarter.
- Field employees are responsible for covering shifts on the schedule which are assigned to them.
- Field employees who are unable to staff a shift they are scheduled for are responsible for covering said shift with another qualified employee.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.201 Policy Name: On-Duty Meal Period Agreement</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

Due to the nature of work for NORCAL Ambulance employees may sometimes be prevented from being relieved of all duty during times when they would normally receive a meal period. NORCAL Ambulance has created an agreement that defines an employees’ “on-duty” meal period.


II. Procedure

All field personnel are asked to read and sign an “On-Duty Meal Period Agreement”. Employees are also given a copy of the agreement for their retention. Signed agreements are kept in personnel files for the duration of an employee’s employment. The agreement states the following:

ON-DUTY MEAL PERIOD AGREEMENT

NORCAL Ambulance (the “Company”) and I, _____, voluntarily agree as follows:

1. The nature of my work prevents me from being relieved of all duty during my meal periods;
2. The Company shall provide me with a paid on-duty meal period of at least 30 minutes by the end of the fifth hour of work each work day that I work more than 5 hours;
3. The Company shall provide me with a second paid on-duty meal period of at least 30 minutes by the end of the tenth hour of work each work day that I work more than 10 hours;
4. This Agreement is limited by any meal period waiver that I and the Company enter into; and
5. Either the Company or I may revoke this Agreement at any time by providing written notice of the decision to do so. If I revoke this Agreement, I shall provide written notice of such revocation to NORCAL Ambulance, c/o the Vice President of Human Resources.


	<u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.202 Policy Name: Performance Standards	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance has established the means to measure the effectiveness and the quality of all field employees to measurable standards.

II. Procedure

Field employees will be expected to meet certain standards such as shift preparation, patient care, patient care reports, radio communication, driving, and other related tasks. Such standards will be considered in the employee's evaluation during yearly reviews, before completion of training and/or during probationary periods.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.203 Policy Name: Shift Trades and Giveaways</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Purpose

The purpose of this policy is to provide NORCAL Ambulance field personnel with a policy concerning the procedure for shift trades and how they should be executed.

II. Procedure

Shift Trades

A shift trade is an exchange of like hours within the same work week with another employee. It is the responsibility of the employee requesting the shift change to find appropriate shift coverage. If unable to arrange coverage, the employee remains responsible for working his/her assigned shift. Any shift trade arrangement requires the advance written approval of the supervisor.

Shift Giveaways

A shift giveaway is a shift given by the assigned employee to another employee without the assigned employee working a substitute shift in place of the shift given away. The employee giving away a shift may request to Payroll, his/her PTO hours to be cashed out (in any available amount) to receive compensation for the given away shift(s). It is the responsibility of the employee requesting the shift change to find appropriate shift coverage. In other words, if you are a driver, you need to find another driver to replace you. If unable to arrange coverage, the employee remains responsible for working his/her assigned shift.


Scheduling will issue an email to all parties involved for approved and unapproved shift trades and giveaways. It is the responsibility of the employee requesting shift change to check the scheduling calendar.

Once a shift trade or give-away has been approved by Scheduling, and the supervisor, the shift becomes the obligation of the individual who agreed to accept that shift.

Scheduling Denials


Listed below are some examples of common reasons for the denial of a shift trade/give-away request:

- Not submitted within the necessary time frame
- Trade or give-away would cause overtime that would not otherwise have occurred
- Trade or give-away would put two (2) non-drivers on the same unit
- Trade or give-away takes place out of the work week or pay period

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.203 Policy Name: Shift Trades and Giveaways <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 07/2023</p>
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The Scheduling Department is closed on the weekends. If you have an issue with your schedule for Saturday, Sunday or Monday that has not been taken care of by 5PM on the previous Friday, you need to call the Dispatch Supervisor for assistance. Remember, all timeframe requirements still apply.

Scheduling Contact Number: (916) 754 - 2448

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.204 Policy Name: Shift Bid Protocol</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance will conduct a shift bidding process for all EMT’s and Paramedics to determine permanent shift schedules for employees. NORCAL Ambulance will conduct shift bids every four (4) months allowing field employees the ability to select preferred open shifts on the permanent schedule. With the start of every new bid, the permanent schedule will be wiped clean and all shifts will be bid out in accordance with this policy. NORCAL Ambulance reserves the right to change the shift bid date ranges at any time to fit business needs. Shifts may also be modified at any time by NORCAL Ambulance management for any reason.

NORCAL Ambulance will conduct separate shift bids based on region. Sacramento Valley Region and Bay Area Region will bid independently. Employees in each region will be able to bid on shifts at any station within their home region. Employees will not be allowed to bid in both Sacramento and Bay regions. However, after the bid is completed any remaining open shifts may be picked up by any employee in any region who meets the proper shift criteria.

Prior to start of a new shift bid, a schedule template will be made available to all employees along with a seniority list for employees to review. Bidding will occur in order of seniority with longest tenured employees bidding first. If employees have the same seniority date, the employee with the most hours worked to date will bid first. If an EMT promotes to a paramedic, their seniority as a paramedic begins on the start date of their new position (not on their hire date as an EMT). When the employee bidding order is released, and a discrepancy is identified, the employee must contact the Scheduling Department prior to the start of bidding. Employees who would like to change their home region to or from Sacramento or the Bay for an upcoming bid must contact the Scheduling Department prior to the start of the bid.

When bidding for shifts, an employee may bid on ALS, BLS, or CCT shifts. An employee is not allowed to bid on a shift for which they are not yet qualified (they have not yet received their ALS or CCT training, driver training etc.). Non-drivers can only bid for non-driver shifts. Paramedics can only bid for paramedic shifts in counties where they are accredited.

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.204 Policy Name: Shift Bid Protocol (<i>continued: page 2 of 2</i>)</p>	Original: 05/2005 Revised: 03/2020 Renewal: 07/2023
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II. Procedure

All employees will be assigned a date and time slot in which they will be contacted via phone call by the Scheduling Department to bid on shifts. If the employee does not answer when called during their allotted bid time, the employee will be skipped in the bidding process. The employee may call in after missing their bid and will be allowed to bid on available shifts at that later time. Scheduling will only make an exception if an employee is currently on duty and on a call. The scheduling department will work with dispatch to ensure the employees that are on duty can honor their bid time.

Employees will bid in order of seniority regardless of full time/part time status. However, employees must bid on a minimum of 16 hours per week during the bid. Per Diem employees will not participate in the bid.

When it is an employee's turn to bid, they can continue to bid on additional shifts if their total hours are below 40 hours. Once an employee meets or exceeds 40 hours, they will not be allowed to pick up additional permanent shifts. For example, if an employee has 36 hours, they are allowed to pick up another 8-hour shift giving them a total of 44 hours. Because they now have 40 or more hours, their bid has ended. After all employees have finished bidding, an employee wishing to pick up additional permanent shifts beyond 40 hours may do so only with scheduling approval.

For the bid, all employees will be required to have an 8-hour rest period between scheduled permanent shifts. Employees will not be allowed to bid on consecutive 24-hour shifts or bid on day shifts that immediately follow a bullet shift.


When the bid order has been finalized, all schedules will be posted in *Traumasoft*.

When the bid goes into effect, employees will be responsible for working their shifts, finding coverage or trading for their shifts. Failure to find coverage for a shift may result in disciplinary action. If an employee wishes to permanently give up their shift, they must receive management approval and provide a two-week notice to the Scheduling Department. If an employee wishes to permanently trade permanent shifts with another employee, they may do so with the approval of the Scheduling Department.

Specialty shifts (ALS and CCT shifts) are not allowed to be permanently traded between employees. They will be rebid by the Scheduling Department in order of seniority.

Non-Specialty shifts that are given up permanently by an employee will be filled by the Scheduling Department until the shift is rebid during the next shift bid.

The Scheduling Department can be contacted during normal business hours by calling 916-754-2448 or can be emailed at schedule@norcalambulance.com.

	<p>Policy & Procedure Manual Field Operations Policy Number: 300.205 Policy Name: Twenty-four (24) Hour Shift Agreement</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance regularly staffs field operational shifts that are twenty-four (24) hours in length. All employees who work said shifts must sign a twenty-four (24) hour shift agreement. The agreement discloses pay, sleep and legal requirements.

I. Procedure

The agreement states the following:

I, the undersigned employee, hereby agree and acknowledge that I am freely and voluntarily entering into this agreement with my employer NorthStar Emergency Services, Inc. dba NORCAL Ambulance. I agree that I am employed by NORCAL Ambulance as an ambulance driver or attendant.


During each of my scheduled 24-hour shifts, I agree that NORCAL Ambulance will not exclude from my daily time worked any of my meal period time and any of my regularly scheduled uninterrupted sleeping period.

Accordingly, I understand and agree that during my employment with NORCAL Ambulance, I am not entitled to daily overtime compensation whenever NORCAL Ambulance schedules me for a 24-hour shift as an ambulance driver or attendant.

This agreement does not affect or alter my right to receive weekly overtime compensation when I am scheduled to work 24-hour shifts. All hours I work in excess of forty (40) in a workweek shall be paid by NORCAL Ambulance at a rate of one and one-half (1½) times my regular rate of pay, or otherwise as required by applicable law.

This agreement supersedes and replaces any prior 24-hour shift agreement that I have signed.

All signed agreements are kept in each employee’s personnel file. Employees are also given a copy of the agreement in their orientation binders to retain for their own records.

	<p><u>Policy & Procedure Manual</u> Field Operations Policy Number: 300.206 Policy Name: Downing Shifts</p>	Original: 11/2019 Revised: Renewal: 07/2023
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I. Policy

Operations personnel should expect to work the entirety of their scheduled shift. However, there may be situations that result in an employee not being able to complete their entire scheduled shift, and directed by operations management to terminate their shift earlier than scheduled. This is classified as downing or ending a shift.

II. Procedure

The primary responsibility in deciding to down a shift or ask an employee to terminate their shift before their scheduled time is that of the affected team member(s) supervisor or on-duty supervisor (ODS). Outside of extenuating circumstances, a field employee will not be sent home by a non-field/operations supervisor or operations manager.

Examples of situations that could cause a shift to be downed or ended early include but are not limited to:

- No available/qualified partner
- Missing essential equipment to perform shift duties
- Low call volume
- Injury of self or partner
- Involved in vehicle accident (MVA)
- Discipline resulting in a suspension
- Psyche considerations after a potentially disturbing incident
- Other safety concerns


In circumstances of low call volume, missing equipment, missing required partner, or any situation in which the field employee is being sent home outside of a personal error or investigation, the employee may be assigned other duties such as:

- Ambulance inspections
- Station inspections
- Additional training
- Field marketing
- Material distribution

If the field employee's supervisor or ODS determines that there is no additional work or duties to assign to the employee, they will direct the employee to clock-out/terminate their shift.

Payment of Wages

If an employee is removed from a shift one (1) hour or less from the scheduled start, they will be paid for two (2) hours of their regular wages. If an employee is removed from a shift after arriving and clocking in for their shift, they will be paid for four (4) hours of regular wages.

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.300 Policy Name: Levels of Service Definitions</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance trains all field and dispatch personnel to appropriate determine the level of care required to ensure proper patient care.

II. Definitions

Wheelchair/Gurney Van Transport

Wheelchair or Gurney Van is non-medical transportation by a properly equipped van to lock a wheelchair or gurney for transport. This level of service does not require staffing of a medically certified operator, but the operator must be driver trained in accordance with company policy.

Basic Life Support (BLS)


Basic Life Support (BLS) is transportation by a ground ambulance vehicle with the provision of medically necessary supplies and services as defined by the state. The ambulance must be staffed by two individuals who are qualified in accordance with state and local laws as an emergency medical technician - basic (EMT-B). At least one of the EMT-Bs must be fully driver trained in accordance with company policy. The EMT-B scope of practice varies by state/county guidelines (see [policy 300.301](#)).

Advanced Life Support (ALS)

Advanced Life Support (ALS) is the transportation by ground ambulance and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention. The ambulance is staffed by at least one emergency medical technician - paramedic (EMT-P) and a driver trained EMT-B. The ALS scope of practice varies by state/county laws (see [policy 300.301](#)).

Critical Care Transport (CCT)

Critical Care Transport (CCT) is the transportation by ground ambulance and the provision of advanced medically necessary supplies and services including the provision of an CCT assessment or at least one CCT intervention. A CCT Ambulance is staffed by a registered nurse (RN) meeting company policy for certifications and experience, as well as two other attendants with a minimum of an EMT-B certification, one of which is driver trained and qualified. The CCT scope of practice varies by state and county laws (see [policy 300.301](#)).

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.301 Policy Name: County-Specific Scope of Practice Regulations</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

All NORCAL Ambulance field personnel are required to have knowledge of and operate within the scope of practice set forth by their certification, state and local regulations. These regulations vary by county.

II. Procedure

The counties NORCAL Ambulance operates in are listed below with a link to the county’s specific regulations for the scope of practice for ambulance providers for each level of service. Copies of these regulations are available at each station.

Alameda County
[Scope of Practice](#) and [Field Manual](#)

Colusa County
[Scope of Practice](#) and [Field Manual](#)

Contra Costa County
[Scope of Practice](#) and [Field Manual](#)

El Dorado County
[Scope of Practice](#) and [Field Manual](#)

Marin County
[Scope of Practice](#) and [Field Manual](#)

Napa County
[Scope of Practice](#) and [Field Manual](#)

Placer County
[Scope of Practice](#) and [Field Manual](#)

Sacramento County
[Scope of Practice](#) and [Field Manual](#)

San Francisco County
[Scope of Practice](#) and [Field Manual](#)

San Joaquin County
[Scope of Practice](#) and [Field Manual](#)

San Mateo County
[Scope of Practice](#) and [Field Manual](#)

Santa Clara County
[Scope of Practice](#) and [Field Manual](#)


Sonoma County
[Scope of Practice](#) and [Field Manual](#)

Stanislaus County
[Scope of Practice](#) and [Field Manual](#)

Sutter County
[Scope of Practice](#) and [Field Manual](#)

Yolo County
[Scope of Practice](#) and [Field Manual](#)

Yuba County
[Scope of Practice](#) and [Field Manual](#)

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.302 Policy Name: Controlled Substances – Field Policy</p>	Original: 09/2020 Revised: Renewal: 07/2021
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I. Purpose

To provide accountability and establish program guidelines assuring all qualified personnel handling narcotics adhere to Federal and other laws regarding possession and use of Controlled Substances. NORCAL Ambulance secures controlled substances in a way that is compliant with regulations and prevents theft or diversion. In addition to documentation and personnel access restrictions, physical storage devices are used to secure controlled substances.

II. Policy

NORCAL Ambulance utilizes controlled substances in the course of patient care for ALS and CCT levels of service. NORCAL Ambulance operates under the DEA Practitioner License of the Medical Director. Authorized personnel may utilize and carry different combinations and quantities of the approved substances based on level of service and operational area.

NORCAL Ambulance has approved for use several controlled substances:

- Schedule II controlled substances: Fentanyl, Morphine
- Schedule III controlled substances: Ketamine
- Schedule IV controlled substances: Lorazepam, Midazolam


Theft or Loss

If any NORCAL Ambulance Employee suspects a diversion of controlled substances, they must immediately notify their direct supervisor. Such events shall be immediately investigated. NORCAL Ambulance reserves the right to call in any employee or keep any employee on-duty during such investigations as NORCAL Ambulance sees fit. If theft is highly suspected, regardless of proof, the investigation will result in notification to the local DEA Diversion Investigators Field Office, the local Law Enforcement Agency, the State Regulation Authority, and the Pharmaceutical Committee.

III. Procedure

Check-in and Check-out

At the beginning of all shifts the licensed provider must log and check out their narcotics box. This transaction must occur prior to running any calls and within 30 minutes of the start of the shift. Transaction entries must go through a dual verification process. The witness shall inspect, view and verify the actions they are witness, ascertaining the accuracy of the transaction. A valid witness may be a field supervisor, Paramedic, Nurse or EMT partner. In the event there are no valid witnesses available, the narcotics box must be checked out as soon as witnesses become available.

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Storage

All controlled substances, when not in direct use by the authorized provider, shall reside behind at minimum 2 locks.

The provider must keep the narcotics box on their person or locked in a cabinet with the key or combination under the control of the designated provider. The vehicle itself does not count as a locked storage location.

When not in service, all narcotics must be returned to a station safe. When stored at station, dual locks for controlled substances shall include:

- Safe
- Locked Cabinet

Cabinet shall remain locked when not in direct access. At no time shall controlled substances be in the possession or storage of an off-duty team member.

Failure to store controlled substances in an authorized location as defined by this policy will result in a theft and loss investigation and is subject to discipline or termination.

NORCAL Ambulance utilizes narcotics boxes to store individual controlled substance vials as one secure storage device. This allows for several individual vials to be logged, tracked, and moved together. It also protects the integrity of the vial by preventing direct access and allows for direct access to vials to be tracked through seal changes.


Usage and Waste

Usage of controlled substances will be in accordance with county specified or approved CCT protocols when not directly specified by physician responsible for patient care.

Verification of the 6 “Rights” of medication administration along with proper infection control will take place every time a medication is administered.

Right Patient, Right Medication, Right Dose, Right Time, Right Route, Right Documentation

Usage and waste of controlled substances must be witnessed and documented on the usage form. In order to improve accountability, a witness may be a NORCAL crew member. A witness’ signature on a form attests that the action or information being documented is verified. On ALS units, medication administered while in transport should be verbalized and should make sense for the patient condition.

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To waste controlled substances:

Any unused medication must be wasted appropriately, verified by the witness, and disposed of in a sharp’s container. Witnessed waste of a controlled substance must occur prior to clearing the call the usage occurred on.

The provider must remove the entire remaining contents of the controlled substance from the vial with a syringe. The waste from the syringe must be then disposed of into a sink with a drain under running water. Empty vial and syringe must then be discarded into a sharp’s container.

Under no circumstances should a healthcare provider agree to sign for unwitnessed disposal of controlled substances after the fact. Doing so could make the healthcare provider complicit in diversion or arouse suspicion of unprofessional conduct.

NORCAL Ambulance utilizes seals to track the security and integrity of controlled substance vials. Once broken, seal serial numbers should be recorded as appropriate and then the broken seal discarded.


- Green Seal – A green seal color indicates a sealed narcotics box that is ready for field use.
- Yellow Seal – A yellow seal color indicates a narcotics box where the original seal has been broken. Narcotics boxes with yellow seals shall not return to service until the restock is complete. Management may authorize temporary usage of narcotics boxes after usage in rare instances.

When seals are broken in the field for any reason, proper and appropriate documentation must be completed. Documentation should include seal change and reason on narcotics checkout log. Crew narcotic boxes will be replenished as soon as possible by personnel with authorized access to the Division safes.

Documentation

After using controlled substances during patient care the usage form must be filled out properly with date, run #, patient name, patient birthdate, amount used, amount wasted and witness signature.

When administering a controlled substance, the purpose and reason for the administration should be clearly documented. Detailed documentation shall include vital signs, assessment related to patient condition being treated and pain assessment utilizing the appropriate pain scale if applicable.

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Details must include name of medication, dosage, route, time. This information should be recorded immediately after administration. Follow up documentation must include response to medication given.

At end of shift when narcotic box is returned to station safe, documentation on the narcotic box log must also be completed outlining the amount used and new seal number. The completed usage form must be scanned to the Narcs address in the Quick Sets tab on the scanner, located at each station. Additionally, a copy of the form must be filed in designated location (safe) and attached to the PCR for collection.

Incidents

Incidents involving controlled substances must be immediately reported to NORCAL Ambulance management. Controlled substance incidents follow two incident levels:


- Level 1 – Minor or routine incidents with no suspected diversion Ex. Missing Signature, Documentation Errors
- Level 2 – Escalated incident with possible negligence or diversion Ex. Loss of Controlled Substance, Suspected Theft, Medication Error

NORCAL Ambulance may investigate any controlled substance action. Investigations may coincide with audits, incidents, or for any other reason deemed necessary.

If discrepancies or errors are noted in regard to controlled substances, the error must be noted and the party at fault must be notified. It is the goal of NORCAL Ambulance to educate the healthcare provider and prevent future errors through training and education. However; recurring errors or negligence must involve proper discipline and reporting.

IV. Authority

- California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services
- California Health and Safety Code – Division 2.5: Emergency Medical Services
- California Health and Safety Code – Division 10: Uniform Controlled Substance Act
- Federal Code of Regulations, Title 21, Food and Drugs, Chapter 2, Drug Enforcement Administration, Department of Justice

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.400 Policy Name: Beginning of Shift Duties</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance field personnel are expected to arrive on time and engage in beginning shift duties immediately upon clocking in unless asked to respond to a call or told otherwise by a supervisor or other superior.

II. Procedure

Check-In

Employees should immediately alert Dispatch they are in and determine their vehicle assignment. Dispatch will notify field personnel if they have any calls holding. Once the crew has their vehicle assignment they will check out the proper keys, phone, and any devices associated with that vehicle.

Ambulance Checkout


Prior to operation employees must do a vehicle inspection and checkout to ensure it is in safe operating condition. Additionally, vehicles should be clean both on the interior and exterior. Employees are expected to wash the exterior of the vehicle prior to operation, unless prevented to by a call, in which case the crew is expected to clean the vehicle at the next opportunity. Using the Operative IQ Digital Ambulance Checkout, field personnel must inspect the vehicle for supplies, working condition of lights, sirens, signals, oxygen tank(s), as well as any other concerns or markings to the vehicle’s body or operating condition.

Paperwork Preparation

Each crew must make sure they have enough supplies for proper patient care documentation (digital patient care reports, privacy practice forms, etc.,). A list of required forms is on the ambulance checklist.

Station Duties

Once a crew has stocked, cleaned and prepared their vehicle for service they are expected to perform station duties. Station Duties are cleaning responsibilities in and around the station. A list of station duties is found in each station; employees sign off the task they have completed on the sheet associated with that day or shift.

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.401 Policy Name: During Shift Duties</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance field personnel are expected to work throughout the entirety of their shift to ensure all daily responsibilities are met.

II. Procedure

Crew Member Responsibilities

Each crew consists of staffing to meet the level of service for the designated shift. For example, a Basic Life Support shift will be staffed with at least one driver and one EMT attendant. In the event of two equally qualified drivers (two EMTs), the members will alternate positions to spread workload. Other staffing can consist of EMTs, Paramedics, and Nurses with at least staff member qualified to driver the ambulance.

The driver is responsible for mechanical aspects of vehicle and tools, clean up, make up, and restocking following calls. The driver also has a responsibility to assist the attendant with paperwork and other duties when necessary or requested.

The driver is also primarily responsible for reporting the following events to dispatch:

- Vehicle in service and start of shift
- Call acknowledgement
- Call statuses (en route, on scene, transporting, at destination)
- Additional call statuses such as delays, diversions, or change in code status
- Clear from call/available for service
- When at post location or back in post location


The attendant is primarily responsible for patient care when the unit is occupied. They are also responsible for the completion of paperwork, and assisting the driver in the cleaning, restocking of the vehicle.

Returning to Service Upon Call Completion

Returning to service and getting ready to respond to the next call is critical. Once patient care is properly transferred to the receiving staff, the crew's primary focus must be on getting back in service and becoming ready to respond to the next call.

Duties to prepare for the next call includes:

- equipment cleaned and replaced
- ambulance cleaned and disinfected, and
- gurney made with a clean sheet, blanket, and pillow

	Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.402 Policy Name: End of Shift Duties	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance field personnel are required to complete end of shift duties before clocking out and leaving the company premises.


II. Procedure

Before a crew can be released from their shift, they must do the following:

- refuel vehicle,
- remove all trash from vehicle,
- restock any missing supplies, and
- complete and turn in all paperwork
- restocking papers for distribution to patients (HIPAA and NPI papers)

End of shift duties are imperative. The next crew to use the vehicle may have to respond to a call immediately; if the vehicle does not have enough gas or proper supplies patient care will be compromised. NORCAL Ambulance standards state that any vehicle with a fuel level below $\frac{3}{4}$ of a tank should be fueled to a full tank.

Returning to station later than scheduled shift end time does not relieve an employee of their end of shift duties.

	Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.403 Policy Name: Ancillary Duties	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

At time employees may be called upon to perform duties and tasks outside of their normal before, during, and after shift duties. Employees are required to perform any reasonable task assigned by any supervisor, management member, or dispatcher acting on behalf of a supervisor or manager.

II. Procedure

Ancillary duties may include, but are not limited to:

- cleaning/sweeping of ambulance bay and/or garage
- cleaning or stocking of additional vehicles
- cleaning of a vehicle not assigned to the employee
- cleaning of dispatch or other administrative office(s)
- emptying of trash and/or recycling
- stocking supply room(s)
- cleaning of crew rooms (other than listed station duties)
- moving of supply boxes, furniture or items as needed

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.404 Policy Name: In-Field Patient Care</p>	Original: 05/2005 Revised: 05/2022 Renewal: 07/2023
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I. Policy

NORCAL Ambulance is committed to providing consistent optimal care for our patients. Policies and procedures are in place to maintain the continuity and excellence in patient care.

II. Procedure

Equipment for Patient Contact

Most non-emergent BLS calls will not require additional medical supplies outside of the dressed gurney, oxygen tank and paperwork. Generally, if additional equipment will be necessary dispatch will inform the crew.

For all emergent BLS calls, the crew must bring the BLS jump bag and oxygen equipment. Depending on the call additional equipment and extrication equipment such as a stair chair or backboard may be required.

All ALS calls require the crew to bring the ALS bag, oxygen equipment and cardiac monitor. Additional BLS extrication equipment may be necessary dependent upon the call and circumstances.


Patient Identity Verification

Upon making contact with the patient, the patient's identity must be confirmed to match the dispatched information by at least two means including: verbal confirmation from the patient or current healthcare provider, face sheet or other medical records, medical identification bracelet, and/or any other identification including ID cards, medical paperwork, etc., Proper patient identification must take place prior to moving the patient onto a gurney or any other NORCAL Ambulance medical transport equipment.

Continuity of Care

NORCAL Ambulance employees will maintain the continuity of patient care by not discontinuing treatment or leaving the patient until care has properly and completely been transferred over to the staff of the receiving facility. The employee must give the undivided attention to the patient, as well as the oxygen and cardiac monitors until care is completely transferred.

Additionally, all patient transfers will require a thorough report to the receiving care taker. NORCAL employees must ensure report is given to the person assuming care for the patient. Reports must include the patient's current medical status, any treatments given in route and any other pertinent information regarding the patient's medical condition.

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.404 Policy Name: In-Field Patient Care (continued: page 2 of 2)</p>	Original: 05/2005 Revised: 05/2022 Renewal: 07/2023
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Gurney Operations and Securing the Patient

All gurneys should always have a pillow, blanket, and sheet on them. Patients must always be covered with the appropriate items to keep them warm and comfortable. If it is raining than utilize the rain blanket for the patient. Keeping a patient warm and dry is a basic and important service for them.

Over the shoulder (5-point harness buckle) must be used in conjunction with the three (3) gurney straps at all times. Employees will not store the straps under the mattress, they shall be accessible at all times.

When a patient is secured to the gurney the crew shall do the following:

- Blanket and cover the patient properly. During cold weather, utilize heavy blankets and cover the patient’s head, when possible, to minimize warmth loss.
- Keep the patient as comfortable as possible.
- Always transport the cot at a lower height to reduce the risk of a cot tip. Always avoid high obstacles, such as curbing, steps or rough terrain to avoid a cot tip.
- To roll a cot with a patient;
 1. Position 1 operator at the foot end and 1 operator at the head end of the cot.
 2. Make sure that the litter is perpendicular when you approach door sills or other low obstacles.
 3. Lift each set of wheels over the door sill or obstacles separately.
- Put the head of the gurney into an elevator first when possible.
- When using a stair chair, place a blanket down, then a sheet, and wrap the patient.
- Pay attention to the patient’s hands and feet when moving through narrow spaces or downstairs.
- NEVER LEAVE A PATIENT UNATTENDED.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.405 Policy Name: At Destination Procedures</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

To ensure the safety of patients and ambulance equipment NORCAL Ambulance requires the shutting down of vehicles at specific times.


II. Procedure

Securing Ambulance and Equipment

The ambulance is to be locked at all times. This includes all doors and outside compartments. One key FOB is provided to each crew member. Carry the key FOB on your person at all times. ALS crews must also ensure the drug box is sealed and locked within the ambulance.

Shutting Down Ambulance at Destination

The ambulance must be shut down/turned off upon arrival at a hospital or other destination unless conditions pose a safety risk to crew members, patients or public. This procedure is necessary to cut down on a vehicle exhaust fumes entering the facility. In non-emergent calls, the ambulance should be shut down/turned off when arriving on scene for the call.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.406 Policy Name: Diversions and Delays</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

Certain circumstances will require a crew to divert to another facility, be delayed at the receiving or sending facility, or require the crew to standby for a prolonged period of time. For any of these circumstances the crew must notify dispatch and follow company procedures to maintain proper and efficient patient care.

II. Procedure

Hospital Diversion

When a hospital (emergency room) goes on diversion status dispatch will inform all crews in that responding area. If the crew is informed of the diversion before dispatch, the crew must inform dispatch and go to another hospital. The crew must also inform dispatch on the newly selected hospital.

If at all possible a patient should not be transported to a facility that is on diversion. If a patient in unstable, requires a cardiac catheter, requires level 1 trauma care, or other life-threatening conditions, the crew must notify the receiving facility and inform them that they are transporting the patient to them.


A hospital cannot refuse to accept a patient unless the facility is completely closed due to an event such as an internal disaster or a power outage.

Delays

Any delay should be reported as soon as possible to the dispatcher and documented.

Common delays may include, but are not limited to:

- delay in ER triage, waiting for a bed
- delay on hospital floor for paperwork or bed not being ready
- delay in call response due to traffic or other road conditions

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.407 Policy Name: Standby Service</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance provides standby service(s) to requesting parties for an onsite medical attendant, crew and/or ambulance. These standby requests are usually prearranged in advance with all necessary equipment and staffing outlined in a contract with the requesting party.

II. Procedure

Standbys sometimes require two crew members and an ambulance, or only one person may be requested. When assigned to a standby, each crew member(s) are required to wear their uniform, have a jump bag, oxygen equipment, AED, and radio at a minimum.

Crew members are responsible to know what the event is for and who is in charge. They will be required to be aware of how to call for assistance and the transporting of patients, if necessary. Each venue is different, crew members must be aware of specific procedures before the event. All paperwork requirements still apply when assigned to a standby. Crew members must document care, treatment, releases, and AMAs (when applicable).

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.408 Policy Name: Patient Confidentiality</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

All NORCAL Ambulance employees are trained in how to protect patient confidentiality. The nature of this job requires access of a patient’s personal information. All employees are required to follow strict guidelines to ensure patient privacy is maintained. Failure to follow company protocol will result in disciplinary action.

II. Procedure


All NORCAL Ambulance employees must be aware of patient confidentiality at all times. Discussing any information regarding the care or circumstances of any patient’s care is strictly prohibited.

Trip reports are only released to the patient or to a person who has a signed waiver or other legal authority from the patient. Trip reports and specific case information will be used for QA/QI purposes as appropriate.

Employees shall not discuss patient information in any public place such as an elevator or restaurant. The crew must always consider and respect the privacy of every patient, no matter the condition. Additionally, crew members must always protect a patient’s modesty as much as possible; keep the patient covered and be aware of their circumstances and feelings.


Given the nature of this work, it is imperative that NORCAL Ambulance maintains the confidence of patient information that is received in the course of work. NORCAL Ambulance prohibits the release of any patient information to anyone outside the organization unless required for the purposes of treatment, payment, or health care operations. Additionally, discussions of Protected Health Information (PHI) within NORCAL Ambulance should be limited. Acceptable uses of PHI within the organization include but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

NORCAL Ambulance provides services to patients that are private and confidential and you are a crucial step in respecting the privacy rights of NORCAL Ambulance patients. In the rendering of EMS, patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.408 Policy Name: Patient Confidentiality <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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Employees must comply with all confidentiality policies and procedures set in place by NORCAL Ambulance during their entire employment or association with NORCAL Ambulance. If you, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, you must notify a privacy officer (or CEO) immediately. In addition, a breach of patient confidentiality may result in disciplinary action, up to and including discharge.

For further information regarding PHI and HIPAA please see Section [900 HIPAA Policies](#).


	<u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.409 Policy Name: BLS Service Issues	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

Certain circumstances will require a BLS response call to upgrade to ALS. All personnel are trained to differentiate the difference in levels of service to provide to the best level of care for the patient.


II. Procedure

A call originating as a BLS call may result in a patient requiring ALS treatment. Once a BLS crew identifies a patient requiring a higher level of care, they must notify dispatch immediately. Dependent upon service area and available resources the contracted 911 provider or NORCAL Ambulance ALS unit will be contacted to respond.

	<u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.410 Policy Name: Protocol Compliance	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance operates across many different EMS Authorities. NORCAL Ambulance employees are responsible for knowing and following their local *LEMSA* policies and procedures.

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.411 Policy Name: Patient and Hospital Property</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance is dedicated to the safe and thorough transport of a patient’s property as well as respect for a facility or hospital’s property.

II. Procedure

Patient Property


All NORCAL Ambulance field personnel are instructed to properly transport patient’s personal belongings when requested to do so. Various items may include clothes, flowers, personal belongings, hygiene and rehabilitation products, etc. Crew Members must document and inventory all personal belongings on the Patient Care Report. Upon arrival at the receiving facility, the crew must transfer Patient Care and all belongings to the appropriate care provider. Documentation of who received belongings must be noted in the Patient Care Report.

In the event a patient’s personal belongings are left in an ambulance, crew members must notify dispatch and make arrangements to return the property as soon as possible.

Hospital Property

All field personnel should ensure that the only items transported with the patient belong to either the patient or NORCAL Ambulance. Crew members should not transport the patient with the sending facility’s property (i.e., blankets, equipment, etc.,) unless the equipment is required/requested for transport and/or the trip is roundtrip where all facility property will be rightfully returned before the end of patient contact for the NORCAL Ambulance crew.

In the event a facility/hospital’s property has been transported outside of the guidelines above it must be returned as soon as possible to the appropriate personnel at the facility.

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.412 Policy Name: Hospital Ringdowns</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance requires that any patient that is being transported to a hospital emergency room requires a *ringdown*. A ringdown is a small report given to the receiving hospital to inform them of the crew’s arrival to prepare the receiving staff.

II. Procedure

A ring down shall be given to a staff member of the emergency room, and shall consist of the following components:

- a. Name of company
- b. Level of service provided (BLS, CCT, etc.)
- c. Unit number
- d. Transportation code status (code 2, code 3)
- e. Age of patient
- f. Sex of patient
- g. Chief complaint
- h. Origin of call (residence, nursing home, assisted living)
- i. Vital signs
- j. Any additional pertinent information
- k. ETA to the hospital


Example:

“Hello, this is NORCAL Ambulance BLS Unit 205 with a Code 2 ring down. We have a 64-year-old male coming from a nursing home, complaining of shortness of breath. Vital signs are 162/90, 90, 24. We are approximately five minutes away.”

Standard radio/phone policies apply when giving a *ringdown*. Releasing a patient’s name or other information that identifies the patient individually is strictly prohibited.

Exemptions:

The only time a crew will transport to an emergency room without giving a *ringdown* is when it conflicts with hospital policy. For example, busier trauma hospitals do not always require Code 2 *ring-downs* but do require one when transportation is Code 3.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.414 Policy Name: Hold Over Policy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulances strives to maintain an environment that is respectful of employees’ time commitments, and our customers urgent medical needs. Due to the dynamic nature of working in Emergency Medical Services, crew members may be asked to respond to a call that will cause them to be held over past their scheduled off duty time.


II. Procedure

Due to our contractual obligations and our commitment to providing excellent customer service, it will be necessary, on occasion, that an employee will be required to work beyond their scheduled off duty time. All attempts will be made to prevent holdovers from occurring, however if holding an employee over is the only option, all attempts will be made to notify the affected employees as soon as it is apparent that a holdover is imminent.

Employees are advised to plan their schedule and pick up shifts knowing that being held over is a possibility. Employees who want to avoid being held over because of personal conflicts or obligations should find coverage for their shift.

For ASAP requests for service, employees may be dispatched and required to respond to a call up until the scheduled off duty time for their shift. For prescheduled requests for service, employees may be dispatched and required to respond to calls where the scheduled pickup time is set prior to the scheduled off duty time for their shift.

In the event that being held on a call over presents an extreme hardship due to an extenuating circumstance for an employee, the employee may contact their on-duty supervisor *while in route* to the call. The on-duty Supervisor in coordination with the Dispatch Supervisor will make a determination of whether or not the employee will be allowed to refuse the call.


	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 300.415 Policy Name: Dining Policy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

In order to maintain a positive public image, NO field crew will be allowed to dine at any establishment that serves alcohol in a bar type setting or night club setting.

If dining at a fast food establishment, do not use the “drive-thru”.

Also, please notify dispatch of the name of the establishment where you will be eating/breaking. The location should be capable of phone operations. Please confirm with the Dispatch Center if you are unsure of its electronic capabilities.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.416 Policy Name: Uniforms</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

Each employee of NORCAL Ambulance is a representative of the company in the eyes of the public; because of that, each Field Employee must report to work properly groomed and wearing appropriate clothing. NORCAL Ambulance will provide uniforms as needed at orientation. Below is a list of approved uniforms and a description of how each uniform is required to be worn.

II. Procedure


Employees who are issued uniforms are expected to wear the issued uniforms during their entire on-duty work shift. Employees are also expected to clean and maintain issued uniforms. Uniforms are washable and can be tumble-dried or air dried.

Company-Issued Uniforms will consist of the following:

Item:	Issue Frequency:
Class A Uniform: <ul style="list-style-type: none"> • Navy collared Lion apparel uniform shirt • Navy “Proper” pocket pants (511/EMS) • Belt (511 Tactical) 	Orientation, yearly or more often with request, depending on wear/tear
Class B Uniform (Paramedics and Nurses): <ul style="list-style-type: none"> • Navy collared 5.11 Tactical Polo • Navy “Proper” pocket pants/5.11/EMS 	Orientation, yearly or more often with request, depending on wear/tear
Blue T-Shirt (undershirt) <i>*Part of Class A Uniform</i>	Orientation, every 6 months upon request
Boots (<i>required for both Class A and Class B uniforms</i>) (511 Tactical or similar)	Orientation and as needed (<i>no more than once every 2 years</i>)
NORCAL Ambulance Badge/Photo ID (<i>required for both Class A and Class B uniforms</i>)	Orientation
Jacket (<i>Applies to Class A and Class B uniforms</i>)	Orientation or within 90 days

24 Hour Shifts: ALS AND CCT


Must be in full and proper uniform in common areas (outside of sleep room) from 7AM until 7 PM for both Class A and B.

	<p><u>Policy & Procedure Manual</u> <i>Personnel and Staff Development</i> Policy Number: 300.416 Policy Name: Uniforms <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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Employees must provide their own watch or device for proper timekeeping.

Reimbursements

If an employee is unable to be issued a piece of the company uniform, they must contact Human Resources. This extenuating circumstance may require the employee purchasing a uniform piece(s) and obtaining reimbursement from the company. All reimbursements must be approved prior to purchase. The employee will be reimbursed at amount comparable to the cost of the Company Issued item. The employee must submit an itemized receipt of the item to obtain reimbursement. An employee requesting reimbursement for an item must have proof of purchase dated no older than one pay period from the time of request. All reimbursements will be included in the employee’s pay check.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.417 Policy Name: Uniform Buy Back Program</p>	Original: 02/2019 Revised: n/a Renewal: 07/2023
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I. Policy

NORCAL Ambulance recognizes that when employees depart from the company they may be progressing to another job but in a similar field. In doing so, the employee may wish to keep some of their issued uniform items for their future endeavors. NORCAL Ambulance offers the opportunity to the employee to buy back non-logoed items for reduced or no cost.

II. Procedure


During the exit process, employees are provided a list of all uniform items that have been issued to them. Employees are expected to return all items, unless purchasing (“buying back”) selected items. All items eligible for the “Buy-Back Program” will be highlighted for the employee to review. Eligible items include pants, boots, belts and non-logoed T-shirts that have been previously issued to the employee. Employee’s will not be permitted to purchase new or additional items during the exit process.

Buy-back rates will be determined by the length of time from original issuing, and will be as follows for all eligible buy back items:

- Items issued within 1 year = Employee pays 50% original cost of item
- Items issued between 13 months – 23 months = Employees pay 25% of item(s) cost
- Items issued 2 years and longer = Free for employee (no cost)

Employees are not required to buy-back uniform items. If an employee chooses not to buy-back eligible uniform items, they will be required to return them along with other non-eligible uniform items as part of their exit process.

All buy-back purchases are final. Record of buy-back purchases will be stored in the employee’s personnel file with their exit paperwork.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.418 Policy Name: Vehicle Checklist and Checkout</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy


A complete vehicle checkout, for both vehicle and medical supplies, is necessary for the safe functioning of the crew, safe patient transports, and government compliance. It is NORCAL Ambulance’ policy that a full checkout for every ambulance, regardless of the level of service, be completed using the ambulance checklist on every shift. The checkout must be performed by the end of shift. At minimum, the vehicle operations and oxygen checklists must be completed prior to any ambulance movement or calls.

NORCAL Ambulance uses a digital inventory and checkout program. The vehicle checklist is not deemed completed unless the entire digital checkout has been fully completed. This includes verifying vehicle safety and status, filling in vehicle questionnaires, filling out all cabinet and supply information, and checking and verifying all company assets. The checklist and checkout must be completed by all crew members on that unit. It is the responsibility of the entire crew to work together to complete a thorough checkout.

II. Procedure

During the course of events described in the Beginning of Shift Duties, the ambulance checkout must be completed. NORCAL Ambulance utilizes a digital checkout program to provide medical supply inventory control, real-time alerts to management, and issue reporting.


The digital checkout has been vetted and based off of best practices, government regulations, and safety decisions. Ambulance are expected to reflect the checkout exactly. Supplies should match the checklist both in quantity and storage location. Under or overstocking of supplies is not permitted. Understocking does not maintain operating requirements and overstocking reduces and wastes company resources. Any equipment supplies not found on the checkout (i.e., cleaning wipes not listed on the checkout) should be removed. Additionally, as policies and supplies change, the checklist will be updated to reflect the most current list. It is expected that during the course of the next checkout, the crew will adjust stock to reflect the changes. Updates occur in real-time through the digital inventory system.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.418 Policy Name: Vehicle Checklist and Checkout <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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To ensure non-expired and proper operating supplies, the ambulance must undergo:


- Daily Checkout – The standard checkout that occurs at the beginning of every shift.
- Monthly Checkout – A checkout occurring on the 1st day of the month, or the 1st time the ambulance was used in that month. The exception to this is the 1st day of the calendar quarter as detailed below. During the monthly checkout, the crew must open all the cabinets, bags, and seals to verify the contents against the digital checkout. Any expired equipment should be removed and replaced. Any additional monthly equipment checks should be performed as well. If the entire checkout cannot be performed at the start of one shift, it must be worked on during any downtime until it is completed.
- Quarterly Checkout – The quarterly check occurs on the 1st day of the quarter, or the 1st time that ambulance was used in that calendar quarter. Quarterly checkouts, like monthly checkouts, require the verification of all ambulance inventory. However, prior to the quarterly checkout, the digital inventory system removes all supply quantities and expiration dates. The crew is expected to reenter all of the data to ensure accuracy. If the entire checkout cannot be performed at the start of one shift, it must be worked on during any downtime until it is completed.

NORCAL Ambulance uses numbered cabinet seals to speed up the daily ambulance checkout, provide tracking of cabinet or bag inventory, and aid in crew job performance. In the event a cabinet seal has been broken, it is expected that the crew member who opened the seal will restock and used or removed supplies and reseal the cabinet. A seal may be used on a fully stocked duty ready bag or cabinet only. A cabinet missing items or containing expired items should never be sealed. Additionally, by sealing the cabinet the crew member is certifying all contents in that cabinet or bag are duty ready and that the contained inventory matches the appropriate checklist.

	Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.419 Policy Name: Safe Gurney Operations	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

All NORCAL Ambulance field employees are trained in the safe operations of all types of gurneys the company utilizes during their training period. Additional safety and operational information regarding the safe utilization of all gurneys can be found in [Policy 500.107](#).

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.420 Policy Name: Long Distance Transport (LDT) Meal Reimbursements</p>	Original: 05/2005 Revised: 03/2019 Renewal: 07/2023
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I. Purpose

The purpose of this policy is to define long distance transports (LDT) eligible for meal reimbursement.

II. Policy

A long-distance transport (LDT) is defined as a loaded transport of 150 miles or more in one direction.


NORCAL Ambulance shall reimburse meals to crew members on an LDT up to a certain amount. For loaded transports between 150 and 299 miles, NORCAL Ambulance shall reimburse each crew member for one meal up to \$20. For loaded transports 300 miles and over, each crew member will be reimbursed for two meals up to \$35 total.

If an LDT is exceptionally long, special meal and overnight accommodations may be provided.

Reimbursements are intended to be utilized for meals only per employee and will not be provided for non-food items including gift cards, magazines, or any other non-meal request. Additionally, food purchased must be for consumption on shift and not for personal use or consumption outside of work (i.e., purchasing items in bulk).

To receive reimbursements for meals, crew members shall submit their itemized receipts to their supervisor for approval. The supervisor will submit the approval to payroll. All receipts will additionally be screened by payroll for policy compliance. An employee requesting reimbursement for an item must have proof of purchase dated no older than one pay period from the time of request. Employee Expense Reports and receipts must be submitted no later than Tuesday of pay week to receive reimbursement by the following payday.

Any questions about the company's expense reimbursement policy should be directed to the employee's immediate supervisor or payroll department.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.421 Policy Name: BLS Patient Destination Determination</p>	<p>Original: 07/2021 Renewal: 07/2023</p>
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I. Policy

This policy identifies the procedure for determining the appropriate receiving facility for Basic Life Support (BLS) patients transported to the Emergency Department of an acute care hospital.

II. Procedure


Acute patients shall be taken to the closest Emergency Department (ED) staffed and equipped to provide care appropriate for the needs of the patient.

The ambulance operator is responsible for the decision to transport with or without lights and siren. Consideration should be given to whether there are reasonable grounds to believe there is a life threatening emergency, and whether the patient would otherwise benefit from an Advanced Life Support (ALS) transport, along with the travel time, distance, patient condition and road conditions. All transports involving lights and sirens (Code 3 transport) or an ALS activation must be reported to the On-Duty Supervisor.

Prehospital personnel shall assess a patient to determine whether the patient is stable or unstable.

An unstable patient should be transported to the closest, most appropriate ED, or be transported by an ALS unit.

Stable patients should be transported to the closest, most appropriate facility. In most cases, dispatch will direct the ambulance operator to the appropriate facility.

	<p>Policy & Procedure Manual Personnel and Staff Development Policy Number: 300.422 Policy Name: Do Not Resuscitate Orders (DNRs)</p>	<p>Original: 07/2021 Renewal: 07/2023</p>
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I. Policy

A patient with decision-making capacity has the right to accept or refuse medical intervention. This includes the right to specify, in advance, patient preferences when the person is no longer able to communicate their wishes.

II. Procedure

Do Not Resuscitate (DNR) Orders Honored by Prehospital Personnel


A patient or the patient’s Durable Power of Attorney for Health Care (DPAHC) may verbally rescind the DNR order at any time. Prehospital personnel shall honor the following types of DNR Orders:

1. A California Emergency Medical Services Authority (EMSA)/California Medical Association (CMA) Prehospital DNR Form. *Note: DNRs do not expire, and photocopies are valid.*
2. A California EMSA POLST form where Section A – DNR has been chosen
3. A Final Attestation Form for a patient choosing to utilize Aid-in-Dying drugs
4. An Advanced Health Care Directive (SHCD), living will, or Durable Power of Attorney (DPAHC) presented by an agent of the patient empowered to make health care decisions for the patient.
5. An approved DMR medallion/bracelet (e.g., *Medi-Alert* or *Caring Advocates*)
6. A DNR order in the medical record of a licensed healthcare facility (e.g., acute care hospital, skilled nursing facilities, hospices, etc.,) signed by a physician. Electronic physician’s orders are considered signed and shall be honored.
7. A verbal DNR Order given by the patient’s physician

Procedure for Complying with an Honored DNR or POLST Order

Do not attempt resuscitation if the pulseless and apneic patient does not meet the county criteria of determination of death, but is suspected to be a candidate for withholding resuscitation, BLS resuscitative measures shall be performed until one of the following occurs:

- i. The EMS provider sees a written DNR/POLST order, which should be honored, and resuscitation stopped.
- ii. The patient’s physician is contacted and directs EMS providers to discontinue resuscitation.
- iii. The EMS provider sees a valid AHCD or DPAHC which yields decision making authority to a representative who is present, who the EMS Provider verifies the identity of and who verbally specifies the level of care they wish for the patient.
- iv. If a person who is terminally ill appears to have ingested medication under the provisions of the California End of Life Act.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.422 Policy Name: Do Not Resuscitate Orders (DNRs) <i>(continued: page 2 of 3)</i></p>	<p>Original: 07/2021 Renewal: 07/2023</p>
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End of Life Act

If a person who is terminally ill and appears to have ingested medication under the provisions of the California End of Life Option Act, EMS providers shall:

- a) Provide comfort care as indicated. Comfort care includes oxygen administration, opening and maintaining the airway using non-invasive means only (chin lift or jaw thrust) and suctioning as necessary.
- b) Determine who called for the ambulance transport/care and why.
- c) Determine whether there are DNR Orders or a Final Attestation Form available.
- d) If a Final Attestation Form is present and the family objects, provide comfort care to the patient and contact the Base Hospital to have the physician speak with the family. Do not start resuscitation if the patient is in cardiopulmonary arrest.

Complying with a DNR/POLST Form When a Patient is Not in Cardiac Arrest

DNR Orders only apply to patients in cardiac arrest. A patient with a DNR Order that is not in cardiac arrest shall be provided treatment as appropriate for their complaint unless a POLST is in place that directs care differently.


If a patient or representative presents a POLST form, the prehospital provider shall:

1. Verify the identity of the patient
2. Review “Section B” of the POLST form:
 - a. “Full treatment” indicates the patient should be treated as appropriate pursuant to EMS protocols and no treatment should be withheld.
 - b. “Limited Additional Measures” or “Selective Treatment” indicates a patient who should not be intubated. Other airway adjuncts (e.g., NPA/OPA) and positive pressure ventilation are permitted.
 - c. “Comfort Focused Treatment” or “Comfort Measures Only” indicates a patient whose care should be followed as outlined on this section of the form.
 - d. The additional orders section does not apply to the prehospital setting.
3. Contact the Base Hospital if there are any questions or concerns about treatment.

III. Special Considerations

Approved DNR with Objections

If an approved DNR is presented, but on-scene relatives object to the order or if the validity of the order is in question, the crew will provide all appropriate care and resuscitation measures for the patient. Although a patient’s instructions should remain paramount; resuscitation is to be done until the situation is clarified. Base Hospital contact may be initiated if necessary.

	<p>Policy & Procedure Manual <i>Personnel and Staff Development</i> Policy Number: 300.422 Policy Name: Do Not Resuscitate Orders (DNRs) <i>(continued: page 3 of 3)</i></p>	<p>Original: 07/2021 Renewal: 07/2023</p>
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Advanced Terminal Disease or Incomplete DNR

If a patient present with advanced or terminal disease and has an incomplete approved DNR Order (e.g., no signature) or no order is presented and an immediate family member, agent, or conservator at the scene requests no resuscitation the prehospital providers shall do the following:


1. With complete agreement of family and providers on scene, resuscitative efforts may be withheld.
2. Base Hospital contact is not necessary.
3. Resuscitation should be initiated if there is any question of the circumstances or any disagreement of family or providers on scene.

Other Considerations

If CPR is initiated prior to the presentation of an approved DNR order, CPR may be discontinued upon presentation of a valid DNR order without Base Hospital contact.

If multiple forms are presented the providers shall always follow the order with the most current date.

EMS/Prehospital providers shall document all relevant information in the Electronic Health Record (HER)/Electronic Patient Care Report (EPCR) for all patients. Approved DNR Orders/POLST Forms (copies acceptable) shall be attached to the EHR/EPCR if the patient is not transported.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.501 Policy Name: Mandated Reporting – Abuse</p>	Original: 05/2005 Revised: 07/2021 Renewal: 07/2023
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I. Policy

Medical personnel (nurses, paramedics, and EMTs) are required by law to report all cases of suspected or actual abuse and/or neglect of children, elderly or disabled persons. If a prehospital care provider reasonably suspects child, elder or dependent abuse or neglect; notify the appropriate law enforcement agency immediately if it is suspected that abuse or neglect has occurred, whether or not the person that is suspected to have been abused or neglected is a patient.

II. Procedure


An oral report must be made immediately by telephone to law enforcement and a written report must be made within 48 hours.

Child abuse cases must be reported to the Department of Social Services. Elder abuse cases must be reported to the Department of Elder Abuse. Abuse of disabled persons must be reported to the Disabled Persons Protection Commission.

- 24-hour Child Abuse Hotline - (800) 792-5200
- 24-hour Elder Abuse Hotline - (800) 922-2275
- 24-hour Disabled Person Abuse Hotline - (800) 426-9009

Report forms are available from the department specific websites. Completed forms must be turned in to dispatch and attached to the run/job as soon as possible and before leaving at the end of shift. Failure to report cases involving children is punishable by a fine of up to one thousand dollars (\$1,000). All EMTs must attest that they are aware of this law upon recertification.

For further information contact NORCAL Ambulance management staff, the Department of Social Services, the Department of Elder Affairs, or the Disabled Persons Protection Commission.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.502 Policy Name: Documentation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

Paperwork is vital to the operation of NORCAL Ambulance. The attendant on the call is responsible for completing the paperwork; however, both crew members are responsible for the content of the report. Crew members struggling with paperwork may ask for help from their partner, field training officer or supervisor. Proper paperwork is essential for billing purposes and for proper patient care and follow up.

II. Procedure

All NORCAL Ambulance field personnel are required to complete all paperwork before the end of their shift. Paperwork should be completed during or immediately after returning to service after each and every call. This is the best time to write narratives and document what occurred while the event is still fresh.

If something is not documented it did not happen. If a treatment or service is rendered is must be documented or it cannot be added later.


Documentation

Proper documentation will clearly explain what was done for the patient and why. It will also include pertinent negatives to show what was looked for and what was not found in examinations. Documentation serves as the justification of services provided to the patient. Proper documentation can discourage or defeat charges made against the attendant(s) before they begin; it is the first line of defense if issues or questions arise at a later date.

Complete, precise documentation is essential in order for NORCAL Ambulance to be paid for the quality services that we provide. Insurance companies and HMOs set stringent policies regarding reimbursement for ambulance transportation, making documentation that much more important. The determination of whether an ambulance was medically necessary is predominantly based on the documentation of the attendant.

Attendants are expected to complete all of the appropriate documentation for each transport. If any information cannot be obtained, it must be documented why it couldn't in the paperwork. It is just as important for an employee to document what they did not do as it is to document what they did do.


Any belongings or medications traveling with the patient must be inventoried and documented on the Patient Care Report. Additionally, the name of the person the belongings are being transferred to must also be documented.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.502 Policy Name: Documentation <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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All trip sheets and forms completed are legal medical records. Only facts shall be recorded, not an attendant’s assumptions, personal beliefs, or editorial comments.

All attendants must document everything exactly as it happened on the call. All information contained in these records are strictly confidential. Any requests by outside sources for release of any information shall be referred to the Compliance Officer.

The completion of paperwork is the responsibility of both crew members, regardless of who was driving. Normally, the EMT who “teched” the call is primarily responsible for the paperwork, however, both members are equally responsible for its’ accuracy, completeness and submission. All paperwork must be completed and turned in at the end of the shift or whenever requested by a supervisor.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.503 Policy Name: Patient Care Reports</p>	Original: 05/2005 Revised: 05/2021 Renewal: 07/2023
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I. Policy

Any employee of NORCAL Ambulance must complete a patient care report (PCR) for all calls where a patient has been contacted.

II. Procedure

All information in the patient care report (PCR) must be documented. All fields required on the tablet PCR must be completed.


Every patient should sign the PCR where appropriate. If a relative or family member accompanies the patient, they may be asked to sign for the patient. If the crew cannot obtain a signature, they must document that the patient was unable to sign and document the reasoning why, for example the patient’s mental state was altered.

All crews must provide at least a verbal report to the receiving facility while transferring patient care including the following elements at minimum:

- Age
- Gender
- Chief Complaint
- History of Present Illness
- Medications, Past Medical History, Allergies
- Treatments Provided

A copy of the Patient Care Report and/or an Electronic Health Record (EHR) for each transported patient must be left with receiving facility staff prior to clearing the facility, unless otherwise directed.

Under no circumstances will a crew leave a patient without providing a minimum of a verbal report with essential medical information to the receiving facility.

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.504 Policy Name: Amendment of Patient Care Reports</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

Patient Care Reports (PCRs) create a legal record of an ambulance call. It is the responsibility of each staff person to ensure that their PCRs accurately reflect patient information, care given and the medical condition of the patient. This policy outlines the role and responsibility to each staff member in accurately documenting patient care.

Additionally, this policy allows NORCAL Ambulance to fulfill its legal obligation to ensure the integrity of its operations and the confidentiality of patient information and ensure that it is in compliance with all state and federal regulations.


II. Procedure

Supervisory personnel of NORCAL Ambulance may request that staff members modify or amend PCRs for a given call. PCR reviews suggest that the information documented may be incorrect or incomplete. Information for each patient call must be complete, accurate, honest and wholly based on the patient’s condition. It is legally permissible for staff members to amend PCRs for reasons of completeness, correction, and clarity, and in compliance with the procedures outlined below.

NORCAL Ambulance does not endorse nor will it tolerate any staff member who embellishes or falsifies medical necessity, mileage, services rendered, supplies used or any other information for the purpose of obtaining or enhancing reimbursement.


Proper reasons for modifying a PCR may include correcting erroneous information, such as the patient’s name, address, insurance numbers or patient care related information. For example, a non-emergency PCR must include accurate information on the patient’s condition, the crew members’ observations of a change in the patient’s condition, how the patient was moved to the gurney, whether patient required additional care such that transportation by any other means would be contraindicated, etc.

In addition, a PCR that fails to document how a non-emergency patient was found and moved will be returned for being incomplete. Staff members must accurately document how the patient was moved to the gurney, whether the patient walked to the gurney, walked with assistance, was carried by two-person sheet-lift/total assist, etc.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.504 Policy Name: Amendment of Patient Care Reports <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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Outline for PCR Amendments

1. Original PCRs must be fully and accurately documented to reflect the patient’s condition, ambulatory status, treatment given and patient disposition.
2. Medical information on PCRs should only be modified by the original author.
3. Other personnel (billing, QA, etc.) may only amend patient demographic information (name, address, insurance numbers, etc.), correct spelling errors and make other changes not related to patient care documentation.
4. Incorrect information should be crossed out, initialed and dated, or clearly indicated as “amended” on the PCR.
5. New or revised information added to the PCR should be initialed and dated.
6. A copy of the revised PCR will be provided to the supervisor or administrative staff member who initiated the PCR review.
7. All amended PHI (Protected Health Information) will be maintained and disseminated as required by the HIPAA Privacy Rule and in accordance with all NORCAL Ambulance HIPAA compliance policies.


	<u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.505 Policy Name: Patient Refusals	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

All patient refusals must be properly and thoroughly documented. To document a patient refusal the crew must first understand what constitutes a patient refusal. Just as the consent to receive treatment must be informed, the refusal for treatment must also be informed.


II. Procedure

When a patient refuses to be treated or transported, NORCAL Ambulance field personnel will follow all applicable policies as defined by the local governing EMS Authority.

	<u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.506 Policy Name: No Patient Contact/Cancellations	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

When dispatched to a Code 2 or Code 3 request for service that results in a cancellation or no visible patient, the crew is required to fill out the PCR. The PCR must be completed to document the response, efforts to find a patient, or who cancelled the call and the circumstances surrounding the cancellation. This PCR also provides NORCAL Ambulance with statistical information vital to daily operations.

	Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.507 Policy Name: Obvious Death	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy


There may be a time when a crew encounters a patient whom they will not transport due to obvious death. Obvious death can be defined as a patient who is unresponsive, apneic, and pulseless; with at least one of the following criteria present:

- decomposition of the body
- rigor mortis (stiffening of the body after death)
- dependent lividity (discoloration to skin due to pooling of blood)
- decapitation/brain matter visible
- incineration (third degree burns to 100% of the body)

II. Procedure

Different counties have different policies regarding patient care for someone who is obviously dead and may have different qualifiers of the patient's condition. Crew Members shall adhere to the county specific policy for such requests.

Any questions should be immediately directed to a supervisor or manager for further procedures.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.508 Policy Name: Physician Certification Statement</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

A Physician Certification Statement (PCS) Medical Necessity Form must be completed for the non-emergency transport of any patient.


II. Procedure

All NORCAL Ambulance field personnel are required to obtain proper information and signatures on the PCS for all non-emergency transports. The crew must be sure that a doctor or nurse signs the form and that it is filled out appropriately.

Preferably, a doctor or nurse will fill out and sign the medical necessity form at the time of transport. The floor of the sending facility often completes these forms on their own, but there may be occasions when the crew will need to ask the staff to complete the form. If the hospital staff refuses to fill out the medical necessity form, the crew must contact the on-duty supervisor for further guidance. If the staff at the sending facility is not able to sign the form the crew must make sure to have the first and last name of the patient’s primary care doctor on the Patient Care Report.

This information is needed on all non-emergency transports to enable the billing office to contact the patient’s doctor to have the medical necessity completed. Crews can always refer people to the billing office or supervisor if more information is required/requested.

Transports where Kaiser Permanente has ordered and is responsible for transport cost will not require a signed PCS form.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.509 Policy Name: Notice of Privacy Practices</p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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I. Policy

NORCAL Ambulance provides every patient with a Notice of Privacy Practices (NPP) that describes how their Protected Health Information (PHI) may be used and disclosed, the rights and responsibilities of patients with respect to their PHI, and the responsibilities of NORCAL Ambulance with respect to the PHI it creates, collects, and maintains. It is the responsibility for the HIPAA Privacy Officer and/or Administrative Director to oversee the compliance of this policy.

II. Purpose

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires each patient is provided with a Notice of Privacy Practices (NPP), to the health care organization's patients.


The goal of the NPP is to inform patients:

1. How NORCAL Ambulance will use and disclose a patient's PHI;
2. The patient's rights and responsibilities with respect to his/her PHI; and
3. The covered entity's duties with respect to a patient's PHI.

This policy describes how NORCAL Ambulance NPP is provided to our patients and acknowledged, and who to contact with questions regarding the NPP.


III. Procedure

1. Each patient that is treated and/or transported by NORCAL Ambulance will receive and will acknowledge receipt of the NPP.
 - a. Before transferring care to the receiving facility or leaving the scene for a refusal of care, the crew must:
 - i. Provide the patient with the NPP and obtain a signed acknowledgement of receipt.
 - ii. The *TraumaSoft* Software will record the receipt and acknowledgement that the patient received the NPP.
 - iii. A copy of the acknowledgement form will be attached to the PCR and stored in the run report in *TraumaSoft*.
2. **Requests for a NPP** - If any individual requests a copy of the NORCAL Ambulance NPP, the person receiving the request should provide him/her with one.
3. **Documentation** - All documentation related to the receipt and acknowledgement of the NPP will be maintained for a minimum of six (6) years.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.509 Policy Name: Notice of Privacy Practices <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 07/2023
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4. **Questions** - Questions about the NPP or its contents should be directed to the HIPAA Compliance Officer. Questions about the distribution and acknowledgement process should be directed to the employee’s supervisor or the Compliance Officer.

5. **Definitions - Protected Health Information (PHI)** is information about a patient, including demographic information that may identify a patient, that relates to the patient’s past, present or future physical or mental health or condition, related health care services or payment for health care services.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.510 Policy Name: Off-Duty Clearance – Document Assist Team</p>	Original: 11/2019 Revised: Renewal: 07/2023
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I. Policy

Complete clinical documentation is vital to the operation of NORCAL Ambulance. This policy is designed to instruct field personnel on, Off-Duty Clearance Procedures for clearing of field staff for “Off-Duty Status” at the end of their shift. Prior to being released from service for an assigned shift, all field employees shall contact the on-duty Documentation Assist Team (DAT) to be cleared for “off-duty status”, before clocking out at the end of the shift.

II. Background

All Patient Care Reports (PCR) (electronic or paper) and attachments, shall be reviewed after each call by assigned field personnel in order to assure that clinical paperwork is complete. Completed and accurate attachments are also an essential component of clinical documentation. Attachments shall be included with every PCR generated by field staff as appropriate. The below fields are considered required for a completed and accurate clinical PCR. Any elements which are missing are considered incomplete.


NORCAL PCR

- A completed PCR with correct run number and date of service
- Demographics: including correct patient name and date of birth according to face sheet
- Accurate and complete pick up and drop off addresses
- Response Code (Code 1, Code 2, or Code 3) must be documented in the narrative and consistent throughout the PCR
- Signatures of both crew member names must be complete and match the shift profile
- Corresponding clinical documentation which accurately depicts care rendered in the prehospital setting, which aligns with the NORCAL Quality Assurance guidelines. Please reference the [Documentation Policy 300.502](#) for more information.

ATTACHMENTS

Attachments are considered an essential component of the completed PCR and may include but are not limited to the following:

- Facesheet
- (PCS) Physician’s Certification Statement with all required fields that contain completed, legible signatures and printed name (first and last) by sending party
- (AOB) Assignments of Benefits
- Psychiatric hold form (5150/5152) as required (COPY ONLY)
- EKG attachments for ALS/CCT
- Sending Doctor Orders for CCT/ALS

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.510 Policy Name: Off-Duty Clearance – Document Assist Team <i>(continued: page 2 of 2)</i></p>	Original: 11/2019 Revised: Renewal: 07/2023
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III. Procedure

1. Field personnel shall contact the DAT via radio to confirm all transports and paperwork are accounted for prior to logging off for their assigned shift.
2. Once documentation has been received, reviewed and confirmed, the DAT will ensure that all clinical paperwork is complete and ready for submittal.
3. Upon completion of all DAT procedures, the crew will be cleared for Off-Duty Status.
4. A Daily Activity Log (DAL) must be completed for every shift. Scanned attachments should be deposited in the HIPAA secure station drop box only after being cleared by the DAT.
5. Field personnel with off-duty times outside of the operational hours of the DAT must fill out a Daily Activity Log (DAL) and fax all attachments to DAT@norcalambulance.com.
6. In the event of an electronic PCR failure, a paper PCR must be completed and faxed to DAT@norcalambulance.com for review by the DAT at the end of the shift for review and clearance for off-duty status.


MISSING DOCUMENTATION

In the event that documentation has not been received or submitted, the DAT will indicate that a PCR or attachment is missing, incorrect or incomplete. The DAT will contact the attendant responsible for the document and indicate that an amendment or addition is required for completion prior to being cleared for off-duty status.

If pictures of documents are illegible, crews will be required to retake pictures so information can be easily deciphered.

If required documents are missing, the On-Duty Supervisor (ODS) will be notified to follow up with the field crew to ascertain the status of the missing documents. The DAT may alert the NORCAL business development department if applicable in the event of a missing facility PCS, document etc., for follow up.

Contact the Quality Assurance Department or On-Duty Supervisor for any questions regarding Off-Duty Procedures.

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.600 Policy Name: Advanced Life Support (ALS) Emergency Response Times – Sacramento Operations</p>	Original: 03/2020 Revised: Renewal: 07/2023
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I. Purpose

To clarify NORCAL Ambulance’s emergency response times for Advanced Life Support (ALS) services in Sacramento County.

II. Definitions

- Code 2: An immediate response to a non-life-threatening emergency while obeying all traffic laws.
- Code 3: An immediate response to a life-threatening emergency while driving with due regard.
- Out of chute time: The amount of time from when a crew is assigned a call and when they are in the ambulance and beginning their driving response (en route) to the call.

III. Procedure

Dispatch


The NORCAL dispatcher will confirm with the customer that a response for ALS services is appropriate. Once confirmed the dispatcher will find the location of the call through Google Maps to ascertain an ETA which is appropriate for a Code 2 or Code 3 response.

For a Code 3 response, the dispatcher acknowledges that the response time of 15 minutes or less is indicated and assigns an available ALS unit in closest proximity and most appropriate for the call. The dispatcher will dispatch the crew to send them en route with the pickup location and chief complaint. The dispatcher then can continue taking information from the caller. The dispatcher will then update the call page and send the information to the responding crew via MDT.

(Google Maps is the only appropriate and recognized standard of response for NORCAL Ambulance. All ETAs for response times will be determined by Dispatch via Google Maps).

ALS Crew

The crew shall be “chirped” (notified of the call) directly through the push-to-talk (PTT) phone/radio feature and will respond appropriately minimizing chute time. Ideal out of chute times should be less than two minutes from the time alerted. The crew once notified, shall proceed en route in order to meet the 15-minute or less response time. The crew will follow the ETA provided by dispatch. The crew will respond appropriately and utilize due regard while responding.


	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.600 Policy Name: Advanced Life Support (ALS) Emergency Response Times – Sacramento Operations <i>(continued: page 2 of 2)</i></p>	Original: 01/2020 Revised: Renewal: 07/2023
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Variance

Should the responding crew find any outlying issue with the response time of the call, they shall not delay responding to the call but instead continue to the call with the intention of responding to the call without delay. The crew member who is not operating the vehicle, if needed may contact the On-Duty Supervisor (ODS) to request additional information or clarification in regard to the assigned call. Should the ODS not respond, the crew will continue the call and complete an Unusual Occurrence Report which will be flagged for immediate Quality Assurance evaluation. At no time shall a crew member refuse an EMS run assigned by Dispatch while responding en route to the call.

Review

All Code 3 ALS calls for service shall be assessed for clinical indicators upon completion of the call. All calls will be compiled and assessed for improvement in quality. Ideal Key Performance Indicators (KPI) for Code 3 ALS responses will be 90% or greater for On-Time Percentages (OTP).

	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.602 Policy Name: Tracheal Suctioning</p>	Original: 12/2020 Revised: Renewal: 07/2023
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I. Purpose

The purpose of tracheal suctioning is to assist in maintaining a patent airway by removing secretions from the larynx or trachea. This mode of suctioning is used when oropharyngeal suctioning with a Yankauer device is ineffective or inappropriate due to secretions being located in the lower airway.

II. Indications

Clinical findings reveal decreased oxygenation to the tissue, as well as pooling of secretions in upper and lower airways. A thorough assessment should be completed before and following the suctioning procedure. Signs and symptoms associated with hypoxia, hypoxemia or hypercapnia.

- Gurgling, unable to clear secretions
- Low SpO₂, Cyanosis
- Vomiting
- Difficulty ventilating patient
- Request for suctioning by patient

III. Contraindications


- Facial trauma/ surgery
- Bleeding disorders
- Nasal bleeding
- Epiglottitis or croup
- Laryngospasm
- Irritable airway

IV. Equipment

- PPE, Gloves, face shield or goggles
- Suction Kit, sterile gloves, suction catheter
- Suction apparatus, canister, tubing
- Sterile saline or water
- Stethoscope

V. Emergencies

- A. In the event the tracheostomy is dislodged:
 - Upgrade to Code 3 and divert to nearest hospital
 - Cover stoma with occlusive dressing
 - Provide bag-mask ventilation over nose and mouth
- B. In the event patient is unable to be ventilated through the nasopharynx airway
 - Provide bag-mask ventilation through the stoma using a pediatric bag-valve-mask (BVM)


	<p>Policy & Procedure Manual <i>Field Operations</i> Policy Number: 300.602 Policy Name: Tracheal Suctioning (continued: page 2 of 2)</p>	Original: 12/2020 Revised: Renewal: 07/2023
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VI. Procedure

1. Explain procedure to patient, encourage the patient to cough during procedure.
2. Position the patient in semi-Fowler's or up right with head hyperextended, unless contraindicated. This reduces the gag reflex and aspiration while promoting secretion drainage.
3. If indicated, increase supplemental oxygenation to 100% FIO₂. Hyperoxygenation provides some protection from suction induced decline in oxygenation.

Oxygen must be readjusted as ordered by physician after procedure to avoid increases risk of oxygen toxicity and absorption, atelectasis from prolonged administration of high concentration of oxygen and increased carbon dioxide retention in patients with COPD.

4. Perform hand hygiene and apply gloves, don protective equipment such as goggles or face shield.
5. Connect one end of the connecting tubing to the suction apparatus and place the other end across the patients' chest. Turn suction device on and set vacuum regulator to appropriate negative pressure starting at approximately 80-100 mmHg.
6. Open the suction kit or catheter using aseptic technique. Do not allow the suction catheter to touch any nonsterile surfaces. Set up sterile basin if available, being careful not to touch the inside of the basin. Fill with approximately 50 ml sterile saline or sterile water. Don sterile gloves.
7. Pick up catheter with dominant hand, avoid touching non-sterile surfaces. Dominant hand remains sterile. Pick up connecting tubing with non-dominant hand and secure to catheter. Nondominant hand remains unsterile.
8. Without applying suction, insert the catheter using the dominant thumb and forefinger into the artificial airway during inspiration, until resistance is met.
9. Apply suction by placing nondominant thumb over vent of catheter while slowly removing catheter. Suctioning should require no more than 5-10 seconds. May repeat once more to clear secretions allowing for 1 full minute between suction passes.
10. When suctioning is complete, disconnect catheter from connecting tubing, roll catheter around fingers of dominant hand and pull glove off over catheter. Pull non dominant glove off in same way to seal contaminants.
11. Readjust oxygenation to original level.
12. Discard supplies and PPE in biohazard bag. Decontamination of equipment should occur at the end of patient transport.
13. Documentation must include indication for suctioning, type of suctioning ie; tracheal, amount, consistency, color and odor of secretions. Chart patient response, lung sounds, vital signs and pulse oximetry readings as required. Continue to monitor patient and evaluate effectiveness of and need for suctioning.

	<p><u>Policy & Procedure Manual</u> <i>Field Operations</i> Policy Number: 300.603 Policy Name: IFT Tracheal Suctioning</p>	Original: 12/2020 Revised: Renewal: 07/2023
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I. Indication

Decreased oxygenation to the tissue, as well as pooling of secretions in upper and lower airways. Signs and symptoms associated with hypoxia, hypoxemia or hypercapnia.

- Gurgling, unable to clear secretions
- Low SpO₂, Cyanosis
- Vomiting
- Difficulty ventilating patient
- Request for suctioning by patient

II. Critical Information

- Hyper-oxygenate patient before suctioning
- Maintain sterile field
- May repeat one time
- Use appropriate catheter size
- Suction only upon withdrawal of the catheter contraindications
- Facial trauma/surgery
- Bleeding disorders
- Nasal bleeding
- Epiglottis or croup
- Laryngospasm
- Irritable airway

III. Special Considerations





Saline not required to suction airway.


IV. Documentation

- Indication for suctioning
- type of suctioning i.e.; tracheal vs oral
- amount, consistency, color and odor of secretions
- patient response, lung sounds, vital signs and pulse oximetry readings as required.

Note: Related Policy and Procedure: [Tracheal Suctioning 300.602](#)



Policy and Procedure Manual	<i>Critical Care Transport</i> Section 400	Revision Due: 10/2023
Title: C.O.O.	Name: Eric Larimer	Signature: 
Title: CEO	Name: Karla Nazareno	Signature: 
Title: MEDICAL DIRECTOR	Name: GERARD R. NAZARENO	Signature: 
Title: Director of Human Resources	Name: Jacqueline Mitchell, II	Signature: 

	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.100 Policy Name: Philosophy and Description of Service</p>	Original: 05/2005 Revised: 04/2020 Renewal: 10/2023
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I. Philosophy

The Critical Care Transport (CCT) division fully supports the mission statement and core values of NORCAL Ambulance. The philosophy for care is based upon the respect for the dignity and welfare of each individual person. We believe that each patient has the right to receive safe, effective, and expert critical nursing care.

To accomplish this goal, we have the following objectives:


1. To provide safe, professional, critical care nursing to all patients in need of critical care transport.
2. To exceed our patient’s expectations through our company-based idealism.
3. To participate in the education of patient care to providing professionals and paraprofessionals.
4. To cooperate with the local and regional agencies in the mutual attainment of shared goals.
5. Training for excellence.

II. Scope of Care

NORCAL Ambulance Critical Care Transport, operating in accordance with California Regulation Title 22, state and federal laws, and other applicable guidelines, provides Critical Care Transport service to pediatric, young adult, adult, and geriatric patients 365 days a year.

A licensed registered nurse provides medical care and supervision. Medical directorship may be consulted, as appropriate, and direct medical base contact may be assessed by cellular phone at any time.

Registered nurses are trained in Basic Cardiac Life Support and Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS). Many staff maintain additional credentials and training as well as a National Certification. Paramedics and Emergency Medical Technicians (EMTs) assist the professional nursing staff in the delivery of nursing care. EMTs must be specially trained in critical care transport.

	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.100 Policy Name: Philosophy and Description of Service <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 04/2020 Renewal: 10/2023
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III. Organization


The Critical Care Transport program and its relationship to the overall organization is shown in the organizational chart. Its integral role of providing the highest level of patient care in the transport service accounts for its independent needs for financial and administrative accountability. Responsibility and authority for clinical care and administrative management are assumed by the Critical Care Management Team, under direction of the CCT Director and the Medical Director.

The delivery of CCT services, the scope and performance of services, and the responsibility and execution of duties required for directing the Critical Care Transport service are assumed by the Medical Director and CCT Director.

A written policy and procedure manual and written reference materials are present to help guide transport services. Policies and procedures are reviewed and/or revised in accordance with company policy and are approved by the Board of Directors. Policies and procedures include but are not limited to those applicable to critical care nursing staff, Emergency Medical Technician staff, and administration. Current reference material and locations are present at the main station.

IV. Transport Units

Critical Care Transport units are available 24 hours a day, 7 days a week, 365 days a year to transport critically ill patients. All CCT units have oxygen, ventilator, two IVP capable of six medications, cardiac monitor/defibrillator and CCT bags with additional supplies and medications. NORCAL Ambulance stocks all CCT units with high quality, cutting-edge technology and equipment including but not limited to LTV 1200 ventilator, LP12 Lifepak Cardiac Monitor with three channel pressure monitoring capabilities, continuous ETOC02 monitoring, FDA approved HFNC systems and mini-med IVP.

	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.101 Policy Name: Inclusive Definitions</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

NORCAL Ambulance is committed to clearly define all terminology directly related to patient care to ensure all staff are equipped to operate all the highest level.


II. Procedure

Critical Care Transport Definitions:

1. Critical Care Transport is the movement of critically ill patients from facilities where the patients' needs exceed available resources to places that meet their needs, while maintaining a specialized level of care.
2. Mobile unit
 - a. Consists of an ambulance unit, Class 2 or 3, fully equipped with basic and advanced medical support systems.
 - b. Standard medications per policy protocol are to be kept in a safe place in the transport unit and extra supplies for patient care are also stored in the unit.
2. Personnel
 - a. A certified critical care Registered Nurse (RN) will assume the role of primary care provider.
 - b. EMT-B's provide supportive care under the direction of the CCTRN.
 - c. The Medical Director provides guidance and review of cases, as needed.
3. Dispatch
 - a. A dedicated specialty trained CCT dispatcher who obtains and provides information of patient's whereabouts and destination.
 - b. Capable of accessing the unit at all times.


Provisions of Service Definitions:

1. Qualifications for care
 - a. Service should cover a standard set of diagnoses, limited to the qualifications and capacity of the care unit provisions.
 - b. Policy and procedures written as company protocol.
 - c. Establishing the level of stability prior to dispatch can strong predict the outcome and safety of transport.
2. Limitations of service
 - a. Strict distinction between CCT service and 911 services need to be established.
 - b. Invasive medical procedures that must be done en route should be defined and limited to the safety of all involved.
 - c. CCT unit may transport Code 2 into the Emergency Room (ER) for non-emergent patient with receiving doctor on record.

	<u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.103 Policy Name: Medical Direction	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

All medical direction is provided by Dr. Gerald Nazareno. The Medical Director can be reached via phone, email, and mail for all concerns regarding the medical direction of the Critical Care Department, as well as all other medical departments under NORCAL Ambulance.

	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.104 Policy Name: Patient and Family Education</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy


NORCAL Ambulance Critical Care Transport unit embraces an integrated and empathetic approach when dealing with critical patients. Educating the patient and family members as to why the service is needed is a part of the patient’s care. Given that the encounter, although brief, is an opportunity to provide care to the patient, the information provided by the nursing and ancillary staff regarding the patient’s condition and care, may enhance their understanding of the complexity of their critical medical care.

II. Procedure

Whenever possible, the critical care nurse is encouraged to educate and inform the patient of their condition, the necessity of transport, and possible complications and discomfort during transport.

Respect for the family members is tantamount. Sensitivity to the concerns of family members should be expressed or acknowledged.

Failure to the above will result in counseling by the Management team, and/or potential termination for egregious disregard.

	<u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.105 Policy Name: Reference Guidelines	Original: 05/2005 Revised: 04/2020 Renewal: 10/2023
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I. Policy

It is a policy for NORCAL Ambulance Critical Care Transport nursing that the following list will be a reference guideline to the Nursing Policy and Procedural Directives, which are not specifically listed in our Policy and Procedural Manual.

- A. The American Associate of Critical Care Nurses (AACN) Policies and Procedures
- B. ASTN Pediatric Field Guide
- C. ASTA Standards
- D. The most current AHA ACLS Provider Manual
- E. The most current AHA PALS Provider Manual

II. Procedure

1. It will be the responsibility of the nurse practicing with NORCAL Ambulance Critical Care Transport to review the Policy and Procedural Manual for specific procedure policy before referencing to the guidelines as set forth by the list above.
2. It will be the responsibility of the Management team and nursing staff to stay abreast of the new methods and procedures which may differ from those, as outlined in the references above, and modify such changes with updated policies and procedures accordingly. This review shall be on an ongoing basis.

	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.200 Policy Name: Staffing</p>	Original: 05/2005 Revised: 04/2020 Renewal: 10/2023
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I. Policy

The Scheduling Department of NORCAL Ambulance Service is responsible for staffing open shifts with a qualified CCT nurse and two CCT-EMT Specialists.


II. Procedure

CCT personell will be hired for either full-time, part-time, or per diem. Full-time is thirty or more hours per week. Part-time is a minimum of twenty but less than thirty hours per week. All full-time and part-time CCT staff will be required to work one weekend shift per pay period.

Please see [Policy 400.201 Per Diem Requirements – CCT RN](#) for more information on Per Diem requirements.

A permanent schedule is housed in *Traumasoft* and will be updated continuously. CCT Nurses and CCT-EMT Specialists are responsible for covering shifts on the schedule which are assigned to them in *Traumasoft*. CCT personnel who are unable to staff a shift they are scheduled for are responsible for covering said shift with another qualified employee. Any permanent change in schedule will require 2 week notice.

In regard to sick call or leave of absence, please refer to the general company policy.


	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.201 Policy Name: Per Diem Requirements CCT-RN</p>	Original: 05/2005 Revised: 04/2020 Renewal: 10/2023
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I. Policy

To ensure the proper staffing of Critical Care Units, NORCAL Ambulance provides CCT personnel to be hired into full-time, part-time, or per diem positions. Each position has a minimum requirement to maintain employment. Per Diem employees have a set requirement to abide by.

II. Procedure

- CCT Personnel must work a minimum of four (4) shifts per month including one (1) weekend shift.
- If there are no open/available shifts that a CCT-RN can work, they will need to give a 4-day availability to scheduling by the first of the month.
- Per Diem requests will be approved by seniority on the 15th of the prior month from all shift requests in *Traumasoft* submitted by that day. A CCT-RN has 24-hours to grieve a shift that they believe was given to another CCT-RN unfairly. After the 15th, all requests that come in for the following month will be approved/denied as they are submitted.
- If two CCT-RNs put in a request at the same time after the 15th, it will default to the following order of shift pickup.
 - Full-time will get the shift first to bring them up to 40 hours
 - Part-time will get the shift to bring them just up to 30 hours
 - Per diem and seniority will be honored thereafter
 - Overtime up to and over 50 hours will only be approved if there is nobody else who would fall under overtime requesting the shift.
- All overtime over 50 hours in a week needs prior management approval.
- All trades, time-off, and shift requests need to be requested in *Traumasoft*. It is an individual's responsibility to verify their schedule. Failure to show up for a shift as a result of not checking the schedule will be marked as a no call/no show.
- If a per diem CCT-RN does not pick up shifts or give a 4-day availability for two consecutive months without being on an approved leave or absence, Human Resources will begin the exit process as job abandonment.

	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.202 Policy Name: Evaluation of New Hires</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy


Every newly hired nursing employee will be evaluated/observed on an individual transport basis, dependent upon the newly hired nurse’s area of expertise. CCT Field Supervisors reserve the right to extend or end training at any time.

II. Procedure

The preceptor and/or the Management team will initiate the employee’s evaluation. A summary of the shift’s evaluations will be utilized in formulating the competency evaluation.

The competency evaluation is to be completed by the preceptor and/or the Management team, with input from the trainee.

Competency evaluations must be completed within the designated time frame and submitted to Human Resources for the employee’s file.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.203 Policy Name: Competency Training and Testing	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

Training of CCT RNs will be determined on an individual basis, based on the RN's individual experience. This will be determined by the CCT RN supervisor in charge of hiring and training.

II. Procedure

1. Competency Training: During the CCT RN's probationary period the CCT RN must complete a competency training manual.
2. Evaluations: Initially the new CCT RN must pass an evaluation by a designated CCT RN trainer before being released to work as a CCT RN.
3. Yearly Evaluations: A CCT RN supervisor will do a yearly evaluation on all CCT RNs.

	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.301 Policy Name: Scope of Practice	Original: 05/2005 Revised: 04/2020 Renewal: 10/2023
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I. Policy

The scope of practice for the CCT-RN is based on nursing standards of practice. Additionally, all RNs are required to follow all standing transport orders as well as orders by the transferring medical doctor (MD).

The scope of practice includes, but is not limited to:

- Patient assessment
- Coordination of care
- Proper, legal medical documentation including narratives, Physician's Certification Statements (PCS), Physician's sending or receiving orders, using approved abbreviations
- Starting and maintaining IVs
- ACLS medications
- Code situations
- Vital signs and EKG interpretation
- Medication therapies listed in standing orders
- Ventilation therapy

Please reference CCT Standing Orders for more specific practices.


	<u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.400 Policy Name: Routine Care and Testing of Equipment	Original: 05/2005 Revised: 04/2020 Renewal: 10/2023
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I. Policy

Quality medical equipment is essential for quality medical care and safety. All equipment used in the transport and care of critical patients will be routinely maintained and serviced by The Bio-Medical Department.

II. Procedure

1. An inventory of all equipment will be kept in Operative IQ (OPIQ).
2. Scheduled maintenance shall occur per recommendations by the manufacturer.
3. Additional repairs shall immediately occur upon notice of wear or malfunction.
4. Repair will be carried out only by documented and/or certified biomedical services.
5. Upon notice of any malfunction or wear, the CCT-RN shall notify, in writing, the Management team and remove the piece of equipment immediately in accordance with Support Services to update system and replace equipment accordingly.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.401 Policy Name: Pre-Shift Equipment and Supply Check	Original: 05/2005 Revised: 04/2020 Renewal: 10/2023
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I. Policy

To ensure safety and avoid complications during transport the CCT crew and CCT-RN, must perform routine equipment and supply checks prior to the start of shift.

II. Procedure

1. All medical-electronic monitoring battery or chargers will be checked out by the CCT-RN.
2. Ancillary supplies shall be checked by the CCT personnel and restocked accordingly.
3. Deficiencies in inventory and/or malfunctions of the equipment will mandate a notification to the On-Duty Supervisor (ODS) immediately.
4. A complete check out is required for every shift.
5. Upon notice of any malfunction or wear, the CCT-RN shall notify, in writing, the Management team and remove the piece of equipment immediately in accordance with Support Services to update system and replace equipment accordingly.


	<u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.402 Policy Name: Updating Equipment	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

To ensure safety and to maintain our high standard of patient care, it is a necessity to review and/or replace equipment, as needed, to benefit patient care and monitoring techniques. In addition, equipment may be added as technology evolves.

II. Procedure

1. An annual review and assessment of all CCT equipment on-hand will be done by the Management team and/or staff.
2. Input as to the function or quality will be strongly encouraged and welcomed.
3. Requests for new equipment will be forwarded to the Board of Directors for review and approval for Capital Purchase.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.403 Policy Name: Equipment from Outside Sources	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

The purpose of this policy is to establish NORCAL Ambulance's policy on equipment from outside sources.

II. Procedure

1. NORCAL Ambulance carries a wide range of equipment for patient care. NORCAL CCT-RNs will only use equipment provided by NORCAL Ambulance.
2. If a hospital is using a piece of equipment that NORCAL Ambulance does not have in stock (*such as balloon pumps or ECMO*) the transferring facility must send a qualified RN with the CCT crew to run the equipment.
3. At no time shall a CCT-RN operate a piece of equipment that is not provided by NORCAL Ambulance.
4. If, in the future, it is determined that all units, or a specific CCT unit needs a specialty piece of equipment, then any new equipment must be inspected and insured by a qualified technician. A new policy and protocol must be written and all CCT-RNs that typically man that CCT unit must be trained prior to putting the new equipment into place.


	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.404 Policy Name: CCT Bag Daily Checkout</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

For purposes of uniformity and standardization of practice, the NORCAL Ambulance CCT units utilize a CCT Bag Daily Checkout form to ensure that equipment and medications are checked out prior to starting a shift. Completion of these forms indicates the readiness and responsibility of the incoming shift for duty.

II. Procedure

1. The CCT Bag Daily Checkout form reflects the content and various compartments held within the CCT bag. For ease of orientation, the description and content are described on the form.
2. Prior to commencing a shift, the incoming CCT-RN will fill out a form with the date and name and proceed with inventory check.
 - a. If the compartment is sealed, and the seal is not broken, that designated compartment will be considered complete and may be checked off. Additionally, the bag must be checked every 30 days by a CCT-RN, and resealed with initials and the date it was checked.
 - b. If the compartment was sealed, but the seal is broken, contents of that compartment need to be checked prior to sealing.
 - c. If the compartment is open and unsealed (indicating usage of its contents), the compartment will be restocked prior to sealing.
 - d. The bags must be opened on the first day of each month and checked for expired drugs.
 - e. The bag must be sealed at the end of every shift by the off going CCT-RN.
3. Completed forms will be submitted or left in the CCT supply cabinet for filing.
4. Failure to comply with this procedure will result in disciplinary action.


	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.405 Policy Name: Neurological/Neurosurgical Care</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

It is the policy of NORCAL Ambulance to ensure neurological/neurosurgical patients receive the appropriate and specialized care necessary for a safe and effective transport.

II. Procedure

1. Request for neurological/neurosurgical transfers will be screened prior to dispatching the CCT unit to ensure appropriate equipment and supplies.
2. If required, additional personnel will be assigned to the unit to assist in moving appliances and/or other neurological/neurosurgical supplies.
3. Upon receiving the patient, a detailed report requesting specific information regarding the type of neurological issues, neurosurgical requirements, and special monitoring shall be made.
4. For a patient with acute neurological changes, at minimum, during transport, the patient shall have a patent IV site, cardiac monitoring, pulse oximetry, and oxygen.
5. All neurological/neurosurgical patients will have the head of the bed elevated to twenty or more degrees, unless contraindicated.
6. Detailed assessment of the patient shall include:
 - a. Neurological vital signs
 - b. Surgical site (if applicable)
 - c. Post-surgical requirements (i.e. drains, VP shunts, etc.)
 - d. Dressing on wounds and sites (soaked, dry, infected, etc.)
 - e. Vitals signs and pain assessment
7. When necessary, the receiving facility shall be contacted prior to departing from the sending facility to ensure the availability of any specialized surgical equipment.
8. Detailed documentation shall include:
 - a. Neurological vital signs
 - b. Vital signs and pain assessment
 - c. Function-ability of surgical equipment/appliances
 - d. Complications, if any
9. Upon arrival at the receiving facility, a detailed report will be given to the receiving personnel and assistance to move the patient will be offered by the CCT crew.


	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.406 Policy Name: Pediatrics</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

NORCAL Ambulance CCT units will be requested to transfer pediatric patients. It is the policy of NORCAL Ambulance to transfer these patients with the appropriate safety required for pediatric patients.

II. Procedure

1. Request for pediatric transfers will be screened prior to dispatching the CCT unit to assure appropriate equipment and supplies.
2. Prior to receiving the patient, the CCT-RN shall receive a detailed report requesting specific information regarding the patient's history, reason for transfer, and special requirements and monitoring.
3. All pediatric patients are required to be secured in a Pedi-Mate child restraint, or their car seat on the gurney. The Pedi-Mate must be adjusted and secured per manufacturers' recommendations to ensure safety of the patient.
4. Patients shall be covered or dressed, as appropriate, to maintain appropriate body temperature.
5. Special considerations shall be made to accommodate one parent to ride with the CCT crew at the discretion of the CCT RN in charge.
6. At a minimum during transport, it is recommended the patient shall have a patent IV site, cardiac monitoring, pulse oximetry, and supplemental oxygen, if tolerated. If the sending physician does not want the establishment of an IV access, written orders must be written to accommodate this.
7. Detailed documentation shall include the patient's:
 - a. weight
 - b. temperature
 - c. respiratory rate
 - d. pulse rate
 - e. FLACC Scale/Faces/Pain Scale
8. Upon arrival at the receiving facility, a detailed report will be given to the receiving personnel.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.407 Policy Name: Obstetrics	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

NORCAL Ambulance recognizes the necessity to transport patients who are pregnant (with complications) to a higher level of care. Specialized care provisions will be established in such instances.

II. Procedure

1. Request for obstetric transfers will be screened prior to dispatching the CCT unit to assure appropriate equipment and supplies.
2. Prior to receiving the patient, the CCT-RN shall receive a detailed report requesting specific information regarding the obstetrical history, reason for transfer, and special requirements and monitoring. If it is deemed by the CCT-RN that the patient is in active labor with imminent delivery, the CCT-RN will contact the sending physician and the Medical Director to determine if transport is possible.
3. At a minimum during transport, the patient shall have a patent IV site, cardiac monitoring, and pulse oximetry, fetal heart monitoring and supplemental oxygen.
4. Detailed assessment and documentation of the patient shall include:
 - a. Obstetrical history
 - b. Fetal heart tones
 - c. Vital signs and pain assessment
5. In the event that delivery is imminent, or complications worsen, the CCT unit until shall upgrade transport statue to Code 3, lights and sirens, to the closest and most appropriate receiving facility.
6. Upon arrival at the receiving facility, a detailed report shall be given to the receiving personnel and the CCT crew shall assist the receiving facility transfer the patient, if necessary.

	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.408 Policy Name: Neonates and Infants</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

NORCAL Ambulance provides critical care transport to neonate patients. For the purpose of this policy, neonates are considered to be less than one-month old, and infants are considered to be less than one-year old.


II. Procedure

1. The CCT-RN may not transport any neonate that meets any of the following criteria unless an MD is going to accompany and continue care of the neonate.
 - a. Is the patient intubated?
 - b. Are there any episodes of apnea or bradycardia?
 - c. Is the patient experiencing any episodes of desaturation or respiratory distress?
 - d. Have the patients been given any narcotics or sedation in the last 12 hours?
 - e. Does the patient have any cardiac or pulmonary congenital defects?
 - f. The CCT-RN may refuse to transport ANY neonatal patient if they do not feel transport can be safely done.

2. The CCT-RN may not transport any infant less than one year of age if the patient meets any of the following criteria, unless the CCT-RN has the appropriate experience with the specific type of patient, or if an attending MD transports with the patient:
 - a. Is the patient intubated?
 - b. Are the patient's vital signs within normal limits for their age?
 - c. Is the patient in respiratory distress?
 - d. Is the patient neurologically intact?
 - e. Does the patient have any cardiac or pulmonary congenital defects?
 - f. The CCT-RN may refuse to transport ANY pediatric patient if they do not feel transport can be safely done.

	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.408 Policy Name: Neonates and Infants (<i>continued: page 2 of 2</i>)	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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3. The CCT-RN must call the sending facility as soon as the unit goes en route to get a verbal report from the attending RN. If there is any indication that the RN will not be able to safely transfer the patient, the CCT RN must notify the CCT Supervisor immediately to discuss other transport options.
4. If the CCT-RN decides that the patient cannot be transported safely, the CCT-RN must notify dispatch, as well as a CCT Supervisor. The CCT-RN must also fill out an unusual occurrence report.
5. If the patient is a NICU (neonatal intensive care unit) level patient then NORCAL Ambulance CCT-RN will NOT transport these patients regardless of the patients age.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.409 Policy Name: Signing Out Against Medical Advice (AMA)	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

NORCAL Ambulance respects and recognizes patient's rights. Patients who desire to sign out or refuse service will receive proper evaluation and documentation, as well as a review of the safety issues regarding their medical condition.

II. Procedure

1. Patients who are to be transported will receive a proper introduction by the transporting staff, and proceedings of the transport will be explained.
2. If a patient refuses to be transferred, the nurse will notify the personnel from the sending facility of the situation.
3. The transport staff will attempt to explain the necessity of the transport, within reasonable means.
4. If the patient is determined by the sending facility to be mentally and physically competent, and the patient continues to refuse transport, the patient is to sign a form accepting the risks at hand.
5. The nurse will document on the record:
 - a. disposition
 - b. events that transpired
 - c. witnesses to the event
6. The CCT-RN must notify dispatch, as well as a CCT Supervisor of any AMA. The CCT-RN must also fill out an unusual occurrence report.


	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.410 Policy Name: Homicidal/Suicidal (5150) Patient Care</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

Patients necessitating Critical Care Transport under a Homicidal/Suicide (5150) Hold require an official 5150 Form from the sending facility.

II. Procedure

1. NORCAL Ambulance Critical Care Transport units will assess the patient's medical requirements, patient and medical personnel's safety prior to running a call to assure a safe and efficient transport.
2. If all safety criteria are met for the 5150 patient, a full CCT assessment must be performed.
 - a. Medical Personnel Safety
 - i. The CCT crew are notified of the nature of the call and all precautions for a safe transport are reviewed
 - ii. Personnel objects and equipment that may potentially be used as a weapon should be contained prior to approaching the patient.
 - b. 5150 Patient
 - i. The patient will be dealt with dignity and professionalism by the medical crew at all times.
 - ii. Proper documentation of the order to implement restraints will be reviewed and duly noted.
 - iii. If the CCT crew feels the patient poses a significant safety risk, restraints may be applied based on the medical crew's discretion, in compliance with the Nursing Standard of Care.
 - iv. Vital signs, airway, breathing, circulation and disability will be ensured, monitored, and documented in the medical record
3. All measures of this policy shall be adhered to until the CCT crew has completely disengaged care of the 5150 patient.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.411 Policy Name: Forensic Patient Care	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

This policy addresses the concerns and issues surrounding the care and transport of critically ill patients under forensic restraint and law enforcement detention. NORCAL Ambulance CCT service addresses these issues based upon patient safety, medical necessity, personnel's safety and, law enforcement concerns.

II. Procedure

1. NORCAL Ambulance Critical Care Transport units will assess the patient's medical requirements, law enforcement requirements, and the patient and medical personnel safety prior to running a call to assure a safe and efficient transport.
2. If all safety criteria are met for the forensic patient, a full CCT assessment must be performed.
 - a. Medical Personnel Safety
 - i. The CCT crew is notified of the forensic nature of the call and all precautions for a safe transport are reviewed.
 - ii. Personnel objects and equipment that may potentially be used as a weapon should be contained prior to approaching the patient.
 - iii. The medical team will be accompanied by a law enforcement officer at all times in the presence of the forensic patient.
 - b. Law Enforcement
 - i. The law enforcement officer accompanying the patient will be kept informed of the medically necessary procedures to be done prior to patient contact.
 - ii. The medical crew will take guidance from the law enforcement officer with regards to personnel safety.
 - iii. In circumstances wherein discrepancies between the medical care of the patient and personnel safety arise, safety concerns will take priority over medical care.
 - iv. At all times, the medical crew will be accompanied by the law enforcement officers when in the presence of the patient.

	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.411 Policy Name: Forensic Patient Care <i>(continued: page 2 of 2)</i>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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c. Forensic Patient

- i. The patient will be dealt with dignity and professionalism by the medical crew at all times.
- ii. Proper documentation shall be implemented with regards to restraints, spit guards, shackles, handcuffs and four-point restraints.
- iii. Where safety permits, airway, breathing, circulation and disability will be ensured, monitored, and documented in the medical record.

d. Receiving facility

- i. The CCT crew will contact the receiving facility prior to initiating transport to assure secure receiving conditions.
- ii. A full medical report will be given to the receiving facility in the standard CCT fashion.

3. All measures of this policy shall be adhered to until the CCT crew has completely disengaged care of the forensic patient.

	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.412 Policy Name: Advanced Airway Management</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

The approved airway management procedure for an adult consists of endotracheal intubation, or insertion of an esophageal-tracheal double-lumen airway (ETDLA) device. The preferred method of airway management for the pediatric patient (age 12 and under) is Bag-Valve-Mask (BVM) ventilation. Intubation in this age group should be performed only if BVM ventilation is unsuccessful or impossible.

II. Procedure


ALS personnel are authorized to perform the skill of endotracheal intubation and insertion of an esophageal-tracheal double-lumen airway (ETDLA) device. Defer airway insertion rather than interrupt chest compressions in the cardiac arrest patient. ALS and BLS personnel must confirm tube placement (ET or ETDLA) with an EDD, auscultation and an end-tidal CO₂ detector or capnography, and physical assessment (auscultation, observation of chest rise, visualization of the tube passing through the cords, etc.).

Indications

- Non-traumatic cardiac and/or respiratory arrest
- Traumatic cardiac and/or respiratory arrest or severe ventilatory compromise where the airway cannot be adequately maintained by BLS techniques
- An alternate route for medication administration in the cardiac arrest patient if other routes are not possible

Procedure

CCT RNs will follow ACLS protocols and procedures. Anytime an advanced airway procedure is performed the CCT RN will notify the CCT Supervisor on duty and fill out an unusual occurrence form.

	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.413 Policy Name: Blood Glucose Testing	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy


Blood glucose testing is a procedure indicated for diabetics and altered patients.

II. Indications

The purpose of blood glucose testing is to estimate blood glucose concentration in order to determine the necessity of administering or withholding glucose, according to policy.

III. Procedure

1. The test may be done using either test strips and/or glucometer, following manufacturer's instructions. Record the glucose test results on the Patient Care Report (PCR).
2. Controls will be checked and logged monthly during Monthly Rig Checkout Procedure.


	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.414 Policy Name: Cricothyroidotomy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

As a provider of critical care medicine, NORCAL Ambulance recognizes the need for an alternative advanced airway management procedure. This policy encompasses the need for an emergent alternative airway intervention in the form of a Cricothyroidotomy.

II. Procedure

1. NORCAL Ambulance CCT units will stock all necessary material to perform a Cricothyroidotomy including: cricothyrotomy kits, Bag valve masks and bags, suction devices, an oxygen source(s), cardiac and oxygen saturation monitoring devices
2. The patient will be identified as a difficult airway patient who has failed endotracheal intubation, LMA, and King airway intervention; this patient has an emergent need for a cricothyroidotomy.
3. Patient will be placed in a supine position, and supplemental oxygen will be provided via bag valve mask, while assembly of the cricothyroidotomy kit takes place.
4. Using sterile technique, surgically prepare the site using Betadine swabs and sterile gauze.
5. Assemble the supplied catheter to the supplied syringe (provided in the kit).
6. Palpate the cricothyroidotomy membrane anteriorly, between the thyroid cartilage and the cricoid cartilage.
7. Stabilize the trachea with the thumb and forefinger of one hand to prevent lateral movement of the trachea.
8. Puncture the skin midline directly over the cricothyroid membrane with the catheter at a 45-degree angle caudally, while applying negative pressure on the syringe, aspirating as the catheter is advanced. Aspiration of air signifies entry into the tracheal lumen.
9. Remove the syringe and withdraw the stylet, while stabilizing the catheter in position.
10. Secure the catheter with the supplied neck strap, or other securing device.
11. Connect the BVM adaptor to the external end of the catheter.
12. Attempt to ventilate with BVM, allowing adequate expiration time. Observe chest movement that signifies good ventilation and auscultate lung sounds. Attach patient to the pulse oximeter.
13. Closely monitor patient until arrival at the nearest hospital's Emergency Department.
14. Notify CCT Supervisor on duty and fill out an unusual occurrence form.

	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.415 Policy Name: Intraosseous Infusion Procedure - Adult</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

The purpose of the intraosseous infusion procedure is to obtain rapid circulatory access to provide necessary intravenous fluids or medications.

II. Indications


- Approved for adult patient only ≥ 8 years old and ≥ 40 kg.
- Consider for use in any unconscious or seriously ill or injured patient in whom IV access cannot be established in a very timely fashion
- Any medications/fluids that can be given in a peripheral vein can be given intraosseous

III. Contraindications

- Inability to locate tibial landmarks
- Fracture or recent surgery in the tibia to be used
- Infection over the insertion site

IV. Procedure

1. Locate anatomical site, one centimeter inferior and medial to anterior tibial tuberosity
2. Prepare the skin with betadine and/or alcohol
3. Consider MS for analgesia (see Standing Orders for Pain Management)
4. Firmly stabilize the leg near (not under) the insertion site
5. Firmly press the needle against the site at a 90° angle and operate the driver. Use firm, gentle pressure.
6. As the needle reaches the bone, stop and be sure that the 5mm marking on the needle is visible; if it is, continue to operate the driver.
7. When a sudden decrease in resistance is felt and the flange of the needle rests against the skin, remove the driver and the stylet from the catheter.
8. Do not attempt to aspirate bone marrow (may clog needle and tubing).
9. Use a syringe to rapidly infuse 10cc NS (Note: this is an important step).
10. If no infiltration is seen, attach IV line, infuse fluids and/or medications as normal.
11. IV bag will need to be under pressure.
12. Secure the needle.

	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.416 Policy Name: Intraosseous Infusion Procedure - Pediatric</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

The purpose of the intraosseous infusion procedure is to obtain rapid circulatory access to provide necessary intravenous fluids or medications.

II. Indications


Severe illness or injury requiring immediate drugs or fluids, when IV access is impossible or unlikely to be successful

III. Contraindications

- Available to secure IV line
- Lower extremity deformity/fracture/infection in the same bone as insertion site
- Inability to locate landmarks

IV. Procedure

1. Use the flat surface of the proximal medial tibia, medial to the tibial tuberosity on the flat side of the bone. Introduce the IO needle in the skin, directed away from the growth plate, pointing toward the foot.
2. When placing the IO needle use firm yet gentle pressure and a back and forth twisting motion. Too much pressure may push the needle through the bone and into the soft tissues. Pierce the bony cortex and enter the marrow space. A “pop” may be felt as the needle passes through the bony cortex and into the marrow cavity
3. Remove the stylet and aspirate marrow contents. Keep any bone marrow aspirate for glucose check or for other tests in the ED. Sometimes marrow cannot be aspirated
4. Confirm correct placement by infusing 10 ml of NS without resistance
5. Attach an IV line to the hub or stopcock. Infuse fluids or drugs directly into intraosseous space. A pressure bag or B/P cuff may be necessary to ensure continuous infusion
6. Secure the needle to the overlying skin with tape
7. Monitor the lower extremity to ensure that there is no swelling to indicate leakage of fluid.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.417 Policy Name: Laryngeal Airway Mask	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

As a provider of critical care medicine, NORCAL Ambulance recognizes the need for alternative advanced airway management. This policy discusses the utilization of the LMA airway as an alternative means of providing adequate oxygenation to patients.

II. Procedure

1. NORCAL Ambulance CCT units will stock all necessary materials to perform a LMA insertion. This includes:
 - a. LMA Device
 - b. Bag valve masks and bags
 - c. Suction devices
 - d. Oxygen source
 - e. Cardiac and Oximetric monitoring devices
2. The patient will be identified as being in respiratory distress because they are unable to ventilate using a BVM.
3. Patient will be placed in a supine position and supplemental oxygen will be provided via bag valve mask, while the LMA is being assembled.
4. Lubricate the LMA and check the cuff for leaks.
5. Fully deflate cuff without exerting excessive force. Gently insert the LMA, being careful not to push the tongue posteriorly advance tube until the teeth or gums are between the two black marks on the LMA tube.
6. Inflate the cuff with air, up to 40 cc.
7. Connect the BVM adaptor to the LMA.
8. Attempt to ventilate with BVM, allowing adequate expiration time. Observe chest movement that signifies good ventilation and auscultate lung sounds. Attach patient to the pulse oximeter.
9. Secure the LMA device to the patient using a double wrap around the neck or an approved tube holder device.
10. Closely monitor patient until arrival at the nearest hospital's Emergency Department.

	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.418 Policy Name: Pleural Decompression	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy


The purpose of pleural decompression is to assess, recognize, and intervene when tension pneumothorax is clinically diagnosed.

II. Indications

Clinical findings reveal a tension pneumothorax (severe respiratory distress, diminished breath sounds on the affected side, tracheal deviation) with rapidly deteriorating vital signs.

III. Procedure

1. Approved sites: (1) 2nd or 3rd intercostal space, midclavicular line, or (2) 4th and 5th intercostal space, mid-axillary line.
2. Prep site with betadine.
3. Firmly but carefully insert the needle at a 90° angle just over the superior aspect (superior border) of the rib, through the skin and pleura until air escapes or a distinct “give” is felt. The undersurface of the rib should be avoided to limit injury to the neurovascular bundle. Air should be freely aspirated (if not, you are not in the pleural space).
4. Remove the needle.
5. Attach a one-way valve; secure with tape.
6. Recheck breath sounds and continuously monitor cardio-respiratory status.

	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.419 Policy Name: Pulse Oximetry</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

Pulse oximetry is used on the out-of-hospital environment for patient assessment and evaluation in response to treatment. The normal oxygen saturation (SO₂) is 95 – 100%. An SO₂ ≤ 94% must be explained by an acute or chronic condition and must be documented.


II. Indications

Pulse oximetry should be used with all monitored patients, including, but not limited to:

- All patients with neurologic, respiratory, or cardiovascular complaints
- All patients with abnormal vital signs
- All patients who receive respiratory depressants (Morphine, Midazolam)
- All critical trauma patients

IV. Procedure

1. Remove nail polish, if necessary; utilize adhesive sensor or apply sensor to the side of the finger.
2. Attach pulse oximeter.
3. Allow equilibration time.
4. Note and record pulse rate and SO₂ level.
5. Monitor constantly and record SO₂ levels at appropriate intervals.
6. Note and investigate SO₂ readings ≤ 94% or changes in SO₂ reading ≤5%, contact the base physician if any doubt exists.
7. Administer supplemental O₂ for any patient with an unexplained SO₂ ≤94% and any patient an SO₂ ≤ 90%.

	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.420 Policy Name: Hospital Reporting Format</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

Patient reports to a base hospital, trauma center, or receiving hospital should be brief and to the point. Only pertinent information should be presented; however, the base physician may request additional information in order to make sound treatment or triage decisions. Occasionally, pause briefly to confirm reception and allow for questions and orders.


II. Procedure

Medical Patients


1. Receiving Hospital Report shall contain:
 - a. Estimated Time of Arrival (ETA)
 - b. General Patient Information
 - c. Physical assessment: vital signs, Glasgow Coma Scale, pertinent positives and pertinent negatives as needed
 - d. Interventions made and patient response, if applicable
 - e. Problems encountered, if applicable
2. Base Contact:
 - a. General patient information
 - b. Chief complaint and general assessment
 - c. Patient destination and ETA
 - d. Physical assessment: Vital signs, Glasgow Coma Scale, pertinent positives and pertinent negatives to support the general assessment
 - e. Treatment rendered prior to contact and patient response, if applicable
 - f. Specific requests for medications/procedures

Trauma Patients

1. Receiving Hospital Report:
 - a. ETA
 - b. General patient information
 - c. Triage criteria met, including mechanism of injury
 - d. Physical Assessment: Vital signs, Glasgow Coma Scale, pertinent positives and pertinent negatives, as needed
 - e. Interventions made and patient response, if applicable
 - f. Problems encountered, if applicable (e.g. unable to intubate)

	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.420 Policy Name: Hospital Reporting Format <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 10/2023</p>
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2. Trauma Destination:
 - a. ETA to the closest appropriate Emergency Department vs. Trauma Center
 - b. General patient information
 - c. Triage criteria met
 - d. Mechanism of injury
 - e. Physical assessment
 - f. Vital signs, if available/Glasgow
 - Coma Scale
 - Pertinent positives and pertinent negatives

	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.421 Policy Name: Sedation	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

In rare circumstances sedation may be necessary for patient care and patient/crew safety.

II. Indications


1. To alleviate anxiety
2. To reduce combative behavior that endangers patient or caregivers
3. As an adjunct to pain relief for procedures i.e., cardioversion and/or cardiac pacing
4. Note: Decrease dose of one or both agents with concomitant morphine administration, or age > 65.

III. Contraindications

1. Absolute:
 - a. Drug specific sensitivity
 - b. Systolic B/P < 90 mmHg (adult)
2. Relative:
 - a. Nausea/Vomiting
 - b. Suspected drug/alcohol intoxication
 - c. Head injury
 - d. Concomitant narcotic administration – (this is a RELATIVE contraindication and is not intended to prevent the use of necessary narcotic analgesia, when indicated)
 - e. Depressed mentation
 - f. Multiple systems trauma

IV. Procedure

1. Give supplemental oxygen
2. Institute continuous oximetry
3. Institute continuous cardiac monitoring
4. Establish IV access, if possible
5. Be prepared to provide airway/ventilation management
6. Ensure that the receiving hospital personnel are aware that the patient has been sedated.

	<p><u>Policy & Procedure Manual</u> <i>Critical Care Transport</i> Policy Number: 400.422 Policy Name: Stoma Intubation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy


NORCAL Ambulance service recognizes the importance of maintaining an open airway, especially in patients with prior surgical stoma placement.

II. Indications

Temporary or permanent placement of a tracheostomy tube is often necessary to maintain an open airway. Patients with tracheostomy tubes or stomas should not be intubated orally.

III. Procedure

1. Select the largest endotracheal tube that will fit through the stoma without force. Check the cuff, unless an uncuffed tube is being used on a pediatric patient.
2. Hyperventilate with 100% oxygen using a bag-valve-mask device with the face mask fitted over the stoma. Do not use demand valve.
3. Wear sterile gloves. Do not use a stylet. It is not necessary to lubricate the tube.
4. Suction, if necessary.
5. Pass the endotracheal tube and inflate the cuff. The pharynx has been bypassed, so the tube will protrude from the neck several inches.
6. Hold the tube in place, watch for chest rise with ventilation
7. Secure the tube and hyperventilate
8. Auscultate the lung fields. Check the neck for subcutaneous emphysema, indicating false passage.
9. Allow no longer than 30 seconds for the procedure.

	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.423 Policy Name: Transcutaneous Pacing</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy


On rare occasions, transcutaneous pacing may be employed as a lifesaving procedure. This policy addresses its specific indications and conditions of use.

II. Indications

This procedure should be used on patients experiencing symptomatic bradycardia. This includes patients with “failed” pacemakers. Note: Brady dysrhythmias in children are usually due to respiratory causes. Consider alternate causes of the dysrhythmia and treat appropriately prior to initiation of TCP: hypoxia, trauma, drug overdose, electrolyte imbalance (not treatable in the field setting), and hypothermia.

III. Procedure

1. Consider administering midazolam (see sedation policy) and/or morphine sulfate 1-2mg IV. Decrease dose of one or both agents with concomitant midazolam administration or age > 65.
2. If unable to start IV, consider administering IM.
3. Place pads on the patient’s chest and back.
4. Set the initial TCP rate at 80 beats per minute (bpm).
5. Begin output at 0 milliamps (mA). Increase by 10mA until capture/pulses are noted. Once capture is confirmed, continue pacing at a slightly higher output level (10%).
6. If capture is maintained but the patient remains symptomatic of inadequate tissue perfusion (BP <90 systolic, altered level of consciousness) consider increasing the rate by 10 bpm until 100 bpm is reached.
7. If perfusion remains a problem, consider dopamine. Contact the base physician for consultation if perfusion remains a problem and/or alteration of TCP settings.

	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.424 Policy Name: Valsalva Maneuver	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

The Valsalva maneuver may be used to convert SVT to a normal sinus rhythm or to differentiate between differing types of supraventricular tachyarrhythmias in stable, cooperative patients in a supraventricular rhythm.

II. Action


Release of acetylcholine by stimulation of the vagus nerve causing a slowing of the heart rate by depressing activity of the pacemaker site

III. Contraindications

- Pediatric Patients
- Unstable Patients
- Uncooperative Patients

IV. Procedure

1. Establish IV access.
2. Forced expiration against a closed glottis.
3. Have the patient hold his/her breath and bear down.


	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.425 Policy Name: Needle Thoracostomy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Indications

1. Suspected tension pneumothorax in trauma or intubated patients with hemodynamic instability which is unresponsive to fluid resuscitation.
2. Increasing respiratory insufficiency in a patient at risk for pneumothorax:
 - a. Neglected spontaneous pneumothorax
 - b. Known hemothorax with signs of tension

II. Procedure

1. Place the patient in a supine position. In multiple trauma patients, stabilization of the cervical spine is necessary. Placement of patient on a long spine board is preferred.
2. Assemble equipment.
3. Control the patient's airway, with administration of oxygen.
4. The clinical diagnosis of tension pneumothorax should be made when the following are seen concomitantly:
 - a. Neck vein distention
 - b. Tracheal deviation away from the side of injury
 - c. Absent or decreased breath sounds on the affected side
 - d. Hyper resonance to percussion on the affected
 - e. Shock unresponsive to fluid therapy
 - f. Poor ventilation despite an open airway
 - g. Increasing difficulty in ventilating patient
5. Locate the second intercostal space in the mid-clavicular line on the affected side.
6. If the time and patient condition allows, surgically prep and anesthetize the area.
7. Attach the 14-gauge angiocath to a 10cc syringe.
8. Insert the needle at the second intercostal space, directing the needle over the superior edge of the rib.
9. Puncture the parietal pleura.
10. Remove the syringe/needle and leave the plastic catheter in place. This effectively creates an open pneumothorax until placement of a tube thoracostomy is accomplished.
11. Connect the hub of the catheter to a one-way flutter valve via the extension tubing. Secure the catheter to prevent dislodgment.
12. If time and patient condition allows, a small dressing or bandage may be applied.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.426 Policy Name: Mucosal Atomization Device	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

NORCAL Ambulance incorporates the utilization of the mucosal atomization device as an integral part of the medication delivery system for Critical Care Transports.

II. Procedure

1. Mucosal Atomizer Device (MAD) will be located in the med box and several readily accessible areas on the ambulance.
2. Utilization of MAD is limited to two medications only:
 - a. Intranasal naloxone (Narcan)
 - b. Intranasal midazolam (Versed)
3. Indications for utilization include:
 - a. Failed IV line, or lack of IV access
 - b. Immediate treatment of seizures
4. All CCT-RNs are informed and trained prior to use of the MAD device.


	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.427 Policy Name: Medical Screening of Patients for Transport</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

Critical Care units dispatched to facilities for Critical Care Transport patients will perform an immediate medical screening examination of the patient prior to transport. The purpose of this procedure is to determine the stability and the safety of the mode of transport for the individual patient.

II. Procedure

1. Medical screening examination will include:
 - a. General assessment
 - b. Vital signs
 - c. Diagnosis
 - d. Assessment of medical equipment requirements
2. If the patient is deemed critical, but stable, the transport of the patient shall resume as per protocol.
3. The patient is deemed unstable for transport under conditions such as:
 - a. Unstable airway
 - b. Imminent cardiac arrest
 - c. Surgically unstable patients
 - d. Neurologically unstable patients, such as status epilepticus
 - e. High-risk obstetrical patients in active labor
4. In situations where the patient requires an emergent intervention, the CCT-RN will contact the CCT on duty Supervisor. Once on scene, the CCT-RN will work with the attending physician to determine the safest transport. If needed, the CCT-RN may contact the Medical Director to assist in a further course of action.
5. If the sending facility insists upon transport and the attending physician is physically present and willing to transport the patient with the unit, the transport will continue as planned and medical direction will be under the care of the attending physician for the duration of care for that patient. Upon completion of transport, the CCT-RN shall file an Unusual Occurrence Report with the Management team and Medical Director of NORCAL Ambulance.
6. If all attempts to stabilize the emergent patient are unsuccessful and the CCT-RN assesses an imminent risk for poor outcomes, the CCT-RN shall refuse transport and strongly recommend alternative means of transport to the sending physician.


	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.428 Policy Name: Mechanical Ventilation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

NORCAL Ambulance recognizes the necessity for transporting critical patients requiring mechanical ventilation. Patients requiring assisted ventilation shall be comfortably and safely transported using the pressure-cycled ventilator. NORCAL Ambulance does not transfer ventilated patients to private residences, unless patient care is transferred to a caretaker who has been trained on the ventilation equipment, and the required equipment is available.

II. Procedure

1. Prior to accepting the patient, the CCT RN shall assess the route of airway, and document it. Documentation points will include: type of airway, size of tube, anchor length and secretions.
2. Ventilation requirements will be noted in the patient's chart and attempts to meet the patient's needs will be met.
3. A Bag-Valve-Mask with an extra O2 tank shall be made available while receiving and transferring the patient, in case of mechanical failure.
4. The CCT-RN shall request or perform adequate or necessary deep suctioning to remove potential airway plugs.
5. Equipment check and preparation shall be performed prior to attaching the patient to the mechanical ventilator.
6. Required monitor with patients on the ventilator will include:
 - a. Cardiac monitoring
 - b. Pulse oximetry
 - c. Blood pressure/pulse
 - d. Respiratory rate
 - e. Neurological vital signs
7. Patient attached to transport ventilator will be monitored for 3-5 minutes for respirator tolerance, including: heart rate, oxygen saturation, skin coloration, and comfort level, to be compared to baseline assessments.
8. The receiving facility shall be notified via phone en route to inform the facility of the impending arrival and necessity for a mechanical ventilator.
9. When transferring a patient to the receiving facility, detailed documentation regarding the established airway is mandatory. This is to ensure proper notification of receiving staff of the status of the tube/airway prior to CCT-RN departure.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.429 Policy Name: Orthopedic/Surgical Care	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

Special requirements are needed for postoperative patients and orthopedic patients. NORCAL Ambulance stands by its policy to provide specialized orthopedic and surgical care.

II. Procedure

1. Request for surgical/orthopedic transfers will be screened prior to dispatching the CCT unit to assure appropriate equipment and supplies.
2. If required, additional personnel will be assigned to the unit to assist in moving orthopedic appliances and/or other medical/surgical supplies.
3. Upon receiving the patient, a detailed report requesting specific information regarding the type of surgery, special requirements, and special monitoring shall be made.
4. Detailed assessment of the patient shall include:
 - a. Surgical site
 - b. Post-surgical requirements (i.e. traction, drains, chest tubes, etc.)
 - c. Dressing on wounds and sites (soaked, dry, infected, etc.)
 - d. Vital signs and pain assessment
5. When necessary, the receiving facility shall be contacted prior to departing from the sending facility to ensure the availability of any specialized surgical equipment.
6. Detailed documentation shall include:
 - a. Vital signs and pain assessment
 - b. Function-ability of surgical equipment/appliances
 - c. Complications, if any
7. Upon arrival at the receiving facility, a detailed report will be given to the receiving personnel and assistance to move the patient will be offered by the CCT crew.

	<p>Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.430 Policy Name: King LTD</p>	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy


As a provider of critical care medicine, NORCAL Ambulance recognizes the need for alternative advanced airway management. This policy discusses the utilization of the King LT airway as an alternative means of providing adequate oxygenation to patients.

II. Procedure

1. NORCAL Ambulance CCT units will stock all necessary materials to perform a King LT insertion. This includes:
 - a. King Laryngeal Tube
 - b. Bag valve mask and bags
 - c. Suction devices
 - d. Oxygen source
 - e. Cardiac and Oximetric monitoring devices
2. The patient is to be identified as experiencing respiratory distress by being unable to ventilate using a BVM.
3. The patient will be placed in a supine position and supplemental oxygen will be provided via bag valve mask, while assembly of the King LT device is occurring.
4. Lubricate the King LT and check the cuff for leaks.
5. Fully deflate cuff, without exerting excessive force. Insert the King LT device while performing a chin lift, being careful not to push the tongue posteriorly. Advance tube until the base of the connector is aligned with the teeth or gums.
6. Inflate the cuff with air anywhere between 45 cc to 90 cc, depending on the size.
7. Connect the BVM adaptor to the King LT.
8. Attempt to ventilate with BVM, allowing adequate expiration time. Observe chest movement that signifies good ventilation and auscultate lung sounds. Attach patient to the pulse oximeter.
9. Secure King LT device to patient using a double wrap around the neck.
10. Closely monitor patient until arrival at the nearest hospital's Emergency Department.

III. Sources

1. *ATLS, 7th edition, American College of Surgeons*
2. *Ambu LMA package insert*


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.600 Policy Name: Patient Transfer Documentation	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

Patients requiring Critical Care services will have proper documentation prior to transport. All patient information will be logged accordingly, and consent forms will be signed when possible.

II. Procedure

1. When a unit is dispatched to transport a patient, preliminary identifying information is provided. On arrival of the unit, the patient's identity is confirmed, and all pertinent identifying information is obtained. This is to include, but not limited to:
 - a. Patient demographic face sheet
 - b. Patient insurance information
 - c. Copies of patient identification
 - d. Durable power of attorney, if applicable
 - e. Signed transport orders
2. The information is subsequently incorporated into the patient's medical record.
3. All information handling will comply with HIPAA standards.


	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.601 Policy Name: Documentation	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy

NORCAL Ambulance upholds the concept of documentation as an integral part of patient care. All patients cared for by the Critical Care Transport team will have a chart generated for proper documentation of care. To provide optimum patient confidentiality, the critical care staff observes strict adherence to HIPAA guidelines.

II. Procedure

1. A specialized Customer Care Record form for the Critical Care Transport unit will be used for all patients requiring critical care.
2. The form will include all pertinent patient information, including but not limited to:
 - a. Patient's name
 - b. Date of birth
 - c. Address
 - d. Sex
 - e. Medications
 - f. Allergies
 - g. Sending physician
 - h. Accepting facility
3. A section of the form will include:
 - a. IV fluid therapy
 - b. IV or IM medication therapy
 - c. Respiration therapy
 - d. Standing medical orders, signed by the sending physician
4. All Customer Care Records will be completed by the CCT Nurse in a timely fashion.
5. The completed records will be stored in a secured area in the station.

	Policy & Procedure Manual <i>Critical Care Transport</i> Policy Number: 400.602 Policy Name: Discharge of Patients	Original: 05/2005 Revised: 05/2018 Renewal: 10/2023
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I. Policy


The termination of care from the Critical Care Transport unit is what defines the discharge of the patient from the service. This delineation helps to determine the continuum of care after the patient arrives at the receiving facility.

II. Procedure

1. On arrival at the receiving facility, the patient will be considered officially discharged when:
 - a. The receiving facility accepts the patient, and the patient is transferred from the gurney to the facility bed.
 - b. The appropriate receiving personnel are on hand to physically and verbally receive the patient.
 - c. Full documentation of the patient's reception, including name and title of receiving party, time of receipt, and verbal report of the transient care is given.
 - d. Staff must notify dispatch that the call is cleared.
2. At no time should the patient be abandoned at the receiving facility without proper turn over.



Policy and Procedure Manual	<i>Safety and Exposure Control</i> Section 500	Revision Due: 04/2022
Title: C.O.O.	Name: Eric Larimer	Signature: 
Title: CEO	Name: Karla Nazareno	Signature: 
Title: MEDICAL DIRECTOR	Name: GERARD R. NAZARENO MD	Signature: 
Title: Director of Human Resources	Name: Jacqueline Mitchell, II	Signature: 

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.100 Policy Name: Overview</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Excellent safety and risk management awareness and practice at every level is a critical success factor for NORCAL Ambulance. Risk is inherent in everything that any EMS organization does both in the field and outside. The NORCAL Ambulance Risk Strategy provides the framework for the management of all risks, including organizational, financial, and clinical risks at every level of the organization. The aim of the strategy is to create a more coordinated systematic and focused approach to the management of risk.

II. Procedure


Strategy Objectives

1. Raise the quality of care provided by NORCAL Ambulance to patients, employees, and others through the identification, control, and elimination or reduction of all risks to an acceptable level.
2. Understand the underlying causes of adverse incidents and ensure that lessons are learned from each experience.
3. Ensure that managers and staff at all levels in the organization are clear of their personal responsibilities with regards to risk management.
4. Understand the many risks faced by NORCAL Ambulance, their causes and cost and to transfer risks where unacceptable or unavoidable.
5. Provide a safe environment and facilities for patients, employees, and visitors.
6. Minimize the costs diverted to risk funding.
7. Maximize the resources available for patient services and care.

We have continued to revise and update our strategy and it now provides a system for evaluating the known or potential risks within NORCAL Ambulance and then categorizing them into high, medium, low or insignificant priorities. Any areas that fall into the first three categories are entered into a risk register with action plans to eliminate the risks, or at least reduce them to an acceptable level.

Risk Responsibilities

NORCAL Ambulance splits its management of risk management into financial and corporate, infrastructure, clinical, and health and safety. A number of individuals have specific management responsibilities.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.100 Policy Name: Overview (continued: page 2 of 3)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Financial and Corporate Risk

NORCAL Ambulance has a responsibility to operate in line with federal, state and local regulations, and to ensure corporate risk is reduced through complying with all legal requirements related to tax, finance, and corporate structure. NORCAL regards corporate as any risks that do not fall under the headings of financial, infrastructure, clinical or health and safety. The CEO has overall responsibility for all financial and corporate risks.

Infrastructure Risks

The CEO is responsible for all risks arising out of the provision, use, operation and maintenance of the NORCAL Ambulance vehicle fleet, facilities, and all of its’ technology and communications systems.

Clinical Risk

NORCAL Ambulance has a duty of care to ensure its patients receive appropriate care in a safe environment and all that can be done to minimize the risk of harm coming to its patients. This is done through learning lessons from complaints, claims, and from clinical incidents reported by staff. Additionally, NORCAL Ambulance utilizes a formal CQI Plan that incorporates prospective, concurrent, and retrospective activities to track and address clinical risk. The Director of QA has overall responsibility for clinical risk.

Health and Safety Risk


As an employer, NORCAL Ambulance has a specific responsibility to provide a safe working environment for its staff and any other individual (including patients) who are affected by the work of the organization. One way this is done is by learning lessons from incidents that are reported by staff and by proactively seeking to reduce health and safety risks.

Infectious Disease Exposure Risk

This is found in its entirety in the Bloodborne Pathogen Exposure Control Plan, the Respirator Protection Plan for TB and the TB Exposure Control Plan.

Suspected Civil Risk

Further information on NORCAL Ambulance’s plan to prevent any suspected civil risk can be found in the NORCAL Ambulance CQI Plan, Health and Safety Plans, Policies and Procedures Manual, and Employee Handbook. Through the extensive in-house training and continuing education of its employees, NORCAL Ambulance hopes to minimize any civil risk associate with the company.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.100 Policy Name: Overview (continued: page 3 of 3)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Overview


NORCAL Ambulance is committed to maintaining a safe and healthy work environment. To achieve this goal, NORCAL Ambulance has implemented comprehensive safety policies. The policies are designed to prevent workplace injuries, accidents and illnesses.

The success of any safety program depends on the safety consciousness and cooperation of everyone in the organization. Employees at every level are expected to assist NORCAL Ambulance in the prevention of workplace accidents and injuries and are expected to follow all safety and health rules. It is the duty of each employee to adhere to all safety rules and to report any potential safety hazards to his or her supervisor immediately.

Any injury that occurs on the job, even a slight cut or strain, must be reported immediately on an employee incident report and verbally to a supervisor or the dispatcher, as soon as possible.

Workers’ Compensation insurance is provided according to state law for occupational injuries or diseases. NORCAL Ambulance pays for the cost of this insurance. Specific information regarding Workers’ Compensation can be obtained from the Director of Human Resources.

All employees are responsible for working safely and maintaining a safe and healthy work environment.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.101 Policy Name: Safety Duties</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In order to properly carry out the Strategy Plan for Risk Management, all NORCAL Ambulance staff must be properly trained and knowledgeable in their responsibilities in risk management.

II. Procedure

Duties of the CEO

The CEO is responsible for the overall implementation and maintenance of the organization's safety policies. The CEO's duties in regard to safety policies include but are not limited to the following:

1. Ensure that managers and supervisors are trained in workplace safety and are familiar with the safety and health hazards which employees under their immediate direction or control may be exposed to, as well as applicable laws, regulations and the organization's safety rules and policies'
2. Ensure that employees are trained in accordance with these safety policies and as required by federal, state and local regulations;
3. Inspect, recognize, and evaluate work hazards on a continuing basis;
4. Develop methods for abating work hazards;
5. Ensure that work hazards are abated in a timely and effective manner;
6. Trace the cause of accidents, mishaps and incidents;
7. Conduct periodic risk assessments within the organization;
8. Conduct accident/illness investigations; and
9. Chair the Safety Committee consisting of the supervisory staff and field providers.


The CEO may assign some or all of these tasks to other individuals.

Duties of Supervisors

All supervisors are responsible for the safety and health of the employees of NORCAL Ambulance and for the safety and health of individuals who interact with the company.

To fulfil this duty, each supervisor must:

1. Become familiar with all applicable safety and health laws and regulations, and with the organization's rules and policies relating to workplace safety and health;
2. Ensure that all employees are properly trained in workplace safety and health. This includes training in general safe work practices, as well as specific instruction with respect to hazards specific to each employee's job assignment;
3. Ensure that all employees do, in fact, perform their work in a safe and healthy manner consistent with the organization's rules and policies;
4. Take all reasonable steps necessary to avoid unsafe working conditions, accidents, injuries and illnesses;

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.101 Policy Name: Safety Duties</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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5. Regularly inspect NORCAL Ambulance offices and its equipment for workplace hazards and submit a written Incident Report to report any unsafe workplace conditions;
6. Ensure that unsafe and unhealthy working conditions are corrected promptly;
7. Immediately report all workplace accidents, injuries, illnesses, or “near misses”, to the CEO, using a written Incident Report; and
8. Serve on the Safety Committee as necessary and attend all required meetings.

Duties of Employees


All employees are required to conduct themselves in a manner consistent with NORCAL Ambulance safety rules and policies. To fulfill this duty, each employee must:

1. Comply with all organizational safety rules, policies and procedures;
2. Comply with all organizational operating rules, policies and procedures;
3. Immediately report all workplace accidents, injuries or illnesses involving the employee, or to which the employee is a witness, to a supervisor; and
4. Immediately report all unsafe conditions or hazards to a supervisor or the CEO, by submitting a written Incident Report. Employees may report such conditions or hazards anonymously

Contractors and Other Workers

In addition to all employees, this program covers all other workers who the organization contracts or directs and directly supervises on the job to the extent such workers are exposed to work site and job assignment specific hazards. All such workers must:

1. Attend all required meetings (including safety meetings);
2. Comply with all organizational safety rules, policies and procedures;
3. Comply with all organizational operating rules, policies and procedures;
4. Immediately report all workplace accidents, injuries or illnesses involving the employee, or to which the employee is a witness, to his or her supervisor;
5. Immediately report all unsafe conditions or hazards to a supervisor or to the CEO, using an Incident Report. Employees may report such conditions or hazards anonymously using this form; and
6. Such workers will receive appropriate training.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.102 Policy Name: Hazard Assessment and Control</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

NORCAL Ambulance will conduct regularly scheduled safety and health inspections.

II. Procedure

These inspections will be performed as follows:

Office – Quarterly

Garage – Quarterly

Company Vehicles – Daily

The purpose of these periodic inspections is to ensure that all identified hazards are corrected or controlled and to identify, correct and control any new hazards that have arisen in the workplace. A Professional Ambulance Safety Inspection Report Form and/or Vehicle Checklists will be utilized during these inspections.


The Management will perform these periodic scheduled inspections or delegate the responsibility for performing such inspections.

In addition to scheduled inspections and ongoing review, the Management may arrange for unscheduled, surprise inspections. The list of subjects for these inspections will be chosen randomly.

Employee Reporting of Hazards

Employees are required to immediately report any unsafe condition or hazard they discover in the workplace to their Supervisor. Submit a written Incident Report for this purpose. No employee will be disciplined or discharged for reporting any workplace hazard or unsafe condition.

NORCAL Ambulance takes all reports of unsafe conditions seriously. Prompt attention will be given to all actual and potential hazards reported to the organization. The company will inform the employee who reported the hazard of the action that was taken to correct the hazard or the reasons why the condition was determined not to be hazardous. There will be no discrimination against any employee who reports unsafe working conditions/workplace hazards. Employees are encouraged and required to do so.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.102 Policy Name: Hazard Assessment and Control <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Newly Discovered Safety and Health Concerns

NORCAL Ambulance will respond to new workplace safety and health concerns as soon as they are discovered. All hazards will be corrected, controlled or abated in a timely manner based on the severity of the hazard. Any hazard that poses an imminent risk of harm to employees will be corrected immediately. All other hazards will be corrected as soon as feasible. If for any reason a hazard cannot be corrected, the Management must be notified immediately, and the Management will notify all exposed employees and follow all other notification requirements. Supervisors must report workplace safety and health concerns to the Management immediately. The Management or his designee will set a target date for correction of any hazards that cannot be abated immediately. Potentially affected employees will be notified of any newly identified hazard in a timely manner.

Hazards That Give Rise to a Risk of Imminent Harm

It is this organization’s intent to immediately abate hazards which give rise to a risk of imminent harm. When a hazard exists that the organization cannot abate immediately without endangering employees and/or property, all exposed personnel will be removed from the area of potential exposure, except those necessary to correct the hazardous condition. All employees involved in correcting the hazardous condition will receive appropriate training and will be provided with necessary safeguards and personal protective equipment.

Correcting the Hazard and Preventing Recurrences


The Management will ensure that the proper personnel are assigned responsibilities to take all steps necessary to correct the hazard and avoid similar accidents in the future. Preventive action will include, if necessary:

- Replacing all defective or broken tools and/or equipment.
- Revising or adding to the safety policies.
- Re-training Employees.
- Monitoring the hazard to ensure that it remains corrected or controlled.

Hazard Communication


1. *Overview*

NORCAL Ambulance believes communication with employees concerning workplace hazards and the methods used to control them will help create the safest possible work environment. NORCAL Ambulance, therefore, places a great deal of importance on communicating with employees about health and safety issues.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.102 Policy Name: Hazard Assessment and Control <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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NORCAL Ambulance’s system for communicating with employees on safety and health issues include:

- a. Providing a copy of the safety policies to every employee. Employees are required to read and be familiar with its terms.
 - b. Safety Committee meetings will be held every three (3) months at a minimum and will be conducted by an employee designated by the Management. The committee shall discuss issues such as:
 - i. New hazards that have been introduced or discovered in the workplace.
 - ii. Causes of any recent accidents or injuries and the methods adopted by the organization to prevent similar incidents in the future.
 - iii. Any health or safety issue deemed to be worthy of reinforcement.
 - c. Minutes of all Safety Committee meetings will be documented.
2. *Postings and Emails*
NORCAL Ambulance will post and email safety or health information on a regular basis.
 3. *Company Memos*
NORCAL Ambulance will regularly issue memos and health and safety information. Most often, these memos will be sent to all staff via email.
 4. *Training*
NORCAL Ambulance has training requirements designed to instruct each employee on general safety procedures as well as on safety procedures specific to the employee’s job. These training requirements are described in greater detail in the section entitled Safety and Health Training.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.103 Policy Name: OSHA Regulations and Inspections</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Every manager, supervisor, and employee must engage in daily, ongoing, safety and health monitoring and inspection of their work area. Any potential safety or health concerns should be reported to the dispatcher, a supervisor, or to the CEO.

The Occupational Safety and Health Act of 1970 requires employers to ensure, so far as possible, every working woman and man in the nation, safe working conditions. The Act also requires employees to comply with occupational safety and health standards, since the purpose of the Act cannot be obtained without the fullest cooperation of the employees.


II. Procedure

The Management will review and be familiar with the provisions of the OSHA regulations relevant to the organization’s workplace. Copies of these regulations will be kept in the appropriate Management office. All supervisory staff must review, be familiar with, and train their employees with regard to the portions of the safety orders that apply to their particular function.

The Management will arrange for an inspection/investigation of any new substance, process, procedure, or equipment introduced into the workplace. The CEO will also arrange for an inspection and investigation whenever the organization is made aware of a new or previously unrecognized hazard.

The Management will ensure that all personnel in contact with patients are familiar with, and trained in, proper infection control and patient transfer procedures.

All scheduled or unscheduled inspections (except for the daily ongoing monitoring of work areas) will be documented on a Safety Inspection Report Form. If any item is rated as unsatisfactory, the person conducting the inspection must submit a digital or written Incident Report (IR). These reports will be retained by the organization for an extended period of time and at minimum, for the length of time determined by applicable laws and regulations.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.104 Policy Name: Safety Program and Training</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Awareness of potential health and safety hazards, as well as knowledge of how to control such hazards, is critical to maintaining a safe and healthy work environment and preventing injuries, illness, and accidents in the workplace. NORCAL Ambulance is committed to instructing employees in safe and healthy work practices.

II. Procedure

To achieve this goal, the organization will provide training to employees on general safety procedures and on any specific safety procedures for each employee’s job.

Training will be provided as follows:

- Upon hiring;
- Whenever an employee is given a new job assignment for which training has not previously been provided;
- Whenever new substances, processes, procedures, or equipment that represents a new hazard are introduced into the workplace;
- Whenever the organization is made aware of a new or previously unrecognized hazard; and
- Whenever the organization, the management, or any supervisor believes additional training is necessary.


All employees will receive training on the following subjects:

- General Safe Work Practices
- Fire Procedures
- Safety Rules

In addition, employees will receive training on the specific hazards associated with their jobs.

Supervisor Training

Supervisors shall be apprised of, and provided with, appropriate training and instruction with regard to safety and health hazards to which employees may be exposed.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.104 Policy Name: Safety Program and Training <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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To accomplish this task, the CEO or a designee will:

- Conduct sessions for all supervisors informing them of any new substances, processes, procedures or equipment that have been introduced into the workplace;
- Distribute written safety and health communications to the supervisors whenever the CEO believes it necessary to inform them of particular hazards or concerns;
- Update the organization’s safety rules, procedures and policies on a regular basis, and distribute the updates to all supervisors; and
- Take all other actions necessary to keep the organization’s supervisors informed about workplace hazards that may affect their employees.


Documentation of Training

Training will be documented using attendance sheets. All records will be maintained electronically for an extended period of time, and at minimum, for the length of time determined by applicable laws and regulations.

Safety Committee

A Safety Committee has been established at NORCAL Ambulance; however, safety is the responsibility of every employee. Safety will be discussed regularly at the Safety Committee Meeting. The Safety Committee is responsible for ensuring compliance with the requirements of the Act and Company policy by investigating and eliminating unsafe and unhealthy working conditions.

Violation of NORCAL Ambulance Safety Policies or Safety Rules may result in disciplinary action up to and including termination.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.105 Policy Name: Patient Safety</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

All patients will be transferred to or from the ambulance on the gurney.

II. Procedure

Transferring to a Gurney


To prevent the possibility of tipping and to ensure the safest patient care:

- Patients on the gurney will always be secured to the gurney using the three straps and the shoulder harness.
- When transporting a patient on a gurney the patient will be turned on a level surface and brought head first to the waiting ambulance.
- When rolling a patient, the gurney should be maintained at one-half height and must be carefully handled by both crew members.
- Crew members shall never leave a gurney patient unattended

Carrying/Alternate Equipment for Moving Patients

Whenever an employee does not think that they are able to safely lift or carry a patient, the employee is required to call for a lift assist. Employees should always err on the side of caution and call for a lift assist if they think is may be needed. Employees shall not seek assistance from or allow any untrained bystander to aid in moving any patient at any time.

When carrying a patient up or down stairs, the use of a stair chair is always preferred. When transporting a patient on a scoop stretcher or backboard, at least three straps must be used in addition to the approved backboard straps, to secure the patient. For patient and employee safety, the patient is transferred on a backboard to the gurney in a lowered position.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.106 Policy Name: Safe Lifting Practices</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

NORCAL Ambulance cannot serve its patients without the team members of our company. All team members are trained to make sure they are taking care of themselves to avoid injury, illness, exposure or any other hazards that are common to the medical field. Proper ergonomics and body mechanics when moving patients are vital to the employee’s health and safety. Lifting techniques and proper equipment are given to every employee to ensure the safest maneuvers are performed. Employees are expected to follow all safety guidelines regarding the safety of their patients and themselves. Failure to follow any safety protocol will be treated very seriously and will be subject to disciplinary action up to and including termination.

II. Procedure


Body Mechanics

The key to employee safety regarding the use of lifting equipment and the movement of patients is proper body mechanics. Before lifting the patient, the employee evaluates the situation, makes certain they are aware of what needs to be done and assures they have the necessary equipment and assistance to accomplish the task.

The equipment is positioned by placing the wheelchair, stair chair, gurney, or other equipment, as close to the patient as possible and in proper alignment for the shortest and easiest transfer. Necessary adjustments are made by raising or lowering the equipment to bed level or vice versa, and by lowering any handrails or side rails. These steps minimize the amount of lowering or lifting required. The wheels on the chair or bed must be locked.

Transfer the patient by sliding them as far as possible on a draw sheet, then lifting them smoothly onto the gurney or other equipment. Holding the patient close helps balance and reduces strain on the arms and back. Keeping the feet apart provides a stable base and helps maintain balance, leaving more energy for lifting. Employees should use their arms and legs in proper proportion. Bending the elbows to hold the patient close makes the lift easier.

Lifting is always done in unison. When working with others, everyone must know what to do in advance and move at the same time as a team. Counting out loud may help. Sudden, jerky movements are to be avoided. Moving any object safely depends on knowledge and understanding of these basic guidelines:

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Balance

It takes a certain amount of effort just to balance the weight of one’s own body. Keeping a low center of gravity over a stable base expends less energy by balancing the load, making more energy available for lifting and carrying.

Pull or Push When Possible

Less energy is used to pull or push than to lift an object. When lifting or carrying, the force must be overcome, and the load balanced at the same time. By pulling or pushing, it is only necessary to overcome the friction between the object being moved and the surface on which it rests. The strongest muscles should be used.

Avoid Twisting

If it is necessary to turn while lifting or moving something, it is better to change the position of the feet than to twist at the waist. By moving the feet, it is possible to balance the load being carried and minimize the strain on the back and abdominal muscles.

Common Lifting Techniques and Equipment

The actual procedures used may vary slightly from those listed below, depending on the methods of training, the required movement, personnel and materials available.

From the Gurney


When transferring a patient from the gurney, it is necessary to adjust the height, so it is even with the bed. The attendants should stand on either side of the patient and grasp the draw sheet at the patient’s shoulders and hips. A third attendant may be needed to support a patient’s legs. Pulling the draw sheet tight, the attendants move the patient across the stretcher to the bed. The same method should be utilized when transferring a patient from the bed to the gurney.

To Wheelchair

When helping a patient from a bed or gurney to a wheelchair, the attendant should lift the patient, holding the patient around the waist. Holding the patient close, the attendant lifts, helping the patient rise to a standing position. The attendant then turns the patient and lowers him into the chair. Another method that is commonly used is where one attendant approaches the patient from behind, coming under the arms and grasping the patient’s wrists. The second attendant takes the patient behind the knees and lifts the patient on a verbal count.


Always Think Ahead

Attendants should always think ahead and be sure to assess each patient’s medical condition, strength, mobility, etc. before attempting to lift or carry. The patient should be informed exactly as to what is going to happen, so as to calm any fears and encourage their cooperation.

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Don't Guess

Only those procedures with which the employee is familiar are to be used. Guessing what the procedure is, improvising, or failing to exercise proper judgment when lifting or moving a patient may be harmful to everyone.

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I. Policy

In order to serve our patients and take care of our employees, NORCAL Ambulance has developed policies and procedures regarding safe lifting techniques and how to operate lifting equipment safely. All field employees are trained in how to fully operate all gurneys carried by NORCAL Ambulance.


II. Procedure

Operation Guidelines for Power Pro XT Gurney (Cot)

- Used the cot only as described in this manual.
- Read all labels and instructions on the cot before using the cot.
- Use a minimum of two (2) operators to manipulate the cot while a patient is on it.
- Do not adjust, roll or load the cot into a vehicle without advising the patient. Stay with the patient and control the cot at all times.
- The ambulance cot can be transported in any position. Stryker recommends transporting the patient in as low a position as is comfortable for the operators to maneuver the cot.
- Only use the wheel lock(s) during patient transfer or without a patient on the cot.
- Always use the restraint straps, including the full chest 5-point straps.
- Use properly trained helpers when necessary to control the cot and patient.

Warnings for Power Pro XT Gurney (Cot)

- Improper usage of the ambulance cot can cause injury to the patient or operator. Operate the ambulance cot only as described in this manual.
- Always check the cot, ambulance mounting equipment, and catch hook for adequate functioning, safety, and condition prior to operating the cot.
- Entanglement in powered ambulance cot mechanisms can cause serious injury. Operate the ambulance cot only when all persons are clear of the mechanisms.
- Practice changing height positions and loading the ambulance cot until operation of the product is fully understood. Improper use can cause injury.
- Do not allow untrained assistants to assist in the operation of the ambulance cot. Untrained technicians/assistants can cause injury to the patient or themselves.
- Do not ride on the base of the ambulance cot. Damage to the cot could occur, resulting in injury to the patient or operator.
- Transporting the cot sideways can cause the cot to tip, resulting in possible damage to the product and/or injury to the patient or operator. Transporting the cot in a lowered position, head or foot end first, will minimize the potential of a cot tip.

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- Grasping the cot improperly can cause injury. Keep hands, fingers and feet away from moving parts. To avoid injury, use extreme caution when placing your hands and feet near the base tubes while raising and lowering the ambulance cot.

Cautions

- Before operating the cot, clear any obstacles that may interfere and cause injury to the operator or patient.
- Always use all restraint straps to secure the patient on the cot. An unrestrained patient may fall from the cot and be injured.
- Never leave a patient unattended on the ambulance cot or injury could result. Hold the ambulance cot securely while a patient is on the product.
- Never apply the optional wheel lock(s) while a patient is on the cot. Tipping could occur if the cot is moved while the wheel lock is applied, resulting in injury to the patient or operator and/or damage to the cot.
- Side rails are not intended to serve as a patient restraint device. Failure to utilize the side rails properly could result in patient injury.
- Hydraulically raising and lowering the cot may temporarily affect electronic patient monitoring equipment. For best results, patient monitoring should be conducted when the cot is idle.
- When transferring large patients, use of the transfer flat is recommended.


Ambulance Cot Motion

- Make sure all the restraint straps are securely buckled around the patient.
- The cot shall be at designated rolling height.
- When rolling the cot with a patient on it, position an operator at the foot end and one at the head end of the cot at all times.
- During transport, approach door sills and/or other lower obstacles squarely and lift each set of wheels over the obstacle separately.

WARNING

High obstacles such as curbing, steps or rough terrain can cause the ambulance cot to tip, possibly causing injury to the patient or operator. Transporting the cot in lower positions can reduce the potential of a cot tip. If possible, obtain additional assistance or take an alternate route.

The ambulance cot can be set at any height position. Establish the required load height for the ambulance cot prior to placing the unit into service.

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Proper Loading of the cot into a vehicle – Powered Method

- Loading an occupied cot into the vehicle requires a minimum of two (2) trained operators.
- When loading the cot into a vehicle, there must be a safety hook properly installed in the vehicle so that the bumper does not interfere with the front legs of the base frame.
- Failure to install and use the vehicle safety hook can result in injury to the patient or operator. Use the hook as described in this manual.
- Cot operators must be able to lift the total weight of the patient, cot and any items on the cot. The higher an operator must lift the cot, the more difficult it becomes to hold the weight. An operator may need help loading the cot if the operator is small or if the patient is too large to lift safely.
- Loading, unloading or changing the position of a loaded ambulance cot requires a minimum of two (2) trained operators. The operator (s) must be able to lift the total weight of the patient, cot and any other items on the cot. Place the cot in a loading position (any position where the loading wheels meet the vehicle floor height). Roll the cot to the open patient compartment. Lift the vehicle bumper to the raised position (if possible). Push the cot forward until the load wheels are on the patient compartment floor and the safety bar passes the safety hook. For maximum clearance to lift the base, pull the cot to lift the base, pull the cot back until the safety bar engages the safety hook. Operator two should verify that the bar engages the safety hook.


Both operators grasp the cot frame at the foot end, and the operator at the controls will push the retract (-) button until the undercarriage of the cot retracts fully. Both operator will push the cot into the patient compartment, until the cot engages the cot fastener.

When a patient is on a gurney a two-person lift is required for loading and unloading from the ambulance. Only in an extremely unsafe situation will a single attendant perform the load or unload unassisted.

When using a standard ambulance cot fastener, do not load the cot into the vehicle with the head section retracted. Loading the cot with the head section retracted may cause the product to tip or not engage properly in the cot fastener, possibly causing injury to the patient or operator and/or damage to the cot.

Using High Speed Retract/Extend

- The ambulance cot is equipped with a high-speed retract mode to expedite loading/unloading the cot into and out of a vehicle.
- The undercarriage rapidly retracts towards its uppermost position once the weight of the ambulance cot and patient is off the wheels. Press the retract (-) button to actuate the control switch.

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- The undercarriage rapidly extends towards its lowermost position once the weight of the ambulance cot and patient is off the wheels. Press the extend (+) button to actuate the control switch.
- Whenever the weight of the ambulance cot and patient is off the wheels, the ambulance cot will automatically enter high speed retract mode is the retract (-) button is pressed.
- Once the weight is off the ground, the operator(s) must support the load of the patient, ambulance cot and any accessories. Failure to support the load properly may cause injury to the patient or operator.


Loading Occupied Cot into a vehicle with Two (2) Operators at Foot-End

1. Place the cot in a loading position (any position where the loading wheels meet the vehicle floor height). Roll the cot to the open patient compartment. Lift the vehicle bumper to the raised position (if possible).
2. Push the cot forward until the load wheels are on the patient compartment floor and the safety bar passes the safety hook.
3. For maximum clearance to lift the base, pull the cot back until the safety bar engages the safety hook. One operator should remain at the foot end while the second operator engages the safety hook as described above.
4. The second operator should return to the foot end both operators should lift the cot while one operator push the retract (-) button until the cot undercarriage retracts fully.
5. Both operators should push the cot into the patient compartment, until the cot engages the cot fastener (not included).

Loading Unoccupied Cot into a Vehicle (Single Operator) - Powered Method

Loading an **unoccupied** cot into the emergency vehicle can be accomplished by a single operator. The one person loading and unloading procedures are for use only with an empty ambulance cot. Do not use the procedures when loading/unloading a patient. Injury to the patient or operator could result.

1. Place the ambulance cot into a loading position (any position where the load wheels of the head section meet the vehicle floor height).
2. Roll the ambulance cot to the open door of the patient compartment.
3. Lift the vehicle bumper to the raised position (if possible).
4. Push the ambulance cot forward until the load wheels are on the patient compartment floor and the safety bar passes the safety hook.
5. For maximum clearance to lift the base, pull the ambulance cot until the safety bar engages the safety hook. Operator two should verify the engagement.
6. Grasp the ambulance cot frame at the foot-end and press the retract (-) button, until the undercarriage of the ambulance cot retracts into its uppermost position.
7. Push the ambulance cot into the patient compartment until the ambulance cot engages the cot fastener.

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When using a standard ambulance cot fastener, do not load the cot into the vehicle with the head section retracted. Loading the cot with the head section retracted may cause the cot to tip or not engage properly in the cot fastener, possibly causing injury to the patient or operator and/or damage to the cot.

Unloading the Cot from a Vehicle - Unpowered or Absent Power Function

Unloading the cot from the vehicle while a patient is on the cot requires a minimum of two (2) operators, positioned at each end of the ambulance cot. Each operator must grasp the ambulance cot frame securely.

1. Disengage the cot from the cot fastener.
2. Lift the vehicle bumper to the raised position (if possible).
 - a. Operator 1- Grasp the ambulance cot out of the patient compartment until the safety bar engages the safety hook. Operator two should verify that the bar engages the safety hook.
3. To avoid injury, verify the safety bar has engaged the safety hook before removing the ambulance cot from the patient compartment.
 - a. Operator 2– Stabilize the cot during the unloading operation by securely grasping the outer rail.
 - b. Operator 1– Depress the extend (+) button to lower the undercarriage to its fully extended position.
4. Operator 2– Push the safety bar release lever forward to disengage the safety bar from the safety hook in the patient compartment.
5. Do not pull or lift on the safety bar when unloading the cot. Damage to the safety bar could result in injury to the patient or operator could occur.
6. Remove the load wheels from the patient compartment of the vehicle.


CAUTIONS

- When unloading the cot from the patient compartment, ensure the caster wheels are safely set on the ground or damage to the product may occur.
- Do not “jog” the cot past the load height while the safety bar is engaged.
- Unloading an unoccupied ambulance cot from a vehicle can be accomplished by a single operator.

Unloading Cot from a Vehicle - (Un)Powered or Absent Functionality Method

The one person loading and unloading procedures are for use only with an empty ambulance cot. Do not use the procedures when unloading a patient. Injury to the patient or operator could result.

- Disengage the cot from the cot fastener.
- Lift the vehicle bumper to the raised position (if possible).
- Grasp the cot frame at the foot end. Pull the cot out of the patient compartment until the safety bar engages the safety hook. Operator two should verify that the bar engages the safety hook.

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- Do not pull or lift on the safety bar when unloading the cot. Damage to the safety bar could result and injury to the patient or operator could occur.
- Depress the extend (+) button to lower the undercarriage to its fully extended position.
- Push the safety bar release lever forward to disengage the safety bar from the safety hook in the patient compartment.
- Remove the load wheels from the patient compartment of the vehicle.
- When unloading the ambulance cot from the patient compartment, ensure the caster wheels are safely set on the ground or damage to the cot may occur. Do not “jog” the cot past the load height while the safety bar is engaged.

Loading the Cot into a Vehicle - Manual Method


- Place the cot in a loading position (any position where the loading wheels meet the vehicle floor height). Roll the cot to the open door of the patient compartment. Lift the vehicle bumper to the raised position (if possible).
- Push the cot forward until the loading wheels are on the patient compartment floor and the safety bar passes the safety hook. For maximum clearance to lift the base, pull the cot back until the safety bar engages the safety hook.
- Operator 1 – Grasp the cot frame at the foot end. Lift the foot end of the cot until the weight is off the latching mechanism. Squeeze and hold the release handle.
- Operator 2 – Stabilize the cot by placing your hand on the outer rail. Grasp the base frame, after the foot end operator has lifted the cot and squeezed the release handle, raise the undercarriage until it stops in the uppermost position and hold it there,
- Both Operators – Push the cot into the patient compartment, engaging the cot fastener.

NOTE – When operating the manual release, avoid rapid lifting or lowering of the base or movement may appear sluggish; lift with a slow constant motion.

Unloading the Cot from a Vehicle - Manual Method

Unloading the cot from the vehicle while a patient is on the cot requires a minimum of two (2) operators, positioned at each end of the ambulance cot. Each operator must grasp the ambulance cot frame securely.

- Disengage the cot from the cot fastener. Lift the vehicle bumper to the raised position (if equipped).
- Operator 1 – Grasp the ambulance cot frame at the foot end. Pull the manual release lever to lower the undercarriage to its fully extended position. Pull the cot out of the patient compartment until the safety bar engages the safety hook. Operator two should verify that the bar engages the safety hook.
- To avoid injury, verify the safety bar has engaged the safety hook before removing the ambulance cot from the patient compartment.

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- Operator 2 – Stabilize the cot during the unloading operation by securely grasping the outer rail.
- Operator 2 – Push the safety bar release lever forward to disengage the safety bar from the safety hook in the patient compartment.
- Do not pull or lift on the safety bar when unloading the cot. Damage to the safety bar could result and injury to the patient or operator could occur.
- Remove the load wheels from the patient compartment of the vehicle.
- When unloading the cot from the patient compartment, ensure the caster wheels are safely set on the ground or damage to the product may occur.

Unloading the Cot from a Vehicle - Manual Method

Unloading an **unoccupied** ambulance cot from a vehicle can be done by a single operator. The one person loading and unloading procedures are for use only with an empty ambulance cot. Do not use the procedures when unloading a patient. Injury to the patient or operator could result. Disengage the cot from the cot fastener. Lift the vehicle bumper to the raised position (if possible). Grasp the cot frame at the foot end. Pull the manual release lever to lower the undercarriage to its fully extended position. Pull the cot out of the patient compartment until the safety bar engages the safety hook. Operator two should verify that the bar engages the safety hook. Do not pull or lift on the safety bar when unloading the cot. Damage to the safety bar could result and injury to the patient or operator could occur. Remove the load wheels from the patient compartment of the vehicle.


When unloading the ambulance cot from the patient compartment, ensure the caster wheels are safely set on the ground or damage to the product may occur. Hydraulic fluid will become more viscous when the cot is used for extended periods in cold temperatures.

When using the manual release function to extend the base during unloading in cold weather conditions, hold the release lever engaged for approximately one second after the cot wheels touch the ground to minimize sagging of the litter as the cot is removed from the ambulance.

Adjusting the Cot Height

Changing height of the cot while a patient is on the cot requires a minimum of two (2) operators, positioned at each end of the ambulance cot.

- Operator 1 – Grasp the ambulance cot frame at the foot-end. Actuate the control switch, depress either the (+) or (-) button depending on desired travel direction, and allow the litter to raise/lower to the desired position.
- Operator 2 – Maintain a firm grip on the outer rail until cot is securely in position.

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- Grasping the ambulance cot improperly can cause injury. Keep hands, fingers and feet away from moving parts. To avoid injury, use extreme caution when placing hands and feet near the base tubes while raising and lowering the ambulance cot.

Note: If the push button switch remains activated, the motor will remain halted until the operator releases the button. Once the push button is released, actuate the extend (+) button again to “jog” the cot height up further. Do not “jog” the ambulance cot past the established load height of the product when the safety bar engages the vehicle safety hook or damage may occur to the product.


Operating the Retractable Head Section

The head section telescopes from a first position suitable for loading the ambulance cot into an emergency vehicle to a second position retracted within the litter frame. When retracted, the ambulance cot can roll in any direction on the caster wheels even in the lowest position, allowing improved mobility and maneuverability.

To extend the head section:

- Grasp the outer rail with one hand for support and release the lever, rotate the lever towards the head end of the cot to release the head section from the locked position.
- While holding the handle in the released position, pull the head section away from the litter frame, lengthening the head section until it engages in the fully extended position.
- To retract the head section:
- Grasp the outer rail with one hand for support and release the lever, rotate the lever towards the head end of the cot to release the head section from the locked position.
- While holding the handle in the released position, push the head section toward the litter frame, retracting the head section until it engages in the retracted position.
- To avoid injury, always verify that the head section is locked into place prior to operating the ambulance cot.

When using a standard ambulance cot fastener, do not attempt to load the ambulance cot into the patient compartment with the head section retracted. Loading the ambulance cot with the head section retracted may cause the cot to tip or not engage properly in the cot fastener, possibly causing injury to the patient or operator and/or damage to the cot.

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Battery Operation

- The ambulance cot is supplied with two removable 24-volt batteries as the power source. To install the battery, align the tabs in the battery enclosure and push the battery into the enclosure until the latch clicks into place.
- To remove the battery, locate the red battery release along the patient left side of the foot end control enclosure. Push the battery release the latch. Slide the released battery out of the left.
- To reinstall the battery, align the tabs in the battery enclosure and push the battery into the enclosure until the latch clicks into place. The indicator will light GREEN, if the battery is fully charged or has adequate battery power. If the indicator flashes red, the battery needs to be charged or replaced.

NOTE: Keep your spare battery on the charger at all times. Batteries slowly lose power when not on the charger.

Warnings

To avoid risk of electric shock, never attempt to open the battery pack for any reason. If the battery pack case is cracked or damaged, do not insert it into the charger. Return damaged battery packs to a service center for recycling.


Do not remove the battery when the ambulance cot is activated. Avoid contact with a wet battery enclosure. Contact may cause injury to the patient or operator. Remove the battery if the cot is not going to be used for an extended period of time (over 24 hours).

Cleaning of Gurney/Cot/Equipment

The RUGGED POWER PRO XT ambulance cot is designed to be power washable. The unit may show some signs of oxidation or discoloration from continuous washing; however, no degradation of the cot's performance characteristics or functionality will occur due to power washing as long as the proper procedures are forward. Thoroughly clean the cot once a month. Clean Velcro AFTER EACH USE. Saturate Velcro with disinfectant and allow disinfectant to evaporate. (Appropriate disinfectant for nylon Velcro should be determined by the service.)

Washing Procedure:

1. Remove the battery! The battery and charger are not submersible or power washable.
2. Follow the cleaning solution manufacturer's dilution recommendations exactly.
3. Stryker Medical recommends for power washing the ambulance cot is with the standard hospital surgical cart washer or hand-held wand unit.

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Use any appropriate personal safety equipment (goggles, respiratory, etc.) to avoid the risk of inhaling contagion. Use of power washing equipment can aerate contamination collected during the use of the cot.

Cautions

- Do not steam clean or ultrasonically clean the unit.
- Maximum water temperature should not exceed 180Deg F / 82Deg C.
- Maximum air-dry temperature (cart washers) is 240Deg / 115Deg C.
- Maximum water pressure should not exceed 1500 psi / 130.5 bar. If a hand-held wand is being used to wash the unit, the pressure nozzle must be kept a minimum of 24 inches (61 cm) from the unit.
- Towel dry all casters and interface points.
- Failure to comply with these instructions may invalidate any/all warranties.
- Remove the battery before washing the cot.

In general, when used in those concentrations recommended by the manufacturer, either phenolic type or quaternary type disinfectants can be used. Iodophor type disinfectants are not recommended for use because staining may result.

Suggested cleaners for the cot surfaces are:


- Quaternary Cleaners (active ingredient – ammonium chloride)
- Phenolic Cleaners (active ingredient – phenyl phenol)
- Chlorinated Bleach Solution (5.25% – less than 1-part bleach to 100 parts water)

Avoid over saturation and ensure the cot does not stay wet longer than the chemical manufacturer’s guidelines for proper disinfecting. Some cleaning products are corrosive and may cause damage to the cot if used improperly. If the products above are used to clean the cots, measures must be taken to insure the cots are wiped with clean water and thoroughly dried following cleaning. Failure to properly rinse and dry the cots will leave a corrosive residue on the surface of the cots, possibly causing premature corrosion of critical components.

NOTE: Failure to follow the above directions when using these types of cleaners may avoid this product(s) warranty.

Removal of Iodine Compounds

Use a solution of ½ tablespoons Sodium Thiosulfate in a pint of warm water to clean the stained area. Clean as soon as possible after staining occurs. If stains are not immediately removed, allow solution to soak or stand on the surface. Rinse surface which have been exposed to the solution in clear water before returning unit to service.

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Failure to properly clean or dispose of contaminated mattress or cot components will increase the risk of exposure to bloodborne pathogens and may cause injury to the patient or the operator.

Use of the Stair Chair – STRYKER Chair Pro (new stair chair)

These guidelines are based on a STRYKER Chair Pro stair chair. The STRYKER Chair Pro is designed to aid in the movement of a patient in a seated position either by rolling on the wheels or by carrying in situations where a larger device, such as a stretcher, cannot be maneuvered. These instructions are general. Attendants should secure the patient with restraints and should never leave the patient unattended.

Operational Features: The maximum load on this specific piece of equipment is 500 pounds (159 kg). To open the chair, grasp the seat and back frame and separate them. The chair should be unfolded completely with the locks engaged. The locking of the chair should be confirmed visually by checking that both sides of the lock bar are engaged. The locking of the chair should also be confirmed visually by checking that both sides of the lock bar are engaged over the crossbar. To fold the chair, lift the lock bar, grasp the seat frame and pull it toward the head frame.


Carrying Handles: Handles are provided at the head and the foot of the chair. Handles should be used on all transports. A firm grip on the handles with the palms of the hands is necessary, because the palms are stronger than the fingers alone. If you elect to not use the handles on the chair you must be certain that your grip is certain and sure.

Restraints: The chair is equipped with two restraints for patient security. They should be used whenever there is a patient on the chair. The restraints support the patient’s legs and feet, preventing them from swinging their legs from side to side. The other restraint is secured around the patient’s chest to ensure that the patient does not fall off the side.

Placing the Patient: A recognized patient handling technique should be used to place the patient on the chair.

Securing the Patient: After placing the patient on the chair and fastening the restraints, the attendants move to positions at the front and rear of the chair. The rear attendant grasps the chair frame then tilts the chair back until the weight is balanced on the chair wheels. The chair can be rolled without lifting.

Carrying the Patient: To carry the patient, the same tilt-back and balance procedures are used. The attendants grasp the front and rear carrying handles simultaneously, using the “3” count method. On level surfaces, the front carrying handles should be in the stored position. The front attendant may face either direction while carrying.


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I. Policy

It is the intent of NORCAL Ambulance to provide a safe environment for all its employees. Accident and injury prevention is an important responsibility of all employees. By working together, the company can achieve a safer workplace. Employee ideas and safe working practices are extremely important to a successful safety program. NORCAL Ambulance will endeavor to make safety everyone’s responsibility.

The purpose of a loss control program is to protect our employees, the patient and the organization. Its main function is to eliminate or reduce hazards within our organization, which in turn decreases the probability of loss. When losses occur, they adversely affect productivity, efficiency, and health. The objective of Loss Control is to minimize the adverse effects of these factors in our workplace. This requires every employee to become involved in order for it to be successful. NORCAL Ambulance has an ongoing process to manage loss control and risk involves all aspects of the company’s safety policies and is predominantly focused on the work of the Safety Committee.

The Safety Committee manages the ongoing process of assessing risk and mitigating hazards through observation and subsequent implementation of improved practices and/or safety measures. Safety Committee minutes will show assessed risks, the follow-up plan implemented to reduce risks and the results of these efforts.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.109 Policy Name: Health and Safety</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Every NORCAL Ambulance employee is responsible for his/her own safety as well as the safety of others in the workplace. Safety is everybody’s business!

To achieve NORCAL Ambulance’s goal of maintaining a safe workplace, everyone must remain safety conscious at all times.

In compliance with California law and to promote the concept of a safe workplace, NORCAL Ambulance maintains an Injury and Illness Prevention Program, as described in the company's Safety Handbook. A copy of the Safety Handbook is located in every station and in the Human Resources Department.

Any safety issue or potential hazard in the workplace should be documented on an Incident Report and reported to your immediate Supervisor or Manager immediately.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.110 Policy Name: Ergonomics</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

As a matter of health and safety, it is the objective of NORCAL Ambulance to minimize workplace Repetitive Motion Injuries (RMIs). The company takes reasonable steps to reduce ergonomic hazards by means of engineering controls, administrative controls and employee training.

NORCAL Ambulance believes that reducing ergonomic risk is a key factor in maintaining an environment of personal safety and well-being essential to the company's business. NORCAL Ambulance is committed to providing appropriate resources such as mandatory safety training and state-of-the-art equipment to create an ergonomically safe environment.

NORCAL Ambulance encourages the use safe and proper work procedures and requires that all employees follow safety instructions and guidelines at work.

Questions about ergonomics should be directed to the employee's direct supervisor.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.111 Policy Name: Security	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

The purpose of this policy is to state the importance of security while at the workplace and measures to ensure safety and security.


II. Procedure

NORCAL Ambulance has developed the following security considerations which are intended to help maintain a secure workplace:

- Be aware of persons loitering for no apparent reason (e.g., in parking areas, walkways, entrances/exits and service areas).
- Report any suspicious persons or activities to local police.
- Advise management of any threats made to individuals or toward the company.
- Secure your area (station, desk, vehicle, etc.) when called away for any length of time.
- Do not leave valuable and/or personal articles unattended.
- Lock unoccupied stations and offices.
- Lock private offices, files and cabinets within any unoccupied or unattended location.
- Lock and remove keys from company vehicles when unattended.

Employees to whom equipment is assigned are held responsible for the safekeeping of that equipment.

The Company uses surveillance cameras in certain public/open areas of the workplace. These cameras are used to promote a safe work environment. The cameras will not be located in any bathrooms, locker rooms or designated changing areas.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.112 Policy Name: Safety in the Workplace</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

NORCAL Ambulance seeks to create a positive, safe and enjoyable workplace that is free from inappropriate conduct. To obtain this goal, NORCAL Ambulance depends on its employees to keep our workplace safe, and to inform management of any unsafe conditions or any occurrences of inappropriate conduct.

II. Procedure

Duty to Act

Employees should never attempt to personally correct any unsafe electrical, gas, mechanical, or any other complex dangerous condition. Maintaining a safe workplace is a priority for NORCAL Ambulance. With this in mind, and provided it does not place the employee or others in any form of danger or harm, employees are expected to make all easily remedied unsafe workplace conditions safe. An “unsafe” working condition is a condition on company property that could cause injury or harm.


Examples of “easily remedied” unsafe conditions are, but are not limited to, spilled liquids, slippery floors and surfaces, insufficient illumination for the activity being undertaken, unsafe stacked or stored materials that are susceptible to collapse, tipping over, falling, rolling, sliding or slipping--to name a few. Easily remedied unsafe conditions are the types of conditions that do not require additional training or skill to remedy and the undertaking of correction does not place the employee or others in any form of danger or harm. If you are not sure if a condition constitutes an easily remedied unsafe condition, contact your supervisor before taking any action.

Making an easily remedied unsafe condition “safe” includes, but is not limited to, warning others of the unsafe condition and correcting the condition if the employee has both the ability to do so and the undertaking of correction would not expose the employee or others to the possibility of harm or injury.

Duty to Report

The following is required of all employees:

- To immediately report to the supervisor all occurrences of unsafe working conditions, even if they have already been corrected by the employee or others; and
- To immediately report inappropriate or unsafe conduct, or policy violation, to the Human Resource Department. Please note that this duty extends not only to the individuals who were victims of the unacceptable activities, but also to all persons who witnessed the inappropriate conduct. All such activity is to be reported to the on-duty supervisor and/or Human Resources. Please also see the company’s policy prohibiting workplace harassment, discrimination, and retaliation.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.113 Policy Name: California Heat Illness Prevention Program</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

NORCAL Ambulance is concerned with employee health and safety. Employees who work outside may be exposed to extreme temperatures or adverse working conditions, particularly in the summer months. All supervisors are trained in the prevention of heat illness.

II. Procedure

Responding to an Illness

In the event of a heat-related illness, the Division Supervisor must be contacted. The supervisor will make a determination if emergency medical response is required, and will contact 911 or other emergency medical assistance, as needed. If necessary, the affected employee will be transported to a medical provider using a company or other available vehicle.

Work Site Directions

NORCAL Ambulance supervisors will be familiar with each station address and will provide clear and precise directions to the site to emergency medical services if they are called to assist an affected employee.

Access to Water


Access to drinkable water or other appropriate non-caffeinated beverages will be provided. At least one quart of beverage per employee, per hour will be available. This will be accomplished by accessing water in the stations. If more drinking water were to be required, additional supplies will be obtained by calling your supervisor.

Access to Shade

Access to a shaded or cool area will be provided at all times for employees to cool off when overheating is likely. The location will be designated by the supervisor on a job-to-job basis. The supervisor will advise the employees where the designated area is located.

Identifying Risk Factors - Employees

Employees will be informed of the risk factors, importance of consuming water, different types and symptoms of heat-related illness, the importance of and how to report symptoms or illness, and the procedures for contacting and directing emergency response personnel to the area. This will be accomplished by providing the related training upon assignment to outdoor activities.


	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.113 Policy Name: California Heat Illness Prevention Program <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 04/2024</p>
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Identifying Risk Factors - Supervisors

Station supervisors will be trained in the procedures to follow in case of heat-related illness as noted in this plan. This will be accomplished by providing the related training upon assignment of the supervisory position.

Access and Location of Plan

The Heat Illness Prevention Plan will be made available to all employees, their representatives or a representative of OSHA upon request. The plan is located in print at each station and electronically to all employees via this Policy and Procedure Manual.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.114 Policy Name: Buckle Guards</p>	Original: 11/2019 Revised: 06/2020 Renewal: 04/2024
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I. Purpose

Every individual riding in a NORCAL ambulance should have confidence in a safe, professional transport. Most patients are active participants in this goal and are dependable partners in safety compliance. However, patients who are altered, suffering from a behavioral crisis, juveniles, or otherwise not demonstrating a reasonable attention to their own safety, need additional support and care from NORCAL caregivers. The use of buckle guards ensures that patients are secured by a gurney belt for the duration of transport


II. Policy

When patients meet any of the following criteria, the patient care provider shall deploy two buckle guards on the gurney belt buckles as outlined in the procedure.

- Not alert and orientated to person, place, time or event
- Not consenting to transport:
 - Incarcerated patient
 - Patient on 5150 hold
 - Conserved patient

Special Considerations:


- Minor
 - *There may be times when a minor is not able to pay reasonable attention to their own safety and may need additional support and care from NORCAL caregivers to maintain the integrity of the gurney belt. In this case, buckle guards shall be deployed as outlined in the procedure.*
- Impairment or Impediment of Care
 - *There may be times when a patient is altered and/or does not consent to transport and the application of buckle guards will impede a medical procedure or intervention (such as ALS, CCT, NICU/PICU or other specialty transports). In this case, buckle guards may not be deployed as outlined in the procedure.*
- Buckle Guards are not a restraint device and should not be used in place of patient limb restraints; patients who are demonstrating an immediate danger to themselves or others should be placed in Twice as Tough (TAT) limb restraints in accordance with LEMSA protocols and policies, along with buckle guards.
- Buckle guards do not enhance the safety of a seatbelt; they ensure that the gurney belt buckle cannot be tampered with.

	<p><u>Policy & Procedure Manual</u> <u>Safety and Exposure Control</u> Policy Number: 500.114 Policy Name: Buckle Guards <i>(continued: page 2 of 2)</i></p>	Original: 11/2019 Revised: 06/2020 Renewal: 04/2024
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III. Procedure

When patients meet the above criteria, the patient caregiver shall deploy two buckle guards on the gurney belt buckle; one at the chest buckle and at the waist buckle on a regular gurney, and on the left hip buckle and on the waist buckle on an XPS gurney, as soon as it’s safely possible after the patient is properly positioned on the gurney. The buckle guards will remain in place until patient care is transferred. To remove the buckle guard, utilize the release pin to disengage the gurney belt buckle. Decontaminate the buckle guards after use.

Nothing in this policy shall limit, interfere or supersede the need for direct patient care. Patient wellbeing shall always be the priority for the clinician rendering patient care.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.115 Policy Name: Transport of Psychiatric Patients</p>	Original: 06/2021 Revised: Renewal: 04/2024
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I. Policy

Patients who are on a psychiatric hold require special considerations during transport and may need restraints. Providers are required to know all Local EMS protocols regarding transport of patients on a psychiatric hold.

II. Procedure

Transportation of Psychiatric Patients

Prior to running a call, NORCAL Ambulance crew members must consider personal safety. If a patient is on a 5150 hold by law enforcement and restrained, the law enforcement officer is to remain in the ambulance during transport.

a. Medical Personnel Safety


- i. The crew is notified of the nature of the call
- ii. Prior to approaching the patient, consider containing objects and equipment that may potentially be used as a weapon (shears, clipboard, etc.).

b. Patient Care

- i. The patient will always be dealt with dignity and professionalism by the medical crew.
- ii. If the crew feels the patient poses a significant safety risk, restraints may be applied based on the medical crew's discretion, in compliance with applicable county protocols.
- iii. Vital signs and airway, breathing, circulation checks (ABCs) will be continuously monitored and documented in the Patient Care Report (PCR).
- iv. Application of two (2) buckle guards are required for safety unless the buckle impede a medical procedure or intervention (see [Policy 500.114 Buckle Guards](#))
- v. Observe patient attitude and behavior. If the patient seems defiant, anxious, or is otherwise non-compliant, be prepared to de-escalate the situation.

c. Transportation Considerations

- i. All psychiatric patients must be transported on the gurney with 5-point seat belts, secured for the safety of patients and crew members.
- ii. All seat belts must always be visible. Linen and blankets must be placed under all seat belts.
- iii. Psychiatric patients must always remain on the gurney during transport.
- iv. The primary caregiver should be seated where the patient's ABCs can be monitored, and all restraints and buckle guards are visible.
- v. Patient belongings should not be accessed by the patient.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.115 Policy Name: Transport of Psychiatric Patients <i>(continued: page 2 of 3)</i></p>	Original: 06/2021 Revised: Renewal: 04/2024
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d. Transfer of Care Considerations

- i. Check any straps, seat belts for bucks that may have become loose during transport before the gurney is unloaded from the ambulance.
- ii. Consider having the tech and patient remain in the ambulance, while the driver asks for further instruction.
- iii. Seat belts and buckle guards must remain in place until patient care has been transferred.
- iv. Consider calling the facility prior to arrival to inform them of your estimated time of arrival (ETA), so they can be prepared.
- v. Give any patient belongings directly to the facility representative.
- vi. Maintain situational awareness, even after the patient is unbuckled and ensure scene safety.

e. Documentation Requirements

The Patient Care Report (PCR) shall include the following:

- The reason the patient is on a psychiatric hold
- Attach a copy of the original hold with signatures
- Use of buckle guards with justification, or justification for not using buckle guards


All measures of this policy shall be adhered to until the crew has transferred patient care at destination. If there is an elopement ensure personal safety, contact local Police Department (PD) and the On-Duty Supervisor (ODS) and complete an Unusual Occurrence Report.

Restraining a Violent or Psychiatric Patient

Restraints are to be used only when the patient is potentially violent or is exhibiting behavior that is dangerous to self and others. The method of restraint used must allow for adequate monitoring of vital signs and ABCs and must not compromise the patient’s ABCs. Application of restraints must follow local EMT Protocols and Procedures.

Consider calling the police whenever it appears that a patient may need to be restrained in the field. Restraints, such as handcuff, that are applied by law enforcement require an officer to remain available at the scene and during transport to remove or adjust the restraints for patient safety.

The following procedures should guide NORCAL Ambulance crews member in the application of restraints and the monitoring of the restrained patient. Restraint equipment applied by field personnel must be soft restraints (i.e., gurney restraints). All methods must allow for quick release. Patients should be restrained using NORCAL Ambulance equipment and restraints. All NORCAL Ambulance gurney have separate restraints on the stretcher for arms and under the mattress for legs.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.115 Policy Name: Transport of Psychiatric Patients <i>(continued: page 3 of 3)</i></p>	Original: 06/2021 Revised: Renewal: 04/2024
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It should not be necessary to transport patients in the hospital’s restraints.

1. NORCAL Ambulance personnel shall not apply any of the following forms of restraint:
 - a. Hard plastic ties or any restrain device requiring a key to remove
 - b. Backboard or scoop stretcher as a “sandwich” restraint.
 - c. Restraining a patient’s hands and feet behind the patient (i.e., hog-tying)
 - d. Methods or other materials applied in a manner that could cause vascular, neurological, or airway compromise.
2. Restraint equipment applied by law enforcement (for example: handcuffs, plastic ties, or “hobble” restraints), must provide enough slack in the restraint device to allow the patient to straighten the abdomen and chest, and to take full tidal volume breaths.
3. Restraint devices applied by law enforcement require the officer’s continued presence. The officer shall accompany the patient in the ambulance. A method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene.
4. Field personnel must ensure that the patient’s position does not compromise the patients ABCs.
5. Circulation, Color, Motor, Sensory, Temperature and Pulse (CMSTP) in restrained extremities should be evaluated and documented based on Local EMS protocol.
6. Restrained patients should be transported to the closest most appropriate emergency department, except in the case of a patient on a “psychiatric hold” where a direct admission to a psychiatric facility has been pre-arranged, or other exception where a direct admission or transfer has been requested.
7. Non-compliant patients should not be placed in a stair chair. Non-compliant patients who must be carried downstairs should be restrained on a scoop stretcher.

Documentation on the Patient Care Report (PCR) shall include:

- The reason(s) restraints where necessary
- Which agency applied restraints (i.e., EMS, Law Enforcement, other)
- Documentation of CMSTP assessments
- Documentation of ABC assessments
- What type of restraints were applied
- Buckle guard justification

Nothing in this policy shall limit, interfere or supersede the need for direct patient care. Patient well-being shall always be the priority for the clinician rendering care.


	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.200 Policy Name: Vehicle Policies Overview</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

The following vehicle safety policies and procedures are required to support the safe and effective operation of all NORCAL Ambulance vehicles; this includes supervisor vehicles, ambulances, command and support units, privately owned vehicles (POVs), and any other vehicles operated by NORCAL Ambulance crew members in the performance of their duties.

II. Procedure


- **Basic Driving Policies** – Driver qualifications and training, skills maintenance; duties and responsibilities; general traffic laws; reporting safety problems and violations.
- **Emergency Response Policies** – Authorized emergency response, special driver qualifications, applicable traffic laws, and NORCAL Ambulance driving policies, use of warning devices.
- **Riding Emergency Vehicles** – Permitted vehicle occupants, passenger behavior, and safety in emergency vehicles.
- **Special Safety Considerations** – Scene safety, backing up, parking, operation in high-risk areas.
- **Vehicle Accident Reporting and Investigation** – Accident scene procedures (information gathering, injury assessment, notification, etc.), reporting forms and documentation requirements, post-accident investigation (examination of scene, interviews with participants and witnesses, etc.), report preparation and dissemination.
- **Use of Personal Vehicles** – Authorized use and response, driver behavior, roadway operations, permitted vehicle occupants, reporting safety problems and violations.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.201 Policy Name: Vehicle Anti-Theft Devices</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

NORCAL Ambulance may utilize a vehicle anti-theft system in its vehicles. Such anti-theft system, if equipped, should be utilized every time the vehicle is operated. Such a system is designed to prevent a vehicle from being taken out of park by unauthorized individuals.

The system shall not be discussed with persons not involved in field driving operations, unless authorized by management to do so. The public shall not be informed of the detailed existence or operation of such devices. At no time should the anti-theft system be bypassed, altered, tampered with, or disabled unless otherwise authorized by management to do so. Tampering or disabling includes but is not limited to using a bypass switch. The system works by allowing only team members with knowledge of the system to operate the vehicle. Care must be taken to minimize the knowledge of the system to only those authorized to operate NORCAL Ambulance vehicles.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.202 Policy Name: Seat Belt Policy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish appropriate and safe behavior regarding the use of safety belts when operating or riding in an emergency vehicle.

II. Scope

All personnel.

III. Policy


All persons driving or riding in NORCAL Ambulance vehicles shall be seated in approved riding positions with seatbelts or safety restraints fastened at all times when the vehicle is in motion.

The driver shall not begin to move the vehicle until all passengers are seated and properly secured. All passengers shall remain seated and secured as long as the vehicle is in motion. Seatbelts shall not be loosened or released while en route to dress or don equipment.

Members shall not attempt to mount or dismount from a moving vehicle under any circumstances.

Exception:

A NORCAL Ambulance crew member who is providing direct patient care inside an ambulance shall be permitted to release momentarily the seat belt while the vehicle is in motion – **IF IT IS ESSENTIAL TO PROVIDE PATIENT CARE**. When the procedure has been completed, the NORCAL Ambulance crew member shall refasten the seatbelt. Time without the protection of a seat belt shall be minimized.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.203 Policy Name: Regulatory and Statute Compliance</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The State of California traffic laws include specific provisions for emergency vehicles, while they are engaged in emergency operations DMV policies and procedures specify when and how these exceptions will be applied. The NORCAL Ambulance driving policies and standard operating procedures may be, in some cases, more restrictive than state traffic laws.


Responding to emergency incidents does not in any manner reduce the responsibility to operate vehicles safely. While prompt response to emergency incidents is an organizational priority, safety is always a higher priority. The responding units must arrive safely at the location where they are needed before they can deliver the required services. Unsafe operation of an emergency vehicle creates an unacceptable risk to NORCAL Ambulance crew members, to the public, and to the individuals who are in need of assistance.

The motor vehicle laws of California grant specific allowances and exemptions to emergency vehicles, when they are responding to emergency incidents and using the required warning devices. These provisions only apply to officially recognize emergency vehicles, while they are responding to emergency incidents in compliance with all of the applicable laws and regulations.

Notwithstanding such allowances and exemptions, the driver of the emergency vehicle is required to operate responsibly at all times. The emergency vehicle driver has a duty to drive with due regard for the safety of all other persons and property.


The State of California traffic laws require an emergency vehicle to be equipped with warning lights and audible warning devices. The traffic laws also require drivers to yield the right-of-way to an emergency vehicle when the warning lights and audible warning devices are in operation.

The use of warning lights and audible warning devices does not automatically grant the right-of-way to an emergency vehicle. These devices are intended to make other drivers aware of the presence of an emergency vehicle. Other drivers are required to yield the right-of way to an emergency vehicle; however, they cannot be expected to yield the right-of-way if they do not see or are not aware of the emergency vehicle.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.203 Policy Name: Regulatory and Statute Compliance <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 04/2024</p>
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The emergency vehicle driver must never assume that another vehicle will yield the right-of-way; it is always the emergency vehicle driver’s responsibility to ensure that the other driver has yielded the right-of-way. The emergency vehicle driver is responsible for operating in a safe and prudent manner, recognizing that other drivers could be distracted, inattentive, or simply uncooperative. The emergency vehicle driver is not permitted to employ aggressive driving techniques to force another driver to yield the right-of-way.

While responding in an emergency mode, drivers are required to make their presence evident using audible and visual warning devices. Emergency vehicle drivers should also endeavor to make their intentions as clear as possible and their vehicles as visible as possible to other drivers.

	<u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.204 Policy Name: Traffic Laws	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

NORCAL Ambulance has established policies that apply to employees/ team members who are driving NORCAL Ambulance vehicles in an emergency response mode. (The same policies apply to the emergency operation of any other vehicle within the scope of a driver's duties.) An emergency vehicle is defined as a NORCAL Ambulance vehicle operating in emergency mode.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.205 Policy Name: Use of Warning Device</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish a policy on the use of warning devices.

II. Scope


All personnel.

III. Policy

Warning lights and audible warning devices shall be used when NORCAL Ambulance vehicles are responding in an emergency mode. Both warning lights and audible devices must be operated in order to meet the legal definition of an emergency vehicle.

Warning lights shall be used at all times when NORCAL Ambulance vehicles are operating in an emergency response mode. Audible warning devices (siren and/or horn) shall be used as necessary to warn other drivers and pedestrians of the approach of an emergency vehicle and request the right-of-way. Audible warning devices shall be used in moderation when they are not required to provide warning (light traffic or open road situations).

Audible warning devices shall not be used when a vehicle is operating in a non-emergency mode. Warning lights shall be used when the NORCAL Ambulance vehicle is maneuvering or stopped in a location where it creates a traffic hazard.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.206 Policy Name: Speed Limitation</p>	Original: 05/2005 Revised: 10/2020 Renewal: 04/2024
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I. Purpose

To establish practices that address the speed of emergency vehicles to increase the ability of the driver/operator to maintain safe control of the vehicle at all times.


II. Scope

All personnel.

III. Policy

The driver shall never exceed a speed that is safe and prudent, based on road and weather conditions and other circumstances, including the design and capabilities of the vehicle. The posted speed limit may be exceeded only when the required warning devices are in use and when weather, traffic, and road conditions are favorable. The posted speed limit shall not be exceeded under any other conditions.

- The maximum speed for any company vehicle is the posted speed limit. NORCAL Ambulance vehicles responding in emergency response mode, under favorable conditions, shall not exceed the posted speed limit by more than ten (10) miles per hour (city streets only, freeway posted), never to exceed eighty (80) miles per hour.
- When conditions are unfavorable, the posted speed limit shall not be exceeded, and actual speed shall be determined by the conditions.
- The posted advisory speed for a curve shall be considered the maximum allowable speed under all conditions, regardless of response condition.
- An ambulance shall not respond in emergency mode unless specifically directed to by the transport authority, including NORCAL Dispatch.


	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.206 Policy Name: Speed Limitation (continued: page 2 of 2)	Original: 05/2005 Revised: 10/2020 Renewal: 04/2024
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IV. Discipline

The following progressive disciplinary action may be taken if the employee does not meet expectations.

- Step 1: Non-Compliance – Three (3) or more occurrences of speeding within a 90-day period. An occurrence is defined as any incident of speeding requiring follow up from a Supervisor or Manager.
- Step 2: Verbal Warning – Any additional occurrence within 90-days after non-compliance.
- Step 3: Written Warning – Any additional occurrence within 90-days after verbal warning.
- Step 4: Termination – Any additional occurrence within 90-days after written warning.

* Note: Corrective action should be progressive unless the conduct is egregious, per manager discretion

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.207 Policy Name: Intersection Navigation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish procedures and guidelines for the safe operation of all emergency vehicles in emergency response mode, when negotiating intersections.

II. Scope


All personnel.

III. Policy

NORCAL Ambulance emergency vehicles shall come to a full stop before entering a negative right-of-way intersection (red light, flashing red light, or stop sign), blind intersection, or any intersection where hazards are present, and/or the driver cannot account for all oncoming traffic lanes. The emergency vehicle shall not enter the intersection until all approaching traffic has yielded the right-of-way and it is safe to proceed. The emergency vehicle driver shall ensure that all approaching vehicles in all lanes have yielded the right-of-way before advancing.

If necessary, due to traffic conditions or visual obstructions, the emergency vehicle driver shall cross the intersection in stages, treating each lane as a separate intersection. The driver shall stop the vehicle, as necessary, to ensure that each lane may be crossed safely

When passing through an intersection where the emergency vehicle has the right-of-way, by virtue of a green light in the direction of travel and/or a stop signal (stop sign) for cross-traffic, the emergency vehicle shall not exceed the posted speed limit. Emergency vehicle drivers should not assume that oncoming/opposing traffic has stopped, even when facing a green signal or “clear” route; emergency vehicle drivers must visually confirm that oncoming/opposing traffic is stopped while approaching any intersection, and be prepared to stop immediately, if necessary.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.208 Policy Name: Traveling in Opposing Traffic Lanes</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish practices that address when an emergency vehicle in emergency response mode must travel in an opposing lane.

II. Scope


All personnel.

III. Policy

Operating emergency vehicles in opposing traffic lanes is extremely hazardous under all conditions and should only be considered under exceptional circumstances (i.e., if there is no alternate route of travel).

When an emergency vehicle must travel in an opposing traffic lane, or in a center turn lane to maneuver around slow moving or stopped traffic, the emergency vehicle shall not exceed the posted speed. If there is a median separating the emergency vehicle from the slow or stopped traffic, the emergency vehicle shall not exceed the posted speed. (Actual speed should depend on the road, traffic, and weather conditions.)

When approaching a controlled intersection (traffic lights or stop signs) in an opposing traffic lane or center turn lane, the emergency vehicle shall come to a full stop before entering the intersection, even if the traffic light is green in the direction of travel.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.209 Policy Name: Travel in Opposing Direction</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish practices that address when an emergency vehicle operating in emergency mode must travel against the traffic flow on a one-way street.

II. Scope


All personnel.

III. Policy

Operating emergency vehicles against the normal flow of traffic is extremely hazardous under all conditions and should only be considered under exceptional circumstances (i.e., if there is no alternate route of travel).

Travel against the normal direction of traffic flow on a one-way street shall be limited to short distances. Emergency vehicle drivers must proceed slowly and with extreme caution in these situations.

The emergency vehicle must come to a full stop before entering an intersection while traveling in an opposing direction.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.210 Policy Name: Passing Traffic in an Emergency Vehicle</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish practices that address when an emergency vehicle operating in emergency mode, must pass traffic moving in the same direction.

II. Scope


All personnel.

III. Policy

When overtaking traffic that is moving in the same direction, the emergency vehicle driver shall give other drivers an opportunity to yield the right-of-way before passing. If it is necessary to pass a vehicle that has not yielded the right-of-way, the emergency vehicle shall provide as wide a clearance as possible.

A NORCAL Ambulance emergency vehicle shall not overtake another emergency vehicle that is traveling in the same direction unless the driver of the lead vehicle has indicated that the other may pass.

Never shall a NORCAL Ambulance emergency vehicle pass on the right side of the vehicle.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.211 Policy Name: Railroad Crossing Policy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish practices that address when an emergency vehicle comes to an unguarded railway grade crossing.

II. Scope

All personnel.


III. Policy

The emergency vehicle shall come to a full stop at unguarded railway grade crossings. Caution shall be exercised at grade crossings where warning lights and/or gates are provided.

It is not always possible to hear an approaching train, due to the Doppler Effect* and the type of locomotives used on some rail lines (particularly electric locomotives); otherwise “normal” appearing highway vehicles, equipped with rail wheels, are also used by railroads and may be encountered at grade crossings. Emergency vehicle drivers should become familiar with the specific characteristics of the rail lines in their area.

Warning devices and crossing gates are generally reliable, but can fail due to the harsh conditions to which they are exposed—these devices are designed to fail in the “safe” mode. When approaching a grade crossing with lowered gates and/or active lights and no apparent rail traffic, the emergency vehicle shall come to a full stop prior to the crossing; before proceeding, the emergency vehicle driver shall visually confirm that no train or other rail vehicle is approaching on the tracks. Complete confirmation may require that members physically dismount the vehicle to visually check the tracks.

** The “Doppler Effect” is the perceptible change in the frequency and wavelength of a sound wave as it moves relative to an observer.*

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.212 Policy Name: Stopped School Bus	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish safe practices that address when an emergency vehicle comes to a school bus that has stopped with red lights flashing.


II. Scope

All personnel.

III. Policy

The emergency vehicle shall not pass a school bus that has stopped with red lights flashing to load or discharge passengers, unless the bus driver clearly signals that it is safe to pass.

When clearly signaled by the bus driver that it is safe to pass a stopped school bus, the emergency vehicle shall proceed slowly and with extreme caution past the school bus; all crew members must be vigilant for children while approaching and passing the bus. The emergency vehicle driver must be prepared to stop immediately while approaching, passing, and leaving the area in which the school bus is stopped.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.213 Policy Name: Pedestrian Crosswalk	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose


To establish safe practices that address when an emergency vehicle comes to a pedestrian crosswalk.

II. Scope

All personnel.

III. Policy

The emergency vehicle shall not exceed the posted speed limit when approaching a pedestrian crosswalk. If the crosswalk is occupied, the emergency vehicle shall slow down and be prepared to stop if the pedestrian does not yield the right-of-way.

	<p>Policy & Procedure Manual <u>Safety and Exposure Control</u> Policy Number: 500.214 Policy Name: Law Enforcement Direction</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish safe practices that address when a law enforcement officer gives directions to an emergency vehicle.

II. Scope


All personnel.

III. Policy

The emergency vehicle shall comply with the directions of a sworn law enforcement officer, including a signal to stop.

Law enforcement officials may also direct the specific positioning, or repositioning, of emergency vehicles on an incident scene to maintain traffic flow, reduce bottlenecks, enhance scene safety, and prevent secondary collisions. Compliance with such direction is generally required of emergency vehicle drivers and their supervisors; if a difference of opinion regarding scene safety arises, it should be raised in a cooperative fashion with the ranking law enforcement officer on the scene.

Note— State motor vehicle codes may contain provisions describing the on-scene relationships between various public safety entities including fire departments, rescue squads, law enforcement agencies, highway departments, and others; NORCAL Ambulance managers, supervisors, and emergency vehicle drivers must become familiar with these specific provisions. Establishing positive and mutually supporting relationships, through training and exercises, with law enforcement and other members of the public safety community is highly recommended.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.215 Policy Name: Aggressive Driving</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish safe practices that address when an emergency vehicle driver employs aggressive driving techniques.

II. Scope


All personnel.

III. Policy

Emergency vehicle drivers shall not employ aggressive driving techniques to force other drivers to yield the right-of-way.

Emergency vehicles must be operated with due regard for the safety of civilian traffic at all times, and under all circumstances; the elimination of aggressive driving techniques is also critical for protecting the safety of other crew members assigned to the vehicle.

Emergency vehicle drivers have been cited, fined, and sentenced to imprisonment for causing harm through aggressive driving.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.216 Policy Name: Backing Policy</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish safe practices to ensure emergency vehicles are safely moved when operating in reverse mode.

II. Scope

All personnel.

III. Policy

All company ambulances are required to utilize spotters as described below. Company administrative or support vehicles that are not ambulances and are deemed by management to not require spotters still require safe and prudent backing practices, but do not require the use of additional spotters.

Before backing a NORCAL Ambulance vehicle, the driver shall ensure that the intended path is clear of hazards or obstructions.

One or more spotters shall be employed as guides in all situations where the driver does not have a clear vision of the path of travel. Two spotters should be assigned when backing large or heavy apparatus—one covering each side of the vehicle.

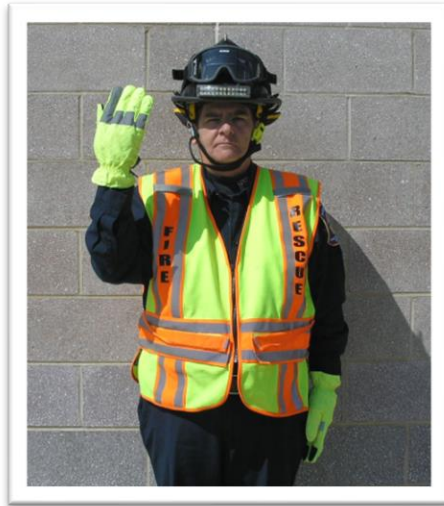
A spotter is responsible for guiding the driver and ensuring that any potential hazards are avoided. Standard signals shall be used to communicate with the driver during the backing maneuver; hand signals can be employed for this purpose. The spotter shall direct the driver to stop at any time the backing maneuver cannot be completed safely.

The spotter(s) shall be on the ground, to the rear of the vehicle, and shall remain visible to the driver at all times. If the driver loses sight of the spotter(s) at any time, the driver shall immediately stop the vehicle. In no case are cameras or safety devices a substitute for a spotter. (Company policy requires at least one spotter to have contact with the driver.) The spotter may wear a high visibility vest (if situation merits), and if possible gloves and helmet.

If it is essential to back a vehicle with limited rearward visibility and no spotter is available, the driver shall stop, dismount, and visually perform a 360-degree check around the vehicle before backing, with emphasis on the area behind and to both sides. After checking the area, the driver shall back the vehicle at slow speed and with extreme caution, prepared to stop immediately if necessary.


Signals

- **Straight Back:** One hand above the head with palm toward face, waving back. Other hand at your side. (Left or right hand optional)



- **Turn:** Both arms pointing the same direction with index fingers extended. (Driver will advise the spotter which way the turn will be made. The spotter then assists the driver in backing apparatus. The driver's intentions must be verbally communicated to the spotter.)




	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.216 Policy Name: Backing Policy (continued: page 3 of 3)</p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 04/2024</p>
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- **Stop:** Both arms crossed with hands in fist. Be sure to yell the **stop** order loud enough that the driver can hear the warning.



Night Backing

Signals will be the same. The spotter will ensure that the spotlights on rear of apparatus are turned on before allowing apparatus to be backed. A flashlight may be carried, but at no time will it be directed toward the mirror.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.217 Policy Name: Maneuvering at an Incident Scene</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish safe practices that address when maneuvering an emergency vehicle at an incident scene.

II. Scope

All personnel.

III. Policy


Drivers shall exercise extreme caution while maneuvering emergency vehicles at an incident scene; other drivers and pedestrians may be distracted or preoccupied by events and a variety of hazards (e.g., downed or low-hanging wires, limited visibility, hazardous materials, etc.) may be encountered. Vehicles shall be moved slowly and cautiously, with spotters assigned to guide the driver in tight situations.

When streets have been closed to regular traffic, the emergency vehicle driver remains fully responsible for the safe and prudent operation of the vehicle at all times.

When operating at an incident scene where the streets have not been closed to regular traffic, NORCAL Ambulance vehicles shall be positioned, parked, or staged in a manner that considers safety as a primary factor.

Check for Unsecured Personnel: Before moving an emergency vehicle in any location, the driver shall ensure that all occupants are seated and properly secured in approved riding positions. The driver shall also ensure that no one is in the process of mounting, dismounting, standing on top of, or on the outside of, the vehicle.

Under no circumstances shall crew members be allowed to ride on the outside of a company vehicle, including the back section of the supervisor pickup trucks.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.218 Policy Name: Return to Roadway</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish safe practices that address when an emergency vehicle needs to return to the roadway when the wheels leave the paved surface of the roadway.


II. Scope

All personnel.

III. Policy

NORCAL Ambulance vehicle operators shall be aware of the actions to be taken if the wheels of the vehicle leave the paved surface of the roadway. In these situations, the vehicle shall be slowed to a speed below 20 miles-per-hour before any attempt is made to return it to the roadway.

Depending on road conditions and the condition of the off-road surface on which the vehicle is moving, it may be necessary to carefully bring the vehicle to a complete stop before attempting a return to the roadway; under many circumstances, particularly involving heavy ambulances, this may be the safest course of action.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.219 Policy Name: Basic Driver Training</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish a comprehensive basic driver training and education program that must be successfully completed by all drivers in the organization.

II. Scope

All personnel who drive light duty vehicles in non-emergency mode.

III. Policy


Basic driver training shall be completed before a member is authorized to drive any NORCAL Ambulance vehicle or to drive a privately-owned vehicle on NORCAL Ambulance company business. The NORCAL Ambulance Human Resources Department shall ensure that the individual is properly licensed and insured and has the necessary knowledge, skills, and abilities to operate a vehicle safely.

The initial driver training program shall include:

- Traffic laws
- Traffic and highway safety
- Basic vehicle dynamics
- Inspection and maintenance procedures
- Competency course
- Over-the-road evaluation

Upon completion of the basic driver program, a crew / team member is authorized to drive light duty vehicles in a non-emergency mode. This classification includes passenger vehicles, SUVs, vans, and pick-up trucks. Additional training shall be required before the member is qualified to drive larger vehicles, Type III ambulances, specialty vehicles or to operate any Ambulance in the emergency response mode.

The Company shall periodically review the performance of each crew / team member who is authorized to drive NORCAL Ambulance vehicles. The authorization to drive may be suspended or revoked as a result of such reviews and/or additional training may be required to maintain driving status. Crew / Team members, who repeatedly fail to comply with NORCAL Ambulance driving policies and procedures or violate traffic laws while driving NORCAL Ambulance vehicles, should be re-evaluated or disciplined, if necessary.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.220 Policy Name: Ambulance Operator Course (AOC) Training</p>	Original: 05/2005 Revised: 06/2020 Renewal: 04/2024
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I. Purpose

To establish a comprehensive advanced driver training program for ambulance operations, to provide members with the skills and knowledge necessary to reduce vehicle accidents and limit injuries to themselves and the public.

II. Scope

All field employees (EMTs and Paramedics who have at least six months of service with the company and a driver record in good standing with company insurance protocol)

III. Policy


Company vehicles shall only be driven/operated by individuals who comply with the applicable state driver's license requirements and have been trained and certified to operate the particular vehicle or type/class of vehicle through the NORCAL Driver Training Program and/or Ambulance's Ambulance Operator Course (AOC).

The AOC will meet or exceed the guidelines set forth by the operating area EMS agencies or the California Department of Motor Vehicles Commercial Driver License Program and will prepare drivers to meet the requirements of the EMSA and State.

The Company shall periodically review the performance of each crew member who is authorized to drive NORCAL Ambulance vehicles. The authorization to drive may be suspended or revoked as a result of such reviews and/or additional training may be required to maintain driving status. Crew/Team Members, who repeatedly fail to comply with NORCAL Ambulance driving policies and procedures or violate traffic laws while driving NORCAL Ambulance vehicles, should be re-evaluated or disciplined, if necessary.

IV. Procedure

In 6 hours take 9 trainees (up to 12 as authorized) through an AOC developed specifically for use by NORCAL Ambulance personnel to train for generalized interfacility transportation driving. The course is created based on feedback from Quality Assurance, changing trends in the ambulance world as well as the most frequent at fault vehicle accidents caused by our personnel.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.220 Policy Name: Ambulance Operator Course (AOC) Training <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 06/2020 Renewal: 04/2024
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Location:

Raley Field


Personnel:

- Event Leader
- Evaluation Team(s) Leader
- Instructional Team(s)
 - Field Proctor(s)
 - In Rig / Ambulance Proctor(s)
 - 3 trainees – Assigned day of AOC
- Logistics
- Other as needed

Materials Overview:

Ambulances (1 per Evaluation Team)
Radios (1 Per Ambulance)
Ambulance Keys (2 Per Ambulance)
Caution Tape
Chairs
Clipboards (2 Per ambulance)
Cones
Cooler
Cutlery
Evaluation Sheets
EZ Up x 4
Food/Water
Hand Soap (Bathroom)
Ice
Marking Paint
Measuring tape
Paper Towels
Pens (2 Per proctor)
Radios (2 per ambulance)
Safety Vests (2 per ambulance)
Signs (if necessary)
Squeeze Breeze x 20 (during summer)

Tables (1 per team)
Toilet Paper
Toilet Seat Covers
Sanitizing Wipes for bathroom
Utility vehicle

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.221 Policy Name: Alcohol and Substance Abuse</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To eliminate the abusive use of alcohol and illegal drugs through education, rehabilitation and supervision techniques.

II. Scope


All personnel.

III. Policy

NORCAL Ambulance crew and team members are not permitted to be on duty, to respond to emergency incidents, to drive or operate NORCAL Ambulance vehicles, nor to perform any other duty-related functions while under the influence of alcohol or drugs.

NORCAL Ambulance crew members shall not perform any duty-related functions for a minimum of eight (8) hours following the consumption of any alcoholic beverages. A longer period waiting period may be required to ensure that the individual is free of impairment. A blood alcohol concentration of 0.02 percent or higher, while on duty, shall create the presumption that the member is under the influence of alcohol.

The driver in charge of any NORCAL Ambulance vehicle that is involved in an accident that causes measurable property damage, injury or death will be tested for the presence of alcohol or drugs with the least possible delay. In addition, a company officer may require a crew / team member to be tested for the presence of drugs or alcohol at any time, upon reasonable suspicion that the crew member could be under the influence of such substances.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.222 Policy Name: Privately Owned Vehicle (POV) Response	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose


To establish guidelines governing the response to company events and incidents in privately owned vehicles (POVs).

II. Scope

All personnel.

III. Policy

Personnel must follow all laws and regulations for the State of California that apply to non-emergency vehicles.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.223 Policy Name: Accident Reporting and Investigation	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To provide a standard system to report and investigate all company vehicular accidents and near misses (company or personal). A near miss incident is defined as an incident in which no property damage and no personal injury occurred, but where, given a slight shift in time, position, or other circumstances, damage or injury would or may have occurred.

II. Scope

All personnel operating a company vehicle.

III. Policy


While performing a job that requires so much time driving NORCAL Ambulance is aware of the heightened risk for vehicle collisions solely based on the amount of time on the road, not even factoring road conditions, emergency driving, etc. Some vehicle contacts are unavoidable, and others are not. All employees of NORCAL Ambulance have been instructed through the driving training program of the safe operation of an emergency vehicle. Any collision in a company vehicle must be thoroughly documented and reported.

All Company vehicular accidents need to have an Incident Report (IR) completed and submitted by the end of shift. Vehicles involved in an accident that may impact company operations must be reported to the communications center immediately.

IV. Procedure

The Incident Report (IR) should include the following:

- Unit ID or vehicle name
- Exact accident location
- An indication for need for additional medical assistance (e.g., BLS, ALS, etc.,)
- An estimate of the extent and nature of the injuries and vehicle damage
- Indication on whether the vehicle is drivable
- Indication of need for cover assignment and supervisor

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.223 Policy Name: Accident Reporting and Investigation <i>(continued: page 2 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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A Post Motor Vehicle Contact Kit is in each ambulance in the driver compartment. This Kit must be used in the event of a vehicle contact.

At minimum, the following information should be obtained:

- Name and address of operator
- Name and address of owner
- Make, model and year of vehicle involved
- Registration number/license plate number of vehicle
- Driver's license number/state of operator
- Insurance company
- Names and addresses of all passengers
- Names and addresses of all injured parties
- Location and time
- Damage sustained to all vehicles
- Name of responding police officer and accident report number obtained

Pictures should be taken via the vehicle cellular phone or tablet to accompany the kit. Pictures should contain at minimum, the following:

- All four (4) sides of the ambulance with close ups of damaged areas;
- All four (4) sides of other vehicle(s) involved with close-ups of any damage;
- The street behind and ahead of the vehicle contact
- Any stationary objects involved in the vehicle contact;


Vehicle Contacts Occurring with a Patient on Board

If the patient being transported is stable, there are no injuries, and damage is minimal, advise the other party or parties involved that police are en route and proceed to the hospital with your patient. Advise dispatch of the location of the accident.

If the patient being transported is unstable, no serious injuries have been incurred, and damage is minimal, advise the other party or parties involved that the police and another ambulance are en route and proceed to the hospital with your patient. Advise dispatch of the location of the accident.

In situations where the patient is stable and injuries have been incurred, notify dispatch to send any help that is required. If the patient being transported and crew are uninjured, they are to remain on scene until another ambulance arrives, then proceed to the hospital with the patient.

In situations where there is an unstable patient and serious injuries are incurred, the crew should exercise their best judgement and request appropriate assistance from dispatch or a supervisor.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.223 Policy Name: Accident Reporting and Investigation <i>(continued: page 3 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Vehicle Contacts Occurring While Responding to a Call

If crew is involved in a vehicle contact while responding to an emergency call they must notify dispatch immediately. If another ambulance is available to respond within a reasonable time frame the dispatcher will send another ambulance to the original call.

Dispatch may determine that the circumstances dictate that the ambulance involved in the vehicle contact should continue on the original response based on the nature of the call or an inordinate delay in the response of another unit. If there are no injuries, and damage is minimal, advise the other parties involved that police are en route and proceed to the emergency call.

In situations where injuries have been incurred, the crew must notify dispatch to send any help that may be required, render treatment and transport accordingly. While at the accident scene:

- Initiate appropriate medical care
- Do not discuss the incident with anyone other than fire and police representatives
- Do not move your vehicle unless it is creating a traffic hazard
- If you must move your vehicle, chalk the position of your tires prior to moving.
- Obtain witness names and contact information
- Remain at the scene until the police and fire representatives have completed their investigation

Based on the reported information, the Communications Center will:


- Dispatch any needed medical assistance
- Notify the Police Dispatcher of the incident
- Notify Company Officers

V. Accident Investigation and Review

All work-related accidents will be investigated in a timely manner. Minor incidents and near misses will be investigated as well as serious accidents. A near miss in an incident that although not serious, could have resulted in a serious injury or significant property damage. Investigations of these instances may avoid serious accidents in the future.

Responsibility for Accident Investigation

A supervisor or CEO must investigate all work-related accidents. After investigating an accident, a supervisor must submit a QI Incident or written Incident Report. The CEO will ensure that the investigation was thorough, and that proper action has been taken to avoid similar accidents in the future.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.223 Policy Name: Accident Reporting and Investigation <i>(continued: page 4 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Procedures for Investigating Accidents

All accidents shall be investigated as soon as possible. In conducting an inquiry, the supervisor investigating the accident, at minimum shall:

- A. Visit the accident scene if possible. This will ensure the facts are still fresh in the witness(es) minds.
- B. The investigator should interview the employee as soon as he or she is physically and mentally able.
- C. Interview witnesses to the accident either at the scene or as soon after the accident as possible.
- D. Document details graphically, using photographs, sketches, or diagrams wherever appropriate.
- E. Submit a QI Incident or written Incident Report.
- F. Save or preserve all physical evidence.

Reporting Procedures

Accidents resulting in personal injury, death, or property damage, shall be reported to the Office of Emergency Medical Services (OEMS) within five (5) days following any accident involving an ambulance. The written report shall be a copy of the approved Registry of Motor Vehicle Operator’s Report of Motor Vehicle Accident.


The driver must complete an Operator’s Report of Motor Vehicle Accident after any accident involving a company vehicle.

All Accident Reports and Incident Reports or QI Incident submissions must be completed by both crew members prior to the end of their shift.

All employees will document any injuries sustained. Any employee involved in an accident will not make any statement to anyone on scene, aside from the responding officer and supervisor.


Safety Committee

The Safety Committee will review selected accidents involving a NORCAL Ambulance vehicle as determined by the CEO. Employees involved in a collision will be invited to attend the meeting in order to present the facts of the case. The Safety Committee will make a ruling based upon whether it could be deemed as a preventable accident. The employee will be notified of the ruling immediately following the meeting.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.223 Policy Name: Accident Reporting and Investigation <i>(continued: page 5 of 5)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 04/2024</p>
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All accidents may subject the employee to the following disciplinary actions:

- A. Non-preventable accident;
 - a. no action
- B. First preventable accident may include one or all of the following;
 - a. driver remediation
 - b. written warning
- C. Second preventable accident
 - a. termination

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.224 Policy Name: Roadway and Roadside Scene Safety</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish guideline for protection of personnel and incident victims at all roadway or roadside incident scenes.

II. Scope

All personnel.

III. Policy


This procedure identifies parking practices for NORCAL Ambulance vehicles that will provide maximum protection and safety for personnel operating in or near moving vehicle traffic. It also identifies several approaches for individual practices to keep crew members safe while exposed to the hazardous environment created by moving traffic.

It shall be the policy of NORCAL Ambulance to position emergency vehicles at a vehicle-related incident on any street, road, highway, or expressway in a manner that best protects the incident scene and the work area. Such positioning shall afford protection to NORCAL personnel, law enforcement officers, tow service operators and the motoring public from the hazards of working in or near moving traffic.

All personnel should understand and appreciate the high risk that personnel are exposed to when operating in or near moving vehicle traffic. Responders should always operate within a protected environment at any vehicle-related roadway incident.

Always consider moving vehicles as a threat to your safety. At every vehicle-related emergency scene, personnel are exposed to passing motorists of varying driving abilities. At any time, a motorist may be driving without a legal driver's license.

Approaching vehicles may be driven at speeds from a creeping pace to well beyond the posted speed limit. Some of these vehicle operators may be vision impaired, under the influence of alcohol and/or drugs, or have a medical condition that affects their judgment or abilities. In addition, motorists may be completely oblivious to your presence due to distractions caused by cell phone use, loud music, conversation, inclement weather, and terrain or building obstructions. Approaching motorists will often be looking at the scene and not the roadway in front of them. Assume that all approaching traffic is out to get you until proven otherwise.


	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.224 Policy Name: Roadway and Roadside Scene Safety <i>(continued: page 2 of 9)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Nighttime incidents requiring personnel to work in or near moving near traffic are particularly hazardous. Visibility is reduced and driver reaction time to hazards in the roadway is slowed.

Terminology

The following terms shall be used during incident operations, post-incident analysis, and training activities related to working in or near moving traffic.


- *Advance Warning*- notification procedures that advise approaching motorists to transition from normal driving status to that required by the temporary emergency traffic control measures ahead of them.
- *Block*- positioning a NORCAL ambulance on an angle to the lanes of traffic creating a physical barrier between upstream traffic and the work area. Includes ‘block to the right’ or ‘block to the left’.
- *Buffer Zone*- the distance or space between personnel and vehicles in the protected work zone and nearby moving traffic.
- *Downstream*- the direction that traffic is moving as it travels away from the incident scene.
- *Flagger*- a Law enforcement or Fire Department member assigned to monitor approaching traffic and activate an emergency signal if the actions of a motorist do not conform to established traffic control measures in place at the highway scene.
- *Shadow*- the protected work area at a vehicle-related roadway incident that is shielded by the block from apparatus and other emergency vehicles.
- *Taper*- the action of merging several lanes of moving traffic into fewer moving lanes.
- *Temporary Work Zone*- the physical area of a roadway within which emergency personnel perform their fire, EMS and rescue tasks at a vehicle-related incident.
- *Transition Zone*- the lanes of a roadway within which approaching motorists change their speed and position to comply with the traffic control measures established at an incident scene.
- *Upstream*- the direction that traffic is traveling from as the vehicles approach the incident scene.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.224 Policy Name: Roadway and Roadside Scene Safety <i>(continued: page 3 of 9)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Safety Benchmarks

All emergency personnel are at great risk of injury or death while operating in or near moving traffic. There are several specific tactical procedures that should be taken to protect all crew members and emergency service personnel at the incident scene including:

- Never trust approaching traffic
- Avoid turning your back to approaching traffic
- Establish an initial “block” with the first arriving emergency vehicle or fire apparatus
- Always wear a high visibility safety vest at all vehicle-related emergencies or when working in or near a roadway
- Turn off all sources of vision impairment to approaching motorists at night time incidents including vehicle headlights and spotlights
- Establish advance warning and adequate transition area traffic control measures upstream of incident to reduce travel speeds of approaching motorists
- Use traffic cones and/or cones illuminated by flares where appropriate for sustained highway incident traffic control and direction
- Establish a Law enforcement or Fire Department member assigned to the “Flagger” function to monitor approaching traffic and activate an emergency signal if the actions of a motorist do not conform to established traffic control measures in place at the highway scene

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.224 Policy Name: Roadway and Roadside Scene Safety <i>(continued: page 4 of 9)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Apparatus and Emergency Vehicle Benchmarks

Listed below are benchmarks for Safe Parking of apparatus and emergency vehicles when operating in or near moving traffic.

- Always position first-arriving apparatus to protect the scene, patients, and emergency personnel.
- Initial apparatus placement should provide a work area protected from traffic approaching in at least one direction.
- Angle apparatus on the roadway with a “block to the left” or a “block to the right” to create a physical barrier between the crash scene and approaching traffic.
- Allow apparatus placement to slow approaching motorists and redirect them around the scene.
- Use fire apparatus to block at least one additional traffic lane more than that already obstructed by the crashed vehicle(s).
- When practical, position apparatus in such a manner to protect the pump operator position from being exposed to approaching traffic.
- Positioning of large apparatus must create a safe parking area for EMS units and other fire vehicles. Operating personnel, equipment, and patients should be kept within the “shadow” created by the blocking apparatus at all times.
- When blocking with apparatus to protect the emergency scene, establish a sufficient size work zone that includes all damaged vehicles, roadway debris, the patient triage and treatment area, the extrication work area, personnel and tool staging area, and the ambulance loading zone.
- Ambulances should be positioned within the protected work area with their rear patient loading door area angled away from the nearest lanes of moving traffic.
- Command shall stage unneeded emergency vehicles off the roadway or return these units to service whenever possible.

At all intersections, or where the incident may be near the middle lane of the roadway, two or more sides of the incident will need to be protected.

Law enforcement vehicles must be strategically positioned to expand the initial safe work zone for traffic approaching from opposing directions. The goal is to effectively block all exposed sides of the work zone. The blocking of the work zone must be prioritized, from the most critical or highest traffic volume flow to the least critical traffic direction.

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For first arriving engine or truck companies where a charged hose-line may be needed, block so that the pump panel is “down-stream,” on the opposite side of on-coming traffic. This will protect the pump operator.

At intersection incidents, consider requesting law enforcement response. Provide specific directions to law enforcement officers as to exactly what your traffic control needs are. Ensure that law enforcement vehicles are parked in a position and location that provides additional protection of the scene.


Traffic cones, if available, shall be deployed from the rear of the blocking apparatus toward approaching traffic to increase the advanced warning provided for approaching motorists. Cones identify and only suggest the transition and tapering actions that are required of the approaching motorist.

Personnel shall place cones and flares and retrieve cones while facing oncoming traffic. Traffic cones shall be deployed at 15-foot intervals upstream of the blocking apparatus with the furthest traffic cone approximately 75 feet upstream to allow adequate advanced warning to drivers. Additional traffic cones shall be retrieved from law enforcement units to extend the advanced warning area for approaching motorists.

Incident Command Benchmarks

The initial-arriving company officer and/or the Incident Commander must complete critical benchmarks to ensure that a safe and protected work environment for emergency scene personnel is established and maintained including;

- Ensure that the first-arriving apparatus establishes an initial block to create an initial safe work area.
- Assign a parking location for all ambulances as well as later-arriving apparatus.
- Directions “Right” and “Left” shall be as identified as from the approaching motorist’s point of view left or right.
- Lanes of traffic shall be identified numerically as “Lane 1”, “Lane 2”, etc., beginning from the left to right, when left and right are considered from the approaching motorist’s point of view. Typically, vehicles travel a higher speed in the lower number lanes.
- Instruct the driver of the ambulance to “block to the right” or “block to the left” as it is parked at the scene to position the rear patient loading area away from the closest lane of moving traffic.
- Ensure that all ambulances on-scene are placed within the protected work area (shadow) of the larger apparatus.
- Ensure that all patient loading into ambulances is done from within a protected work zone.

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Incident Command Benchmarks (continued)

- The initial company officer and/or Incident Commander must operate as the Scene Safety Officer until this assignment is delegated.
- Command shall ensure that traffic signal preemption strobe systems (if so equipped) are turned OFF and that other emergency lighting remains ON.
- At residential medical emergencies, Command shall direct ambulances to park at the nearest curb to the residence for safe patient loading whenever possible.

Emergency Crew Personnel Benchmarks

Listed below are benchmarks for safe actions of individual personnel when operating in or near moving vehicle traffic.

- Always maintain an acute awareness of the high risk
- Never trust moving traffic
- Always look before you move
- Always keep an eye on the moving traffic
- Avoid turning your back to moving traffic
- Personnel arriving in crew cabs of fire apparatus should exit and enter the apparatus from the protected ‘shadow’ side, away from moving traffic.
- Ambulance drivers, Officers, apparatus operators, crew members in apparatus with individual jump seat configurations and all other ambulance personnel must exit and enter their units with extreme caution remaining alert to moving traffic at all times.
- High-visibility vest must be donned prior to exiting the emergency vehicle.
- Always look before opening doors and stepping out of apparatus or emergency vehicle into any moving traffic areas. When walking around fire apparatus or emergency vehicle, be alert to your proximity to moving traffic.
 - Stop at the corner of the unit, check for traffic, and then proceed along the unit remaining as close to the emergency vehicle as possible.
 - Maintain a ‘reduced profile’ when moving through any area where a minimum ‘buffer zone’ condition exists.
- Law enforcement personnel may place traffic cones or flares at the scene to direct traffic. This action builds upon initial flair / cone deployment and can be expanded, if needed, as later arriving law enforcement officers arrive. Always place and retrieve cones while facing on-coming traffic.

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- Placing flares, where safe to do so, adjacent to and in combination with traffic cones for nighttime operations greatly enhances scene safety. Where safe and appropriate to do so, place warning flares to slow and direct approaching traffic.

High-Volume, Limited Access, Highway Operations

High-volume limited access highways include the expressways, toll bridges, freeways, and multi-lane roadways within the NORCAL Ambulance EMS response areas. Typically, law enforcement and Department of Transportation (Caltrans) have a desire to keep the traffic moving on these high-volume thoroughfares. When in the judgment of on scene command it becomes essential for the safety of operating personnel and the patients involved, any or all lanes, shoulders, and entry/exit ramps of these limited access highways can be completely shut down. This, however, should rarely occur and should be for as short a period of time as practical.

Unique Safe Parking procedures at expressway, toll bridges, freeway, and limited-access, high-volume multi-lane roadway incidents;


- First-arriving engine company apparatus shall establish an initial block of the lane(s) occupied by the damaged vehicle plus one additional traffic lane.
- A ladder truck apparatus shall be automatically dispatched to all vehicle-related incidents on all limited-access, high-volume expressways, toll bridges, freeway, and highways.
- The primary assignment of this Truck company apparatus and crew shall be to;
 - Establish an upstream block occupying a minimum of two lanes plus the paved shoulder of the highway or blockage of three driving lanes of traffic upstream of the initial block provided by the first-due apparatus.
 - The position of this apparatus shall take into consideration all factors that limit sight distance of the approaching traffic including ambient lighting conditions, weather-related conditions, road conditions, design curves, bridges, hills and over-or underpasses.
 - Traffic cones and/or cones illuminated by flares should be placed upstream of the ladder truck apparatus by the ladder truck crew at the direction of the company officer.
 - Traffic cones on limited-access, high-volume roadways shall be placed farther apart, with the last cone approximately 150 feet “upstream”, to allow adequate warning to drivers. Personnel shall place cones and flares and retrieve cones while facing the traffic.

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- Assign a Flagger person to monitor the response of approaching motorists as they are directed to transition to a slower speed and taper into merged lanes of traffic.
- Notify Command on the incident operating channel of any approaching traffic that is not responding to the speed changes, transition, tapering and merging directions.
- Flagger shall activate a pre-determined audible warning to operating personnel of a non-compliant motorist approaching.
- Driver operator of ladder truck apparatus shall sound a series of long blasts on the apparatus air horn to audibly warn all operating personnel of the concern for the actions of an approaching motorist.
- Law enforcement vehicles will be used to provide additional blocking of additional traffic lanes as needed. Ambulances shall always be positioned within the safe work zone.
- Staging of additional companies off the highway may be required. Ambulances may be brought onto the highway scene one or two at a time. An adequate size multi-patient loading area must be established.
- Command should establish a liaison with law enforcement as soon as possible to jointly coordinate a safe work zone and to determine how to most efficiently resolve the incident and establish normal traffic flows.
- The termination of the incident must be managed with the same aggressiveness as initial actions. Crews, apparatus, and equipment must be removed from the highway promptly, to reduce exposure to moving traffic and minimize traffic congestion.

Officer’s Safe Parking “Cue Card”

- “Block” with first-arriving apparatus to protect the scene, patients, and emergency personnel; Block at least one additional lane; Block so pump panel is “down-stream”
- Block most critical or highest traffic volume direction first
- Consider requesting additional law enforcement assistance
- Crews wear proper PPE w/Helmet
- Always wear Class II or Public Safety vest when operating in or near a roadway
- Establish more than adequate advanced warning
- Traffic cones at 15’ intervals
- Deploy minimum 5 cones upstream (*note: cones only “suggest” they do not block!*)
- Expand initial safe work zone
- Direct placement of ambulances
- Ensure ambulances park within shadow of larger apparatus as directed
- Lane 1 is furthest left lane, next is Lane 2, then Lane 3, etc. from approaching motorist’s point of view
- Direct ambulance to “block to the right” or “block to the left” to protect loading doors
- Place ambulance patient loading area facing away from closest lane of moving traffic

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Officer’s Safe Parking “Cue Card” (Continued)


- All patient loading into ambulances is done from within a protected work zone
- You are the Scene Safety Officer
- Consider assigning firefighter as upstream “Spotter” as necessary for approaching traffic

Night or Reduced Light Conditions

- Turn OFF vehicle headlights
- Turn OFF traffic signal preemption strobes (if so equipped)
- Provide overall scene lighting
- All personnel in PPE with helmets
- Illuminate cones with flares if possible
- Consider additional Truck company for additional upstream “Block”
- Limited access, high-volume highway incidents
- Establish initial block: minimum two lanes
- Ladder truck establishes upstream block
- Two lanes plus paved shoulder or three driving lanes
- Place cones and/or cones illuminated by flares upstream of ladder truck apparatus, last cone approximately 150 feet “upstream” of apparatus
- Establish Flagger position, monitor approaching traffic sound emergency signal as necessary
- Driver operator of ladder truck apparatus sound a series of long blasts on apparatus air horn as necessary
- Use law enforcement vehicles for additional blocking
- Stage additional companies off highway
- Establish liaison with law enforcement
- Terminate incident aggressively

For more information regarding safety for responders working in or near a roadway, refer to the following website: <http://www.respondersafety.com>

Note– High-visibility vests must be used for all roadway incidents.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.225 Policy Name: Safe Driving Program</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish a safe driving program to provide incentive to NORCAL Ambulance personnel to engage in safe driving habits.

II. Scope

All personnel.

III. Policy

Recognition awards will be offered to company personnel that have no preventable accidents involving a company vehicle for a specified period. Recognition awards will also be offered to company personnel that have no preventable accidents and no traffic violations while responding to the station or emergency incident in an authorized POV.


The awards schedule is as follows:

- 3 Years = Bronze
- 5 Years = Silver
- 10 Years = Gold

- 15 Years = Platinum
- 20 Years Diamond

Preventability of a vehicle accident will be determined by the Quality Department's Accident Investigator and/or HR Accident Review Committee, police reports and/or other internal investigations.

A vehicle accident is determined to be preventable if the crew member failed to exercise any reasonable defensive driving options and/or has operated the vehicle in any unsafe manner or violated any procedures.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.226 Policy Name: Vehicle Inspections</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To ensure vehicle and equipment are in working order and that the vehicle is safe and ready to respond.

II. Scope


All personnel.

III. Policy

NORCAL Ambulance vehicles shall only be operated when their mechanical condition makes it safe to do so. The following list of vehicle defects has been developed to guide vehicle operators in making decisions related to the operational safety of NORCAL Ambulance vehicles. If an “out-of-service” condition is discovered, the vehicle shall be placed out of service and the condition of the vehicle shall be reported to Dispatch, on-duty supervisor and fix-me email address. The vehicle shall not be returned to service until the problem condition is resolved by a qualified individual.

The following defects and deficiencies of the driving and crew areas, the ambulance body, the rear compartment, or in any other location on the vehicle that may reduce the operational safety and performance of the vehicle and shall be considered out-of-service criteria:

- Body mounting that is defective
- Cab mounting that is defective
- Seat belts that are torn or have melted webbing, missing or broken buckles, or loose mountings. Due to the extreme safety-related consequences of a defective seat belt crew members shall take any seating position with a defective seat belt out of service
- Cracked or broken windshield that obstructs the driver’s/operator’s view
- Missing or broken rear-view mirrors that obstruct the driver’s/operator’s view
- Windshield wipers that are missing or inoperable
- Steering wheel that has a deficiency
- Oil pressure gauge or engine or transmission temperature gauges that have failed
- Air gauge or audio low air warning device that has failed
- Door latches that are defective
- Defrosters that are defective
- Foot throttle that is defective


	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.226 Policy Name: Vehicle Inspections (continued: page 2 of 3)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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The following defects and deficiencies of the chassis, axles, steering and suspension systems, driveline, wheels, and tires reduce the operational safety and performance of the ambulance shall be considered out-of-service criteria:

- Tires that have cuts in the sidewall that penetrate to the cord
- Tires that are defective
- Tires that have a tread depth of 4/32 in. (3.2 mm) or less on any steering axle or 2/32 in. (1.6 mm) or less on any non-steering axle at any two adjacent major tread grooves anywhere on the tire
- Suspension components that are defective
- Wheel fasteners that are missing or broken
- Wheels that are defective
- Axle flanges that have Class 3 leakage (Class 3- leak of fluid great enough to form drops that then fall from the item being checked/inspection)
- An axle that has any Class 3 leakage
- Steering components that are defective
- A steering component that has Class 3 leakage
- Driveline components that are defective

The following defects and deficiencies of the *engine systems* reduce the operational safety and performance of ambulance and shall be considered out-of-service criteria:

- Air filter restriction indicator that shows maximum restriction
- Engine that won't crank or start
- Engine system that has Class 3 leakage of oil
- Engine that is overheating
- Oil that contains coolant
- Oil that is diluted with fuel
- A fuel system component that has Class 2 leakage (Class 2-leak of fuel great enough to form a drop, but not enough to cause the drop to fall from the item being checked/inspected)
- Fuel tank, mountings, or straps that are defective
- Stop-engine light that fails to turn off after engine is started

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The following defects and deficiencies of the *engine cooling system* reduce the operational safety and performance of ambulance and shall be considered out-of-service criteria:


- Cooling system component that has a class 3 leakage
- Coolant that contains oil
- Radiator that is defective
- Water pump bearing that is defective
- Cooling fan that is defective
- Coolant system components that are defective

The following defects and deficiencies of the *transmission* reduce the operational safety and performance of the ambulance and shall be considered out-of-service criteria:

- Transmission components that are defective
- Shift linkages that are defective
- Automatic transmission that overheats in any range
- Automatic transmission that has a “Do not shift” light on
- Transmission components that have Class 3 leakage of transmission oil

The following defects and deficiencies of the *low voltage electrical system and the line voltage electrical system* reduce the operational safety and performance of the fire apparatus and shall be considered out-of-service criteria:

- Federal Department of Transportation lighting that is defective
- Ignition system that is defective
- Charging system that is defective
- Grounding and bonding of the line voltage electrical system that is defective
- Parking brake operation that is ineffective

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.227 Policy Name: Vehicle Recording System	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

NORCAL Ambulance vehicles may have a vehicle recording system with audio and video recording capabilities installed. The recording system is used to capture driving events that result in forward or side G-force while driving. Events such as hard braking, traveling too fast around a turn, or an accident may be captured by the recording system.

II. Procedure

The recording footage can be downloaded at any time for any reason, and the events are reviewed by supervisory staff.

It is strictly prohibited to tamper with the vehicle recording system in any fashion. Disabling or tampering with a vehicle recording system could result in immediate disciplinary action up to and including termination.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.228 Policy Name: Driving Standards</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

All employees who drive with NORCAL Ambulance must pass Driver Training before operating any vehicle. During training employees will be taught driving standards and expectations of them while operating a vehicle or ambulance. Employees who drive are expected to follow those standards every time they operate a vehicle/ambulance. Failure to follow driving standards poses a risk or hazard to the employee, patient, and all other motorists and pedestrians within the vicinity. Direct violation of these standards may result in immediate disciplinary action, possible revocation/suspension of driver privileges or possible termination from the company.

II. Procedure

Headlight Use

The headlights are to remain on whenever the vehicle is in motion. All lights must be turned off when the vehicle is powered off.

Systematic Eye Movements

Drivers should search for, identify and anticipate potential hazards by scanning the near, middle, and distant areas in front of, and to the sides of the vehicle.

Constant Rate Acceleration

Drivers should move their foot slowly from the brake to the accelerator, gradually rolling the vehicle forward, thereby overcoming inertia forces, gradually and smoothly.


Smooth Braking

The driver should anticipate braking situations early and reduce speed ahead of time by releasing pressure from the accelerator. The engine compression will gradually slow the vehicle. The driver then applies the brake gradually, and just before the vehicle comes to a complete stop, reduces brake pressure so the vehicle does not jerk to a stop.

Following Distance

When traveling at less than 40 mph in ideal daytime conditions, the driver should maintain a four second following distance to maintain a cushion of safety in front of the vehicle. To measure an adequate distance, choose a vehicle in front of the ambulance and observe it passing a stationary object. The ambulance driver then counts, “1001, 1002, 1003, 1004” and should not pass the same object until four seconds have elapsed. When traveling at speeds above 40 mph, increase the safety to five seconds.

Drivers will double the following distance when they have a patient on board and when driving in darkness, rain, fog, smoke, or limited by other factors such as fatigue.

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Drivers will triple the distance when a road surface has snow, packed snow, ice or black ice. The added cushion allows a driver additional reaction time to safely navigate any obstacle or hazard.

Ten Second Lane Change

Drivers should anticipate and plan for lane changes in advance. They should signal in advance to advise other drivers of their intention. After signaling, the driver then drifts towards the centerline, and before entering the lane makes a second check of both mirrors and over their shoulder for vehicles in their blind spot(s). Driver should sit forward in the seat while checking mirrors to minimize ambulance blind spots. Gradually and smoothly move to the next lane when clear.

Rear and Side Space Cushion

Through systematic eye movements, a driver should remain aware of vehicles and objects surrounding their vehicle. By adjusting their speed or position, they maintain a cushion of space on all side and to the rear of their vehicle.

Avoiding Rear End Collisions

Rear-End collisions can be avoided by maintaining a safe following distance, thinking and looking far enough ahead so that you can anticipate the need to stop, controlling your speed, and not allowing your vehicle to roll backwards into another vehicle.

To avoid rear-end collisions the driver must practice the use of safe following and stopping distances. In order to understand the problem, and what the emergency vehicle driver must do to avoid rear-end collisions, they need a total understanding of the following:

- Rear-end collisions are the third most common type of collision; responsible for 15% of all ambulance accidents.
- A driver must know the distance required to allow the vehicle to stop before, or steer around, an object that suddenly appears or another vehicle that suddenly stops in front of the vehicle.
 - a. Following distances: To drive safely, the driver must maintain adequate following distances and understand the three (3) factors that make up your total stopping distance.
 - Perception distance
 - Reaction distance
 - Braking distance

Stopping Distances at Various Speeds in Ideal Conditions

VEHICLE SPEED	STOPPING DISTANCE
10 MPH	18 FEET
20 MPH	52 FEET
30 MPH	100 FEET
40 MPH	169 FEET
50 MPH	280 FEET
60 MPH	426 FEET

b. The Four Second Rule for Road Safety: Apply the principles outline above.

Stopping at Intersections

Stopping at Controlled Intersections: Always stop the vehicle so that the front bumper does not extend into or over a “Pedestrian Lane” or the first white line in front of the vehicle. Stop your vehicle so that you can see a minimum of two feet of road surface between your vehicle and the first white line in front of the vehicle.


Use the Rear Tire Concept

Remain far enough behind (12-15 feet) a vehicle stopped in front of your vehicle to observe the front vehicle’s rear tires and a small amount of pavement. This provides adequate room to turn the vehicle around without backing up.

In either case, when stopped, keep your right foot on the brake pedal with pressure applied. Do not take your right foot off the brake pedal and start to accelerate until the vehicle in front of you has started to move and is accelerating. When starting in traffic, anticipate the vehicle in front of you will make a sudden stop.

Parking the Ambulance

The driver of any company vehicle is responsible for the safe and prudent parking of the vehicle. Always park the vehicle in a safe area to protect the crew, patient, and unit. When parking to the operator’s blind side, use a spotter. Do not pull forward into a parking space or driveway. Always back into the parking area, so that you have a safe and efficient exit. Nose in parking is strongly discouraged unless no other option exists. Always be aware of overhangs/low clearances when operating or parking any vehicle.


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Use caution when parking at scenes with multiple responding vehicles (fire, police), assuring that the ambulance is not “parked-in” by others. It is the responsibility of the driver to park in a location that will allow prompt patient transport. If you are unsure of the best place to park at a scene, consult fire alarm or dispatch as needed.


Emergency Driving Standards

The following standards should be utilized as a guideline to follow in addition to the driving standards found above. Remember, you are the person who is most in control of safety when responding or transporting on a priority.


1. *Use of Warning Devices:* Your headlights should be on at all times. When driving on an emergency, the driver activates all emergency lights (excluding the four-way flashers) and the siren. It is better to use the siren too much than not enough. the siren must be sounded and sustained for several seconds to enable other drivers and other responding emergency vehicles to hear you.
 - a. Do not chirp the siren. This warning is not adequate for others to hear you and react.
 - b. The Driver must always balance the factors of location, time of day or night, and the need to provide adequate warning and notice to other drivers. The driver should maintain a four-second following distance to allow other drivers adequate time to react and reduce the intimidating effects of an emergency vehicle’s warning devices.
2. *Passing Vehicles:* When an ambulance approaches another vehicle traveling in the same direction as the ambulance, the driver positions the ambulance three (3) to four (4) feet further to the left and advises motorists of their intention to pass them on the left, using the siren.
3. *Approaching an Intersection Facing a Red Light:* When the ambulance is located 150 feet before an intersection, the driver lifts his foot off the accelerator and transfers it to the brake pedal. Even with the siren on, the driver must bring the ambulance to a complete stop before entering the crosswalk and intersection. When the driver can see every lane with either, a vehicle stopped and eye contact made with its driver, or the ambulance crew can see far enough down a vacant lane (usually 150 feet) to eliminate any threat from approaching traffic, the ambulance operator can proceed with EXTREME caution.
4. *Lane Control Under Emergency Operation:* When driving on an emergency, the ambulance should be in the far left lane of traffic in the direction traveling. An exception to this guideline is the one-way streets and avenues. In these cases, you should travel in the center lane as it provides the most space for you to maneuver and to allow other vehicles to move out of your way.

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- a. The general public is required by law to pull to the right, nearest curb on one-way streets and avenues when they see or hear an emergency vehicle approaching the front or rear of their vehicle and the emergency vehicle is on an emergency response. The left turn lane should not be used as a response lane. The only exceptions are:
 - i. Clearing an intersection, before proceeding through under the law of “due regard”
 - ii. Heavily congested traffic
 - iii. Directed by a police officer
 - b. You should never pass on the right unless necessary or directed to do so by a law enforcement officer.
 - c. When passing on the right, use the following guidelines:
 - i. When you have no choice but to pass on the right, it shall be done with the utmost caution, and under the law of “due regard”.
 - ii. Expect and anticipate other vehicles will move to the right, when you are passing on the right.
 - d. When approaching an intersection under emergency operation, do not attempt a right turn from the left lane until other vehicles have stopped and acknowledged that you are taking a right turn. Stay in the left lane, and use your partner to clear you on the right and stop traffic to cautiously make the right turn. This procedure will reduce the chance that the other driver will drive into your side as you turn to the right in front of their path.
 - e. When stopped in traffic, attempt to leave one or two vehicle lengths between your vehicle and the vehicle in front of you, in case you are dispatched to an emergency call.
5. *Transporting Relatives and Friends (of the patient) in Ambulance:* When it is necessary for a friend or relative to be a passenger in the ambulance, they shall sit in the front seat and be secured with a seat belt before the vehicle is placed in motion. Only one passenger should accompany the patient in the ambulance, unless absolutely necessary.
- a. A family member of a child may be permitted to ride in the patient compartment if the situation warrants, i.e., the child is upset and the family member is able to calm them down.
 - b. Individual circumstances will dictate whether the child of an injured adult should be allowed to ride in the patient compartment. All children of “car seat” age must be secured in the ambulance in a car seat or PediMate. If there are more children needing transport with an injured adult than car seats available, contact dispatch or the fire department as appropriate or additional response to transport children.


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- c. Do not transport children in regular adult seat belts. Never transport a child “in the arms” of an adult that is secured to the stretcher.
 - d. When traveling an ill or injured patient and they do not speak or understand English, you may allow a passenger in the patient compartment to assist in translating and communicating with the patient.
 - e. When it is necessary for a passenger to ride in the patient compartment, he or she must be seated in the seat at the head of the gurney, and secured with a seat belt.
 - f. Only NORCAL Ambulance personnel and authorized medical personnel are permitted in the patient compartment when a critical patient is being transported.
6. *Safe Following Distances for Emergency Vehicles Following Other Emergency Vehicles:* When operating on an emergency, the operator of the vehicle will stay back a minimum of 300 feet, or allow a buffer zone of 300 feet between their vehicle and other emergency vehicles in front of their vehicle. When approaching an intersection, other drivers may hear only one siren, not both. Most drivers will enter the intersection as soon as the first emergency vehicle clears, not realizing that there is another emergency vehicle right behind.
- a. A significant following distance will also provide the operator of the following vehicle more time to react if the first emergency vehicle is involved in an accident going through the intersection. There could be other emergency vehicles responding from your left or right, and you may not be able to hear or distinguish their siren from the emergency vehicle in front of you to help other drivers discern the presence of a second emergency vehicle.
 - b. The law mandates that no vehicle shall follow an emergency vehicle closer than 300 feet.
 - c. If you are involved in an intersection accident and you are the secondary emergency vehicle, you could be found negligent and guilty of failure to use “due regard”. Remember the following:
 - i. Other drivers must be able to hear and see you
 - ii. You must give sufficient warning to other drivers, so that they are able to stop in time.
 - d. You do not have the right of way, you can only request other vehicles yield to you, allowing you to proceed with due regard.

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7. *Maximum Speed:* When traveling in the emergency mode, the ambulance driver must not exceed speeds greater than reasonable and prudent with due regard for weather, visibility, the traffic on, and the surface of the roadway. In no event should a NORCAL Ambulance vehicle be driven at a speed which endangers the safety of persons or property. At no time may a vehicle be driven at a speed greater than that needed to maintain constant control of the vehicle (i.e. speeds must less than the posted speed limit may be warranted for inclement weather, traffic, and other restrictive conditions).
8. *Route of Travel:* Before leaving on an emergency response, the driver must first establish the most appropriate route of travel. Drivers consider factors such as street conditions, time of day, one-way versus two-way streets, traffic patterns, height restrictions, and pedestrian traffic.
9. *Pre-Call Preparation:* Emergency vehicle drivers must make every effort to assure that they maintain a constant state of readiness. Every detail must be attended to, from backing the vehicle into its parking spot, to have every aspect of the vehicle and equipment inspected, to being able to get to the vehicle rapidly.
10. *Reducing Distractions:* When driving in the emergency mode, particularly at intersections, the driver should try to avoid using the radio or allowing other distractions to affect his/her ability to maintain constant control and awareness of the ambulance. Always try to give the hospital notification prior to leaving the scene of a call so that you can devote your full attention to driving to the hospital.
 - a. Drivers should not be talking on a cell phone while driving unless absolutely necessary.
 - b. Under no circumstance should drivers send or read email or text message while operating any NORCAL Ambulance vehicle.

Failure to meet one or more of the above standards could be considered as showing a lack of “due regard” for the safety of others and a violation of the law and company policy.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.229 Policy Name: At Fault Accidents</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

To establish standard procedures for disciplinary action(s) following any at-fault accident resulting in damage to company ambulance(s) or other company vehicle(s) or property and/or non-company property/vehicles. All accidents will be investigated by a Field Supervisor or Division Manager immediately upon learning of the accident. Based on the results of their investigation Managers and/or Supervisors will determine the parties at fault and next steps as listed below for the employees involved. Managers and/or Supervisors will defer to Risk Management Department for further investigation if needed.

Immediately following an accident, it is the Supervisor's and/or Manager's discretion to suspend driving status and/or pull the unit from service pending the investigation.

Drug Testing may be required for any personnel involved in a collision with more than one vehicle, any collision involving non-company property and/or any collision resulting in injury to any person, or at the Supervisor's and/or Manager's discretion.

Employees who are involved in an accident and are determined to be at-fault will be required to undergo mandatory re-training and face disciplinary action including a written warning up to termination.


II. Discipline Guidelines

A. Contributing Factors for a Written Warning:

Any first time at-fault accident resulting in damage to company ambulance(s) or other company vehicle(s) or property and/or non-company property/vehicles, major or minor.

B. Contributing Factors that lead to Termination:

- Failure to report damage or an accident;
- Backing without a backer; Driver starts to back w/o letting backer out. Electing not to back your partner
- 2 at-fault accidents in a 12-month period.
- 2 reports of vehicle damage
- Using an electronic device while driving (Cell phones, GPS, etc.)
- Demonstrating gross negligence

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.230 Policy Name: Safety Restraints</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

All employees, third riders, family member and patients riding in any NORCAL Ambulance vehicle are required to wear their seat belts or safety restraints. The only exception to this policy is for the attendant who may be unrestrained only to administer patient care. No children under the age of 12 are permitted to ride in the cab of the ambulance at any time.

II. Procedure

There are two (2) safety restraints in the cab of every ambulance, with four (4) in the patient compartment. Three (3) sets of safety restraints are mounted along the wall of the squad bench. The fourth is located at the technician seat.


All gurney patients are to be secure to the gurney at all times. An unrestrained patient can fall off causing injury. There are three (3) safety restraints that are required to be used in securing the patient, they are:

- Lower Safety Restraint: Secure around the patient’s lower legs (mid tibia)
- Upper Safety Restraint: Secure around the patient’s upper legs (mid femur)
- Harness Restraints: Secure one shoulder restraint over each shoulder so they are resting over the chest area and secure each shoulder strap into the third restraint located just at the waist. Adjust all the straps so they safely secure the patient without causing discomfort or impairing circulation.

To unfasten any of the above restraints, press the release button on the receiver end of the restraint. It is important to keep the restraints fastened on the gurney when not in use to prevent them from interfering with the stretchers operational capabilities.

Worn, frayed, or soiled safety restraints should be reported immediately for replacement.

Pediatric patients will be secured in the *Ferno Pedi Mate* and secured to the gurney. The *Ferno Pedi Mate* is designed for a ten (10) to forty (40) pound child. If you are called on to transport a child smaller than ten (10) pounds, attempt to blanket, swaddle, and pad around the baby to add the bulk required to fit securely in the *Ferno Pedi Mate*. If this is not possible or impracticable, swaddle and pad the baby in the patient’s arms and secure both the parent and the baby to the gurney. Children who are not patients, that must be transported, should be placed in an appropriate car seat.


	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.231 Policy Name: Remedial Driver Training</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To establish standard procedures for remedial training following any accident resulting in damage to company ambulance(s) or other company vehicle(s) or property and/or non-company property/vehicles.


II. Policy

Employees who are involved in an accident will undergo mandatory re-training based on the results of the investigation and assessment of Supervisors/Managers. The investigating Supervisor/Manager will determine whether the involved employees will be required to attend an Ambulance Operators Course and/or be evaluated using the Remedial Driver Training Form.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.300 Policy Name: Program Overview for Exposure Control</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The Exposure Control Program is a requirement in accordance with OSHA standard 29 *CFR* 1910.1030, “Occupational Exposure to Bloodborne Pathogens,” and Title 8 CCR Section 5193. The purpose of the program is to assist NORCAL Ambulance in implementing and ensuring compliance with the Standard, thereby protecting its employees. The Exposure Control Program contains elements which address the policies and procedures regarding on-the-job exposure control for all susceptible employees.

	<p>Policy & Procedure Manual <u>Safety and Exposure Control</u> Policy Number: 500.301 Policy Name: Exposure Control Definitions</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The Exposure Control Program contains verbiage which is uniform throughout the plan. Following are some common definitions that will appear throughout the policies and procedures regarding the plan.

II. Definitions

Airborne Pathogens: Pathogenic microorganisms that are present in airborne secretions and can cause disease in humans. These pathogens include, but are not limited to, chicken pox, German measles (rubella), influenza, measles, meningococcal meningitis, mononucleosis, mumps, tuberculosis, and whooping cough (pertussis).

Amniotic Fluid: Fluid from the uterus.

Biological Hazard: The term biological hazard or biohazard is taken to mean any viable infectious agent that presents a risk, or potential risk, to the well-being of humans.

Blood: Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens (BBPs): Microorganisms that are present in human blood and can cause disease in humans. These pathogens neither include, but are not limited to: hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).


Body Fluids: Fluids that the body produces, including, but not limited to: blood, semen, mucus, feces, urine, vaginal secretions, breast milk, amniotic fluids, cerebrospinal fluid, synovial fluid, pericardial fluid, and any fluids that might contain HIV/HBV viruses.

Body Substance Isolation (BSI): An infection control strategy that considers all body substances potentially infectious.

Cerebrospinal Fluid: Fluid from the spine.

Cleaning: The physical removal of dirt and debris. This generally is accomplished with soap and water and physical scrubbing.

Contaminated: The presence or reasonable anticipated presence of blood or other potentially infectious material on an item or surface.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.301 Policy Name: Exposure Control Definitions <i>(continued: page 2 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Decontamination: Use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of causing disease. Thus, the surface or item is rendered safe for handling, use, or disposal.

Disease Transmission: The process that indicates a sufficient quantity of an infectious agent, such as a virus or bacteria: a mode of transmission, such as blood for HBV and HIV or airborne droplets for tuberculosis; a portal of entry, such as a needlestick injury, abraded skin, or mucous membrane contact, and a susceptible host.

Engineering Controls: Equipment that is designed to isolate or remove the bloodborne pathogen hazard from the workplace (i.e. sharps disposal containers, self-sheathing needles, plastic capillary tubes, etc.). Engineered Sharps Injury Protection means either:

- A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms, or
- A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.


Exam Gloves: Single-use, patient examination gloves that are designed to provide a barrier against body fluids meeting the requirement of NFPA 1999, Standard on Protective Clothing for Emergency Medical Operations.

Exposure Control Plan: NORCAL Ambulance’s formal policy and implementation of procedures relating to the control of infectious and communicable disease hazards where employees, patients, or the general public could be exposed to blood, body fluids, or other potentially infectious materials in the emergency medical services work environment.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a healthcare worker’s duties.

Fluid Resistant Clothing: Clothing worn for the purpose of isolating parts of the wearer’s body from contact with body fluids.

HBV: Hepatitis B virus; causes inflammation of the liver and may lead to long-term liver damage, including cirrhosis and cancer.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.301 Policy Name: Exposure Control Definitions <i>(continued: page 3 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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HCV: Hepatitis C virus; causes inflammation of the liver and may lead to long-term liver damage, including cirrhosis and cancer.

HIV: Human immunodeficiency virus; attacks critical cells of the immune system which leads to acquired immunodeficiency syndrome (AIDS), a life-threatening condition.

Licensed Healthcare Professional: A person whose licensed scope of practice includes any activity which is covered by the Exposure Control Plan.

Medical Wastes/Infectious Wastes: All waste emanating from human or animal tissues, blood or blood products, or fluids. This includes used first aid bandages, syringes, needles, sharps, materials used in spill cleanup and contaminated PPE or clothing.

Mucous Membrane: A moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, or urethra.

Needle or Needle Device: A needle of any type, including but not limited to, solid and hollow-bore needles.


Needleless System: A device that does not utilize needles for:

- The withdrawal of body fluids after initial venous or arterial access is established.
- The administration of medication or fluids.
- Any other procedure involving the potential for an exposure incident.

Occupational Exposure: Reasonably anticipated (includes the potential for contact, as well as actual contact with blood or OPIM) skin, eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material, or inhalation of airborne pathogens, that may result from the performance of an employee's duties.

Other Potentially Infectious Material (OPIM): Materials in addition to human blood that may be capable of transmitting bloodborne pathogens. These include:

- human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental settings, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.301 Policy Name: Exposure Control Definitions <i>(continued: page 4 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions as well as human cell cultures not shown to be free of bloodborne pathogens.
- Blood, organs, or other tissues from experimental animals infected with HIV /HBV.

Parenteral Exposure: Piercing of the mucous membranes or the skin barrier due to such events as needle sticks, human bites, animal bites, cuts, and abrasions.

Percutaneous: Through unbroken skin, as in absorption by injunction.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by a member for protection against an infectious or communicable disease standard.

Post-Exposure Prophylaxis: Administration of a medication to prevent development of an infectious disease following known or suspected exposure to that disease.


Regulated Waste means any of the following:

- Liquid or semi-liquid blood or OPIM.
- Contaminated items that contain liquid or semi-liquid blood, fluid blood products, or are caked with dried blood or OPIM and are capable of releasing these materials when handled or compressed.
- Contaminated sharps.
- Pathological and microbiological wastes containing blood or OPIM.
- Containers or equipment containing blood that is fluid.
- Waste containing discarded materials contaminated with excretion, exudate, or secretions from individuals who are required to be isolated to protect others from highly communicable diseases.

Sharp: Any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, etc.

Sharps Containers: Containers that are puncture-resistant, disposable, and leak proof on the sides and bottom; red in color or display the universal biohazard symbol; and designed to store sharp objects after use.


Sharps Injury Log: A written or electronic record satisfying the requirements in the Cal/OSHA Standard.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.301 Policy Name: Exposure Control Definitions <i>(continued: page 5 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Source Individual: Any individual, living or dead, whose blood, body fluids, or other potentially infectious material has been a source of occupational exposure to an employee.

Standard (Universal) Precautions: Refers to a system of infectious disease control that assumes that every direct contact with body fluids is infectious and requires every employee exposed to be protected as though such body fluids were infected with bloodborne pathogens. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A).

Work Practice Controls: Controls that reduce the likelihood of exposure by defining the manner in which a task is performed (i.e. prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.302 Policy Name: Methods of Implementation and Control	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Universal Precautions

All employees are required to utilize universal precautions during each and every patient interaction. These measures are implemented to prevent personnel exposure to blood or other potentially infectious material (OPIM). All body fluids must be considered potentially infectious.

II. Exposure Control Program


During initial training, employees will receive an explanation of the Exposure Control Program. All employees can review the Program at any time during their work shifts by contacting the Quality Assurance Coordinator. The employee will be provided with a copy of the Exposure Control Program, free of charge, and within 15 days of the request.

III. Engineering Controls and Work Practices

The following controls and work practices are used to prevent or minimize exposure to bloodborne pathogens, and are covered under the Exposure Control Program.

- Use of PPEs
- Universal precautions
- Negative pressure ventilation systems in the ambulances, counterbalanced by the positive pressure of the air conditioning (for a fully ventilated patient compartment)
- Sharps containers
- Needleless systems

The need for changes in engineering controls and practices shall be made due to suggestions from employees, supervisors, management, etc. Additionally, the need for change will be identified by the review of OSHA records and standards.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.303 Policy Name: Sharps</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Needleless Systems

Needleless systems are used for:

- Withdrawal of body fluids after initial venous or arterial access is established
- Administration of medication or fluids
- Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices

II. Needle Devices with Engineered Sharps Protection

When needleless systems cannot or are not used, needle devices with engineered sharps injury protection must be used for:

- Withdrawal of body fluids
- Accessing a vein or artery
- Administration of medication or fluids
- Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps protection is available


III. Non-Needle Sharps

Non-needle sharps must be handled with the same precaution that needled sharps are handled with.

Exception: In a rare situation, the licensed healthcare professional directly involved in a patient’s care determines, in the reasonable exercise of clinical judgment, that use of the engineered control will jeopardize the patient’s safety or the success of a medical procedure involving the patient. Such a determination must be document in the patient care record (PCR). Exception: The engineering control does not have reasonably specific and reliable information on its safety performance and is being evaluated to determine such efficacy.

IV. Prohibited Practices


1. Shearing or breaking of contaminated needles and other contaminated sharps is strictly forbidden.
2. Disposable scalpel holders and blades must not be recapped but should be discarded directly into sharps disposal containers.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.303 Policy Name: Sharps (continued: page 2 of 3)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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3. Sharps meant for disposal must not be reused.
4. Contaminated sharps must not be stored or processed in a manner that requires healthcare workers to reach by hand into the containers where these sharps have been placed.
5. Contaminated needles and other contaminated sharps must not be recapped or removed from devices.
6. Broken glassware which may be contaminated must not be picked up directly with the hands. It must be cleaned up using a mechanical means, such as a brush and dust pan, tongs, or forceps.
7. Never force sharps into a sharps container.
8. The contents of sharps containers must not be accessed unless properly reprocessed or decontaminated. Never place fingers into the opening of sharps containers.
9. Sharps containers must not be opened, emptied, or cleaned manually or in any other manner which could expose healthcare workers to the risk of sharps injury.
10. Eating, drinking, smoking, applying cosmetics or lip balm. And handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
11. Food and drink must not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or OPIM are present.

V. Requirements for Handling Contaminated Sharps


1. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, must be performed using effective patient handling techniques and other methods designed to minimize the risk of a sharps injury.
2. Use extreme caution when handling, passing, and/or discarding any needle/syringe and sharp, even those with engineered sharps injury protection.
3. A stationary needle cap holder must be used for incremental doses of medication to the same patient.
4. Ensure there is adequate lighting when performing procedures involving sharps.
5. Non-reusable sharps should be immediately discarded into an easily accessible sharps container.
6. Contaminated sharps that are **reusable** are to be placed immediately, or as soon as possible after use, into designated sharps containers. Reusable sharps (i.e. scalpels) should be handled using some type of tong or device that eliminated the need for a healthcare worker to reach into the container where they are placed.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.303 Policy Name: Sharps (continued: page 3 of 3)	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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VI. Effective Use and Management of Sharps Disposal Containers

At all times during the use of sharps, containers for contaminated sharps must be:

1. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.
2. Maintained upright throughout use, where feasible.
3. Replaced when no more than $\frac{3}{4}$ full.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.304 Policy Name: Personal Hygiene	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Employees must practice appropriate personal hygiene in order to prevent contamination by blood or other potentially infectious material (OPIM).

II. Procedure

Following is the procedure for proper handwashing.

1. Antiseptic hand cleaners in conjunction with clean cloth/paper towels or antiseptic towelettes must be used if clean running water is not available. However, they should not be used as a substitute for handwashing. Hands must be washed with soap and water as soon as possible.
2. Hands must be washed with an appropriate soap immediately (or as soon as possible) after removing gloves or other personal protective equipment, and after hand contact with blood or OPIM. Wearing gloves does not mean you do not have to wash your hands!
3. At a minimum, hands must be washed:
 - a. Between all patients
 - b. Before eating, drinking, smoking, applying cosmetics, and changing contact lenses; and
 - c. After using lavatory facilities.
4. Hands and any other skin that has come into contact with blood or OPIM must be immediately washed with an appropriate soap and water (mucous membranes should be thoroughly flushed with water).

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.305 Policy Name: Housekeeping</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Appropriate housekeeping is necessary in order to ensure that any possibly contaminated or regulated material is properly cared for, and disposed.


II. Procedure

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are discarded immediately, or as soon as possible, in containers that are closable, puncture-resistant, leak proof on sides and bottom, and appropriately labeled or color-coded. Sharps disposal containers are available in each unit.

Bins and pails (e.g. wash or emesis basins) are cleaned and decontaminated as soon as possible after contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as a brush and dustpan.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.306 Policy Name: Laundry	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

If an employee is on shift, and their uniform becomes contaminated with blood or other potentially infectious material (OPIM), NORCAL Ambulance shall be responsible for laundering the contaminated uniform and returning it to the employee.


II. Procedure

The following contaminated articles will be laundered by this company: uniforms.

A uniform will be considered contaminated if it comes into contact with blood or other body fluids (i.e. splash, spill, etc.).

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled, or color-coded containers before transport. Use red bags for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry: gloves and a gown.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.307 Policy Name: Post Exposure Incident Evaluation and Follow-Up</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

When an exposure incident occurs, it is very important that the proper steps are made in post-incident investigation, and the appropriate persons are involved. The following of this procedure ensures that the incident will be thoroughly evaluated, and any necessary follow-up actions are taken.


II. Procedure

Should an exposure incident occur, the on-duty supervisor will be contacted, and will be in charge of the investigation. Additionally, the supervisor will notify Human Resources right away.


An immediately available confidential medical evaluation and follow-up will be conducted at the nearest Occupational Health center, at no cost to the healthcare worker. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual’s test results were conveyed to the employee’s health care provider.
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual’s test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (i.e. laws protecting confidentiality).
- After obtaining consent, collect exposed employee’s blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during the waiting period, perform testing as soon as feasible.

The supervisor who handled the investigation shall then write a full summary report which shall be turned into the Quality Assurance Department.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.307 Policy Name: Post Exposure Incident Evaluation and Follow-Up <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 04/2024</p>
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The Quality Assurance Department shall be in charge of ensuring that all proper actions were taken, and shall recommend if any improvements need to be made. After the Quality Assurance Department reviews and analyzes the report, they may interview any involved parties and ask them related questions. The Quality Assurance Department shall write a report in addition to the supervisor’s full summary report; this report will include any additional information gathered through the retrospective investigation, as well as any recommendations that the Continuous Quality Improvement Committee may make.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.308 Policy Name: Administration of Post Exposure Evaluation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Anytime an employee has an exposure incident, they are administered a post-exposure medical evaluation at the nearest Occupational Health center, at no cost to the employee. This report shall be made available to the employee by the Human Resources Department.


II. Procedure

Human Resources via the reporting supervisor will ensure that the healthcare professional(s) responsible for employee’s hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA’s bloodborne pathogens standard.

Human Resources via the reporting supervisor will ensure that the healthcare professional evaluating an employee after an exposure incident receives the following:

- A description of the employee’s job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual’s blood test
- Relevant employee medical records, including vaccination status.

Human Resources will provide the employee with a copy of the evaluating healthcare professional’s written opinion within 15 days after completion of the evaluation.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.309 Policy Name: Evaluating Circumstances Surrounding Exposure	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy


During the post-exposure incident investigation, it is necessary that the on-duty supervisor who is conducting the investigation keep in mind possible triggers of the exposure, and how to prevent exposures of this type in the future.

II. Procedure

The on-duty supervisor will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Procedure being performed when the incident occurred
- Employee's training

The on-duty supervisor will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.310 Policy Name: Bloodborne Pathogen Program</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy


All employees must undergo training about the Bloodborne Pathogen Program.

II. Procedure

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training through the Bloodborne Pathogen Training Program.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA bloodborne pathogen standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at NORCAL Ambulance
- An opportunity for interactive questions and answers with the person conducting the training session


	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.400 Policy Name: Aerosol Transmissible Disease (ATD)Program</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

The purpose of the respiratory protection program is to establish a standard for respiratory safety and ensure the wellness of all employees, focusing on eliminating work-related hazardous respiratory exposure. This goal will be achieved through proper selection and use of disposable particulate respirators for infection control purposes. This program applies to all employees who, at any time during employment, will have to use a respirator to prevent respiratory exposure during normal operations, non-routine tasks, or emergency operations such as a spill of hazardous substance.

II. Scope

This program applies to all employees who may require respiratory protection for infection control purposes during normal work operations and during non-routine or emergency situations. This program is limited to the use of disposable particulate respirators (minimum N95).

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.401 Policy Name: Identifying Work Hazards</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy


NORCAL Ambulance shall follow the most current Center for Disease Control (CDC) and CA Department of Health guidance on appropriate infection control practices. Routine infection control and isolation practices are a current practice and shall remain so unless they need to be heightened due to an outbreak of a new virus, pandemic flu, etc.

II. Procedure

N95 respirators shall be used as personal protection as part of the overarching infection control plan which incorporates engineering and work practice controls.

During an outbreak of a new virus, pandemic flu, etc., infection control guidance may change as the situation unfolds, based upon available epidemiological data. In these situations, it is the responsibility of the respiratory protection program administration to keep current with CDC/CA DOH recommendations.

Based on the findings of the CDC and/or CA DOH, the respiratory protection program will be adjusted, and employees informed as changes occur.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.402 Policy Name: Medical Evaluation Post Exposure</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

NORCAL Ambulance requires employees with occupational exposure to don the appropriate level of respiratory protection, based on the patient’s condition. Employees assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator. The employee shall have a medical evaluation to determine their ability to use a respirator administered to them prior to the fit test or required use of the respirator in the workplace.


A follow-up medical examination will be provided for any employee who gives a positive response regarding past or current respiratory medical conditions, or whose initial medical examination demonstrates the need for a follow-up examination. Following a medical examination, NORCAL Ambulance shall be provided a written recommendation regarding the employee’s ability to use a respirator, and any restrictions indicated.

II. Procedure

All medical questionnaires and examinations shall be administered in a confidential manner during the employee’s normal working hours (or at a time and place convenient to the employee). The employee will be provided the opportunity to discuss the questionnaire and/or results of the examination with the physician or other licensed health care professional.

Re-evaluation will be conducted under these circumstances:

- Employee reports physical symptoms that are related to the ability to use a respirator (wheezing, shortness of breath, chest pain, etc.); or
- It is identified that an employee is having a medical problem during respirator use or observations made during fit testing; or
- The healthcare professional performing the evaluation determines an employee needs to be re-evaluated and the frequency of the evaluation; or
- Employee’s facial size/shape/structure has changed significantly.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.403 Policy Name: Proper Respirator Use</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The use of respirators for employees at NORCAL Ambulance is mandatory when there’s a potential for occupational exposure. However, if the respirators are used improperly, they will not be effective in providing a barrier against airborne particles that could infect an employee. There are precautions that employees should take in order to ensure the efficacy of their respirators, and maximize their longevity.

Employees shall use their respirators under the conditions specified by the Respiratory Protection Program and in accordance with the training given on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which it is not certified by the National Institute for Occupational Safety and Health (NIOSH) or by 3M (manufacturer).

II. General Use

All employees shall conduct user seal checks according to manufacturer's recommendations each time they wear a respirator. Employees who wear respirators cannot have facial hair that comes between the sealing surface of the face piece and the face, or that interferes with the respirator functions.


All employees shall leave a potentially contaminated work area if the respirator is causing physical symptoms or the respirator no longer offers adequate protection (for example – strap breaks, becomes saturated with fluid, etc.)

III. Cleaning and Disinfecting

A disposable particulate respirator cannot be cleaned or disinfected. There is no specific time limit for how long an N95 respirator can be used. However, it should be disposed of in between patients; if a maximum of one patient is treated, the respirator shall be disposed of after the employee’s shift.

If the medical condition requires only airborne isolation precautions (e.g., TB):

- Discard the respirator if it is soiled, if breathing becomes labored, or if structural integrity is compromised.
- Discard the respirator at the end of each shift.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.403 Policy Name: Proper Respirator Use <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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If condition also requires contact and/or droplet precautions:


- The respirator must be discarded after a single use.
- However, in times of shortage, consideration can be given to covering the respirator with a surgical mask and discarding the mask after use, but reusing the respirator. This decision will be made by the Respiratory Protection Program Administrator based on the available supply and current epidemiological data and will be communicated clearly to staff.

IV. Storage and Inspection

Employees shall inspect the respirator prior to use. The following points shall be observed during the respirator inspection.

- Examine the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
- Check the respirator straps to be sure they are not cut or otherwise damaged.
- Make sure the metal nose clip is in place and functions properly.

Respirators will be stored in a clean, dry area away from direct sunlight and extreme heat. The Respiratory Protection Program Administrator will periodically inspect a representative sample of respirators in storage to ensure they are in usable condition.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.404 Policy Name: Aerosol Transmissible Diseases Definitions</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Definitions

Aerosol transmissible disease (ATD) or aerosol transmissible pathogen (ATP): A disease or pathogen for which droplet or airborne precautions are required. A list is available in Appendix A.

Airborne infection isolation (AII): Infection control procedures, as described in Guidelines for the Prevention of *Mycobacterium Tuberculosis* in Health-Care Settings. These procedures are designed to reduce the risk of transmission of airborne infectious pathogens, and apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.


Airborne infection isolation room or area (AIIR): A room, area, booth, tent, or other enclosure that is maintained at negative pressure to adjacent areas in order to control the spread of aerosolized *M. tuberculosis* and other airborne infectious pathogens and that meets requirements stated in California Code of Regulations, Title 8, Section 5199 subsection (e)(5)(D). For NORCAL Ambulance, our AIIRs are located in the patient compartment of the ambulance, where there is a negative pressure filtration system designed to reduce and control the spread of ATPs, including *M. tuberculosis*.

Airborne infectious disease (AirID): Either: (1) an aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which AII is recommended by the CDC or CDPH, as listed in Appendix A, or (2) the disease process caused by a novel or unknown pathogen for which there is no evidence to rule out, with reasonable certainty, the possibility that the pathogen is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

Airborne infectious pathogen (AirIP): Either: (1) an aerosol transmissible pathogen transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the infectious agent, and for which the CDC or CDPH recommends AII, as listed in Appendix A, or (2) a novel or unknown pathogen for which there is no evidence to rule out, with reasonable certainty, the possibility that it is transmissible through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the novel or unknown pathogen.

CDC: United States Center for Disease Control and Prevention

CDPH: California Department of Public Health, and its predecessor, the California Department of Health Services (CDHS)

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.404 Policy Name: Aerosol Transmissible Diseases Definitions <i>(continued: page 2 of 6)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Case: Either of the following:

1. A person who has been diagnosed by a health care provider who is lawfully authorized to diagnose, using clinical judgment or laboratory evidence, to have a particular disease or condition.
2. A person who is considered a case of a disease or condition that satisfies the most recent communicable disease surveillance case definitions established by the CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements.

Chief: The Chief of the Division of Occupational Safety and Health of the Department of Industrial Relations, or his or her designated representative.

CTCA: The California Tuberculosis Controllers Association


Droplet precautions: Infection control procedures, as described in Guideline for Isolation Precautions, designed to reduce the risk of transmission of infectious agents through contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 mm in size) containing microorganisms generated from a person who has clinical disease or who is a carrier of the microorganism.

Exposure incident: An event in which all of the following have occurred: (1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or a work area, or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD; and (2) The exposure occurred without the benefit of applicable exposure controls required by this section, and (3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

Health care provider: A physician and surgeon, a veterinarian, a podiatrist, a nurse practitioner, a physician assistant, a registered nurse, a nurse midwife, a school nurse, an infection control practitioner, a medical examiner, a coroner, or a dentist.

Health care worker (HCW): A person who works in a healthcare facility, service, or operation, or who has occupational exposure in a public health service. For NORCAL Ambulance, our health care workers are EMTs, and Paramedics.

High hazard procedure: Procedures performed on a person who is a case or suspected case of an aerosol transmissible disease, in which the potential for being exposed to aerosol transmissible pathogens is increased due to the reasonably anticipated generation of aerosolized pathogens.

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Individually identifiable medical information: Medical information that includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, social security number, or other information that, alone or in combination with other publicly available information, reveals the patient’s identity.

Infection control PHLCP: A PHLCP who is knowledgeable about infection control practices, including routes of transmission, isolation precautions, and the investigation of exposure incidents.

Initial treatment: Treatment provided at the time of the first contact a healthcare provider has with a person who is potentially an AirID case or suspected case. Initial treatment does not include high hazard procedures.

Latent TB infection (LTBI): Infection with *M. tuberculosis* in which bacteria are present in the body, but are inactive. Persons who have LTBI but who do not have TB disease are asymptomatic, do not feel sick, and cannot spread TB to other persons. They typically react positively to TB tests.

Local health officer: The health officer for the local jurisdiction responsible for receiving and/or sending reports of communicable diseases, as defined in Title 17, CCR. *NOTE: Title 17, Section 2500 requires that reports be made to the local health officer for the jurisdiction where the patient resides.*


M. Tuberculosis: *Mycobacterium tuberculosis* complex, which includes *M. tuberculosis*, *M. bovis*, *M. africanum*, and *M. microti*. *M. tuberculosis* is the scientific name of the group of bacteria that causes tuberculosis.

Negative pressure: A relative air pressure difference between two areas. The pressure in a containment room or area that is under negative pressure is lower than adjacent areas, which keeps air from flowing out of the containment facility into adjacent rooms or areas.

NIOSH: The Director of the National Institute for Occupational Safety and Health, CDC, or his or her designated representative.

Novel or unknown ATP: A pathogen capable of causing serious human disease, meeting the following criteria:

1. There is credible evidence that the pathogen is transmissible to humans by aerosols;
2. And the disease agent is:
 - a. A newly recognized pathogen, or

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- b. A newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
- c. A recognized pathogen that has been recently introduced into the human population, or
- d. A not yet identified pathogen

NOTE: Variants of the human influenza virus that typically occur from season to season are not considered novel or unknown ATPs if they do not differ significantly in virulence or transmissibility from existing seasonal variants. Pandemic influenza strains that have not been fully characterized are novel pathogens.


Occupational exposure: Exposure from work activity or working conditions that is reasonably anticipated to create an elevated risk of contracting any disease caused by ATPs if protective measures are not in place. In this context, “elevated” means higher than what is considered ordinary for employees having indirect contact with the general public outside of the facilities, service categories, and operations listed in California Code of Regulations, Title 8, Section 5199 subsection (a)(1) of this standard. Occupational exposure is presumed to exist to some extent in each of the facilities, services, and operations listed in California Code of Regulations, Title 8, Section 5199 subsection (a)(1)(A) through subsection (a)(1)(I). Whether a particular employee has occupational exposure depends on the tasks, activities, and environment of the employee, and therefore, some employees of a covered employer may have no occupational exposure.

Physician or other licensed health care professional (PHLCP): An individual whose legally permitted scope or practice (i.e. license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide some or all of the healthcare services required by this section.

Referral: The directing or transferring of a possible ATD case to another facility, service, or operation, for the purpose of transport, diagnosis, treatment, isolation, housing, or case.

Reportable aerosol transmissible disease (RATD): A disease or condition which a healthcare provider is required to report to the local health officer, in accordance with Title 17 CCR, Division 1, Chapter 4, and which meets the definition of an aerosol transmissible disease (ATD).

Respirator: A device which has met the requirements of 42 CFR Part 84, has been designed to protect the wearer from inhalation of harmful atmospheres, and has been approved by NIOSH, for the purpose for which it is used. For NORCAL Ambulance, this respirator is the 3M 1870 N95 respirator.

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Respirator user: An employee who, in the scope of their current job, may be assigned to tasks which may require the use of a respirator, in accordance with California Code of Regulations, Title 8, Section 5199 subsection (g).

Screening: The initial assessment of persons who are potentially AirID or ATD cases, by a healthcare provider, in order to determine whether they need airborne infection isolation, need to be referred for further medical evaluation, or treatment to make that determination. Screening does not include high hazard procedures.

Screening (non-healthcare provider): The identification of potential ATD cases through readily observable signs, and/or the self-report of patients. Screening does not include high hazard procedures.

Significant exposure: An exposure to a source of ATPs in which the circumstances of the exposure make the transmission of a disease sufficiently likely that the employee requires further evaluation by a PLHCP.

Source control measures: The use of procedures, engineering controls, and other devices or materials to minimize the spread of airborne particles and droplets from an individual who has or exhibits signs or symptoms of having an ATD, such as persistent coughing.


Surge: A rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment, and public health services in the event of an epidemic, public health emergency, or disaster.

Susceptible person: A person who is at risk of acquiring an infection due to a lack of immunity as determined by a PLHCP in accordance with applicable public health guidelines.

Suspected case: Either of the following:

1. A person whom a healthcare provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have a particular disease/condition in Appendix A.
2. A person who is considered a probable case, or an epidemiologically-linked case, or who has supportive laboratory findings under the most recent communicable disease surveillance case definition established by CDC and published in the Morbidity and Mortality Weekly Report (MMWR) or its supplements, as applied to a particular disease or condition listed in Appendix A.


TB conversion: A change from negative to positive, as indicated by TB test results, based upon current CDC or CDPH guidelines for interpretation of the TB test.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.404 Policy Name: Aerosol Transmissible Diseases Definitions <i>(continued: page 6 of 6)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Test for tuberculosis infection (TB test): Any test, including the tuberculin skin test and blood assays for *M. tuberculosis* (BAMT) such as interferon gamma release assays (IGRAs) which: (1) have been approved by the Food and Drug Administration for the purposes of detecting tuberculosis infection, and (2) is recommended by the CDC for testing TB infection in the environment in which it is used, and (3) is administered, performed, analyzed and evaluated in accordance with those approvals and guidelines.

Tuberculosis (TB): A disease caused by *M. tuberculosis*.

UGVI: Ultraviolet germicidal irradiation


	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.405 Policy Name: High Hazard Procedures</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

During the administration of a high hazard procedure, there is an increased potential for an employee to contract an aerosol transmissible disease. Because of this, there are heightened levels of protection that must be used for these patients during these procedures.

II. Procedure

The procedures which are classified by NORCAL Ambulance as high hazard only occur in the Critical Care Transport (CCT) program. The job classification that is at risk during these procedures are CCT-RNs. The following procedure is classified as high hazard: aerosolized respiratory procedure of Albuterol and Atrovent. This is classified as high hazard procedure because the administration of this treatment to a patient with an ATD or ATP, could induce them to cough, causing droplets to be released into the work area. Control of the spread of the droplets would be aided by the negative pressure exhaust system, which would remove the contaminated air from the work area. In addition, the CCT-RN is required to wear a respirator that has a higher filtration rate (P100).

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.405 Policy Name: Tasks Requiring Personal/Respiratory Protection	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Due the unusual nature of field work and patient treatment at NORCAL Ambulance, it is impossible to make a comprehensive list of every task or assignment which would require personal protective equipment or respiratory protection. During an employee's pre-certification training, they are taught how to recognize when additional protection is needed (i.e. through their initial assessment of the patient). This training is reinforced during new hire orientation, and the field training regimen that each employee receives.

II. Procedure

The following tasks or assignments require personal protective equipment or respiratory protection:

- Bandaging
- Respiratory care (i.e. suctioning, sputum induction, etc.)
- Cardiopulmonary resuscitation
- Intubation
- Extubation
- Handling or exposure to feces, vomit, and/or urine
- Caring for a patient with an inner dwelling device (i.e. catheter)

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.407 Policy Name: General Cleaning and Decontamination</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To identify and describe the general cleaning and decontamination procedures for NORCAL Ambulance.

II. Policy

Vehicles and work areas shall be cleaned and decontaminated on a regular and consistent basis. Anytime a work area is contaminated, changes providers, or changes patients, it must be appropriately cleaned and decontaminated.

Any time a cleaning solution is utilized; proper Personal Protective Equipment (PPE) must be utilized. This includes but is not limited to, gloves, masks, and eye protection.


It is the responsibility of NORCAL Ambulance to furnish the necessary resources for proper cleaning and decontamination procedures. It is the team member’s responsibility to ensure adequate and thorough cleaning and decontamination.

Team members will be given adequate time to perform decontamination procedures prior to other tasks to reduce the risk of infection or additional contamination. Any time that a work area (including equipment and vehicle), or personal protective equipment is contaminated, employees are allowed enough time to immediately disinfect and decontaminate the affected area. This decontamination time may include, if necessary and at management’s discretion; time for cleaning, uniform changes, personal washing, vehicle air exchange, disinfection time, resource procurement, or any other actions deemed necessary for decontamination procedures.

All spills shall be immediately addressed. If the team member is trained to respond to the spill (Blood, Oil, etc.), the area must be quarantined, and management notified immediately. In the event the team member cannot immediately address the spill (for safety or patient care reasons), the area must be quarantined, and management notified.

Only cleaning solutions and chemicals approved by, and furnished by, NORCAL Ambulance shall be used on and at NORCAL Ambulance facilities, resources, equipment, and vehicles.

For detailed safety and cleaning guidelines, see the NORCAL Ambulance Safety Manual.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.407 Policy Name: General Cleaning and Decontamination <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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III. Procedure


Keeping a clean and tidy working environment is necessary for proper decontamination and safety. Garbage, waste, and other refuse must be disposed of in the proper receptacles and not allowed to accumulate. Full trash bins must be addressed promptly. At no time should garbage be stored outside of designated containers or bags. Dirt and debris should also be addressed promptly and not allowed to contaminate clean work areas.

While cleaning and decontaminating, two levels are adhered to. Cleaning removes debris, while decontamination utilizes chemicals to neutralize contaminants.

Approved cleaning and disinfectant solutions are supplied by and maintained by the Support Services Department. The list of current cleaners and disinfectants for janitorial and patient care area use can be procured from Support Services.

When disinfecting and cleaning, solutions and chemicals must be used in accordance with manufacturer recommendations. This includes the effective kill times, or the time the solution must reside on the surface to be effective.

Disposal of contaminated equipment, solutions, and devices should be done in accordance to the procedures outlined in the NORCAL Ambulance Safety Manual.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.408 Policy Name: Decontamination Procedures</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy


Any time that a work area (including equipment and vehicle), or personal protective equipment is contaminated, employees are allowed enough time to immediately disinfect and decontaminate the surface.

II. Work Area

Due to the nature of emergency medical services, the work area includes both surfaces, equipment, and the ambulance (vehicle). The work area is cleaned immediately according to the procedures written in the Bloodborne Pathogens Program. During this process, the employee wears full personal protective equipment (gown, gloves, and goggles, if necessary) to ensure that they aren't exposed to the possible contaminants. If the employee isn't able to completely decontaminate the work area, he or she will tag and label all of the surfaces which are still contaminated. The employee will then inform a Field Supervisor that there are portions of the work area which are still contaminated. After the Field Supervisor has been informed, he or she will then proceed to decontaminate the surface. If that is not possible, they will proceed to research methods to completely decontaminate the unit, and proceed to follow through until decontamination is complete, and the work area is ready to be used again by employees.

III. Personal Protective Equipment

The majority of the personal protective equipment which is used on the ambulance is disposable. After the employee has made finished patient care, they proceed to remove the contaminated personal protective equipment, and dispose of it in a red biohazard waste bag. Due to the field nature of emergency medical services, there is no guarantee that the ambulance crew will be able to drop the red biohazard waste bag off at the station, instead they should seal the bag and drop it off in a biohazard waste bin at the next facility or hospital they are sent to. If an employee's uniform becomes contaminated, they should drive back to station as soon as the patient care is transferred. Once they arrive at station, they should remove the contaminated uniform and place it in a red biohazard bag, ensuring that it is sealed. The employee should then proceed to place the bagged uniform into the bin for soiled blankets. The uniform will be sent to the laundering facility for decontamination.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.409 Policy Name: Medical Services</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Any employee, who has had occupational exposure to TB, or another aerosol transmissible diseases or pathogens, will be provided with medical services immediately by a PLHCP at an Occupational Health facility, Urgent Care facility, or Emergency Department, depending on the acuity of the exposure. The employee will be treated with all necessary medical services, including vaccinations, tests, examinations, evaluations, determinations, procedures, and medical management and follow up. All medical services will be administered in a manner that ensures confidentiality for both the employee(s) and patient(s) involved. At no time should the name of the source individual be revealed or released.


II. Latent Tuberculosis Infection (LTBI)

Any employee who has occupational exposure to tuberculosis shall have access to an assessment for latent tuberculosis infection. It is NORCAL Ambulance’s policy that all field employees receive annual TB skin tests.

III. TB Conversion

If an employee experiences a TB conversion, they shall be referred to a PLHCP at the Occupational Health facility for evaluation. The following protocols will be observed for employees who experience a TB conversion:

- The PLHCP who is treating the employee shall be provided with a copy of the California Code of Regulations, Title 8, Section 5199 standard.
- If the source individual is known, the PLHCP shall be provided with any available diagnostic test results, including drug susceptibility patterns relating to the source individual.
- The PLHCP shall be requested, with the employee’s consent, to perform any necessary diagnostic tests and inform the employee about the appropriate treatment options.
- The PLHCP shall be requested to inform NORCAL Ambulance if the employee is a TB case or suspected case. If the employee is a case or suspected case, the following shall occur:
 - The PLHCP shall inform the employee and local health officer about the status of the case or suspected case, as specified in Title 17 CCR Section 2500.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.409 Policy Name: Medical Services (continued: page 2 of 3)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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- The PLHCP shall consult with the local health officer and inform NORCAL Ambulance about any infection control recommendations related to the employee’s activity in the field.
- The PLHCP shall make a recommendation to NORCAL Ambulance regarding precautionary removal due to suspect active disease, in accordance with California Code of Regulations, Title 8, Section 5199 subsection (h)(8), and provide NORCAL Ambulance with a written opinion in accordance with California Code of Regulations, Title 8, Section 5199 subsection (h)(9).
- TB conversions shall be recorded on Form 300 and Form 300A.
- If it is determined that the TB test conversion is not occupational, there will be no need for an investigation by NORCAL Ambulance. However, if the TB test conversion is occupational, NORCAL Ambulance shall investigate the circumstances of the conversion, and document the investigation in accordance with California Code of Regulations, Title 8, Section 5199 subsection (j).


IV. Vaccinations

All field employees have access to the vaccine doses listed in Appendix B. Beginning September 1, 2010, all employees will be required to sign declination forms for the vaccinations listed in Appendix B if they choose not to receive them. The vaccine doses listed in Appendix B will be available to all field employees prior to their new hire orientation, and field training.


If additional vaccine doses are recommended by new applicable public health guidelines, they shall be provided by NORCAL Ambulance to all employees with occupational exposure. If an employee initially declines a vaccination, but, at a later date, chooses to accept the vaccination, the vaccination shall be made available to them within 10 working days of receipt of a written request from the employee. Each employee who chooses to decline a recommended and offered vaccination shall sign a declination statement for each declined vaccine. A copy of the statement is available in Appendix C1.

When an employee receives a vaccination administered by a PLHCP, the following shall be provided to NORCAL Ambulance:

- The employee’s name and title.
- The date of the vaccine dose or determination of immunity.
- Whether the employee is immune to this disease, and whether there are any specific restrictions on the employee’s exposure or ability to receive vaccine.
- Whether an additional vaccination dose is required, and, if so, the date the additional vaccination dose should be provided.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.409 Policy Name: Medical Services <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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If the policies and procedures regarding vaccinations cannot be implemented due to lack of availability of a vaccine(s), NORCAL Ambulance shall check on the availability of the vaccine at least every 60 calendar days and inform employees when the vaccine becomes available. These efforts shall be documented fully and placed on file.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.410 Policy Name: Exposure Incidents</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy


If it is determined that an employee is a reportable aerosol transmissible disease (RATD) case, the PLHCP who is treating the employee shall report the case to the local health officer, in accordance with Title 17 CCR Section 2500. In order to maintain a status on the source patient, NORCAL Ambulance will request that the treating healthcare provider of the source patient will notify NORCAL Ambulance if any change in the source patient’s status occurs.

II. Notification of Other Employers

If an exposure incident occurs, NORCAL Ambulance shall conduct an investigation to determine whether the employee(s) of any other employer(s) may have had contact with the case or suspected case while performing activities within the scope of their occupational duty. NORCAL Ambulance shall notify the other employer(s) within a timeframe (less than 72 hours after the report has been made to the local health officer) that will both provide reasonable assurance that there will be adequate time for the employee to receive effective medical intervention to prevent disease or mitigate the disease course, and will also permit the prompt initiation of an investigation to identify exposed employees. The notification shall include the following elements: date, time, and nature of the potential exposure, and any other information that is necessary for the other employer(s) to evaluate the potential exposure of his or her employees. In no case shall the source patient’s identity be revealed.

NOTE: Some diseases, such as meningococcal disease, require prompt prophylaxis of exposed individuals to prevent disease. Some diseases, such as varicella, have a limited window in which to administer vaccine to non-immune contacts. Exposure to some diseases may create a need to temporarily remove an employee from certain duties during a potential period of communicability.


For other diseases such as tuberculosis, there may not be a need for immediate medical intervention, however prompt follow up is important to the success of identifying exposed employees.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.410 Policy Name: Exposure Incidents (continued: page 2 of 5)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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III. Receiving Notification from Other Employers

If NORCAL Ambulance receives notification that one or more of its employees may have been exposed to a RATD case or suspected case, the following shall occur:

1. Within a timeframe that is reasonable for the specific disease, as described above, but no later than 72 hours following, as applicable, the report to the local health officer or the receipt of notification from another employer or the local health officer, NORCAL Ambulance shall conduct an analysis of the exposure scenario to determine which employees had significant exposures. This analysis shall be conducted by a NORCAL Ambulance employee who is knowledgeable in the mechanisms of exposure to ATPs, and shall record the names and titles of the persons who were included in the analysis. The analysis shall also record the basis for any determination that an employee need not be included in post-exposure follow-up because the employee didn't have a significant exposure or because a PLHCP determined that the employee is immune to the infection in accordance with applicable public health guidelines. The exposure analysis shall be made available to the local health officer, upon request. The name of the person making the determination, and the identity of any PLHCP or local health officer consulted in making the determination shall be recorded.
2. Within a timeframe that is reasonable for the specific disease, as described in the NOTE above, but in no case later than 96 hours of becoming aware of the potential exposure, employees who had significant exposures of the date, time, and nature of the exposure, shall be notified.
3. Employees who had a significant exposure shall receive a post-exposure medical evaluation, as soon as possible, at an Occupational Health facility. The treatment and evaluation shall be administered from a PLHCP who is knowledgeable about the specific disease, including appropriate vaccination, prophylaxis, and treatment. For *M. tuberculosis*, and for other pathogens recommended by applicable public health guidelines, this shall include testing of the isolate from the source individual or material for drug susceptibility, unless the PLHCP determines that it is not feasible.
4. A recommendation regarding precautionary removal of an employee, and a written opinion in accordance with Written Opinion from the Physician or Other Licensed Health Care Professional shall be obtained from the PLHCP.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.410 Policy Name: Exposure Incidents <i>(continued: page 3 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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5. It shall be determined, to the extent that the information is available in NORCAL Ambulance records, whether employees of any other employers may have been exposed to the case or material. NORCAL Ambulance shall notify these other employers within a timeframe that is reasonable for the specific disease, as described in California Code of Regulations, Title 8, Section 5199 subsection (h)(6)(B), but in no case later than 72 hours of becoming aware of the exposure incident of the nature, date, and time of the exposure, and shall provide the contact information for the diagnosing PLHCP. The notifying employer shall not provide the identity of the source patient to other employers.


IV. Information Provided to the Physician or Other Licensed Healthcare Professional

When an employee has an exposure, NORCAL Ambulance shall ensure that all PLHCPs responsible for making determinations and performing procedures are provided these standard and applicable public health guidelines. After an exposure incident, the evaluating PLHCP shall be provided with the following information:

- A description of the exposed employee’s duties as they relate to the exposure incident.
- The circumstances under which the exposure incident occurred.
- Any available diagnostic test results, including drug susceptibility patterns or other information relating to the source of exposure that could assist the medical management of the employee.
- All of the employer’s medical records for the employee that are relevant to the management of the employee, including tuberculin skin test results and other relevant tests for ATP infections, vaccination status, and determinations of immunity.

V. Precautionary Removal Recommendation from the Physician or Other Licensed Healthcare Professional

When an exposed employee receives a post-exposure evaluation in accordance with California Code of Regulations, Title 8, Section 5199, or an evaluation of an employee’s TB conversion in accordance with California Code of Regulations, Title 8, Section 5199 subsection (h)(3), NORCAL Ambulance shall request an opinion regarding whether precautionary removal from the employee’s regular assignment is necessary to prevent spread of the disease agent by the employee, and what type of alternate work assignment, if any, may be provided.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.410 Policy Name: Exposure Incidents <i>(continued: page 4 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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NORCAL Ambulance shall request that the PLHCP convey to NORCAL Ambulance any recommendation for precautionary removal immediately via telephone or fax, and that the PLHCP document the recommendation in the written opinion as required by California Code of Regulations, Title 8, Section 5199 subsection (h)(9), and Written Opinion from the Physician or Other Licensed Healthcare Professional in this program. If the PLHCP or local health officer recommends precautionary removal until the employee is deemed to be noninfectious, the employee’s earnings, seniority, and all other employee rights and benefits (including the employee’s rights to his or her job status), shall be maintained as if they were working. However, if the employee is not able to maintain their job status for some reason other than their precautionary removal, they may not maintain their job status.


VI. Written Opinion from the Physician or Other Licensed Health Care Provider

When a post-exposure medical evaluation is completed by a PLHCP, NORCAL Ambulance shall obtain, and provide the employee with a copy of the written opinion of the PLHCP. This shall occur within 15 working days of the completion of the medical evaluation.

In the case of a TB conversion, the written opinion shall contain only the following information:

- The employee’s TB test status or applicable RATD test status for the exposure of concern.
- The employee’s infectivity status.
- A statement that the employee has been informed of the results of the medical evaluation and has been offered any applicable vaccinations, prophylaxis, or treatment.
- A statement that the employee has been told about any medical conditions resulting from exposure to TB, or other RATD that require further evaluation or treatment and that the employee has been informed of treatment options.
- Any recommendations for precautionary removal from the employee’s regular assignment.

All other information, findings, or diagnoses shall remain confidential and shall not be included in the written report.


	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.410 Policy Name: Exposure Incidents <i>(continued: page 5 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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VII. Seasonal Influenza Vaccine

NORCAL Ambulance shall make the seasonal flu vaccine available to all employees with occupational exposure during the period designated by the CDC for administration. If an employee chooses not to receive the vaccine, they shall sign the Seasonal Influenza Vaccine Declination Statement.

VIII. Evaluation of Exposure Incidents to Update Existing Policies

After an exposure incident occurs, and an investigation occurs, the incident will be examined to determine the cause. If it is deemed necessary, existing policies and procedures will be revised to reflect and implement the necessary changes. Additionally, if changes need to be reflected in any operational plan or program, that will be updated.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.411 Policy Name: Aerosol Transmissible Diseases Training</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

All NORCAL Ambulance employees with occupational exposure shall participate in a training program. Training shall be provided at the following times:


- At the time of initial assignment to tasks where occupational exposure may take place (i.e. during new hire orientation and field training).
- At least annually thereafter, not to exceed 12 months from the previous training.
- For employees who have received training on aerosol transmissible diseases in the year preceding the effective date of the standard, only training with respect to the provisions of the standard that were not included previously need to be provided.
- When changes, such as introduction of new engineering or working practice controls, modifications of tasks or procedures, or institution of new tasks or procedures, affect the employee’s occupational exposure or control measures. The additional training may be limited to addressing the new exposures or control measures.

The training program shall include, at a minimum, the following elements:

- An accessible copy of the regulatory text of California Code of Regulations, Title 8, Section 5199, and an explanation of its contents.
- A general explanation of ATDs, including the signs and symptoms of ATDs that require further medical evaluation.
- An explanation of the modes of transmission of ATPs and applicable source control procedures.
- An explanation of the employer’s ATD Exposure Control Plan, and the means by which the employee can obtain a copy of the written plan and how they can provide input as to its effectiveness.
- An explanation for the appropriate methods for recognizing tasks and other activities that may expose the employee to ATPs.
- An explanation of the use and limitations of methods for recognizing tasks and other activities that may expose the employee of ATPs.
- An explanation of the use and limitations of methods that will prevent or reduce exposure to ATPs, including appropriate engineering and work practice controls, decontamination and disinfection procedures, and person and respiratory protective equipment.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.411 Policy Name: Aerosol Transmissible Diseases Training <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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- An explanation of the basis for selection of personal protective equipment, its uses and limitations, and the types, proper use, location, removal, handling, cleaning, decontamination and disposal of the items of personal protective equipment employees will use.
- A description of NORCAL Ambulance’s TB surveillance procedures, including the information that persons who are immunocompromised may have a false negative test for LTBI.
- Training meets the requirements of Section 5144(k) of these orders for employees whose assignment includes the use of a respirator.
- Information on the vaccines made available by the employer, including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.
- An opportunity for interactive questions and answers with a knowledgeable person in the subject matter of the training, as it relates to the workplace that the training addresses, and who is also knowledgeable in NORCAL Ambulance’s ATD Exposure Control Plan.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.412 Policy Name: Patient Care Environment Cleaning and Decontamination</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Purpose

To identify and describe the proper decontamination and cleaning procedures for ambulances, patient care vehicles, and patient care environments for NORCAL Ambulance.

II. Policy

Infection prevention and good cleaning practices are necessary for the safety and security of the public, patients, and all team members. Proper decontamination and disinfection must be performed after every patient interaction, possible contamination, or on a regular basis.

Any time equipment is received from outside agencies (I.E. returned backboards, IV Pumps, Etc.), that equipment must be immediately cleaned using proper procedure prior to being placed on NORCAL Ambulance vehicles or placed in service.

NORCAL Ambulance has approved for disinfectant use on patient care vehicles certain EPA registered disinfectants. See the procedure section for further detail. No other chemical, cleaning solution, or cleaning wipe shall be used without the consent of management. At no time should NORCAL Ambulance utilize cleaning wipes from facilities or other companies without management’s approval.


To prevent infection and promote safety, all ambulances and patient care vehicles shall be cleaned at the beginning of every shift. Such cleaning should include utilizing a bleach solution to wipe down all patient care areas. The cleaning should also include the removal of any trash or garbage, and the cleaning of the cab area as well.

To prevent contamination, open personal food or beverage containers are never allowed in patient care areas.

For detailed safety and cleaning guidelines, see the NORCAL Ambulance Safety Manual.

III. Procedure

Disposal of contaminated equipment, sharps, solutions, and devices should be done in accordance to the procedures outlined in the NORCAL Ambulance Safety Manual. To minimize contamination, biohazard or medical waste should, if possible, be disposed of at point of origin and at the patient’s destination. If no proper disposal locations are available at the point of origin, the waste should be bagged in appropriately labeled bags and disposed of properly. See the NORCAL Ambulance Safety Manual for detailed instructions.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.412 Policy Name: Patient Care Environment Cleaning and Decontamination <i>(continued: page 2 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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In the event of uniform contamination, the uniform should be removed as soon as possible following the transfer of patient care. NORCAL Ambulance management should be contacted immediately to ensure proper safety and uniform resources. The contaminated clothing should be placed in a sealed bio-hazard bag and labeled. The uniform will then be dealt with by NORCAL Ambulance management.

To clean equipment, wipe down thoroughly with appropriate solution. Allow for kill times and ensure adequate coverage of the solution (all crevices and components). Blood spills should be contained at the point of origin. As soon as possible the blood must be picked up by towels or absorbent materials. The affected area must then be decontaminated by a bleach solution. Contaminated materials should be disposed in the same procedure as medical waste and must be treated as a bio-hazard. See the NORCAL Ambulance Safety Manual for details.

Items contaminated by small amounts of blood, such as the glucometer test strip, should be disposed of in a sharps container. Full sharps containers should be sealed and placed in station bio-hazard waste bins as detailed in the NORCAL Ambulance Safety Manual. A bleach solution should be used for decontamination after a patient requiring special isolation procedures (Such as C.Diff).

When operating in a Local Emergency Management Agency (LEMSA) jurisdiction that regulates decontamination procedures, follow the policy as specified by that LEMSA.


For cleanliness, patient linens should not be transported with the patient. If they must be transported with the patient, they should be left with the patient or stored in secure bags until they can be properly disposed of.

Patient belongings, including belongings bags, should be considered possible sources of contamination and the area they inhabit should be cleaned and disinfected accordingly.

Proper preparation and cleaning of the ambulance gurney or cot must be executed to prevent contamination. The gurney should be outfitted with:

- Fitted sheet (changed after every patient)
- Pillow in Pillowcase (Pillowcase changed after every patient)
- Clean blanket folded neatly on gurney ready for use
- Folded flat sheet ready for use (for patient barrier between rain blanket or blanket, or for patient privacy)


To prevent contamination of reusable patient goods, flat sheets should be used as a barrier between the patient and the rain blanket or blanket. The blanket or rain blanket will be replaced if it comes in contact with the patient or becomes contaminated.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.412 Policy Name: Patient Care Environment Cleaning and Decontamination (continued: page 3 of 5)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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The only items stored on the back of the gurney should be the emesis bag, nasal cannula, NRB mask, or equipment notated on the vehicle checkout. For safety practices extra items shall not be stored on the gurney head net section (including but not limited to glove boxes, personal items, BVMs, vent tubing, cleaning wipes, drip tubing, or Pharmaceuticals). If items are determined to be necessary for Patient Care by the provider, they should be carried in in bags or with the provider. Items should not be stored on the back of the gurney as they pose a possible source of contamination or isolation issue. Temporary items such as the clipboard, monitor, or patient belongings are allowed on the gurney head net.

Vehicle Equipment – Patient Contact

Element	Standard	Cleaning Frequency	Comments
Gurneys	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	After every patient use	
Spinal boards/head blocks	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	After every patient use	Replace single-use items after each use
Stair chair	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	After every patient use	
Other manual handling equipment	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	After every patient use	
All medical equipment e.g. cardiac monitor, defibrillator, forceps,	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	After every patient use	
Mattresses (gurney)	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	After every patient use	
Pillows	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	After every patient use	
Linen	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	After every patient use	
Passenger seat – upholstered	All parts including seatbelts and underneath should be visibly clean with no blood or body substances, dust, dirt, stains or spillages	After every use	Replace seat belts if heavily contaminated with blood/body fluids; torn or damaged seat covers should be replaced; vacuum; shampoo
Passenger seat – vinyl	All parts including seatbelts and underneath should be visibly clean with no blood or body substances, dust, dirt, stains or spillages; cover should be damage free	After every use	Replace seat belts if heavily contaminated with blood/body fluids; torn or damaged seat covers should be replaced
Medical gas equipment	All parts (including valve and cylinder) should be visibly clean with no blood or body substances, dust, dirt, stains or spillages	After every use	Replace single-use items after each use

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.412 Policy Name: Patient Care Environment Cleaning and Decontamination (continued: page 4 of 5)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Vehicle Equipment – Non-Patient Contact

Element	Standard	Cleaning Frequency	Comments
Emergency care solution electronic PRF tablet	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	Daily – and after every use – especially if used while treating patient	
Jump bag	All surfaces (including underneath) should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	Weekly and after every use if in contact with blood or body fluid	Fabric bags should be laundered or replaced if heavily contaminated with blood or body fluids
Handsets (e.g. radio communication and mobile phones)	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	At least daily – and if contaminated, when necessary	
Clipboards	All parts should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	Weekly – or if contaminated, as soon as practicable	
Sharps container	The external surfaces should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	Weekly – or if contaminated, clean as soon as practicable	

Vehicle – Internal and external fixed features

Element	Standard	Cleaning Frequency	Comments
Overall – appearance exterior	The vehicle exterior should be maintained consistently clean; any presence of blood or body substances is unacceptable	Routine clean weekly – or more often if weather conditions deem it necessary	If operational pressures prevent thorough cleaning of the exterior, the minimum cleaning standards required to comply with Health and Safety Law should be met (i.e. windshield, windows, lights, indicators, reflectors, mirrors and number plates)
Overall – appearance interior	The area should be tidy and uncluttered, with only appropriate, cleanable, furniture for the area; any presence of blood/body substances is unacceptable	Clean between patients; clean daily; deep-clean weekly	Clean all surfaces in contact with patients and those that may have been contaminated; crews should routinely clean the vehicle floor; remove all detachable equipment and disposables
Ceiling	All ceiling surfaces should be visibly clean with no blood/body substances, dust, dirt, stains or spillages	Weekly	If contaminated, clean as soon as practicable



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Safety and Exposure Control

Policy Number: 500.412


Policy Name: Patient Care Environment Cleaning and Decontamination *(continued: page 5 of 5)*

Original: 05/2005

Revised: 05/2018

Renewal: 04/2024

Element	Standard	Cleaning Frequency	Comments
Cabinets, drawers, shelves	All parts (including interior) should be visibly clean with no blood or body substances, dust, dirt, stains or spillages	One full clean daily – if contaminated, clean as soon as practicable	Liquid dispenser nozzle should be free of product buildup and surrounding areas should be free from splashes of product
Electrical switches, sockets, thermostats	All surfaces (including underneath) should be visibly clean with no blood or body substances, dust, dirt, stains or spillages	Weekly – if contaminated, clean as soon as practicable	
Equipment brackets	All parts of the bracket (including underneath) should be visibly clean with no blood or body substances, dust or dirt	Weekly – if contaminated, clean as soon as practicable	
Fire extinguisher	All surfaces (including underneath) should be visibly clean with no blood or body substances, dust, dirt, debris or spillages	Weekly – if contaminated, clean as soon as practicable	
Floor	The complete floor (including all edges, corners and main floor spaces) should be visibly clean with no blood or body substances, dust, dirt, debris, stains or spillages	Whenever heavily soiled or contaminated with blood or body fluids Daily	
Floor mounted stretcher locking device/chair mounting	All surfaces (including underneath) should be visibly clean with no blood or body substances, dust, dirt, stains or spillages	Weekly – if contaminated, clean as soon as practicable	
Grab/hand rails	All parts of the rail (including under) should be visibly clean with no blood or body substances, dust, dirt, stains or spillages	After every patient, clean rails that have been touched Clean all rails weekly	
Interior tailgate lift	All parts (including the floor) should be visibly clean with no blood or body substances, dust, dirt, stains or spillages	Daily – or if contaminated, clean as soon as practicable	
Walls	All wall surfaces should be visibly clean with no blood or body substances, dust, dirt, adhesive tape or spillages	Weekly – if contaminated, clean as soon as practicable	
Window	All interior glazed surfaces should be visibly clean, smear free with no blood or body substances, dust, dirt, debris or adhesive tape and should have a clean appearance	Weekly – if contaminated, clean as soon as practicable	
Work surfaces	The surfaces should be visibly clean with no blood or body substances, dust, dirt, stains or spillages	Between every patient	
Waste receptacles (clinical and domestic)	The waste receptacle (including lid) should be visibly clean with no blood or body substances, dust, dirt, stains or spillages	Daily – if contaminated, clean as soon as practicable	

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.413 Policy Name: Flu Vaccination</p>	Original: 05/2005 Revised: 07/2021 Renewal: 04/2024
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I. Policy

NORCAL Ambulance is dedicated to ensuring the best care for our patients and employees. NORCAL Ambulance requires proof of flu vaccination or signed declination prior to and during flu season. Flu season is November 1st through the end of April. Flu vaccinations are offered to all employees to reduce the risk of catching the flu and/or spreading of the virus. To ensure extra precautions employees are required to follow the procedure below.

II. Procedure

All employees must complete a Flu Vaccine Acknowledgement and/or Declination Form every flu season. Employees who have received the flu shot must submit a copy of the vaccination record. Employees who have not had a flu vaccination administered will wear a surgical mask at all times when in patient care areas. This includes the back of the ambulance and all skilled care facilities, regardless of the level of care. Additionally, these employees shall also wear a surgical mask prior to entering any hospital.

These policies will serve to protect both the patients, field and non-field team members, and will comply with any applicable county and state requirements.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.414 Policy Name: COVID-19 Vaccination</p>	Original: 08/2021 Revised: Renewal: 04/2024
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I. Purpose

In July 2021, the State of California took decisive action to combat the spread of COVID-19 and protect vulnerable communities by implementing a first-in-the-nation standard to require all state workers and workers in health care and high-risk congregate settings to either show proof of full vaccination or be tested at least once per week. NORCAL Ambulance is a healthcare company and is held to the mandate set forth by the state.


II. Policy

In response to this mandate, starting August 1st, 2021, NORCAL Ambulance is requiring all newly hired team members to submit proof of COVID-19 vaccination prior to hire. Additionally, all current team members must submit a COVID-19 Vaccine Acknowledgement Form and proof of vaccination (if started and when completed).

III. Procedure


All employees must complete a COVID-19 Acknowledgement Form. Employees who have received the COVID-19 vaccine must submit a copy of their vaccination record. Employees who decline COVID-19 vaccination will be required to test for COVID-19 weekly, in accordance with State guidelines.

This policy will serve to protect both the patients, field and non-field team members, and will comply with any applicable county and state requirements.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.500 Policy Name: IIPP Introduction and Purpose	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

NORCAL Ambulance is dedicated to maintaining a safe and healthy work environment for each employee, and to comply with all applicable occupational health and safety regulations. The Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the company, while addressing legal requirements for a formal, written IIPP.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.501 Policy Name: Responsibilities</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the company, while addressing legal requirements for a formal, written IIPP. This policy defines the responsibilities of different employees in regards to the IIPP.

II. Procedure

Department / Station Lead


The Department / Station Lead has primary authority and responsibility to ensure departmental implementation of the IIPP and to ensure the health and safety of the company’s faculty, staff and students. This is accomplished by communicating to all team members with emphasis on health and safety, analyzing work procedures for hazard identification and correction, ensuring regular workplace inspections, providing health and safety training, and encouraging prompt employee reporting of health and safety concerns without fear of reprisal.

Department Safety Committee

The Safety Committee has the ongoing responsibility to maintain and update this IIPP, to assess company station/departmental compliance with applicable regulations and company policies, to evaluate reports of unsafe conditions, and to coordinate any necessary corrective actions. The Safety Committee meets at minimum quarterly, and includes representatives from various sections or subunits of the company. Each employee has a designated representative on the committee. The Safety Committee membership may rotate periodically.

Unsafe conditions that cannot be immediately corrected by an employee or his/her supervisor should be reported to the Station Safety Coordinator or any Safety Committee member by filling out a "Report of Unsafe Condition or Hazard" form (IIPP Form 1).

Timely correction of workplace hazards will be tracked by the Safety Committee which will receive and review reports of unsafe conditions, workplace inspection reports, and injury reports.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.501 Policy Name: Responsibilities <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Specifically, the Safety Committee will:

- Review the results of periodic, scheduled workplace inspections to identify any needed safety procedures or programs and to track specific corrective actions.
- Review investigations of accidents and injuries to ensure that all causes have been identified and corrected.
- Where appropriate, submit suggestions to company management for the prevention of future incidents.
- Review alleged hazardous conditions brought to the attention of any committee member, determine necessary corrective actions, and assign responsible parties and correction deadlines.
- When determined necessary by the Committee, the Committee may conduct its own investigation of accidents and/or alleged hazards to assist in establishing corrective actions.
- Submit recommendations to assist company management in the evaluation of employee safety suggestions.

The Safety Committee must prepare and make available to all company personnel written minutes of issues discussed at the meetings. The Committee meeting minutes must be documented on IIPP Form 2, “Safety Committee Meeting Documentation,” or a similar form. These minutes must be posted or made available in a convenient location and must be maintained on file for at least one year.


The Safety Committee can seek assistance in the remediation of a hazard from other stations or departments, including Human Resources for company health, safety, ergonomic and workers’ compensation issues, or the for personal security concerns.

Department Safety Coordinator

The Safety Coordinator is responsible for:

- Ensuring that the Safety Committee is aware of all accidents which have occurred, and all hazards which have been observed since the last meeting.
- Working with the Station Coordinator to address facility-related safety concerns.
- Assisting in the coordination of required health and safety training.
- Serving as liaison with HR and other company safety resources on issues the station or department cannot resolve.
- Maintaining copies of Safety Committee minutes and other safety-related records.

The Safety Coordinator may seek assistance from other team members as necessary to meet these responsibilities.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.501 Policy Name: Responsibilities <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Supervisors


Supervisors play a key role in the implementation of the company’s IIPP. They are responsible for:

- Communicating to their team members the company’s emphasis on health and safety.
- Ensuring periodic, documented inspection of workspaces under their authority.
- Promptly correcting identified hazards.
- Modeling and enforcing safe and healthful work practices.
- Providing appropriate safety training and personal protective equipment.
- Implementing measures to eliminate or control workplace hazards.
- Stopping any employee’s work that poses an imminent hazard to either the employee or any other individual.
- Encouraging employees to report health and safety issues to the Safety Committee without fear of reprisal.

All Employees

It is the responsibility of all employees and staff to comply with all applicable health and safety regulations, NORCAL Ambulance policies, and established work practices. This includes, but is not limited to:

- Observing health and safety-related signs, posters, warning signals and directions.
- Reviewing the building / station emergency plan and assembly area.
- Learning about the potential hazards of assigned tasks and work areas.
- Taking part in appropriate health and safety training.
- Following all safe operating procedures and precautions.
- Using proper personal protective equipment.
- Warning coworkers about defective equipment and other hazards.
- Reporting unsafe conditions immediately to a supervisor and stopping work if an imminent hazard is presented.
- Participating in workplace safety inspections.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.502 Policy Name: Identifying Workplace Hazards</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy


The Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the company, while addressing legal requirements for a formal, written IIPP. This policy defines the identification and reporting of workplace hazards.

II. Procedure

Regular, annual workplace safety inspections of all departments and stations must be conducted. By law, the first of these inspections must take place when the station/department first adopts the IIPP. The inspections should be noted on IIPP Form 3 or other documentation, and the station or department should maintain copies of this documentation. These regular inspections will be supplemented with additional inspections whenever new substances, processes, procedures, or equipment introduced into the workplace represent a new occupational safety and health hazard or whenever supervisors are made aware of a new or previously unrecognized hazard.

Generally, supervisors are responsible for identification and correction of hazards that their team members face and should ensure that work areas they exercise control over are inspected at least annually. Supervisors should check for safe work practices with each visit to the workplace and should provide immediate verbal feedback where hazards are observed.

The "Report of Unsafe Condition" Form 1 (*see IIPP on server*) should be filled out when a referral is made to the Safety Committee as a result of a condition discovered during an inspection for which the responsible supervisor could not determine an immediate remedy. The "Report of Unsafe Condition" form can also be obtained by any employee, filled out and turned in anonymously.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.503 Policy Name: Communicating Workplace Hazards</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the company, while addressing legal requirements for a formal, written IIPP. This policy defines the proper communication of workplace hazards.

II. Procedure

Supervisors are responsible for communicating safety and health issues in a form readily understandable by their team members. All personnel are encouraged to communicate safety concerns to their supervisor without fear of reprisal.


The Safety Committee is another resource for communication regarding health and safety issues for employees. Each employee has a representative on the committee that will inform him or her of hazard corrections and committee activities. Additionally, Safety Committee minutes and other safety-related items are posted or made available at a convenient location. Employees will also be informed about safety matters by e-mail, voice mail, and/or distribution of written memoranda. Occasionally, the Safety Committee may also sponsor seminars or speakers, or coordinate other means to communicate with employees regarding health and safety matters.

Supervisors are responsible for ensuring that employees are supplied access to hazard information pertinent to their work assignments. Information concerning the health and safety hazards of tasks performed by company staff is available from a number of sources.

These sources include, but are not limited to, Material Safety Data Sheets (see below), equipment operating manuals, the Station Safety Coordinator, Human Resources, container labels and work area postings.

Material Safety Data Sheets


Material Safety Data Sheets (MSDS) provide information on the potential hazards of products or chemicals. Hard copies of MSDS for the chemicals used in the stations are available to all employees in a convenient location. If an MSDS is found to be missing, a new one can be obtained by faxing a written request to the manufacturer. A copy of this request should be kept until the MSDS arrives.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.503 Policy Name: Communicating Workplace Hazards <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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MSDSs are also available over the Internet from a variety of sources. They can be obtained by accessing *Trauma Soft* and clicking on “MSDS.” For further information, contact Human Resources or the Director of Safety for a fact sheet explaining how to use MSDS. Videos and training on how to read and understand the information presented on an MSDS are also available from the Support Services Department.

Equipment Operating Manuals

All equipment is to be operated in accordance with the manufacturer’s instructions, as specified in the equipment’s operating manual. Copies of operating manuals should be kept for each piece of equipment in the company. All employees will be trained on every piece of equipment necessary to perform their job by a Field Training Officer or Supervisor.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.504 Policy Name: Correcting Workplace Hazards</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the company, while addressing legal requirements for a formal, written IIPP. This policy defines the proper correction standards for workplace hazards.

II. Procedure


Hazards discovered either as a result of a scheduled periodic inspection or during normal operations must be corrected by the supervisor in control of the work area, or by cooperation between the station supervisor and safety committee. Supervisors of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard, based on the severity of the hazard.

Specific procedures that can be used to correct hazards include, but are not limited to, the following:

- Tagging unsafe equipment “Do Not Use Until Repaired,” and removing equipment and provide a list of alternatives for employees to use until the item is repaired.
- Stopping unsafe work practices and providing retraining on proper procedures before work resumes.
- Reinforcing and explaining the need for proper personal protective equipment and ensuring its availability.
- Barricading areas that have chemical spills or other hazards and reporting the hazardous conditions to a supervisor immediately.

Supervisors should use the "Hazard Correction Report" (IIPP Form 4) to document corrective actions, including projected and actual completion dates. If necessary, supervisors can seek assistance in developing appropriate corrective actions by submitting a "Report of Unsafe Condition" to the Safety Committee. If the Safety Committee requires assistance from other campus resources such as HR or Risk and Safety, these resources should be contacted immediately.

If an imminent hazard exists, work in the area should cease, and the appropriate supervisor must be contacted immediately. If the hazard cannot be immediately corrected without endangering employees or property, all personnel need to be removed from the area except those qualified and necessary to correct the condition. These qualified individuals will be equipped with necessary safeguards before addressing the situation.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.505 Policy Name: Investigating Injuries and Illnesses</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the company, while addressing legal requirements for a formal, written IIPP. This policy defines the proper procedure for investigating injuries and illnesses.

II. Procedure

Injury Reporting

Employees who are injured at work must report the injury immediately to their supervisor and Human Resources. If immediate medical treatment beyond first aid is needed, call 911. The injured employee will be taken to the appropriate hospital or medical center. If non-emergency medical treatment for work-related injuries or illnesses is needed, the employee will be taken to and treated at a company contracted Occupational Health provider. Supervisors and Human Resources have access to the list of providers.


The supervisor of the injured employee must work with Human Resources to ensure that the "Employer's Report of Occupational Injury or Illness" and a Workers' Compensation Claim Form are completed properly and submitted to the company's Workers' Compensation provider.

If the injured employee saw a physician, the supervisor must obtain a medical release form before allowing the employee to return to work. The health care provider may stipulate work tasks that must be avoided or work conditions that must be altered before the employee resumes his or her full duties.

Injury Investigation


Human Resources is responsible for performing an investigation to determine and correct the cause(s) of the incident. Specific procedures that can be used to investigate workplace accidents and hazardous substance exposures include:

- Interviewing injured personnel and witnesses
- Examining the injured employee's workstation, equipment or working conditions for causative factors
- Reviewing established procedures to ensure they are adequate and were followed
- Reviewing training records of affected employees
- Determine all contributing causes to the accident
- Taking corrective actions to prevent the accident/exposure from reoccurring
- Recording all findings and actions taken

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.505 Policy Name: Investigating Injuries and Illnesses <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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The investigation findings and corrective actions should be documented and presented to the Safety Committee using the "Occupational Accident, Injury or Illness Investigation Report" (IIPP Form 5). If Human Resources is unable to determine the cause(s) and appropriate corrective actions, other resources should be sought. Available resources include the company's Safety Committee, medical director, and other safety organizations (*see Section X*).

The Safety Committee will review each accident or injury report to ensure that the investigation was thorough and that all corrective actions are completed. Investigations and/or corrective actions that are found to be incomplete will be routed back to Human Resources for further follow-up, with specific recommendations noted by the committee. The Station / Department Safety Coordinator will bring corrective actions that are not implemented in a reasonable period of time to the attention of the Department head or Area Manager.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.506 Policy Name: Employee Health and Safety Training</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the company, while addressing legal requirements for a formal, written IIPP. This policy defines the proper procedure for employee health and safety training.

II. Procedure

Employee safety training is provided at no cost to the employee and is conducted during the employee’s normal working hours. Safety training may be presented by a knowledgeable supervisor, other department personnel, or by Human Resources. Regardless of the instructor, all safety training should be documented using the “Safety Training Attendance Record” (IIPP Form 6) or an equivalent record that includes all the information required on IIPP Form 6.

Initial IIPP Training


When the IIPP is first implemented, all station and department personnel will be trained on the structure of the IIPP (Appendix A), including individual responsibilities under the program, and the availability of the written program. Training will also be provided on how to report unsafe conditions, how to access the Safety Committee, and where to obtain information on workplace safety and health issues.

Personnel hired after the initial training session will be oriented on this material as soon as possible by the Safety Coordinator or appropriate supervisor. These individual training sessions should be documented using IIPP Form 7, “New Employee Safety Training Record,” or the equivalent.

Training on Specific Hazards

Supervisors are required to be trained on the hazards to which the employees under their immediate control may be exposed. This training aids a supervisor in understanding and enforcing proper protective measures.

All supervisors must ensure that the personnel they supervise receive appropriate training on the specific hazards of work they perform, and the proper precautions for protection against those hazards. Training is particularly important for new employees and whenever a new hazard is introduced into the workplace. Such hazards may include new equipment, hazardous materials, or procedures. Health and Safety training is also required when employees are given new job assignments on which they have not previously been trained and whenever a supervisor is made aware of a new or previously unrecognized hazard.


	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.506 Policy Name: Employee Health and Safety Training <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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Specific topics which may be appropriate to department personnel include, but are not limited to, the following:

- Fire prevention techniques and fire extinguisher use
- Obtaining emergency medical assistance and first aid
- Disaster preparedness and response, including building evacuation procedures
- Health and safety for computer users
- Back care, body mechanics, and proper lifting techniques
- Hazard communication, including training on MSDSs, chemical hazards and container labeling
- Proper housekeeping
- Chemical spill reporting procedures

Safety Videos

A list of workplace safety videos that are available for viewing can be obtained by contacting Human Resources. Videos are available on a wide range of topics, including hazard communication, chemical safety, and various physical hazards. Videos should be used to supplement, not replace, face-to-face safety instruction, so that employees have an opportunity to ask questions of a knowledgeable instructor.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.507 Policy Name: Ensuring Compliance</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the company, while addressing legal requirements for a formal, written IIPP. This policy defines the proper procedure for ensuring compliance.

II. Procedure

All department personnel have the responsibility for complying with safe and healthful work practices, including applicable regulations, company policy, and station/departmental safety procedures. Overall performance in maintenance of a safe and healthy work environment should be recognized by the supervisor and noted in performance evaluations. Employees will not be discriminated against for work-related injuries. Furthermore, injuries will not be included in performance evaluations.

Standard progressive disciplinary measures in accordance with the applicable personnel policy or company policy will result when employees fail to comply with applicable regulations, company policy, and/or station/departmental safety procedures. All personnel will be given instruction and an opportunity to correct unsafe behavior. Repeated failure to comply or willful and intentional noncompliance may result in disciplinary measures up to and including termination.

	Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.508 Policy Name: Record Keeping	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

The Injury and Illness Prevention Program (IIPP) is intended to establish a framework for identifying and correcting workplace hazards within the company, while addressing legal requirements for a formal, written IIPP. This policy defines the proper procedure for record keeping.

II. Procedure

Documents related to the IIPP are maintained in the HR office, in a safe and convenient location for record keeping. Documents that should be kept on file include:

- Records of scheduled and periodic workplace inspections, including any identified unsafe conditions or work practices, and corrective actions (*IIPP Form 3*)
- Employee safety training records, including the names of all attendees and instructors, the training date, and material covered (*IIPP Forms 6 and 7*)
- Reports of Unsafe Conditions or Hazards (*IIPP Form 1*)
- Safety Committee Meeting Documentation (*IIPP Form 2*)
- Hazard Correction Reports (*IIPP Form 4*)
- Accident, Injury or Illness Investigation Reports (*IIPP Form 5*)


	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.600 Policy Name: Pre-Plan and Preparedness</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. Additionally, the Disaster Plan spells out specific directions for the continuation of operations during a disaster. This specific policy outlines the pre-plan and preparedness guidelines to be in place at all times.

II. Procedure

- Know at least 2 escape routes out of the building.
- Know where your escape routes exit the building.
- Know where the preplanned staging area is for your building.
- Know where fire extinguishers are located around your work area and elsewhere in the building.
- Make plans ahead of time with family and friends to deal with disasters – have contact numbers with you.
- Consider using an out-of-state contact for your family to check in with.
- Have emergency supplies on hand or in your vehicle (water, non-perishable food, flashlight, AM/FM radio and batteries, med kit, contact numbers and clothing) medications, prescriptions, first aid kit.
- Always have some cash on you – (no power / no ATM).
- In Northern California (all NORCAL Ambulance service areas) – tune to KCBS Radio (740 AM).

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.601 Policy Name: Level One - Decentralized Coordination and Direction</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. This specific policy outlines what to do in a level one disaster. Level one is a minor to moderate incident wherein local resources are adequate and available. All on duty personnel should contact the Communications Center and wait for direction in relation to relocating resources. Current calls are actively completed and business continues as usual with all on-duty personnel aware of central coordination through the Communications Center.

II. Procedure

Management

Key management personnel will be notified of the incident and will be placed on standby status, in case they are needed to report to the appropriate Disaster Operations Center.

Communications Center

Communications personnel will contact and inform on-duty personnel of the incident and provide central coordination. Personnel shall determine the level of safety in existing building and relocate with key management personnel as indicated. Off-site coordination should be conducted by appropriate management, supervisors, or senior call takers as available.

On-Duty Personnel


Contact should be made with the Control Center for check-in. Operations should continue as normal. Out of county personnel and units should be accounted for and, in case necessary, be prepared to respond to closest disaster operations center (DOC) to the location of the incident.

Field Support Staff:

Should be alerted of the incident and kept informed with timely updates. A roll call of on-duty personnel should be conducted and information provided to the Communications Center.

Off-Duty Personnel

Ensure safety and well-being of their families. No further actions required.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.602 Policy Name: Level Two - Centralized Coordination and Decentralized Direction</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. This specific policy outlines what to do in a level two disaster. A level two is a moderate to severe emergency wherein local resources are not adequate and mutual aid may be required on a regional or statewide basis.

II. Procedure

Management

Key management personnel will co-locate in a predetermined Disaster Operations Center (DOC/Staging area) to provide local and multi-jurisdictional coordination.

Communications Center

Communications Center personnel shall determine the level of safety in existing buildings and relocate with key management as indicated. Off-site coordination should be conducted by appropriate management personnel, supervisors or senior call takers as available.

On Duty Personnel


All on duty field personnel shall attempt to make **immediate** contact with the Communications Center or senior management as available. Out of county personnel and units should be prepared to relocate to closest emergency location as necessary after ensuring the safety and well-being of their homes and families.

Field Support Staff

Field supervisors should first and foremost ensure the safety of their homes and families and subsequently all appropriately assigned field personnel. Subsequent to this they should ensure stability of ambulance stations and remove equipment and supplies as needed to as secure a location as possible.

Off Duty Personnel

Off-duty personnel, after ensuring the safety of their homes and families, should make every effort to contact the Communications Center or Field Supervisor if available and shall then report to the closest NORCAL Ambulance station. Every effort should be made to notify the Communications Center or appropriate supervisor of their arrival and availability for direction.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.603 Policy Name: Level Three - Centralized Coordination and Direction</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. This specific policy outlines what to do in a level three disaster. A Level three is a major local or regional disaster wherein resources in or near the impacted area are overwhelmed and extensive state and/or federal resources are required. All business operations should be put on hold.

II. Procedure

Management

Key management personnel shall make every effort to obtain a central location to do a needs and damage assessment.

Communications Center


In the very real event that no radio or phone contact is available Communications personnel shall still attempt to mobilize (with key management) in anticipation of communications being restored. Every effort should be made to relocate incoming calls through our prearranged out of state phone service.

On-Duty Personnel

After ensuring the safety of their homes and family, on duty personnel shall attempt to mobilize in a central location (preferably the local ambulance station if appropriate) and await direction from a field supervisor or appropriate senior EMT. In the event that no radio or phone contact is available with the Communications Center or field support staff (radios and phones should be left on in case of restored communications), on duty personnel should report to a local hospital or staging area of the incident for further direction from city or county personnel.


Field Support Staff

After ensuring the safety of their homes and family, field support staff should make every effort to mobilize at a central location with on duty personnel (preferable the local ambulance station if appropriate) and coordinate to an appropriate hospital or Incident Command Center for further direction from city or county personnel. If possible, supervisors should try to obtain damage and needs assessment involving personnel and equipment. Supervisors should anticipate being needed in an ICS capacity and provide as much equipment and/or supplies as necessary.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.603 Policy Name: Level Three - Centralized Coordination and Direction <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 04/2024</p>
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Off-Duty Personnel

After ensuring the safety of their homes and family, off duty personnel, if available, shall attempt to mobilize at the local ambulance station. If this is not possible or if no on-duty personnel are located at this location, please report (in uniform if possible) to the closest hospital or staging area for the incident for further direction from city or county personnel.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.604 Policy Name: EMT – On Duty</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. This specific policy outlines what an EMT – Basic (B) or Paramedic (P), who is on-duty, shall do during disaster operation mode.

II. Procedure

Respond to:

- In district – Respond to your station
- Out of district – Return to district, if unable, attempt phone or radio contact with Communications or management personnel.

Report to:


- Field Supervisor or interim authority for direction

Your Assignment:

- Complete current assignment if possible
- Contact Field Supervisor
- Ensure safety of family
- Return to station if possible – if not report to local hospital, staging area of the incident or closest station.
- Ensure safety of personnel
- Remove ambulances and equipment from stations as needed
- Check utilities (shut off as required)
- Report condition of station to control center or available manager
- Provide ambulance transportation as assigned

Equipment You Will Need:

- Company Radios
- Protective clothing
- Pre-packaged Food Items (in disaster supplies)
- Water
- Change of Clothing or Uniform
- Personal Items
- Flashlight and extra batteries

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.605 Policy Name: EMT – Off Duty</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. This specific policy outlines what an EMT – Basic (B) or Paramedic (P), who is off-duty, shall attempt during a disaster.

II. Procedure

Respond to:

- Your deployment station, if possible.

Report to:

- Field Supervisor or interim authority for direction. Phone or radio the Communications Center or appropriate manager if unable to proceed to the station.

Your Assignment:


- Secure your family and home
- Check on the status of neighbors, friends, etc.,
- If necessary, bring your family with you to be assigned to a designated shelter.
- Make an attempt to contact the control center by telephone to determine if there is a special need for your services.
- If you are unable to communicate with the control center by telephone or radio, report to your station (gather supplies, equipment to staff ambulance, if possible).
- Check utilities (and shut off as necessary).
- Report any visible damage to district or station supervisor or appropriate manager.
- If unable to report to station attempt to report to local hospital or staging area of the incident.

Equipment You Will Need:

Uniform, protective clothing, portable radio and extra batteries, water, pre-packaged food items, flashlight and extra batteries, change of clothing, personal items.

Your Responsibility:

Once you have secured your family, please make every effort to contact the Communications Center or available management to ensure us of your safety. If at all possible, please report to your local NORCAL Ambulance station and make contact with a Field Supervisor or interim authority as appropriate. If unable to return to the ambulance station, please report to the closest designated hospital or staging area of the incident.

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.606 Policy Name: Communications Center Plan</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. This specific policy outlines the guidelines for the Communications Center is response to a disaster.

II. Procedure

In event of a local disaster please note the following:

- Proceed quickly but calmly out of the building, help others who may be unable to help themselves or have special needs.
- All employees should **immediately** evacuate to the Street (staging area) in the front of the building (if safe to do so), and check in with the local manager, supervisor or interim authority. **Do not leave the area without notifying the person in charge.**
- If possible place a post-it note or sign on your door and close it so searchers know the room is clear.
- The appropriate manager, supervisor or interim authority should do a head count of all personnel and evaluate the need for assistance for search and rescue.
- **In event of fire or earthquake do not re-enter the building.**
- An attempt should be made to grab the Disaster Supply Kit on the way out of the building, which is located beneath the station first aid kit. A spare Disaster Supply Kit should be stored outside of the building, where appropriate.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.607 Policy Name: Communications Center Power Outage or Relocation</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. This specific policy outlines the guidelines for the Communications Center is response to a disaster involving a power outage or need to relocate the communications center to a temporary location.

II. Procedure

In event of a power outage the Communications Supervisor and / or the on-duty dispatcher(s) should ensure the generator is activated and business is maintained as usual. Both primary dispatch consoles and the network server (including VOIP phone lines) are connected to a UPS (Uninterruptable Power Supply) which will supply power for approximately 15 minutes.

STEP #1

- Relocate generator from garage area to outside of building > 30 feet.
 - Power switch to “on” position
 - Throttle set to “choke” position
 - Pull cord until generator starts
 - Move throttle to “run” position


STEP #2

After generator has been moved to safe location and is running properly, then:

- Run extension cord (marked #1) from generator to server room
 - Unplug UPS from wall and plug into extension cord # 1.
- Run extension cord (marked #2) from generator to main dispatch console.
 - Unplug UPS from wall and plug into extension cord #2.
- Run extension cord (marked #3) from generator to back-up dispatch console.
 - Unplug UPS from wall and plug into extension cord #3.

In the event that power is unable to be restored and/or there is structural damage to the building, employees must follow the guidelines below.

Communications employees shall immediately gather at the prearranged staging area (front of the building, if safe to do so otherwise an alternate location shall be deemed by the management or person deemed in charge).

	<p><u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.607 Policy Name: Communications Center Power Outage or Relocation <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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The Communications Director (or highest ranked team member on site) shall ensure all employees are safe and accounted for. Next, a coordinated contact should be made with other disaster response agencies including but not limited to: fire, police, and other appropriate communications centers. Incoming calls are to be forwarded to a predetermined number and phones are monitored for restoration. The director must also ensure that there are enough communications personnel to fulfill the responsibilities of the Communications Center.

All Communications employees with all company cell phones, radios and EMD flipcharts are to be relocated to the next safest and appropriate NORCAL Ambulance Building or Station, deemed by the director or other staff member in charge.


Upon arrival of Communications Center personnel at closest, appropriate NORCAL Ambulance location, call-taking and dispatch responsibilities are to resume utilizing appropriate back-up procedures and supplies.

- Call taking: utilize paper call in-take forms
- Field Communications via radios
- Tracking Calls with magnet boards

Communications Back-Up Center Training


The Communications Director and/or Supervisor will take responsibility for ensuring disaster training and exercise plans are implemented every 6 months to include:

- Review of Level 1, Level 2 and Level 3 disasters.
- Roles and responsibilities of Communications personnel (noted above).
- On-site Operations at a “mock alternative site” training
- Disaster training with area EMS agencies.
- Review of emergency supplies, first-aid kits, generator, and gas shut-off locations.

	<u>Policy & Procedure Manual</u> <i>Safety and Exposure Control</i> Policy Number: 500.608 Policy Name: Are EMS Agency Contact Information	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. Communications with the local EMS Agency must be established as soon as possible to ensuring proper coordination of services. EMS Agency contact numbers are available in the Master Disaster Plan, as well as in the Communications Center and online for reference.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.609 Policy Name: Fire and Earthquake Guidelines</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

In the event of a disaster NORCAL Ambulance has a complete Disaster Plan in place to assure the safety of our employees and patients. This policy outlines the instructions for employees in a fire or earthquake.

II. Procedure

Emergency Instructions in Case of FIRE

1. Call Fire Department – 911
2. Fight the fire ONLY IF:
 - a. You know how.
 - b. The fire is small.
 - c. The fire is confined to the area it started.
 - d. You have a way out.
 - e. You can work with your back to the exit.
 - f. You have the right type of extinguisher.
 - g. You feel confident you can operate it effectively.
3. DO NOT fight the fire if:
 - a. You have any doubts about fighting it.
 - b. It is spreading beyond the area where it started.
 - c. It could block your escape route.


Emergency Instructions in case of EARTHQUAKE

During the Shaking:

1. Remain where you are.
2. If you are indoors, take cover under a desk, heavy table, or stand in a doorway, hallway or by a wall.
3. Move away from windows, glass or objects that might fall.
4. If you are outdoors, move away from power poles or lines, lamp posts or tall buildings.

After the Shaking:

1. Quickly grab personal belongings and exit building (DO NOT RE-ENTER THE BUILDING).
2. Meet in a predetermined centralized location (staging area).
3. Ensure all personnel are present and accounted for.
4. Call for help if necessary for search and rescue.
5. Shut off all gas and electricity if possible.

	<p>Policy & Procedure Manual <i>Safety and Exposure Control</i> Policy Number: 500.610 Policy Name: Evacuation Procedures</p>	Original: 05/2005 Revised: 05/2018 Renewal: 04/2024
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I. Policy

Employees should determine in advance the nearest exit to their work location and should become familiar with the route to follow to reach that exit in the event of an emergency or disaster. Employees should also plan an alternate route in the event the first route is blocked or unsafe to use.

II. Procedure

- DO NOT EVACUATE UNLESS TOLD TO DO SO OR DANGER IS IMMINENT.
- If safe to do so, secure sensitive documents and negotiable instruments before leaving.
- Follow instructions of emergency personnel.
- Move to your evacuation point unless otherwise instructed.
- Walk. DO NOT RUN.
- Keep noise to a minimum.
- Remove high heels to avoid tripping.
- DO NOT PUSH OR CROWD.
- DO NOT USE ELEVATORS.
- Use handrails in stairwells and stay to the right.
- Check doors for heat before opening.
- Assist any people with disabilities.

Fire Alarm


If there is no fire in your area, but the alarm has sounded, wait at your primary exit until you are told to relocate.

Relocating Outside the Building

- Move at least 100 feet from the building.
- Watch for falling glass, etc.
- Do not talk to the press. Refer questions to Board of Directors or Human Resources. Misinformation or partial information can create bigger problems.
- If you have relocated away from the building, DO NOT RETURN until you are notified that it is safe to do so.



<p>Policy and Procedure Manual</p>	<p><i>Support Services and Fleet Management</i> Section 600</p>	<p>Revision Due: 07/2022</p>
<p>Title: C.O.O.</p>	<p>Name: Eric Larimer</p>	<p>Signature: <i>[Signature]</i></p>
<p>Title: CEO</p>	<p>Name: Karla Nazareno</p>	<p>Signature: <i>[Signature]</i></p>
<p>Title: MEDICAL DIRECTOR</p>	<p>Name: GERARD R. NAZARENO</p>	<p>Signature: <i>[Signature]</i></p>
<p>Title: Director of Human Resources</p>	<p>Name: Jacqueline Mitchell, II</p>	<p>Signature: <i>[Signature]</i></p>

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.100 Policy Name: Pharmaceutical Control Committee</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To define the Pharmaceutical Control Committee and associated span of control.

II. Policy

The Pharmaceutical Control Committee has the authority and mandate to oversee the usage, supply, disposal, and storage policies of pharmaceuticals for NORCAL Ambulance. Any pharmaceutical action or issue is under the purview of the pharmaceutical committee. Furthermore, the committee conducts regular meetings to discuss and resolve any pharmaceutical related issues or topics necessary.


Control Committee:

- Chairperson – Medical Director
- Organizer – Director of Operations - CCT
- Committee Members
 - CEO
 - COO
 - Director of Quality Assurance
 - Director of Risk and Safety
 - Support Services Director
 - Director(s) of Operations
- Non-Voting Members
 - Bio-Medical Supply Specialist

Members of ALS and CCT management may attend pharmaceutical control meetings in an advisory or attendance fashion if desired. Unless stated above, such attendees do not have voting privileges.

III. Procedure

The committee will meet at minimum three times per year, or as often as needed. The committee will perform a regular review of pharmaceutical policies to ensure policies are accurate and updated. The committee will approve or modify forms relating to controlled substances (waste logs, tracking forms, etc.). All pharmaceutical forms shall be submitted to the committee for approval prior to usage. Approved forms shall be stored on the company server as PDF versions to prevent alteration and preserve formatting. See the Support Services Department for original digital documents. The Approved forms are listed in the form addendum.


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Pharmaceutical Control Committee Definition – Advisory and guidance committee whose purpose is to define the practices, policies, and protocols of pharmaceuticals for NORCAL Ambulance.

Addendum: Approved Pharmaceutical Forms

Form #	Title	Purpose / Description	Current Version	Approval Date
PCCS1	Controlled Substance Discrepancy Form	Track and log controlled substance incidents, discrepancies, and education	2017.299-14	03/30/18
PCCS2	Controlled Substance Usage Form	Track and log controlled substance usage and waste	2018.1105-11	03/30/18
PCCS3	Controlled Substance Paper Log – Valley ALS	Field operations log for narcotics boxes with par levels for Sacramento Valley Region ALS	2018.1105-11	11/14/18
PCCS4	Controlled Substance Paper Log – Bay ALS	Field operations log for narcotics boxes with par levels for Marin area ALS	2018.1105-11	11/14/18
PCCS5	Controlled Substance Paper Log – CCT	Field operations log for narcotics boxes with par levels for CCT in all operational areas	2018.1105-11	11/14/18
PCCS6	Controlled Substance Paper Log – Safe	Paper log for narcotics safe transactions	2018.1105-11	11/14/18
PCCS7	Controlled Substance Safe Key Tracking Form	Tracking form for safe battery changes and associated backup keys	2017.1011-13	10/11/17

- *Form naming scheme – (Committee Abbreviation)(Category)(Consecutive Number)
- *Version naming scheme – (year)(month#)(date)-(Edited hour of day)

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.101 Policy Name: General Pharmaceutical</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To define standard pharmaceutical practices and guidelines for all levels of service.

II. Policy

NORCAL Ambulance utilizes a variety of pharmaceuticals throughout the Critical Care Transport, Advanced Life Support, and Basic Life Support levels of service. Medication requirements and quantities vary depending on level of service and regulating government agencies. The Medical Director has final authority on the use and supply of pharmaceuticals.


- Critical Care (CCT) Pharmaceuticals - A comprehensive list of medications used in the care of critical patients will be maintained and monitored by the Critical Care Management team.
- Advanced Life Support (ALS) and Basic Life Support (BLS) – Medications used and supplied by NORCAL Ambulance will vary by region and regulatory agencies. Medication lists will be controlled by local operations management.

Pharmaceutical utilization, procurement, and/or removal will be reviewed in conjunction with the appropriate field policies for that level of service. Expiration dates will be reviewed regularly and medications shall be replaced as needed. At no time are NORCAL Ambulance team members permitted to administer expired medications or use expired medical supplies for patient care unless approved (see Mutual Aid and Emergency Situation Section). In situations listed in the Mutual Aid and Emergency Situations section expired medications may enter the supply chain with the proper approval as defined in the Mutual Aid and Emergency Situations section. In those situations, the affected medications must be accompanied by the approval letter or notice.

NORCAL Ambulance permits limited quantities of expired non-controlled substance medications and supplies to be utilized for training purposes. Those supply stocks shall be the minimum necessary and will be labeled and stored separately from field supplies.

At no time shall pharmaceuticals be removed or taken from NORCAL Ambulance without expressed written approval from NORCAL Ambulance management.

Due to the nature of Emergency Medicine, NORCAL Ambulance shall take steps to buffer against the effects of emergency usage or drug shortages. Pharmaceutical and drug shortages are common in the healthcare setting.

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- Shortages are monitored by the Support Services Department. When possible, orders will be preemptively placed to ensure adequate supply for NORCAL Ambulance. In cases of shortages affecting field operations or supply, the pharmaceutical committee will develop an operating solution until the shortage is resolved.
- In times of emergency situations or mutual aid requests from a Local Emergency Medical Service Agency (LEMSA) or other government agency; NORCAL Ambulance may, with approval from the Medical Director, provide pharmaceuticals or supplies as requested. These requests may include controlled substances. Proper documentation, signatures, and receipts shall be kept during such transactions.
- NORCAL Ambulance will keep small and controllable quantities of pharmaceuticals and controlled substances on hand for cases of emergency situations. Austere medication will be treated as expired stock and may not enter the usage supply chain without proper authority from the FDA, LEMSAs and/or the Medical Director. Austere medication shall not be more than one year expired.

III. Procedure

NORCAL Ambulance procures pharmaceuticals and medical supplies through a network of approved State, Federal, and NORCAL Ambulance contracted vendors. Purchasing is completed by the Support Services Department under the authority and license of the Medical Director.

NORCAL Ambulance stores pharmaceuticals and medical supplies in secured inventory areas where civilian public access is not readily available. Care is taken to ensure pharmaceuticals are stored within manufacturer recommendations when possible.

Expired medication will be reverse distributed according to best practices and type of medication. Any non-controlled substance pharmaceutical shall be reverse distributed through a designated vendor or pharmaceutical committee approved training agency. NORCAL Ambulance utilizes a contracted medical waste disposal vendor for secure destruction of expired medication. A separate collection bin for sealed sharps containers and bio-hazard waste is utilized and disposed of by the contracted vendor. Support Services coordinates the regular collection and destruction by the vendor. Pharmaceuticals requiring more control and individually tracked disposal shall be reverse distributed through the contracted reverse distributor as listed in the controlled substance policy. Support Services coordinates the reverse distribution.


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These controlled pharmaceuticals include:

- Expired Vaccines
- DEA Regulated Controlled Substances
- DuoDote Auto-Injector (atropine and pralidoxime chloride injection)

IV. Definitions

- *Austere Care* – Program or supply stock designed to be used only in times of emergency
- *Contracted Medical Waste Disposal Vendor* – NORCAL Ambulance utilizes Medwaste Management for the secure disposal and destruction of biohazard waste, pharmaceutical waste, and sharps containers
- *Pharmaceutical* – Drugs or medications; including the physical item, storage, handling, and use

	<p>Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.102 Policy Name: Controlled Substance</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To provide accountability and establish program guidelines assuring all qualified personnel handling narcotics adhere to Federal and other laws regarding possession and use of Controlled Substances.

II. Policy

NORCAL Ambulance utilizes controlled substances in the course of patient care for ALS and CCT levels of service. Authorities for controlled substances are listed above. Additionally, NORCAL Ambulance operates under the DEA Practitioner License of the Medical Director. Authorized personnel may utilize and carry different combinations and quantities of the approved substances based on level of service and operational area. Narcotics box quantities are dictated by local government agencies and the pharmaceutical control committee. NORCAL Ambulance has approved for use several controlled substances:


- Drug Enforcement Agency (DEA) Schedule II controlled substances
 - Fentanyl (ALS and CCT)
 - Morphine (ALS and CCT)
- DEA Schedule III controlled substances
 - Ketamine (ALS and CCT)
- DEA Schedule IV controlled substances
 - Lorazepam (CCT Only)
 - Midazolam [2mg] (ALS and CCT)
 - Midazolam [5mg] (ALS and CCT)

See Controlled Substance Storage Policy for requirements regarding the physical storage of controlled substances.

Witness Verification

NORCAL Ambulance requires a multiple step verification process for the storage, waste, and usage of controlled substances. NORCAL Ambulance Requires dual verification for all controlled substance transactions, including narcotic box pickup, with the exception of the actions listed below:

- Dual verification is not required to place controlled substances in a division or master safe if there are no authorized witnesses present. If items are placed in the safe without dual verification, the logs must be noted as no witness available and a full safe audit with witnesses shall occur within 1 week of the event or prior to further actions with safe. In such an event, a notification email must be sent to members of the pharmaceutical committee.

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- For dual verification, a valid witness must be present and sign the appropriate log. The witness shall inspect, view, and verify the actions they are witnessing. See Controlled Substance Access Policy for authorized witnesses for Division and Master safes.
 - Crew safe witnesses may be any individual with access to Division or Master safes, a team member with the authority to access the crew safe (ex. Paramedic may witness Paramedic crew safe actions), field supervisors, or EMTs. See Controlled Substance Access Policy for individuals authorized to access and witness the different controlled substance storage locations.

Documentation


NORCAL Ambulance requires adequate and complete logging of all controlled substances, actions, and movement. NORCAL Ambulance utilizes a digital controlled substance log. Paper logging forms will be accessible in the event digital logs are not available. At no time should controlled substances be unaccounted for. Controlled substances not in the location they are logged to will be considered lost or stolen unless otherwise logged and must be treated as such. See the Controlled Substance Theft or Loss Policy. If the controlled substance vial has an individual serial number attached to it, that vial number must be noted on any waste form, usages, or incident reports.

- At the beginning of every shift, Paramedics and Nurses must check out their narcotics boxes. See below for specifics.
- At the end of every shift, Paramedics and Nurses must check in their narcotics boxes. See below for specifics.
- Administration and waste must be properly documented. See below for documentation specifics.
- NORCAL Ambulance will organize, store, and maintain all paper and digital logs for a minimum of (3) years. At the beginning of the 4th year, all outdated paper logs will be securely disposed of (i.e. January of 2018, logs from 2014 would be shredded).

Incidents and Audits

Incidents involving controlled substances must be immediately reported to NORCAL Ambulance management and members of the pharmaceutical committee. Incidents shall be documented in writing. After investigation and closure of the incident, forms and supporting documentation are to be stored with the Quality Assurance department. Controlled substance incidents follow two incident levels:

- Level 1 – Minor or routine incidents with no suspected diversion.
 - Ex. Missing Signature, Documentation Errors (Log, Administration/Waste Forms), Vial Breakage or Missing Top (If Witnessed Event)

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- Level 2 – Escalated incident with possible negligence or diversion
- Ex. Loss of Controlled Substance, Suspected Theft, Medication Error

To prevent diversion, ensure proper training, and confirm documentation; NORCAL Ambulance conducts regular audits. Full controlled substance audits involving all vials and storage locations will occur at minimum twice yearly. NORCAL Ambulance will also conduct localized audits at minimum once every fiscal quarter. Audits may occur at any time and may be requested, scheduled, random, or to verify documentation. Audits of the physical storage and documentation will also be performed following usage, waste, or incident.

NORCAL Ambulance may investigate any controlled substance action. Investigations may coincide with audits, incidents, or for any other reason deemed necessary. To prevent diversion and loss, NORCAL Ambulance reserves the right to verify witnesses; request documents from caregivers and perform other risk or safety mitigating factors.

If discrepancies or errors are noted in regard to controlled substances, the error must be noted and the party at fault must be notified. It is the goal of NORCAL Ambulance to educate the healthcare provider and prevent future errors through training and education. However; recurring errors or negligence must involve proper discipline and reporting. See below for specifics.

III. Procedure


At the beginning of all field shifts the licensed provider (Paramedic or Nurse) must log and check out their narcotics box. This transaction must occur prior to running any calls and within 30 minutes of the start of the shift. In the event there are no valid witnesses available, the narcotics box must be checked out as soon as witnesses become available.

Usage and Waste

Usage of controlled substances will be in accordance with county specified protocols. Verification of the 6 “Rights” of medication administration along with proper infection control will take place every time a medication is delivered.

Right Patient, Right Medication, Right Dose, Right Time, Right Route, Right Documentation

- After using narcotics on a call the usage form must be filled out properly with date, run #, patient name, patient birthdate, date, amount used, amount wasted and witness signature. Documentation on the narcotic box log must also be completed outlining the amount used and new seal number.

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- Waste/Usage of controlled substances must be witnessed and documented on the usage form. A third-party Registered Nurse (RN) at the receiving facility should be utilized as a witness to the waste action. If the facility RN is unable to or refuses to sign, and there was no witness at the point of usage to, the on-duty supervisor must be contacted. In this instance the provider’s partner (EMT, Paramedic, or Nurse) may be approved to sign as a witness.
- Upon controlled substance usage, any unused medication must be wasted appropriately, verified by the witness, and disposed of in a sharps container. Witnessed waste of a controlled substance must occur prior to clearing the call the usage occurred on.
 - A. To waste controlled substances:
 - i. The practitioner must remove the entire remaining contents of the controlled substance from the vial with a syringe.
 - ii. The waste from the syringe must be then disposed of into a sink with a drain under running water.
 - iii. Empty vial and syringe must then be discarded of into a sharps container.
 - B. At the end of shift the completed and signed usage form must be filed in designated location for collection/documentation and QA.
- Replenishment will be in conjunction with the return of completed narcotic usage forms. A copy of the usage form must be attached to the PCR and usage notification sent out as soon as possible after use to maintain correct PAR levels for narcotic boxes. Notifications are sent automatically if the digital log system is used.
- Crew narcotic boxes will be replenished as soon as possible by personnel with authorized access to the Division or Master safes. Upon usage, narcotics boxes shall not return to service until the restock is complete. Management may authorize temporary usage of narcotics boxes after usage in rare instances.

Replenishment and Procurement

NORCAL Ambulance strives to replenish narcotics boxes after utilization or seal opening within 48 to 96 hours. Replenishment will occur from individuals authorized to access division or master safes in the Controlled Substance Access Policy. In the event that replenishment is delayed, management may make alternate arrangements to ensure appropriate field operations.

NORCAL Ambulance separates the audit and procurement functions of the controlled substance program to promote integrity of the system.

- Ordering occurs when need is identified through management or the Support Services Department.


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- For orders coming from outside vendors, the following individuals are notified to place the order:
 - Chief Operating Officer
 - Director of Operations – CCT
- Outside vendors utilized by NORCAL Ambulance to procure controlled substances are:
 - McKesson Medical
 - Life-Assist
 - Clayworth Pharmacy
- When the shipment of controlled substances is dispersed by the outside vendor, it will typically arrive via mail or package to the address listed on the DEA License. That package must then be immediately secured and logged as received.
- Once the order is received, individuals with principal access to the master safe will, in conjunction with an authorized witness, process the order and individually tag the vials while logging them. The initial order quantity shall be verified against the quantity received. Discrepancies shall be noted and investigated.
- From there the controlled substance vials will be appropriately stored and disbursed as needed.

Restock of division safes or narcotics boxes may occur from other division safes or the master safe. Controlled Substances will be transferred in the quantity needed through the courier safe. Restock or disbursement will occur with the required documentation and witnesses according to policy. Disbursement will primarily occur through the Biomedical Supply Specialist, but may also occur through other authorized personnel as listed in the Controlled Access Policy.

NORCAL Ambulance works to keep the minimum amount of expired controlled substances on hand as possible while balancing austere care and operational practicality. NORCAL Ambulance reverse distributes expired controlled substances through DEA authorized reverse distributors.

- NORCAL Ambulance has an account with a contracted reverse distributor and utilizes them as the preferred source for reverse distribution.
 - Return boxes are ordered and come with individual tracking numbers. Once NORCAL Ambulance is ready to send in a batch of medications, the transaction is started through the online portal. Returned medications are tracked through NDC code and quantity. Appropriate documentation is filed with both the contracted reverse distributor and NORCAL Ambulance logs as well with the DEA when required.

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- NORCAL Ambulance will reverse distribute controlled substances bi-annually or when necessary.


Incidents and Discipline

Controlled substances carry high risk and accountability with both the provider and NORCAL Ambulance. Discipline and incidents are undertaken seriously and will be reported to outside agencies when required and appropriate. NORCAL Ambulance performs investigations to distinguish between system error, human error, at risk behavior, reckless behavior, and malicious intent. Any error or discrepancy must have accompanying documentation and reeducation when applicable.

- Level 2 as described under the “Incidents and Reporting” section incidents or incidents where negligence or malice is a factor will be subject to review by the Pharmaceutical Committee. In those instances the Pharmaceutical Committee will determine the action and/or discipline plan when appropriate.
- NORCAL Ambulance utilizes progressive discipline as found in the Discipline Policies. Errors or issues found to be the fault of the provider result in discipline at the discretion of NORCAL Ambulance management. Issues may involve escalation of the progressive discipline model up to and including termination and other actions.

Definitions


- *Audit* – An inspection and review of either documents or physical items from a party not initially involved in the item being audited
- *Controlled Substance* – A pharmaceutical or medication that is regulated and designated as controlled by the Drug Enforcement Agency
- *Contracted Reverse Distributor* – NORCAL Ambulance utilizes Medflats as its DEA approved reverse distributor for controlled substances
- *Designated Personnel* – Team members approved by the Medical Director to assist in reconciliation, supply, or utilization of controlled substances
- *Diversion* – The redirection of an item from its intended purpose, destination, or use
- *Double Lock* - See Controlled Substance Storage Policy
- *Dual Verification* – The utilization of two approved persons to work together to witness and ensure accuracy of an action
- *Narcotic* – A drug that dulls sensitivity to pain or induces sleep, regulated by and defined as a controlled substance by the United States Drug Enforcement Agency (DEA)
- *Narcotics Box* - See Controlled Substance Storage Policy
- *Narcotics Cabinet* - See Controlled Substance Storage Policy
- *Safe (Master, Division, Crew, Courier)* – See Controlled Substance Storage Policy

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- *Waste* – Disposal of the excess controlled substance following usage

Authority

- California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services
- California Health and Safety Code – Division 2.5: Emergency Medical Services
- California Health and Safety Code – Division 10: Uniform Controlled Substance Act
- Federal Code of Regulations, Title 21, Food and Drugs, Chapter 2, Drug Enforcement Administration, Department of Justice

	<p>Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.103 Policy Name: Controlled Substance Storage and Security</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose


To set a standard and defined controlled substance physical storage policy that promotes safety, reduces the ability for unauthorized diversion, and adheres to applicable laws and policies.

II. Policy

NORCAL Ambulance secures controlled substances in a way that is compliant with regulations and prevents theft or diversion. In addition to documentation and personnel access restrictions, physical storage devices are used to secure controlled substances.

All controlled substances, when not in direct use by the authorized provider, shall reside behind at minimum two locks.

- Field Storage – When checked out to a provider, the safekeeping and secure storage is the responsibility of the authorized provider. The provider must keep the narcotics box with them if necessary or locked in a cabinet with the key or combination under the control of the designated provider. When not stored in a designated station location, dual locks for controlled substances shall include:
 - Sealed Narcotics Box
 - With combination lock and seal
 - Locked Narcotics Cabinet
 - Care shall be taken to ensure the vehicle is in a safe and secure location.
 - The vehicle itself does not count as a locked storage location.
 - Vehicle Narcotics Cabinet keys or combinations are to be carried or known by principal access or on-duty authorized providers only.
 - In the event a vehicle has a combination controlled narcotics cabinet, that code will be changed in conjunction with the corresponding station crew safe, but must be a separate combination.
 - The combination for a combination controlled narcotics cabinet shall be treated as a physical key and should never be given to or know by personnel not authorized to access controlled substances for NORCAL Ambulance.
- Station Storage – When not in service, all narcotics must be returned to a designated storage location or safe. When stored at station and not attended by the authorized provider, dual locks for controlled substances shall include:
 - Safe
 - Either/Or Locked Cabinet or Room

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- Cabinet shall remain locked when not in direct access and shall be not easily removed or tampered with.
- Locked room shall be a dedicated or secure room not accessed by the general public that remains locked when not in direct access.
- In the event a safe or secure storage location is not available, management authorized to work with controlled substances may make alternate storage arrangements. Such events should be documented and reported to the pharmaceutical control committee in a timely manner.

At no time shall controlled substances be in the possession or storage of an off-duty team member unless expressly authorized to do so by the pharmaceutical committee. Such event shall be documented appropriately in the controlled substance log. Failure to store controlled substances in an authorized location as defined by this policy will result in a theft and loss investigation and is subject to discipline or termination.

Narcotic Boxes


NORCAL Ambulance utilizes narcotics boxes to store individual controlled substance vials as one secure storage device. This allows for several individual vials to be logged, tracked, and moved together. It also protects the integrity of the vial by preventing direct access and allows for direct access to vials to be tracked through seal changes. Narcotics boxes for NORCAL Ambulance should be easily identifiable, made of a durable material, and have the ability for providers to verify the vials without opening the seal. The narcotics box must also have the ability to be securely sealed and should be sufficient in size to hold the controlled substance PAR for the designated level of service and area. A narcotics box should have the ability to be locked by a combination lock as well as sealed with a seal.

Safes

NORCAL Ambulance utilizes narcotics safes as the primary storage device for controlled substances not checked out to an on-duty and authorized team member.

NORCAL Ambulance narcotics safes must comply with the following:

- Per the DEA safes must be a “securely locked, substantially constructed cabinet”.
- The safe must be constructed of metal and resistant to intrusion and tampering.
- The safe must be secured within a room or cabinet to prevent unauthorized removal of the safe to another location.
- The safe must be capable of having the access codes changed when needed.

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III. Procedure

NORCAL Ambulance changes the access codes to all narcotic safes at minimum in conjunction with the bi-annual audit. NORCAL Ambulance reserves the right to change safe combinations, storage access, or keys at any time for any reason. During employee turnover, NORCAL Ambulance will, if deemed appropriate by management, change access to safes and storage locations. Safe combinations and access must be unique to each level of service and safe type to prevent accidental access by unauthorized providers.


- ALS crew safes must have a different combination than CCT crew safes
- Division safes must have different combinations than crew safes

Battery changes for digital safes shall occur in conjunction with the bi-annual audits or as needed. Backup keys are to be labeled and kept in the division or master narcotics safes. Authorized personnel as defined in the controlled substance access policy may change batteries or open safes with the backup key as needed.

NORCAL Ambulance requires the movement of narcotics as part of the disbursement program. When narcotics are moved, the courier safe is utilized. The courier safe shall be a locked storage device that is either in the possession of the courier or in a locked storage location at all times. The courier safe contents should be emptied and logged into a designated safe when not in use. The locked courier safe may be stored in a secure location overnight if the correct personnel are not available to act as witnesses for actions. Such instances should be limited to operational necessity and the locked storage location should be accessible to only those authorized to access the safe during that time. In the rare instance that movement of the courier safe is conducted by a team member not listed as a principal team member on the Controlled Substance Access Policy, that person will not have the combination or method to access the courier safe.

Seals

NORCAL Ambulance utilizes seals to track the security and integrity of controlled substance vials. NORCAL Ambulance utilizes barcoded seals with individualized serial numbers in two different colors for the controlled substance program. The controlled substance seal types and colors must be resistant to easy breakage and cannot be utilized for any other cabinet or equipment seal use. The individual serial numbers on the seals are used for tracking purposes. Numbers may or may not be numerical or continuous. Once broken, seal serial numbers should be recorded as appropriate and then the broken seal discarded.

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- Green Seal – A green seal color indicates a sealed narcotics box that is ready for field use. Green seals are to be kept in a storage location only readily accessible to individuals with principal or subsidiary Division or Master Safe access as listed in the Controlled Substance Access Policy.
- Yellow Seal – A yellow seal color indicates a narcotics box where the original seal has been broken. This may occur from a field opening of a narcotics box.

When seals are broken in the field for any reason, proper and appropriate documentation must be completed. Documentation should include seal change and reason on narcotics checkout log.


Some reasons for broken seals are:

- Opening Narcotics Box with Usage – Completed narcotics usage log and administration noted on checkout log
- Opening Narcotics Box without Usage – Completed narcotics usage log denoting no administration and checkout log noting seal change and reason
- Opening Narcotics Box to Check Contents / Audit – Seal change and reason noted on narcotics checkout log and incident form as needed
- Accidental Seal Break - Seal change and reason noted on narcotics checkout log and incident form
- Accidental Seal Break - Seal change and reason noted on narcotics checkout log and incident form

Vials

Individual vials are tracked and counted to ensure accurate and complete tracking of all controlled substances in possession of NORCAL Ambulance.

- Vial Flags - NORCAL Ambulance may utilize vial labels or vial flags to identify individual vials. These flags will identify the vial serial number, expiration date, lot number, and vial contents. The flag color will correspond with the vial contents.
- Vial Storage – Vials will be stored following manufacturer guidelines whenever possible. Care shall be taken to protect the vials from breakage and unnecessary exposure to light or heat.
- NDC codes – National Drug Codes (NDC) will be used when possible in conjunction with vial numbers to track contents, in case of loss or theft, and for reverse distribution.


	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.103 Policy Name: Controlled Substance Storage and Security <i>(continued: page 5 of 5)</i></p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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Definitions

- *Courier Safe* - A locked transportation device that is accessible by the sender and receiver of the safe or storage device.
- *Crew Safe* – The safe used by CCT and ALS programs for housing individual narcotic boxes and signing them in and out at the beginning and end of each shift. Crew safes only hold a single level of service narcotics box (separate CCT and ALS safes).
- *Division Narcotic Safe* – Station safe designated to house the master supply of controlled substances until needed for restocking individual ambulance narcotic boxes. Maintains CCT and ALS level-controlled substances.
- *Double Lock* – The use of two individual securing items for storage.
- *Master Narcotic Safe* – NORCAL Ambulance’s primary inventory purposed for housing and distributing controlled substances to narcotic safes and boxes throughout the company. Used as the central repository for controlled substances. Maintains CCT and ALS level-controlled substances.
- *Narcotic Box* – Small field box utilized by field providers to hold a set of individual vials of controlled substances in one closed container.
- *Narcotic Cabinet* – Locking cabinet in the ambulance that houses the narcotics box.
- *Seal* – Self-locking plastic tab that is affixed to closed, locking storage devices such as a Narcotics Box to display that the contents have been validated, verified, and are appropriately logged.

Authority

- California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services
- California Health and Safety Code – Division 2.5: Emergency Medical Services
- California Health and Safety Code – Division 10: Uniform Controlled Substance Act
- Federal Code of Regulations, Title 21, Food and Drugs, Chapter 2, Drug Enforcement Administration, Department of Justice

	<p>Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.104 Policy Name: Controlled Substance Access</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose


This policy states the procedure for access to NORCAL Ambulance safes and narcotic supply to designate personnel with access to controlled substance secure storage locations. NORCAL Ambulance utilizes access controls to the controlled substance storage locations. Designated personnel with access to various levels of the controlled substance program are to be clearly defined.

II. Policy

Access to secure storage locations should be undertaken only with a second person approved for access to the safe present as a witness whenever possible. See controlled substance policy for witness requirements. Modification of this list may be done at any time with written directions from the Medical Director, CEO, or COO.

III. Procedure

- Master Narcotic Safe Access
 - Principal Access
 - Chief Operating Officer
 - Director of Operations – CCT
 - Director of Operations – ALS
 - Support Services Director
 - Bio-Medical Supply Specialist
 - Subsidiary Access
 - Medical Director
 - Director of Quality Assurance
 - Director of Risk and Safety
 - Chief Executive Officer
- Division Narcotic Safe Access
 - All Division Safes
 - Personnel with primary and secondary access to the Master Narcotic Safe in the roles designated.
 - All Division Safes
 - Principal Access
 - Region Director of Operations
 - CCT Supervisor(s)
 - Division Paramedic Supervisor(s)

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.104 Policy Name: Controlled Substance Access <i>(continued page 2 of 2)</i></p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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- Subsidiary Access
 - Division Operations Manager(s)
 - CCT Crew Safe Access
 - All Station Safes
 - Personnel with primary and secondary access to the Master Narcotic Safe and/or Division Narcotic Safe in the roles designated.
 - Any currently actively employed NORCAL Ambulance Critical Care Registered Nurse
 - ALS Crew Safe Access
 - All Station Safes
 - Personnel with primary and secondary access to the Master Narcotic Safe and/or Division Narcotic Safe in the roles designated.
 - Any currently actively employed NORCAL Ambulance Paramedic.
 - Courier Safe Access
 - Locked courier safe access only given to personnel with Principal or Subsidiary access to the destination location in the roles designated.
 - Courier, unless designated above, does not have access to safe.

Definitions

- *Principal Access* – Direct individual access to secure location for the purposes or inventory, disbursement, maintenance, or restock. Principal access individuals access the controlled safe for purposes of performing an action (audit, restock, ect).
- *Safe (Master, Division, Crew, Courier)* – See Controlled Substance Storage Policy
- *Subsidiary Access* – Access to secure controlled substance storage location for auditing, inventory, and oversight purposes. Primarily designated as a witness. Access to safe is accompanied by principal access individual or second subsidiary access individual. In no way is the secondary personnel allowed to stock, disburse, or maintain inventory. Subsidiary access personnel will not hold safe combination and/or key except for case of emergency.

Authority

- California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services
- California Health and Safety Code – Division 2.5: Emergency Medical Services
- California Health and Safety Code – Division 10: Uniform Controlled Substance Act
- Federal Code of Regulations, Title 21, Food and Drugs, Chapter 2, Drug Enforcement Administration, Department of Justice

	<p>Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.105 Policy Name: Controlled Substance Theft or Loss</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To define the steps or actions that occur when controlled substances are stolen or lost.


II. Policy

If any NORCAL Ambulance Employee suspects a loss, theft, or misplacement of controlled substances they must immediately notify NORCAL Ambulance management and/or the Pharmaceutical Committee. Such events shall be immediately investigated. NORCAL Ambulance reserves the right to call in any employee or keep any employee on-duty during such investigations as NORCAL Ambulance sees fit. Furthermore, management or members of the Pharmaceutical Committee may immediately stop operations of a unit, individual, crew, equipment, or other NORCAL Ambulance resource to prevent unwanted, harmful, or unsafe actions in regard to controlled substance operations.

Theft or Loss

If theft is suspected, an investigation must immediately occur utilizing individuals not involved in the original incident. The investigation must be fully documented and will result in one of the following conclusions:

- Theft occurred – If theft is highly suspected, regardless of proof or suspected person, the following must take place immediately:
 - The Pharmaceutical Committee shall be notified in writing
 - The local DEA Diversion Investigators Field Office must be notified in writing with 1 business day of the initial incident (see below for specifics)
 - Local Law Enforcement must be notified
 - Depending on outcome and local policies, NORCAL Ambulance may report incidents and outcomes to Local Emergency Medical Service Agencies or other parties.
- Theft did not occur –
 - If theft is not suspected, but controlled substances are unaccounted for, the investigation will turn to a loss investigation.
 - For “Significant Losses” [Title 21 1301.76 (b)] - The local DEA Diversion Investigators Field Office must be notified in writing with 1 business day of the initial incident (see below for specifics)
 - If theft is not suspected and the controlled substances are found, documentation to denote discrepancies and conclusion must accompany the closed investigation documentation.

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III. Procedure

Reporting to the DEA is required within 1 business day of the initial incident if theft or significant loss occurs. Reporting shall be made online utilizing DEA form 106. If reporting through the means below is delayed, the local field office must be contacted for directions and guidance.

- DEA Form 106 – The reporting form for the DEA for controlled substance theft. Must be:
 - Completed electronically
(<https://apps.deadiversion.usdoj.gov/webforms/dtlLogin.jsp>)
 - Submitted by the Controlled Substance License holder (Medical Director)

See below for the local DEA Diversion Field Offices applicable to NORCAL Ambulance.

- Bay Region - OAKLAND RESIDENT OFFICE
 - 1301 Clay St, Suite 460n, Oakland, CA 94612
 - Phone 1: (510) 637 5665 , Fax 1: (510) 637 5655
- Valley Region - SACRAMENTO DISTRICT OFFICE
 - 4328 Watt Ave, Sacramento, CA 95821
 - Phone 1: (916) 480 7250 , Fax 1: (916) 480 7248

DEA Additional Information:


- See U.S. Title 21 Section 1301.76 (b) for additional information
- https://www.deadiversion.usdoj.gov/21cfr_reports/theft/index.html

Definitions

- *Diversion* – See Controlled Substance Policy.
- *Loss* – When a controlled substance is misplaced or disappears with no known human actor.
- *Theft* – When a controlled substance is stolen, removed, or taken by an individual during and for actions that are not approved by NORCAL Ambulance.

Authority

- California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services
- California Health and Safety Code – Division 2.5: Emergency Medical Services
- California Health and Safety Code – Division 10: Uniform Controlled Substance Act
- Federal Code of Regulations, Title 21, Food and Drugs, Chapter 2, Drug Enforcement Administration, Department of Justice

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.106 Policy Name: Vaccination Program</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To establish guiding principles for NORCAL Ambulance’s vaccination program to ensure team member and patient safety.

II. Policy

NORCAL Ambulance provides influenza immunizations for field employees and team members. To ensure safe administration and storage, NORCAL Ambulance will follow its Immunization Program as best as possible.

NORCAL Ambulance develops and maintains a vaccine management plan. This document updated annually by the Pharmaceutical Control Committee provides the best practices, guidelines, and requirements for the storage, handling, and dispersal of vaccines by NORCAL Ambulance.


NORCAL Ambulance works to maintain the vaccination program in accordance with the policies and recommendations of the Center for Disease Control (CDC) as well as California Public Health Recommendations for healthcare providers.

III. Procedure

Several departments are responsible for overseeing and administering the immunization program under the authority of the Pharmaceutical Committee.

- The Pharmaceutical Control Committee is responsible for approving and updating the Vaccine Management Plan and immunization policies.
 - Vaccine Program Policies and Plan shall be reviewed annually ahead of the receipt of vaccines.
- Support Services Department - responsible for procuring, storing, and reverse distributing vaccines.
- Critical Care Program - responsible for vaccine administration.
- Human Resource Department - responsible for storing and logging immunization crew compliance as well as updating immunization forms.

The Critical Care Program will coordinate with the departments listed above to administer the annual influenza vaccine. Administration personnel will follow the Vaccine Management Plan.

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Tracking of personnel receiving immunizations will be centrally managed by the Critical Care Program during administration. Storage of forms and final compliance percentage will be transferred to Human Resources after administration occurs.

Immunization supply orders are placed in December to March for upcoming flu season by the Support Services Department. Vendors and strains may change based on the recommendations of the Pharmaceutical Control Committee. Vaccine storage shall comply with requirements listed in the Vaccine Management Plan.

All team members listed in the Vaccine Management Plan and/or otherwise involved in the administration of the immunizations must complete the training listed in the Vaccine Management Plan.

IV. Definitions

- *Diversion* – See Controlled Substance Policy.
- *Vaccination Management Plan* – Guiding plan for NORCAL Ambulance on the storage, handling, and administration of vaccines. Can be found as a separate document. Management Plan is controlled by and accessible through the Pharmaceutical Control Committee.
- *Influenza Vaccine Consent/Declination Form* – Form used by NORCAL Ambulance to track the administration or declination of influenza vaccines.
- *Patient Care Area* – Physical locations where patient contact may occur. This includes but is not limited to hospital rooms, hospital hallways, clinics, diagnostic rooms, back of the ambulance, and any patient care facility. Patient care area also extends to any close proximity to a patient such as when a team member moves a gurney with a patient on it.

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.200 Policy Name: Medical Supplies</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To identify and define the normal storage locations and requirements for medical equipment and supplies.

II. Policy

NORCAL Ambulance utilizes specialized medical supplies and equipment for patient care and provider safety. Such equipment is maintained, procured, and tracked by operations management and the Support Services Department.

If medical supplies are expired or damaged in a way that prevents effective use; such equipment must be removed from field use and circulation. Expired supplies and equipment should be placed in designated expired bins at the station. The expired bins will be collected and processed by the Support Services Department.

NORCAL Ambulance utilizes premade kits containing multiple supply components for field use. Kits are remade when contents are used or expired. Kits must be returned to the Support Services Department for restock via the expired supply bin at each station.


Medical supply and equipment purchasing, oversight, and maintenance is overseen by the Support Services Department.

NORCAL Ambulance carries a variety of equipment on a variety of different vehicle types and styles. To ensure provider and patient safety all medical supplies and equipment shall be secured, strapped, or housed as best as possible to prevent unintended movement and injury. There is no standardized securement method due to the various types and styles of vehicles.


III. Procedure

Medical supplies and equipment are stored in several locations for field use:

- Support Services Warehouse – The main storage location for all company medical supplies. Houses backup supplies, bulk goods, and normal stock for distribution and new ambulance setup.
 - Inventory controlled with access controls in place
- Station – Supply storage for local use on ambulances. Supply and equipment types and quantities are tailored to level of service, call volume, number of vehicles, and operational area of that station.

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- General medical supplies and equipment will be stored in a location to accessible field crews but not readily accessible to the public. Specialty equipment and medication may be locked separately and require permission for field crews to access.
- Ambulance – Supplies housed in an ambulance or supervisor vehicle for use in the field with patients. Supply and equipment types and quantities are standardized throughout the company and operational area; but are tailored to level of service and regulatory agencies of the ambulance’s operational area.

	<p>Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.201 Policy Name: Medical Gasses</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To define the storage, refilling, and general guidelines for NORCAL Ambulances medical gas program.

II. Policy

NORCAL Ambulance utilizes medical gasses in the course of operations and patient care. The safety and efficacy of the medical gasses are extremely important, and care must be taken when handling and administering them. Improper handling can result in injuries, accidents, and death. Safety is paramount when handling medical gasses and components.


NORCAL Ambulance permits the storage and use of the following:

- Medical Grade Oxygen
 - Carried in cylinders as compressed gas
 - NORCAL Ambulance does not permit the use of liquid oxygen
 - Standard Cylinder Sizes Carried – D, M, H
 - Considered Oxidizing Gas
 - Color – Green
 - Alternate Name(s) – Oxygen, O2, OX
 - Levels of Service Authorized for Use – BLS, ALS, CCT
- Medical Air
 - Carried in cylinders as compressed gas
 - Standard Cylinder Sizes Carried – M
 - Color – Yellow
 - Alternate Name(s) – Med Air, Air
 - Levels of Service Authorized for Use – CCT

If NORCAL Ambulance has a contract with a specialty provider (Neonate Intensive Care, ECT.) other gasses and cylinder types may be carried and utilized by the contracted facility in NORCAL Ambulance resources. In such instances, those gasses and cylinder types fall under the policies, scope, and care of that provider.

III. Procedure

NORCAL Ambulance utilizes cylinders compressed up to 2,300 PSI. For field use, cylinders under 500 PSI should be replaced with a full cylinder unless otherwise indicated (I.E. county or contract requirement of different minimum PSI).

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NORCAL Ambulance may use a label empty to mean partially empty. A cylinder is only truly considered empty if the PSI is at or about 0. Cylinders with 0 to 500 PSI are partially empty and not adequate for field use. Cylinders should be tested with a regulator to determine pressure before being thought of as truly empty.

Storage and Tanks

If the cylinder is equipped with a cylinder cap the cylinder must be stored with that cap on unless the cylinder is in use. Full cylinders should be sealed with a cap and/or dust cover. Partially empty or empty cylinders should be marked as empty and should not be sealed. Unless in a designated storage rack or device, cylinders should be stored vertically. Aluminum cylinders have a service life of 5 years before hydrostatic testing is needed. Cylinders must be DOT approved.

As a standard, NORCAL Ambulance utilizes the following cylinders/tanks:

- **D Size Tanks** – The standard size for field use
 - Filled By - NORCAL Ambulance
 - Material - Aluminum
 - Approximate Size – 4” x 16”
 - Approximate Weight – 6 lbs.
 - Volume @ 2,200 PSI – 425 L / 15 cu ft.
 - Cylinder Constant – 0.16
 - Alternate Names – M-15
- **M size Tanks** – The standard size for ambulance in-house usage
 - Filled By – Contracted Vendor
 - Approximate Size – 8” x 36”
 - Approximate Weight – 40 lbs.
 - Volume @ 2,200 PSI – 3455 L / 125 cu ft.
 - Cylinder Constant – 1.56
 - Alternate Names – Size 125
- **H Size Tanks** – The standard size for cascade filling system
 - Filled By – Contracted Vendor
 - Approximate Size – 9” x 52”
 - Approximate Weight – 115 lbs.
 - Volume @ 2,200 PSI – 7080 L / 250 cu ft.
 - Cylinder Constant – 3.14
 - Alternate Names – Size 200, M250

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To determine oxygen remaining for field use, a calculation is made using Boyles Law and the tank constant (above).


$$\text{Duration Minutes} = \frac{\text{Cylinder Constant} \times (\text{Cylinder Current PSI} - 500)}{\text{Flow Rate LPM (I. E. 4 for Nasal Cannula)}}$$

When transporting cylinders from the storage location to a vehicle or other storage location, the cylinders should be moved via hand truck designed for such use; by rolling the cylinder along the bottom of the cylinder in a vertical position; or by carrying the cylinder. M and H tanks are heavy, proper lifting techniques must be utilized for safe movement. Cylinders should never be rolled horizontally or dropped. Care must be taken to protect the valve during movement.

Safety is highly important in the handling and maintenance of compressed gasses. Cylinders must be stored in approved locations and in a manner to prevent damage or accidental combustion.

When cylinders are stored at stations, several requirements must be met:

- Compressed gas cylinders must be stored in a vehicle bay or outside in a protected location. Cylinders should not be stored inside the station or in a closet.
- Cylinders should not be stored within 20 feet of flammable materials and/or combustion sources
- Cylinders should not be stored in direct proximity to heat sources
- Cylinders should not be stored in direct proximity to low electrical outlets or switches
- Cylinders should not be in a location easily hit or altered by vehicle movement
- Cylinder storage area should be well ventilated
- Total amount stored at one location must be less than 3,000 cubic
 - Total the cubic feet of the cylinders stored in one location
 - I.E. (12 D Tanks × 15cuft) + (8 M Tanks × 125cuft) + (6 H Tanks × 250cuft) = 2,680 cuft
- Securement Devices
 - D Tanks must be stored in a purpose-built rack
 - M and H Tanks must be chained securely to the wall or stored in a purpose-built storage device to prevent movement, falling, and/or damage
 - Chains, links, and carabiners must be of heavy enough construction to secure tanks stored
 - Chains must be firmly affixed to wall studs or concrete wall, not drywall or moveable objects
 - Chains must be kept taut and secure the top and bottom of the cylinder

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- Signage Requirements
 - All entrances to storage locations for medical gasses must have adequate signs that are easily readable from at least 5 feet displaying:
 - “Danger, Oxygen, No Smoking, No Open Flames”
 - At the storage location itself there must be signs displaying the following:
 - No Smoking, No Open Flames
 - Oxygen Storage Area
 - Cylinders Must Be Chained at All Times
 - Authorized Personnel Only
 - Hearing Protection

When compressed gas cylinders are stored on an ambulance they must be stored and secured in mounted storage racks or devices.

- Storage rack may be horizontal or vertical
- Storage rack must be secured to vehicle
- Use of the storage rack should follow manufacturer guidelines
- If oxygen tank is stored in a bag, the bag must be purposely designed to accommodate the size of cylinder utilized.
 - The bag must also be secured inside the vehicle to prevent unwanted movement
- Cylinders should never be placed in a cabinet or compartment outside a storage rack or device.


When compressed gas cylinders are stored or transported in a vehicle other than an ambulance:

- Total amount transported must be kept to a minimum
- Total amount transported should be under 300 cu ft.
- Cylinders should be transported in a storage rack and vertical when possible
- Cylinders must not be transported loose and must be secured

Delivery and Additional Devices

In addition to the medical gas cylinders, delivery devices and systems are utilized by NORCAL Ambulance. Such devices are specific to the type of medical gas they are designed for. The coloring, quick connects, and thread types are different depending on the gas contents. Devices must be designed and manufactured for use with compressed gasses and must be capable of handling the system pressure. Devices include, but are not limited to: regulators, manifolds, hoses, flowmeters, and filling systems.

Maintenance of medical gas devices should be done according to manufacturer recommendations. Since brass is a common component in delivery devices, threaded connections should not be overtightened. Seal tape designed for gas use should also be used to ensure a tight and proper fit.

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Like all components of the medical gas program, safety is the biggest factor to ensure.

During use, replacement, or filling gas cylinders and systems should be inspected for integrity and safety. If at any time any part of the system is deemed unsafe or a question occurs about the integrity of any device, the items in question should be immediately placed out of service until they can be examined and/or replaced by NORCAL Ambulance Management or the Support Services Department. When inspecting the medical gas system components, care should be taken to ensure integrity and safety. Safety items to look for include, but are not limited to:

- Cylinder Leaks
- Cylinder Defects (bulging, rusting, inoperative valves, etc.)
- Unknown Noises (gas leaking, etc.)
- Damaged Threads
- Loose Storage Equipment
- Cylinder Valve Damage


Never lubricate valves, regulators, fittings, etc., with oil or any other combustible substance. Some lubricants may cause the cylinder to ignite and rupture, which may cause personal injury or property damage.

Filling and Cascade

NORCAL Ambulance contracts with outside vendors to fill H and M tanks, but trans fills its own D tanks. The transfilling process is also referred to as filling. NORCAL Ambulance utilizes a cascade system to complete the transfilling process. Cascade systems work by filling smaller tanks from multiple larger tanks. By utilizing multiple larger tanks, the pressure can be stepped up gradually allowing for better use of volume and pressure. NORCAL Ambulance employs multiple cascade system styles, including but not limited to:

- 3 H size tanks to trans fill 1 D tank at a time
- 4 H size tanks to trans fill 2 D tanks at a time
- 4 H size tanks to trans fill 3 D tanks at a time

Only authorized and trained personnel are allowed to utilize and work with NORCAL Ambulances cascade systems. Authorized personnel must complete training and be approved by the Support Services Department to utilize the oxygen cascade system. NORCAL Ambulance follows manufacturer guidelines in regard to maintenance and filling procedures.

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Prior to each use, the cascade system should be inspected for debris, tampering, valve accuracy, cleanliness, flexibility, wear, leakage, and thread damage. The pigtailed should be replaced every 4 years. If any safety defects or issues are noted, the system cannot be used until the defects are remedied.


Care should be taken to ensure a distraction free, clean filling environment. Oxygen supports combustion. Materials that burn in air will burn much more vigorously, and at higher temperatures in oxygen. If ignited, some combustibles such as oil, burn in oxygen with explosive force. Also, other materials that do not burn in air will burn vigorously in an oxygen-enriched atmosphere. One must be careful to inspect work gloves as well as hands for proper cleanliness.

The following supplies should accompany the cascade system for safety and filling:

- Hearing Protection
- Eye Protection
- Infrared Thermometer
- Adjustable Wrench
- D Tank Valve Wrench
- Clipboard with Filling Log Sheets

To fill D tanks from the cascade system:

1. Don appropriate hearing and eye protection
2. Inspect the cascade system for safety issues or defects
3. Inspect D tank(s) for filling
 - a. Check D tank markings
 - i. Check ownership
 - ii. Check ICC or DOT specification number
 1. The specification and service pressure number marking are normally located immediately below the neck ring, and consists of a combination of numbers and letters. For example, the designation DOT-3AA-2015 indicates that the cylinder was fabricated and tested to DOT specification 3AA for a service pressure of 2015 PSI
 - iii. Verify pressure rating
 - iv. Check retest date - Do not refill the cylinder if retesting is required (DOT part 173.34(e))

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b. Visual Inspection

- i. Visually inspect the entire cylinder including the valve. Defects include: corrosion, cuts, digs, cracks, dents, gouges, bulges, arc burns, fire damage, neck defects, threads and valving. If damaged, place the cylinder out of service and notify the Support Services Department. Never attempt to repair a cylinder.
 1. Do not refill a damaged cylinder. Filling a damaged cylinder may cause the cylinder to rupture which can cause personal injury or property damage.
 - ii. Verify the color of the cylinder
 1. The cylinder should be green indicating it's for oxygen service.
 - iii. Check for contaminants
 1. Do not fill cylinders that show signs of contamination from oil, or other unidentifiable substances.
4. Prepare D tank(s) for filling
 - a. Wipe down cylinder and valve
 - i. Remove contaminants both seen and unseen
 - b. Place cylinder in designated rack
 5. Ensure manifold pressure is at 0PSI and the H tank connections are tightly sealed. Do not overtighten connections.
 6. Connect D tank(s) to the cascade system
 - a. Make sure all the supply cylinder valves are closed
 - b. Connect the fill pigtailed to the cylinders. Make sure all connections are tightly sealed. Do not overtighten connections.
 - c. Open the valve(s) on the D tank(s)
 7. SLOWLY open the supply cylinder valve. The supply pressure gauge on the pressure regulator will indicate the supply cylinder pressure. Start from lowest and work to the highest numbered cylinder.

Filling at a rate faster than 200 psi/minute is not allowed. Filling faster than this rate will increase the temperature of the cylinder. At no time, should the cylinder temperature increase above 120°F. The fill gauge mounted at each filling port monitors the pressure in the cylinder(s) being filled. Continually monitor the temperature of the cylinders being filled. If the temperature increases to a point near 120°F, the system should be shut down and the cylinders allowed to cool before finishing the filling operation.

8. Close the valve on the supply cylinder once the D tanks reach the designated PSI for that cylinder number (see chart below)
 - a. Repeat steps 7 and 8 until the D tank(s) are filled and all supply cylinders have been used.
 - b. Ensure only one supply cylinder is open at one time.
9. Open the vent valve on the manifold and deplete the gas from the system
 - a. When venting, ensure the released gas will not create an overly oxygen rich environment or aid in combustion
 - b. Ensure the use of hearing protection for all in the immediate vicinity due to the loud sound caused by venting
10. Seal the full D tanks with dust protection seals
11. Log the fill including time, date, person, quantity, and location on a fill log
 - a. Logs, once completed, are to be turned into the Support Services Department

Cascade System Filling PSI Chart


Fill Cylinder Number	3 Fill Tank System	4 Fill Tank System
Tank 1	700 PSI	700 PSI
Tank 2	1,400 PSI	1,100 PSI
Tank 3	2,000 PSI	1,600 PSI
Tank 4	-	2,000 PSI

If a supply cylinder reaches 500 PSI, it needs to be replaced.

1. Shut off the cylinder valve on the depleted cylinder
2. Slowly loosen and remove the pigtail connection from the depleted cylinder
3. Remove depleted cylinder and replace protective cap
4. Remove the protective cylinder cap from the full replacement cylinder. With the valve outlet pointed away from anyone, slowly open the cylinder valve slightly to blow out any dirt or contaminants which may become lodged into the cylinder valve
5. Secure both the empty and full cylinders appropriately
6. Connect the pigtail to the cylinder valve and tighten
7. Each numbered tag must be moved one cylinder down the line, making the new cylinder the highest number
8. Do not open the cylinder valve until it is required for filling

Definitions


- *Cascade System* – The system that is used to transfill D tanks from H size tanks
 - *Cascade Regulator* – The primary regulator that shows the filling side pressure and controls the rate of fill
 - *Cascade Tank* – H size tank

	<p>Policy & Procedure Manual Support Services and Fleet Management Policy Number: 600.201 Policy Name: Medical Gasses (continued: page 9 of 9)</p>	<p>Original: 05/2005 Revised: 11/2018 Renewal: 07/2022</p>
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- *Manifold* - Valves, tubing, and connections that connect tanks to the cascade system
 - *Safety Vent* – Vent designed to open if they system is over pressurized
 - *Bleed Vent* – Vent designed to empty the manifold of pressure after tanks have been filled and closed
- *Cylinder* – Often called a tank, the object as a whole that is designed and manufactured to store compressed gasses
 - *Body* – The primary part of the cylinder, typically machined out of aluminum
 - *Cap* – A metal cover that screws onto the cylinder body to protect the valve assembly
 - *Valve* – The device affixed to the top of the cylinder body that controls the release of the cylinder contents
- *In-House* – Term used to refer to the H or M tank mounted in the ambulance that is used to supply medical gas to the ambulance system and wall regulators
- *Medical Air* – Gas containing similar makeup of normal breathing air that is purified to remove contaminants and pollutants
- *Medical Grade Oxygen* – Gas of purified filtered oxygen
- *Transfilling* – The process of taking gas from a larger container and transferring it to another container

Authority

- Federal Code of Regulations, Title 49, Transportation, Chapter 1, Pipeline And Hazardous Materials And Safety Administration, Parts 100 to 199
- U.S. Department of Health and Human Services, Food and Drug Administration, Pharmaceutical Quality/Manufacturing Standards
- Occupational Health and Safety Administration 1910.104
- Compressed Gas Association Publication P-2.5, C-6, C-6.1

	<p>Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.202 Policy Name: Inventory Control</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To identify inventory control measures utilized by and for NORCAL Ambulance.

II. Policy

NORCAL Ambulance maintains its medical equipment and supplies through a variety of inventory control measures. Adherence to inventory control measures is important and required of all NORCAL Ambulance personnel.

Medical supplies and equipment are stored at various locations across NORCAL Ambulance resource. Medical equipment and supplies are to be used for authorized and patient use only. At no time does NORCAL Ambulance permit the personal use, removal, or tampering of medical supplies without expressed written permission of NORCAL Ambulance management.

III. Procedure


Expired equipment and supplies are not to be used in the field for patient use and must be pulled out of field rotation. Expired supplies and equipment may, under the discretion of management, be utilized for training purposes.

NORCAL Ambulance utilizes a digital inventory system for tracking and control. Medical supplies and equipment should be logged into the digital system for proper tracking and usage. Regular counts and audits are preformed to ensure accuracy with the digital system.

Each field supply storage location has predefined PAR levels and reorder points. Medical supplies and equipment should follow those numbers as best as possible to prevent over stocking or a lack of supplies. Ambulance PAR levels should be followed exactly to ensure county compliance and reduce excess equipment.

Definitions

- *PAR* – Quantity that is considered the ideal stocking point.
- *Reorder Point* – The low-end quantity before restock. Stock is typically procured to bring quantities from reorder point to PAR level.

	<p>Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.300 Policy Name: Bio-Medical Equipment</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To give an overview of the Bio-Medical program for NORCAL Ambulance.

II. Policy

NORCAL Ambulance utilizes Bio-Medical equipment at various levels of service for patient care and interaction. The equipment used is overseen, tracked, maintained, and purchased by the Support Services Department with input and collaboration by operations management. The care, repair, and procurement of all Bio-Medical equipment is a continuous process that is taken with great carefulness.


If at any time any Bio-Medical equipment fails to operate correctly, fails a self or user test, or demonstrates any other signs that the equipment may be faulty or unsafe to operate, it must be immediately removed from service until the issue or fault can be resolved. Such events must be immediately reported to NORCAL Ambulance management and the Support Services Department for investigation and resolution.

When utilized for field use, Bio-Medical equipment, in the care of a healthcare provider, shall be appropriately treated, stored, and cared for by that provider. It is the responsibility of NORCAL Ambulance and its personnel to prevent, mitigate, or reduce Bio-Medical equipment issues or damage whenever possible.

If a Bio-Medical device failure or issue results in a negative patient situation, that incident must be reported to NORCAL Ambulance management and quality assurance. During investigation and report of the incident, NORCAL Ambulance may be required to report the event to outside agencies depending on the situation and local policies.

NORCAL Ambulance also tracks Bio-Medical equipment using serial numbers and internal asset tag numbers. Tracking is done through a digital inventory system that houses basic equipment information as well as service history and preventative maintenance due dates. It is the responsibility of the provider, as part of the daily vehicle and equipment checkout, to ensure that the digital inventory system displays the proper equipment number for that shift.

NORCAL Ambulance carries a variety of equipment on a variety of different vehicle types and styles. To ensure provider and patient safety all Bio-Medical equipment shall be secured, strapped, or housed as best as possible to prevent unintended movement and injury. There is no standardized securement method due to the various types and styles of vehicles.

	<p>Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.300 Policy Name: Bio-Medical Equipment (continued page 2 of 3)</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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III. Procedure


NORCAL Ambulance utilizes a Bio-Medical Supply Specialist, whose job in part, is to maintain and care for Bio-Medical equipment. NORCAL Ambulance utilizes outside vendors for major repairs and preventative maintenance. See the Bio-Medical Equipment Maintenance Policy for further detail.

NORCAL Ambulance carries a variety of Bio-Medical equipment with some standard types and models. The list includes the following examples of equipment and models. The list is not exhaustive and may vary from field use:

- AED (Automated External Defibrillator)
 - Philips FR2+
- Cardiac Monitor/ Defibrillator
 - Physio Control Lifepak 12
 - Physio Control Lifepak 15
- Doppler
 - Sonotrax Vascular
- EZ-IO (Intraosseous Vascular Access System)
 - EZ-IO
- Glucometer
 - MicroDot Extra
- I.V. Pump (Infusion Pump)
 - Medsystem III
- Portable Electric Suction
 - S-Scort 9
- Portable Pulse Oximetry Device
 - Fingertip Pulse Oximeter
- Portable Transport Ventilator (Vent)
 - LTV 1200


Issues and Response

In the event of an equipment failure or issue deeming the equipment not operable for field use, that equipment will be placed out of service. When placing equipment out of service, management and the Support Services Department must be notified to appropriately and timely resolve the issue. Equipment that is placed out of service must be marked as such. The preferred method is to use a manila Out of Service tag, found at all stations, with the following noted: the equipment number, basic description of the problem, provider reporting the issue, date of occurrence, and other notes or comments necessary for repair and diagnostics.

	Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.300 Policy Name: Bio-Medical Equipment <i>(continued page 2 of 3)</i>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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Definitions

- *Bio-Medical Equipment* – The general term for equipment that combines biology and medicine for use in a healthcare setting.

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.301 Policy Name: Bio-Medical Equipment Maintenance</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To identify and describe the Bio-Medical equipment maintenance program.

II. Policy


NORCAL Ambulance is responsible for ensuring that all biomedical equipment is properly maintained and functional for all intended uses. To accomplish that task regular maintenance and prompt repair shall occur.

In addition to preventative maintenance, regular use checks prior to field use shall be performed. Regular checks include functionality and battery checks prior to utilizing the equipment in the field as well as monthly checks. Monthly checks are more detailed than the regular equipment check and may include running the equipment through calibration or a full self-test as with an AED. Cardiac Monitors/ Defibrillators and other devices that produce physical evidence of passing a user or self-test must have that evidence logged as part of the regular checkout. Performing regular and monthly tests is the responsibility of the provider utilizing that equipment in the field when that provider takes the equipment from storage for field use.

If at any time any Bio-Medical equipment fails to operate correctly, fails a self or user test, or demonstrates other signs that the equipment may be faulty or unsafe to operate, it must be immediately removed from service until the issue or fault can be resolved. If removal of that equipment from the ambulance means the ambulance unit is short on necessary equipment to remain in service, the unit must be placed out of service until a solution can be found.

III. Procedure

NORCAL Ambulance utilizes preventative maintenance to reduce the likelihood of faulty or malfunctioning Bio-Medical Equipment. NORCAL Ambulance follows manufacturer recommended preventative maintenance schedules when available. Preventative maintenance is in addition to regular and monthly checks. Individuals performing scheduled maintenance or repair shall possess the necessary credentials recommended by the manufacturer.


	<p>Policy & Procedure Manual <i>Support Services and Fleet Management</i> Policy Number: 600.301 Policy Name: Bio-Medical Equipment Maintenance</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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The following list includes examples of equipment preventative maintenance (PM) schedules. The list is not exhaustive and may vary from field use:

- AED (Automated External Defibrillator)
 - PM every 2 years
- Cardiac Monitor/ Defibrillator
 - Regular Pre-Shift Equipment Check
 - PM Annually
- Doppler
 - Repair as needed
- EZ-IO (Intraosseous Vascular Access System)
 - PM as needed with replacement at minimum every 10 years
- Glucometer
 - Regular Calibration Checks
 - Replaced when needed
- I.V. Pump (Infusion Pump)
 - PM Annually
- Portable Electric Suction
 - Repair as needed
- Portable Pulse Oximetry Device
 - Repair as needed
- Portable Transport Ventilator (Vent)
 - PM every 2 years with 6-year overhaul

Batteries

Most Bio-Medical equipment has a removable or internal battery. As battery technology and charging is unique to each equipment model and generation, batteries require care and testing unique to each battery. Part of the Bio-Medical equipment daily and monthly checks include testing of the devices batteries. Regular tests test proper battery function including charging, the holding of that charge, and battery integrity. When a battery no longer holds a charge, fails to charge, or shows signs of failure or leakage, that battery must be replaced. When a battery replacement is not warranted, battery conditioning or refurbishment through a specialized device or company may occur. Battery replacements will be compatible with the equipment utilizing it.

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.400 Policy Name: Fleet Management</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To describe the general fleet management program for NORCAL Ambulance.

II. Policy

NORCAL Ambulance strives to maintain its vehicle fleet to promote safety, longevity, and compliance. Fleet management is the responsibility of the Support Services Department. Fleet management includes but is not limited to:

- Vehicle Maintenance
- Vehicle Repairs
- Vehicle Risk Mitigation
- Vehicle Record Management


The NORCAL Ambulance fleet is comprised of a variety of vehicle types, models, years, and functions. The general fleet makeup includes, but is not limited to:

- Ambulances
 - Specialty built vehicles for providing patient care through a variety of levels of service. Regulated by the California Highway Patrol (CHP) as an emergency vehicle.
- Wheelchair Vans
 - Patient transport vehicle designed for wheelchair and gurney transport. Not an emergency vehicle.
- Administrative Vehicles
 - Vehicles for administrative, support, and management personnel. Some supervisor vehicles may be outfitted and registered with the California Highway Patrol as an emergency vehicle.

NORCAL Ambulance provides fleet management for all vehicles owned by NORCAL Ambulance. In such cases where NORCAL Ambulance sponsors a personal owned vehicle (POV) through a stipend, fleet management is the responsibility of the owner of the vehicle.

In cases where vehicle inspections are required for operation (County Agency, CHP, etc.), the Support Services Department will assist the local operations management team as best as possible. It is the responsibility of the local operations management team to schedule and execute the inspections.

Safety is the highest priority in fleet management. If at any time a vehicle is unsafe to operate, it must be pulled out of service until such a time the issue can be remedied. See the driver policies for proper procedure regarding a vehicle failure during operation.

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.400 Policy Name: Fleet Management <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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Vehicle operations differ from fleet management. Vehicle operations occur in the physical use of the vehicle. See the operations and driver policies for specifics. Fleet management occurs in the overall maintenance, repair, and safety of the vehicle itself.

As a prudent practice to protect NORCAL Ambulance employees, patients and passengers, identified or suspected vehicle malfunctions must be documented and brought to the attention of the Support Services Department and operations management.

III. Procedure

NORCAL Ambulance tracks vehicle records and service through use of a digital inventory and fleet management system. Fleet records such as service invoices, registration, insurance, and operations permits are housed and maintained by the Support Services Department.

When conducting fleet management activities, operation logistics are taken into account, and consistent communication is necessary to ensure safe and effective fleet management.

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.401 Policy Name: Preventable Maintenance</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Purpose

To identify the preventable maintenance practices for NORCAL Ambulance Vehicles.


II. Policy

NORCAL Ambulance performs preventative maintenance to mitigate and prevent safety and mechanical issues. Preventative maintenance is done in accordance with the manufacturer’s recommendation for the specific vehicle type and model. Ambulances are scheduled in accordance to the severe or heavy use maintenance schedule.

III. Procedure

The regular maintenance and repair of ambulances, wheelchair vans, and general use vehicles falls to the Support Services Department. Maintenance may be completed by NORCAL Ambulance or contracted vehicle service vendors.

It is the responsibility of the assigned driver to ensure regular maintenance and repair on administrative vehicles assigned to an individual.

	<p><u>Policy & Procedure Manual</u> <i>Support Services and Fleet Management</i> Policy Number: 600.500 Policy Name: Internal and Authorized Repairs</p>	Original: 05/2005 Revised: 11/2018 Renewal: 07/2022
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I. Policy

NORCAL Ambulance completes fleet repairs internally and through external agencies. Internal repairs are to be completed by or overseen by qualified individuals of the Support Services Department only. Such repairs will follow industry best practices and will be completed only to the individual's level of experience and ability. Internal repairs may be made in the field, at the vehicles location, at a designated shop location, or the best location practical as determined by the Support Services Department.

If repairs are to be completed outside of the Support Services Department, approval must be granted by NORCAL Ambulance management.

NORCAL Ambulances, due to the sensitive nature of onboard electronics, should not be utilized to jump start other vehicles. NORCAL Ambulance personnel are not allowed to jump start or electrically assist vehicles not owned or sponsored by NORCAL Ambulance.

II. Procedure

Field crews or untrained personnel, for safety reasons, are not in normal operations allowed to:


- Perform repairs
- Change Tires
- Change, alter, or diagnose computer or electrical vehicle components

Trained crew members, may in a limited capacity, perform the following:

- Lightbulb Changes
- Add vehicle oil



<p align="center">Policy and Procedure Manual</p>	<p align="center"><i>Health Information Privacy & Portability Act (HIPAA) Section 900</i></p>	<p align="center">Revision Due: 01/2023</p>
<p>Title: C.O.O.</p>	<p>Name: Eric Larimer</p>	<p>Signature: <i>[Signature]</i></p>
<p>Title: CEO</p>	<p>Name: Karla Nazaren</p>	<p>Signature: <i>[Signature]</i></p>
<p>Title: MEDICAL DIRECTOR</p>	<p>Name: GERALD R. NAZAREN MD</p>	<p>Signature: <i>[Signature]</i></p>
<p>Title: Director of Human Resources</p>	<p>Name: Jacqueline Mitchell, II</p>	<p>Signature: <i>[Signature]</i></p>

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.100 Policy Name: HIPAA Risk Analysis</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose


NORCAL Ambulance is responsible, under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), to ensure the privacy and security of all protected health information (“PHI”) that we use or disclose. The foundation of compliance with the HIPAA is the completion of a “Risk Analysis” to identify existing risks and vulnerabilities in the way we create, receive, maintain, or transmit PHI. This policy describes our general approach to our HIPAA Risk Analysis.

II. Scope

NORCAL Ambulance’ HIPAA Risk Analysis includes an assessment of potential risks and vulnerabilities to the confidentiality, availability and integrity of all PHI that NORCAL Ambulance creates, receives, maintains or transmits. This includes assessing any risks and vulnerabilities to the confidentiality, integrity, and availability of non-electronic PHI (such as papers and documents) and electronic protected health information (e-PHI).

At a minimum, the risk analysis will include a review of NORCAL Ambulance’s:

- ❖ General security hardware and procedures to protect our facility, vehicles, and electronic assets;
- ❖ Computer servers (on or off-site) that store PHI;
- ❖ Computer network (including any local and wide area networks, communications servers and bandwidth connections, and storage devices and hardware);
- ❖ Databases where patient information is created, stored, and accessed by NORCAL Ambulance, whether on or off-site;
- ❖ Electronic media that store e-PHI such as hard drives, disks, CDs, DVDs, USB drives or other storage devices, transmission media, or portable electronic media;
- ❖ Electronic devices used for processing patient information (such as laptops and field data collection devices);
- ❖ Workstations and access points where PHI is created, accessed, and used;
- ❖ Policies and procedures (written and unwritten) that involve the creation, use, or access to e-PHI; and
- ❖ Vendors, billing companies, clearinghouses and others who create, receive, maintain, or transmit PHI for NORCAL Ambulance.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.100 Policy Name: HIPAA Risk Analysis <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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III. Procedure

The HIPAA Compliance Officer will utilize NORCAL’s HIPAA Risk Analysis Tool to identify all current and potential risks and vulnerabilities to PHI at NORCAL Ambulance and to develop a plan to manage those risks.

Annual Risk Analysis


NORCAL Ambulance will, on an annual basis, undertake a risk analysis including:

1. Identifying and documenting all places where the physical (paper) PHI and e-PHI is stored, received, maintained, or transmitted at NORCAL Ambulance.
2. Identifying and documenting all current and potential risks to the confidentiality, security, integrity, and availability of all PHI sources identified at NORCAL Ambulance.
3. Assessing the likelihood of each identified risk and assigning the risk to a “risk level” and “potential impact” category.
4. Identifying and documenting any measures that NORCAL Ambulance currently has in place to address each identified risk, including any policies, procedures, hardware/software, security devices, etc. Then, identifying any methods that are not currently in place that may eliminate or mitigate the risk.
5. Providing recommendations to NORCAL Ambulance that might remedy identified risks and vulnerabilities and improve the security, integrity and availability of all PHI sources identified at NORCAL Ambulance.
6. Implementing methods to remedy identified risks and vulnerabilities and improve the security, integrity and availability of all PHI sources identified at NORCAL Ambulance.

Implementation Specifications

Implementation specifications under HIPAA that are “required” must be implemented and documented that they were in fact implemented, including how the specification was implemented. Implementation specifications under HIPAA that are “addressable” will be implemented as follows:

- If implementation specification is reasonable/appropriate, we will implement it.
- If the implementation specification is determined to be inappropriate and/or unreasonable, but the security standard cannot be met without implementation of an additional security safeguard, NORCAL Ambulance may implement an alternative measure that achieves the addressable specification.
- If NORCAL Ambulance meets the standard through alternative measures, the decision not to implement the specification will be documented, including the reason for the decision, the rationale, and a description of the alternative safeguard that was implemented.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.101 Policy Name: Patient Request for Access to PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) grants individuals the right to access their protected health information (“PHI”) contained in a designated record set (“DRS”). NORCAL Ambulance must afford individuals this right of access in accordance with federal and state law. To ensure that NORCAL Ambulance complies with its obligations, this policy outlines our procedures for handling requests for patient access and establishes the procedures by which patients or authorized representatives may request access to PHI.


II. Scope

This policy applies to all NORCAL Ambulance staff members who receive requests from patients for access to PHI. Generally, all access requests will be directed to the HIPAA Compliance Officer and it shall be the responsibility of the HIPAA Compliance Officer to handle all access requests.

III. Procedure

Requests for Access from the Patient or the Patient’s Personal Representative

1. Patients and their authorized representatives shall be granted a right of access to inspect and obtain a copy of their PHI contained in a DRS maintained by NORCAL Ambulance.
2. If a patient or their authorized representative requests access to or a copy of a patient’s PHI, the requestor shall be referred to the HIPAA Compliance Officer. The HIPAA Compliance Officer shall request that the patient or authorized representative complete NORCAL Ambulance’ “Request for Access to Protected Health Information” Form.
3. The HIPAA Compliance Officer must verify the patient’s identity, or, if the requestor is not the patient, the name and identity of the representative and whether the representative has the authority to act on the patient’s behalf. The use of a driver’s license, social security card, or other form of government-issued identification is acceptable for this purpose. If it is impossible for the requestor to physically come in to make the request and verify this information, the HIPAA Compliance Officer shall ask the requestor to verify the patient’s name, date of birth, SSN, address, and telephone number over the phone and ask the requestor to submit the “Request for Access to Protected Health Information Form” via email, mail or fax.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.101 Policy Name: Patient Request for Access to PHI <i>(continued: page 2 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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4. Upon receipt of the completed “Request for Access to Protected Health Information Form” and verification of the requestor’s identity, the HIPAA Compliance Officer will act upon the request within 30 days, preferably sooner. Generally, NORCAL Ambulance must respond to requests for access to PHI within 30 days of receipt of the access request.
5. If NORCAL Ambulance is unable to respond to the request within these time frames, the requestor must be given a written notice no later than the initial due date for a response, explaining why NORCAL Ambulance could not respond within the time frame, and in that case NORCAL Ambulance may extend the response time by an additional 30 days.

Requests for Access from the Patient’s Attorney

1. If NORCAL Ambulance receives a request for a patient’s PHI from the patient’s attorney, the HIPAA Compliance Officer shall verify that the patient has authorized the release of PHI. Generally, the request should be accompanied by a form or letter, signed by the patient, stating that the patient authorizes the release of the requested PHI to the attorney. If there is a signed form or letter from the patient authorizing the release of the PHI requested (or some other valid authorization from the patient), then the HIPAA Compliance Officer may release the PHI to the attorney in accordance with what the authorization states.
2. If the request from the patient’s attorney is not accompanied by a signed request form or letter from the patient (or some other valid patient authorization), the HIPAA Compliance Officer shall contact the attorney and inform the attorney that NORCAL Ambulance will not release the information without valid authorization from the patient. NORCAL Ambulance shall not release any PHI to the attorney until the patient authorizes the release.

Approval of a Request for Access


1. Upon approval of access, the patient or authorized representative should generally be provided the right of access in the manner requested on the Form. NORCAL Ambulance will either provide a copy of the PHI to the requestor in the format requested or arrange for a convenient time for the patient to come to copy their PHI. If NORCAL Ambulance uses or maintains the PHI requested electronically, we will provide a copy of the PHI in an electronic format if the patient or authorized representative requests an electronic copy. NORCAL Ambulance will also transmit a copy of the PHI directly to an entity or person designated by the patient or authorized representative, provided that the written direction is signed and clearly identifies the designated party.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.101 Policy Name: Patient Request for Access to PHI <i>(continued: page 3 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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2. NORCAL Ambulance will establish a reasonable charge for copying PHI for the patient or authorized representative in accordance with federal and state laws. The fee for providing an electronic copy of PHI shall not be greater than labor costs in responding to the request for the copy. The HIPAA Compliance Officer shall consult with legal counsel regarding applicable laws regarding fee limitations.
3. The requestor will not be given access to the actual files or systems that contain the DRS. Rather, copies of the records shall be provided for the patient or requestor to view in a confidential area under the direct supervision of a designated Company staff member.
4. Under no circumstances should originals of PHI leave the premises.
5. Whenever a patient or requestor accesses a DRS, a note should be maintained in a logbook indicating the time and date of the request, the date access was provided, what specific records were provided for review, and what copies were left with the patient or requestor.

Denial of a Request for Access

1. If the request for access is denied, the HIPAA Compliance Officer shall send the requestor a “Denial of Request for Access to Protected Health Information Form,” outlining the reason for the denial and explaining the individual’s rights regarding the denial. Patient access may be denied for the reasons listed below:
 - a. If the information the patient requested was compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding;
 - b. If the information the patient requested was obtained from someone other than a healthcare provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information;
 - c. If a licensed healthcare professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
 - d. If the PHI makes reference to another person (other than healthcare providers) and a licensed health professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to that person; or,

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.101 Policy Name: Patient Request for Access to PHI <i>(continued: page 4 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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- e. If the request for access is made by a requestor as a personal representative of the individual and a licensed health professional has determined, in the exercise of professional judgment, that access is reasonably likely to cause harm to the individual or another person.
2. If the denial of the request for access to PHI is for reasons above, then the patient may request a review of the denial of access by sending a written request to the HIPAA Compliance Officer.
- a. NORCAL Ambulance will designate a licensed health professional, who was not directly involved in the denial, to review the decision to deny the patient access. NORCAL Ambulance will promptly refer the request to this designated review official. The review official will determine within a reasonable period of time whether the denial is appropriate. NORCAL Ambulance will provide the patient with written notice of the determination of the designated reviewing official.
 - b. The patient may also file a complaint in accordance with NORCAL Ambulance’s “Procedure for Filing Complaints About Privacy Practices”, if the patient is not satisfied with the determination made by NORCAL Ambulance.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.102 Policy Name: Patient Request for PHI Amendment</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) grants individuals the right to request that NORCAL Ambulance amend their protected health information (“PHI”) contained in a Designated Record Set (“DRS”). NORCAL Ambulance has an obligation to afford individuals the right to request an amendment to their PHI in accordance with federal and state law. To ensure that NORCAL Ambulance complies with its obligations, this policy outlines procedures for handling patient requests for amendment of their PHI and establishes the procedures by which patients or authorized representatives may make a request for an amendment to PHI.


II. Scope

This policy applies to all NORCAL Ambulance staff members who handle requests from patients for amendment to PHI. Generally, all requests will be directed to the HIPAA Compliance Officer and it shall be the responsibility of the HIPAA Compliance Officer to handle all requests for amendment of PHI.

III. Procedure

Requests for Amendment of PHI

1. Patients or their authorized representatives shall be granted the right to request an amendment to a patient’s PHI contained in the DRS.
2. If a patient or authorized representative request an amendment to PHI, the requestor shall be referred to the HIPAA Compliance Officer. The HIPAA Compliance Officer shall request that the patient or authorized representative complete NORCAL Ambulance’ “Patient Request for Amendment of Protected Health Information” Form.
3. The HIPAA Compliance Officer must verify the patient’s identity, or, if the requestor is not the patient, the name and identity of the representative and whether the representative has the authority to act on the patient’s behalf. The use of a driver’s license, social security card, or other form of government-issued identification is acceptable for this purpose. If it is impossible for the requestor to physically come in to make the request and verify this information, the HIPAA Compliance Officer shall ask the requestor to verify the patient’s name, date of birth, SSN, address, and telephone number over the phone and ask the requestor to submit the “Request for Amendment of Protected Health Information Form” via email, mail, or fax.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.102 Policy Name: Patient Request for PHI Amendment <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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4. NORCAL Ambulance must act upon a request for amendment of PHI within 60 days of the request. If NORCAL Ambulance is unable to act upon the request within 60 days, it must provide the requestor with a written statement of the reasons for the delay, and in that case, may extend the time period in which to comply by an additional 30 days.

Granting the Request for Amendment of PHI

If the HIPAA Compliance Officer grants the request for amendment, then the requestor will receive a letter (“Acceptance of Patient Request for Amendment” Form), indicating that the appropriate amendment to the PHI or record that was the subject of the request has been made.


The letter will contain a form for the patient to complete, sign, and return to NORCAL Ambulance. On the form, the patient must identify individuals who may need the amended PHI and sign the statement giving NORCAL Ambulance permission to provide them with the updated PHI.

NORCAL Ambulance must provide the amended information to individuals identified by the patient as well as persons or business associates that have such information and who may have relied on or could be reasonably expected to rely on the amended PHI.

Denying the Request for Amendment of PHI

NORCAL Ambulance may deny a request to amend PHI for the following reasons:

1. If NORCAL Ambulance did not create the PHI at issue;
 - a. The information is not part of the DRS;
 - b. The PHI is accurate and complete;
 - c. The information would not be available for inspection by law; or
 - d. The information was received from someone else under a promise of confidentiality.
2. NORCAL Ambulance must provide a written denial (“Denial of Patient Request for Amendment” Form), and the denial must be written in plain language and contain the following information:
 - a. The reason for the denial;
 - b. The individual’s right to submit a statement disagreeing with the denial and how the individual may file such a statement;


	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.102 Policy Name: Patient Request for PHI Amendment <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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- c. A statement that, if the individual does not submit a statement of disagreement, the individual may request that NORCAL Ambulance provide the request for amendment and the denial with any future disclosures of the PHI; and
 - d. A statement that the individual may file a complaint with NORCAL Ambulance or with the Office for Civil Rights of the Department of Health and Human Services.
3. NORCAL Ambulance shall provide a copy of our “Procedure for Filing Complaints About Privacy Practices”, if the requestor indicates that he or she wants to file a complaint against NORCAL Ambulance.
 4. If the individual submits a statement of disagreement, NORCAL Ambulance may prepare a written rebuttal statement to the patient’s statement of disagreement. The statement of disagreement will be appended to the PHI, or at NORCAL Ambulance’ option, a summary of the disagreement will be appended, along with the rebuttal statement of NORCAL Ambulance.

Administrative Obligations

If NORCAL Ambulance receives a notice from another covered entity, such as a hospital, that the other covered entity has amended its own PHI in relation to a particular patient, NORCAL Ambulance must amend its own PHI that may be affected by the amendments. The HIPAA Compliance Officer shall be responsible for performing this task.

NORCAL Ambulance will add the “Patient Request for Amendment of Protected Health Information Form,” the denial or granting of the request, as well as any statement of disagreement by the patient and any rebuttal statement by NORCAL Ambulance to the DRS. The HIPAA Compliance Officer shall be responsible for performing this task.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.103 Policy Name: Patient Request for Restriction of PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) grant individuals the right to request that NORCAL Ambulance restrict its use of PHI contained in a Designated Record Set (“DRS”). NORCAL Ambulance has an obligation to abide by a requested restriction in accordance with federal and state law. To ensure that NORCAL Ambulance complies with its obligations under HIPAA and the HITECH Act, this policy outlines procedures for handling requests for restrictions on the use of PHI and establishes the procedures by which patients or their authorized representatives may request a restriction on the use of PHI.


II. Scope

This policy applies to all NORCAL Ambulance staff members who handle requests from patients for a restriction on the use of their PHI. Generally, all requests will be directed to the HIPAA Compliance Officer and it shall be the responsibility of the HIPAA Compliance Officer to handle all requests for restrictions on the use of PHI.

III. Procedure

Requests for Restriction


1. NORCAL Ambulance will permit patients to request restrictions on the use and disclosure of their PHI:
 - i. to carry out treatment, payment, or health care operations and/or
 - ii. to people involved in their care or for notification purposes.
2. All requests for restriction on the use and disclosure of PHI shall be referred to the HIPAA Compliance Officer who shall request that the patient or authorized representative complete and submit NORCAL Ambulance’ “Patient Request for Restriction of Protected Health Information” Form. All requests will be reviewed and denied or approved by the HIPAA Compliance Officer in accordance with this policy. The HIPAA Compliance Officer shall utilize the “Review of Patient Request for Restriction of Protected Health Information” Form when reviewing restriction requests.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.103 Policy Name: Patient Request for Restriction of PHI <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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3. The HIPAA Compliance Officer must verify the patient’s identity, or, if the requestor is not the patient, the name and identify of the representative and whether the representative has the authority to act on the patient’s behalf. The use of a driver’s license, social security card, or other form of government-issued identification is acceptable for this purpose. If it is impossible for the requestor to physically come in to make the request and verify this information, the HIPAA Compliance Officer shall ask the requestor to verify the patient’s name, date of birth, SSN, address, and telephone number over the phone and ask the requestor to submit the “Patient Request for Restriction of Protected Health Information” Form via email, mail, or fax.
4. Under most circumstances, NORCAL Ambulance is not legally required to agree to any request to restrict the use and disclosure of PHI, and given the emergent nature of our operation, NORCAL Ambulance generally will not agree to a restriction unless required by law to do so. However, NORCAL Ambulance is required to abide by any restrictions that it agrees to.

Granting a Request for Restriction

1. NORCAL Ambulance will and must comply with a requested restriction if: (i) the request concerns the disclosure of PHI to a health plan for purposes of carrying out payment or healthcare operations; and (ii) the request pertains to a service for which NORCAL Ambulance has been paid out-of-pocket in full. In other words, NORCAL Ambulance must grant patients the right to pay for a service out-of-pocket and abide by a request not to submit a claim to the insurer for that service.
2. If NORCAL Ambulance receives a request from a patient or authorized representative asking to refrain from submitting PHI to a health plan and the HIPAA Compliance Officer determines that NORCAL Ambulance has either been paid in full, or that NORCAL Ambulance has received reasonable assurances that it will be paid in full for that service, then NORCAL Ambulance will grant the request for restriction and not submit a claim to insurance for that service. Patients must make a new request for all subsequent services.
3. If NORCAL Ambulance agrees to a requested restriction, the HIPAA Compliance Officer shall inform the patient of that fact in writing, by sending an “Acceptance of Request for Restriction of Protected Health Information” letter to the patient. The HIPAA Compliance Officer shall also note on the “Review of Patient Request for Restriction of Protected Health Information” Form that the request was accepted and document all pertinent information regarding the request and acceptance (date, payment received, etc.).

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.103 Policy Name: Patient Request for Restriction of PHI <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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4. NORCAL Ambulance may not use or disclose PHI in violation of the agreed upon restriction. Notwithstanding, if the individual who requested the restriction needs an emergency service, and the restricted PHI is needed to provide the emergency service, then NORCAL Ambulance may use the restricted PHI or may disclose such PHI to another healthcare provider to provide treatment to the individual.
5. The HIPAA Compliance Officer shall also inform all other necessary parties at NORCAL Ambulance and its business associates, such as its billing company, about the accepted restriction and take all appropriate steps to ensure that those parties abide by the restriction.
6. The HIPAA Compliance Officer shall add the “Patient Request for Restriction of Protected Health Information” Form, the Acceptance letter and documentation regarding the acceptance of the request to the DRS.

Denying the Request for Restriction

1. Unless NORCAL Ambulance is required by law to agree to a request for restriction of PHI, the HIPAA Compliance Officer shall deny the request in writing, by dispatching a “Denial of Patient Request for Restriction of PHI” letter to the patient.
2. The HIPAA Compliance Officer shall also note on the “Patient Request for Restriction of Protected Health Information” Form that the request was denied and document all pertinent information regarding the request and denial (date, reason for denial, etc.).

Termination of Restrictions

1. A restriction may be terminated if the individual agrees to or requests the termination.
2. Verbal agreements to terminate restrictions must be documented.
3. Most restrictions may also be terminated by NORCAL Ambulance if NORCAL Ambulance notifies the patient that PHI created or received after the restriction is removed is no longer restricted. PHI that was restricted prior to the notice voiding the restriction must continue to be treated as restricted PHI.
4. NORCAL Ambulance should not terminate a restriction regarding PHI that pertains to a service for which NORCAL Ambulance has been paid in full and where a patient has requested that such PHI not be disclosed to the patient’s health plan. Such restriction will only apply with respect to that service and not to subsequent services. The patient must make another request and pay out-of-pocket for each service.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.104 Policy Name: Patient Request for Disclosures of PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) grants individuals the right to an accounting of disclosures of their protected health information (“PHI”) from paper and electronic records. NORCAL Ambulance has an obligation to render an accounting to individuals in accordance with federal and state law. To ensure that NORCAL Ambulance complies with its obligations, this policy outlines our procedures for handling requests for an accounting and establishes the procedures by which patients or their authorized representatives may request an accounting of disclosures of PHI.

II. Scope


This policy applies to all NORCAL Ambulance staff members who receive requests from patients for an accounting of disclosures of PHI. Generally, all requests will be directed to the HIPAA Compliance Officer and it shall be the responsibility of the HIPAA Compliance Officer to handle all accounting requests.

III. Procedure

Requests for an Accounting

Patients and their authorized representatives shall have a right to request an accounting of certain disclosures of PHI made by NORCAL Ambulance.


1. If a patient or their authorized representative requests an accounting of disclosures of PHI, the requestor shall be referred to the HIPAA Compliance Officer. The HIPAA Compliance Officer shall request that the patient or authorized representative complete the NORCAL Ambulance Patient Request for Accounting of Disclosures Protected Health Information Form.
2. The HIPAA Compliance Officer must verify the patient’s identity, or, if the requestor is not the patient, the name and identity of the representative and whether the representative has the authority to act on the patient’s behalf. The use of a driver’s license, social security card, or other form of government-issued identification is acceptable for this purpose. If it is impossible for the requestor to physically come in to make the request and verify this information, the HIPAA Compliance Officer shall ask the requestor to verify the patient’s name, date of birth, SSN, address, and telephone number over the phone and ask the requestor to submit the “Patient Request for Accounting of Disclosures of Protected Health Information” Form via email, mail, or fax.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.104 Policy Name: Patient Request for Disclosures of PHI <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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3. Upon receipt of the completed “Patient Request for Accounting of Disclosures of Protected Health Information” Form and verification of the requestor’s identity, the HIPAA Compliance Officer will respond to a request for an accounting of disclosures within 60 calendar days of receipt of a request, preferably sooner.
4. If NORCAL Ambulance is unable to provide the accounting within 60 calendar days, NORCAL Ambulance may extend the time for responding to the request by no more than 30 calendar days, provided that within the 60-day period NORCAL Ambulance provides a written statement to the individual explaining the reasons for delay and the date by which the accounting will be provided. Only one 30-day extension may be exercised per accounting request.

Fulfilling an Accounting Request

1. NORCAL Ambulance will provide the patient or their authorized representative with a written or electronic accounting of disclosures of their PHI made by NORCAL Ambulance or its business associates on NORCAL Ambulance’s behalf, as required by HIPAA. NORCAL Ambulance will render an accounting of all disclosures of PHI during the period requested by the patient or other requestor. If the requestor does not specify a time period for the accounting, NORCAL Ambulance will render an accounting of disclosures of PHI made during the past six (6) years. The following disclosures are excluded from the HIPAA accounting requirement:
 - a. Disclosures to carry out treatment, payment, or health care operations;
 - b. Disclosures made to the patient or to the patient’s authorized representative;
 - c. Disclosures incident to a use or disclosure otherwise permitted or required by HIPAA;
 - d. Disclosures pursuant to the patient’s authorization;
 - e. Disclosures for a facility directory or to persons involved in the patient’s care;
 - f. Disclosures for national security or intelligence purposes;
 - g. Disclosures to correctional institutions or law enforcement officials to provide them with information about a person in their custody; and
 - h. Disclosure made as part of a limited data set.
2. NORCAL Ambulance will not render an accounting for disclosures that are exempt from the HIPAA accounting requirement.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.104 Policy Name: Patient Request for Disclosures of PHI <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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3. All accountings shall include the following information regarding each disclosure of PHI addressed in the accounting:
 - a. The date of the disclosure;
 - b. The name of the entity or person who received the PHI and, if known, the address of such entity or person;
 - c. A brief description of the PHI disclosed; and
 - d. A brief statement of the purpose of the disclosure that reasonably informs the patient of the basis for the disclosure.
4. *Tracking Disclosures of PHI:* In order to fulfill its obligations to render an accounting of disclosures of PHI under HIPAA, NORCAL Ambulance shall track all necessary disclosures of PHI. The HIPAA Compliance Officer is responsible to ensure NORCAL Ambulance is tracking disclosures when required by HIPAA to do so.
5. Generally, NORCAL Ambulance shall track all disclosures for or pursuant to:
 - a. Research purposes, unless authorized by the patient;
 - b. Subpoenas, court orders or discovery requests;
 - c. Abuse and neglect reporting;
 - d. Communicable disease reporting; and
 - e. Other reports to a Department of Health.
6. The HIPAA Compliance Officer may utilize the “Accounting Log for Disclosures of PHI” Form for this purpose and track all information required on the Form.
7. *Administrative Requirements:* NORCAL Ambulance shall retain the following documentation, in either written or electronic form, for 6 years:
 - a. Written requests by an individual for an accounting of disclosures;
 - b. Accountings of disclosures that have been provided to an individual, including the titles of the persons and offices responsible for receiving and processing the request for accounting; and
 - c. Copies of any notices to the individual explaining that NORCAL Ambulance requires an extension of time to prepare the requested accounting.

	<p>Policy & Procedure Manual Health Information Privacy and Portability Act (HIPAA) Policy Number: 900.105 Policy Name: Patient Request for Confidential Communications</p>	<p>Original: 05/2005 Revised: 07/2017 Renewal: 01/2023</p>
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) grants individuals the right to request that NORCAL Ambulance send protected health information (“PHI”) to an alternate location (*e.g.*, somewhere other than a home address), or through alternate means (*e.g.*, by email rather than regular mail). This is called the right to “confidential communications.” NORCAL Ambulance has an obligation to grant patients this right and it must abide by a request for confidential communications of PHI in accordance with federal and state law. To ensure that NORCAL Ambulance complies with its obligations, this policy outlines procedures for handling requests for confidential communications of PHI and establishes the procedures by which patients or their authorized representatives may request confidential communications.


II. Scope

This policy applies to all NORCAL Ambulance staff members who handle requests from patients for confidential communications of their PHI. Generally, all requests will be directed to the HIPAA Compliance Officer and it shall be the responsibility of the HIPAA Compliance Officer to handle all requests for confidential communications.

III. Procedure

Requests for Confidential Communications

1. NORCAL Ambulance will permit patients to request that we send PHI to individuals at an alternate location (*g.*, somewhere other than a home address), or in a specific manner (*e.g.*, by email rather than regular mail).
2. All requests for confidential communications PHI shall be referred to the HIPAA Compliance Officer who shall request that the patient or authorized representative complete and submit the “Patient Request for Confidential Communications of Protected Health Information” Form. All requests will be reviewed and denied or approved by the HIPAA Compliance Officer in accordance with this policy. The HIPAA Compliance Officer shall utilize the “Review of Patient Request for Confidential Communications of Protected Health Information” Form when reviewing requests for confidential communications of PHI.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.105 Policy Name: Patient Request for Confidential Communications <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 07/2017 Renewal: 01/2023
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3. The HIPAA Compliance Officer must verify the patient’s identity, or, if the requestor is not the patient, the name and identify of the representative and whether the representative has the authority to act on the patient’s behalf. The use of a driver’s license, social security card, or other form of government-issued identification is acceptable for this purpose. If it is impossible for the requestor to physically come in to make the request and verify this information, the HIPAA Compliance Officer shall ask the requestor to verify the patient’s name, date of birth, SSN, address, and telephone number over the phone and ask the requestor to submit the “Patient Request for Confidential Communications of Protected Health Information” Form via email, mail or fax.
4. NORCAL Ambulance is required to and will agree to any “reasonable requests” for confidential communications.

Granting a Request for Confidential Communications

1. NORCAL Ambulance will and must comply with a confidential communications request if the request is “reasonable.” The HIPAA Compliance Officer shall take into account logistical reasons and other factors, such as the cost of making the alternate confidential communications, when determining whether the request is reasonable.
2. If NORCAL Ambulance receives a request from a patient or authorized representative asking to communicate PHI in an alternate manner and NORCAL Ambulance determines that the request is reasonable, it will agree to the request and the HIPAA Compliance Officer shall inform the patient of that fact, in writing, by sending an “Acceptance of Request for Confidential Communications of Protected Health Information” letter to the patient. The HIPAA Compliance Officer shall also note on the “Review of Patient Request for Confidential Communications of Protected Health Information” Form that the request was accepted and document all pertinent information regarding the request and acceptance.

Denying the Request for Confidential Communications

1. If the HIPAA Compliance Officer determines, after taking into account logistical reasons and other factors, that the request is not reasonable, the HIPAA Compliance Officer shall deny the request, in writing, by dispatching a “Denial of Patient Request for Confidential Communications of PHI” letter to the patient.
2. The HIPAA Compliance Officer shall also note on the “Review of Patient Request for Confidential Communications of Protected Health Information” Form that the request was denied and document all pertinent information regarding the request and denial.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.200 Policy Name: HIPAA Training</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose


The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that all members of NORCAL Ambulance are trained on our policies and procedures regarding privacy and security. This policy is meant to ensure that all NORCAL Ambulance staff – including all employees, volunteers, students and trainees (collectively referred to as “staff members”) – who have access to protected health information (“PHI”) understand and are trained regarding the HIPAA policies and procedures of NORCAL Ambulance.

II. Scope

This policy applies to all NORCAL Ambulance staff members. This includes those who have access to PHI in any form.

III. Procedure

1. All current staff members must be trained on NORCAL Ambulance HIPAA policies and procedures in accordance with HIPAA.
2. All new staff members will be required to undergo privacy training within a reasonable time upon association with NORCAL Ambulance, usually during the new employee or new hire orientation.
3. All staff members who have undergone initial HIPAA training will be required to undergo HIPAA training within a reasonable time after there is a material change to NORCAL Ambulance HIPAA policies and procedures.
4. The HIPAA training will be coordinated and tracked on the “HIPAA Training Log” Form by the HIPAA Compliance Officer or his or her designee. Training documentation will be maintained for six (6) years.
5. All staff members will receive copies of NORCAL Ambulance HIPAA policies and procedures.
6. All staff members must personally complete the HIPAA training and verify completion and agree to adhere to NORCAL Ambulance HIPAA policies and procedures.
7. All staff members shall sign the “HIPAA Training Log” after completing HIPAA training.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.201 Policy Name: Updating of HIPAA Policies and Training</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires NORCAL Ambulance to ensure that its HIPAA policies, procedures and training materials are up to date and effective in safeguarding the confidentiality, integrity and availability of protected health information (“PHI”). This policy outlines our commitment to adjust and update our policies and procedures accordingly, based on periodic reviews and evaluations of our existing practices and in light of new and changing risks to PHI.

NORCAL Ambulance will also evaluate and consider new technologies and methodologies for securing PHI, as specified by guidance from the Secretary of Health and Human Services (“HHS”).


II. Scope

This policy applies to all NORCAL Ambulance staff members who are responsible for evaluating and updating current HIPAA policies and procedures and providing the updates to staff members. The HIPAA Compliance Officer will have the overall responsibility for monitoring all new developments in patient privacy and security of PHI and will recommend updates to our HIPAA Compliance Program, as necessary. The HIPAA Compliance Officer should perform these duties in consultation with NORCAL Ambulance management and solicit the input of appropriate staff members, when appropriate.

III. Procedure

Maintaining Knowledge

1. The HIPAA Compliance Officer will strive to keep current with all changes in the law and regulations that address the privacy and security of PHI.
2. The HIPAA Compliance Officer will review journals and newsletters on the subject of HIPAA and will sign up for appropriate listservs to obtain current information.
3. The HIPAA Compliance Officer will monitor HIPAA websites, such as the site for the Office of Civil Rights, for new information on HIPAA compliance.
4. The HIPAA Compliance Officer will participate in seminars and conferences on HIPAA as needed and as the budget allows.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.201 Policy Name: Updating of HIPAA Policies and Training (continued: page 2 of 2)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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5. The HIPAA Compliance Officer will consult with legal counsel as necessary to learn of new legal developments that could affect NORCAL Ambulance with respect to HIPAA issues.

Evaluation of HIPAA Policies and Procedures

1. On at least an annual basis, the HIPAA Compliance Officer will convene a committee of managers and/or appropriate staff members to identify and review all existing HIPAA policies and procedures for compliance with current HIPAA laws and regulations.
2. Any member of the review committee or any other staff member may suggest changes to our HIPAA Policies or Procedures by submitting the suggestion to the HIPAA Compliance Officer for consideration.
3. The annual policy and procedure review will identify all changes that need to be made to our policies, based on the experience of staff and management, technological developments and changes in the regulatory environment during the prior year.
4. Any critical changes in the law or regulations that require a change in our privacy practices will be addressed immediately and incorporated into our privacy compliance program.
5. All complaints and concerns regarding the safeguarding of patient information will be evaluated by the HIPAA Compliance Officer to determine if policy or procedure changes need to be implemented.
6. Unwritten procedures and practices will also be reviewed to ensure compliance with HIPAA regulations.

Evaluating and Updating HIPAA Training Programs

1. The HIPAA Compliance Officer annually reviews all HIPAA-related training materials and will update those materials and keep them current with recent changes in privacy practices as necessary.
2. Additional in-service training will be scheduled as necessary to ensure that all current staff members are kept up to date on our current HIPAA policies and procedures.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.300 Policy Name: Contracting with Business Associates</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose


NORCAL Ambulance is responsible for ensuring the privacy and security of all protected health information (“PHI”) that we create, receive, maintain or transmit under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). HIPAA requires that NORCAL Ambulance ensure that those persons and entities that perform services on our behalf using PHI agree to protect that PHI as we would by requiring those parties to sign a “business associate agreement” (“BAA”) with NORCAL Ambulance. This policy describes our approach to entering into business associate agreements with persons and organizations that perform services on our behalf involving the use of PHI.

II. Scope


This policy applies to all NORCAL Ambulance staff members who are responsible for entering into agreements with outside vendors or persons who might have access to PHI. Generally, the HIPAA Compliance Officer of NORCAL Ambulance is responsible to initiate a business associate agreement with any person or entity that performs a service on behalf of NORCAL Ambulance that involves the use or disclosure of PHI.

III. Procedure

1. The HIPAA Compliance Officer is responsible for identifying persons and organizations that perform services on our behalf and who in any manner create, receive, maintain or transmit PHI about our patients. All such persons or entities are called “business associates” (“BAs”) of NORCAL Ambulance. For example, our business associates include, but are not limited to, our outside billing company, our outside consultants, and our outside attorney. Workforce members are not business associates, nor are organizations that share a direct treatment relationship with patients to whom NORCAL Ambulance provides services. When in doubt, the HIPAA Compliance Officer should consult qualified legal counsel when determining whether an entity meets the legal definition of a BA.
2. All identified BAs of NORCAL Ambulance must enter into a BAA if they wish to do business with us. Even if we do not have a written services contract with a party, HIPAA requires that we have a written business associate agreement with all BAs. No disclosures of PHI will be made by NORCAL Ambulance to a BA until the BAA has been signed.
3. Whenever possible, NORCAL Ambulance will use its standard business associate agreement. If the BA insists on using its own business associate agreement, the HIPAA Compliance Officer must ensure that the agreement proposed by the BA conforms to HIPAA’s requirements.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.300 Policy Name: Contracting with Business Associates <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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4. Whenever NORCAL Ambulance modifies its existing business associate agreement, the HIPAA Compliance Officer shall ensure that we enter into a new business associate agreement with our current BAs.
5. Whenever possible, all contracts and service agreements between NORCAL Ambulance and any BA should include the relevant business associate language directly in the contract or service agreement. Otherwise, a stand-alone business associate agreement is required. If there is a business associate agreement separate from the main contract or service agreement, then the main agreement must specifically refer to the business associate agreement.
6. The HIPAA Compliance Officer will maintain a current list of business associates.
7. At times, NORCAL Ambulance may be asked to enter into business associate agreements. The HIPAA Compliance Officer shall evaluate the appropriateness of the business associate agreement under the circumstances and enter into the agreement only when required by law and if the agreement meets the legal requirements under HIPAA.
8. The HIPAA Compliance Officer is responsible for maintaining BA agreements on file for periodic review and inspection.
9. With respect to a person or entity that is not a BA, but which may potentially come into contact with PHI, such as janitorial services or information technology service providers, the HIPAA Compliance Officer should seek to have a “Confidentiality Agreement” in place with the entity.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.301 Policy Name: Workforce Sanctions for HIPAA Violations</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

NORCAL Ambulance is responsible under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to administer appropriate sanctions to its workforce members who violate the HIPAA policies and procedures of the organization. This policy outlines our approach to violations of our HIPAA policies and procedures and emphasizes the fact that NORCAL Ambulance takes any breach of our policies and procedures very seriously.

II. Scope


This policy applies to all NORCAL Ambulance staff members, including those staff members who may learn of patient information indirectly, and even if use of this information is not part of the staff member’s responsibilities with NORCAL Ambulance.

Any sanctions under this policy or any other policy will not apply to staff members who:


1. File a complaint with the federal government about potential HIPAA violations;
2. Testify, assist, or participate in an investigation or compliance review proceeding or official government proceeding investigating HIPAA issues; and/or
3. Oppose any actions by NORCAL Ambulance that are unlawful under HIPAA, when that opposition is made with the good faith belief that NORCAL Ambulance was violating HIPAA (as long as any opposition or filing of a complaint did not result in improper disclosure of PHI).

III. Procedure

1. NORCAL Ambulance will implement sanctions that are to be used when any staff member fails to comply with or violates our HIPAA policies and procedures.
2. Sanctions will be administered in a progressive manner, wherever possible. NORCAL Ambulance will administer sanctions to the degree necessary to correct improper behavior and to ensure the protection of patient privacy. The nature of the PHI involved in the incident will be considered.
3. EXAMPLE: A first time violation where an employee revealed PHI to another staff member without any need to know may receive a verbal counseling or written warning, but if a first violation resulted in revealing PHI to someone who was not a staff member or business associate, a suspension may be warranted.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.301 Policy Name: Workforce Sanctions for HIPAA Violations <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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4. Progressive sanctions may include the following:
 - a. Remedial HIPAA training and education
 - b. Informal verbal counseling
 - c. Formal verbal counseling with written documentation of the counseling
 - d. Written warning
 - e. Suspension
 - f. Termination or expulsion from NORCAL Ambulance
5. Staff members have an affirmative duty to report to management or the HIPAA Compliance Officer any suspected violation of our HIPAA policies and procedures.
6. Staff members shall be educated about this policy and the serious nature of violating our HIPAA policies. Staff members will be made aware of the potential sanctions that may occur and will be made aware of any changes to this sanction policy.
7. A record of individual staff member sanctions will be kept in the respective staff member's file. Adherence to our HIPAA policies may also be considered as part of the staff member's performance evaluation.
8. In the event of a suspected or reported violation of our HIPAA policies, the HIPAA Compliance Officer will initiate an objective and comprehensive investigation that will include:
 - a. Interviews of potential witnesses
 - b. Interviews of the alleged violator
 - c. Preparation of an investigative report
 - d. Presentation of the report to management with recommendations for sanctions (if any) or changes in our policies or practices
9. At all times, whenever there is a suspected violation of our HIPAA policies or other breach of privacy, the HIPAA Compliance Officer will recommend immediate action to be taken to mitigate the violation and its impact on NORCAL Ambulance and any other parties.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.302 Policy Name: Min. Requirements for Role-Based Actions to PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

Generally, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that NORCAL Ambulance only use or disclose the minimum amount of protected health information (“PHI”) that is needed to accomplish the intended purpose for which the use or disclosure is made. This policy outlines the commitment of NORCAL Ambulance to adhere to HIPAA’s “minimum necessary requirement.” In order to effectively meet our obligations, this policy outlines the appropriate levels of access to PHI that specific staff members of NORCAL Ambulance should have – “Role Based Access.” This policy does not in any way limit the amount of PHI that may be exchanged between staff members or between NORCAL Ambulance staff members and other individuals while treating patients.

II. Scope


This policy applies to all NORCAL Ambulance staff members who have any degree of access to PHI.

III. Procedure

NORCAL Ambulance retains strict requirements on the security, access, disclosure and use of PHI. Access, disclosure and use of PHI will be based on the role of the individual staff member in the organization, and only to the extent that the person needs to access and use the PHI to complete necessary responsibilities for NORCAL Ambulance. When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, use, and disclose the minimum necessary amount of information needed to accomplish the intended purpose.


Role Based Access

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

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.302 Policy Name: Min. Requirements for Role-Based Actions to PHI <i>(continued: page 2 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
EMT	Intake information from dispatch, patient care reports, QA and QI reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Paramedic	Intake information from dispatch, patient care reports, QA and QI reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Billing Clerk	Intake information from dispatch, patient care reports, billing claim information, remittance advice, other patient information from facilities necessary for billing	May access only as part of duties to complete patient billing and follow up and only while actually on duty
Field Supervisor	Intake information from dispatch, patient care reports, QA and QI reports	May access only as part of completion of a patient event and post-event activities, as well as for quality assurance checks and corrective counseling of staff
Dispatcher	Intake information, preplanned CAD information on patient address	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty
Training Coordinator	Intake information from dispatch, patient care reports, QA and QI reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be redacted prior to use in training and quality assurance activities
Managers	Intake information from dispatch, patient care reports, QA and QI reports, billing claim forms, remittance advice, other patient information necessary for oversight	May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel and compliance with the law

Access to a patient's entire file will not be allowed except when necessary for a legitimate treatment, payment, or healthcare operations-related reason.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.302 Policy Name: Min. Requirements for Role-Based Actions to PHI <i>(continued: page 3 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Disclosures to and Authorizations from the Patient

NORCAL Ambulance may freely disclose PHI to patients who are the subject of the information and we may freely use and disclose PHI to the extent authorized by a patient. NORCAL Ambulance is required to limit disclosure to the minimum amount of information necessary when releasing it pursuant to a patient request or formal Authorization.


NORCAL Ambulance Requests for PHI from Other Parties

If NORCAL Ambulance needs to request PHI from another party on a routine or recurring basis, we must limit our requests to only the minimum amount of information needed for the intended purpose, as described in the table below. For requests not addressed in the table below, NORCAL Ambulance must make this determination individually for each request, and this determination should be made by the HIPAA Compliance Officer. For example, if the request is non-recurring or non-routine, like making a request for documents pursuant to an audit request, we must make sure our request covers only the minimum necessary amount of information needed to accomplish the purpose of the request.

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

PHI Requests to NORCAL Ambulance from Other Parties

NORCAL Ambulance will make reasonable efforts to release only the minimum amount of PHI that is necessary to accomplish the actual purpose of a request from a third party.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.302 Policy Name: Min. Requirements for Role-Based Actions to PHI <i>(continued: page 4 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Incidental Disclosures

NORCAL Ambulance understands that there will be times when there are incidental disclosures about PHI in the context of caring for a patient. HIPAA was not intended to impede common healthcare practices that are essential in providing healthcare to the individual. Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversations between healthcare providers, or when PHI is able to be viewed by others, despite reasonable efforts to protect the PHI from view.


But all personnel must be sensitive to avoiding incidental disclosures to other healthcare providers and others who do not have a need to know the information. NORCAL Ambulance staff should be attentive to who is within earshot when making verbal statements about a patient’s health information, and follow some of these common-sense procedures for avoiding accidental or inadvertent disclosures:

Measures to Protect PHI

Verbal PHI: Staff members should only discuss PHI with those who are involved in the care of the patient, regardless of physical location. When discussing PHI with patients, staff members should make sure that there are no other persons (including other NORCAL Ambulance staff members) in the area that could overhear the discussion. If so, the patient should be brought into a screened area before engaging in discussion.

Hard Copy PHI: All paper patient care reports should be stored in safe and secure areas when not in use. No paper records concerning a patient should be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should have access to any paper records. Additionally, billing records, including all notes, remittance advices, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

E-PHI: Computer access terminals and other mobile devices should be kept secure. Staff members should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons. All mobile devices such as laptops, ePCRs and cell phones should remain in the physical possession of the individual to whom they are assigned at all times.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.303 Policy Name: Designated Record Sets</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

To ensure that NORCAL Ambulance patients and their authorized representatives are granted rights regarding Protected Health Information (“PHI”) in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), this policy establishes what protected health information (“PHI”) at NORCAL Ambulance should be accessible to patients as part of a Designated Record Set (“DRS”). Under HIPAA, a DRS includes medical records that are created or used by NORCAL Ambulance to make decisions about the patient.

II. Scope


This policy applies to all NORCAL Ambulance staff members responsible for the designation of PHI into designated record sets and those responsible for fulfilling patient requests pertaining to PHI. All staff members should be familiar with the types of information that will be part of a DRS. Generally, the HIPAA Compliance Officer will be responsible for fulfilling patient requests related to PHI and for ensuring that the correct information is made part of the DRS.

III. Procedure


The DRS should only include PHI as defined under HIPAA and should be comprised of individually identifiable health care and billing information created, received, maintained or transmitted by or on behalf of NORCAL Ambulance that is used, in whole or in part, by NORCAL Ambulance to make decisions about individuals. The HIPAA Compliance Officer shall be the party in charge of designating what information is part of a DRS at NORCAL Ambulance and for ensuring that appropriate information is being maintained by the company in its designated record sets.

The Designated Record Set at NORCAL Ambulance

1. The DRS at NORCAL Ambulance for any requests regarding PHI includes the following records:
 - a. Paper or electronic patient care reports (“PCR” or “ePCR”) created or received by NORCAL Ambulance and supplementary information regarding the patient’s condition. This includes any photos, videos, monitor strips, Physician Certification Statements, Refusal of Care forms, Advance Beneficiary Notice of Noncoverage forms, or information from other source used by NORCAL Ambulance to treat patients or bill for services.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.303 Policy Name: Designated Record Sets <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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- b. The electronic claims records or other paper records of submission of actual claims to Medicare or other insurance companies.
 - c. Any patient-specific claim and billing information, including responses from insurance payers, such as remittance advice statements, Explanation of Medicare Benefits (EOMBs), charge screens, patient account statements, and signature authorization and agreement to pay documents.
 - d. Notices from insurance companies indicating coverage determinations, documentation submitted by the patient, and copies of the patient’s insurance card or policy coverage summary, that relate directly to the care of the patient or payment for that care.
 - e. Amendments to PHI, or statements of disagreement by the patient requesting the amendment when PHI is not amended upon request, or an accurate summary of the statement of disagreement.
2. The DRS should also include treatment related records created by other parties such as first responder units, assisting ambulance services, air medical services, nursing homes, hospitals, police departments, coroner’s offices, etc., that are used by NORCAL Ambulance for treatment and payment related purposes.
- a. A designated record set should not include:
 - b. Quality assurance data collected and maintained for peer review purposes;
 - c. Accident reports;
 - d. Incident reports;
 - e. Duplicate information maintained in other systems;
 - f. Data collected and maintained for research;
 - g. Information compiled in reasonable anticipation of litigation or administrative action;
 - h. Employment records; or
 - i. Student records.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.304 Policy Name: News Media Interaction</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) establishes the circumstances under which individuals’ protected health information (“PHI”) can be disclosed. Generally, NORCAL Ambulance may not disclose PHI to the news media without the patient’s written express authorization. In addition, state laws may also grant patients additional privacy protections and may enable parties to bring legal action for invasion of privacy or other related causes of action for improper releases of patient information to the news media – sometimes even information that might not qualify as PHI under HIPAA.

This policy establishes consistent guidelines for NORCAL Ambulance to follow when dealing with requests from the media so that NORCAL Ambulance respects individual privacy rights and complies with applicable federal and state law. NORCAL Ambulance also respects the right of the public to know about events, but we will provide information to the news media only to the extent that the law allows us and only when it would not infringe on the privacy rights of our patients.


II. Scope

This policy applies to all NORCAL Ambulance staff members who might encounter or who may be contacted by various media outlets.

III. Procedure

Requests from the News Media


1. NORCAL Ambulance staff members will at all times treat members of the media in a professional manner when a request for information is made.
2. All information requests from the news media received by any NORCAL Ambulance staff members shall be directed to the Public Information Officer. Or, if NORCAL Ambulance does not have a designated Public Information Officer, all requests from the news media shall be directed to the HIPAA Compliance Officer. Upon receipt of a request for information from the news media, staff members should inform the news media requestor that it is the policy of NORCAL Ambulance that all media requests be handled by one official and staff members should provide the media requestor contact information for the Public Information Officer or HIPAA Compliance Officer, as appropriate. Or the staff member may contact the Public Information Officer or HIPAA Compliance Officer to inform the Officer of the request and request authorization to release information to the media.

	<p>Policy & Procedure Manual Health Information Privacy and Portability Act (HIPAA) Policy Number: 900.304 Policy Name: News Media Interaction (continued: page 2 of 3)</p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2023</p>
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3. Staff members other NORCAL Ambulance’s Public Information Officer or HIPAA Compliance Officer are not permitted to release information to the news media, unless authorized or directed by the appropriate Officer to do so.
4. The Public Information Officer or HIPAA Compliance Officer shall use discretion in handling requests from the news media and when deciding whether to release (or permit the release) of information to the media. The Public Information Officer or HIPAA Compliance Officer should only release information to the media when such release would not violate federal or state laws and when release would not infringe a patient’s reasonable expectation to privacy. For example, if NORCAL Ambulance transported a high-profile member of the community, NORCAL Ambulance should probably decline to disclose even general information that does identify the individual to the media since it is likely the patient’s identity would be known to anyone hearing the report.

Releasing Information to the News Media

1. NORCAL Ambulance may not release any PHI to the news media, absent a patient’s written, signed authorization. In the event that the patient or the patient’s authorized representative signs a HIPAA-compliant authorization form, disclosures of information, including PHI, may be made so long as they are done in accordance with the express terms of the written Authorization. NORCAL’s “Authorization to Use and Disclose Protected Health Information” Form should be used for this purpose.
2. If there is no written authorization from the patient, NORCAL Ambulance may only release information that is “de-identified.” De-identified information is information that does not identify an individual and there is no reasonable basis to believe that the information can be used to identify a specific individual. NORCAL Ambulance may only release the following types of “de-identified” information to members of the media where appropriate:
 - a. Name of hospital: NORCAL Ambulance may provide the name of the hospital to which patients have been transported. (*Example*: The media calls about “the accident at Third and Main earlier this afternoon.” NORCAL Ambulance may inform the media that “a patient was transported from the accident scene to ABC Hospital.”)
 - b. Number of patients: NORCAL Ambulance may provide the total number of patients involved in an incident or transported to a facility. NORCAL Ambulance may not indicate specifics, such as the type of vehicle a patient was driving, or which patient went to a particular facility.

	<p><u>Policy & Procedure Manual</u> Health Information Privacy and Portability Act (HIPAA) Policy Number: 900.304 Policy Name: News Media Interaction (continued: page 3 of 3)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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- c. Age & Gender: NORCAL Ambulance may provide the age of a patient and the gender of the patient unless it could reasonably be used to identify the patient. (*Example:* NORCAL Ambulance may inform the media that “a 39-year-old male was transported from the accident on the Interstate.”)
- d. Designation of Crew Members: NORCAL Ambulance may state, for example, that one paramedic and two EMTs were involved in caring for the patients involved in a motor vehicle accident. NORCAL Ambulance may identify the names of the personnel who responded. (*Example:* We may inform the media that “NORCAL Ambulance personnel on the scene of the incident included two paramedics and a supervisor and advanced life support was administered.”)
- e. Type of Transport: NORCAL Ambulance may indicate that a particular call was an emergency, and that transportation was facilitated by ambulance or helicopter. (*Example:* “Of the 3 patients on the scene of the incident, one was transported by helicopter to the Trauma Center and two were transported as non-emergency patients to the local hospital emergency department.”)

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.305 Policy Name: Release of PHI to Law Enforcement Without Legal Process</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

Protected health information (“PHI”) may only be released to law enforcement officials under specific and limited circumstances under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This policy provides consistent guidelines for NORCAL Ambulance staff members to follow regarding the release of PHI to law enforcement when the law enforcement official does not serve some type of legal process, such as a summons, subpoena, or warrant, so that staff only release PHI in accordance with HIPAA. This policy will work in conjunction with NORCAL Ambulance’s “Staff Member Action Plan for Release of PHI to Law Enforcement Without Legal Process.”


II. Scope

This policy applies to all NORCAL Ambulance staff members who may encounter law enforcement including field personnel who may encounter law enforcement officials at the scene of an incident and other staff who may be approached by law enforcement directly after an incident. This policy applies to situations where law enforcement is seeking PHI from a staff member and the law enforcement official does not present NORCAL Ambulance with legal process, such as a subpoena, summons or warrant. NORCAL Ambulance’s Policy on Release of Protected Information Pursuant to Warrant, Subpoena, Summons or Administrative Request applies to situations where law enforcement or other parties are seeking information pursuant to legal process.


III. Procedure

General Procedure for Handling Requests

1. If a staff member of NORCAL Ambulance is approached by a law enforcement official and the official makes requests a request for PHI about a patient from the staff member, the staff member should verify the identity of the law enforcement official and ask the official what the purpose for the request is being made.
2. If the request is being made for one of the purposes listed in this policy, then the staff member may release the PHI to the law enforcement official, in accordance with this policy. Formal written patient authorization is not required when releasing PHI pursuant to one of the purposes listed in this policy; however, where the patient is readily available and able to consent to the disclosure, verbal consent should be obtained and documented by the staff member before disclosure of PHI is made to the law enforcement official.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.305 Policy Name: Release of PHI to Law Enforcement Without Legal Process <i>(continued: page 2 of 7)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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3. If the staff member is unsure about whether the release of PHI is proper, the staff member should contact the NORCAL Ambulance HIPAA Compliance Officer or an immediate supervisor for guidance. Under no circumstance should any staff member release PHI to law enforcement if the staff member is unsure about the appropriateness of the disclosure.
4. If the request for PHI does not fall under one of the purposes listed in this policy, the staff member should inform the law enforcement officer that s/he is not permitted under HIPAA to release the information. The staff member may inform the law enforcement official of the following two options:
 - a. The law enforcement official may obtain legal process, such as a warrant, summons, or subpoena, to obtain the information from NORCAL Ambulance.
 - b. The law enforcement official may obtain the information directly from the patient if the patient is stable and willing to speak with the official. Staff members should only provide this option to a law enforcement official when doing so would not impede patient care and where the patient is willing to speak with the official. For a stable patient, the staff member should first consult with the patient to determine whether the patient is willing to speak with the official. If the patient declines to speak with the official, the staff member should inform the enforcement official.
5. Staff members should record, at a minimum, the following information about all law enforcement requests that are unaccompanied by legal process:
 - a. The name of the law enforcement official;
 - b. The date and time of the request;
 - c. The purposes for which the request was made (if provided);
 - d. What information the law enforcement official requested;
 - e. Whether the patient was consulted about the request and the patient's response;
 - f. Whether the HIPAA Compliance Officer or other individual at NORCAL Ambulance was consulted about the request;
 - g. Whether the law enforcement official made any representations to NORCAL Ambulance;
 - h. Whether PHI was released and what PHI was released; and
 - i. The reason(s) why the PHI was released.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.305 Policy Name: Release of PHI to Law Enforcement Without Legal Process <i>(continued: page 3 of 7)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Purposes for Which Disclosure Can Be Made to Law Enforcement Without Legal Process

Disclosures of PHI Required by State Reporting Law

1. California law requires that NORCAL Ambulance staff members report certain types of incidents to law enforcement agencies in California. If there is any doubt regarding whether or not California requires reporting of a particular injury or incident, the staff member should contact a supervisor for a list of incidents that must reported under California law.

Disclosures of PHI to Locate or Identify a Suspect, Material Witness, Fugitive or Missing Person

1. PHI may be disclosed to law enforcement for purpose of locating or identifying a suspect, material witness, fugitive, or missing person only upon request of a law enforcement official. The disclosure may not be initiated by NORCAL Ambulance.
2. If a law enforcement official indicates to a staff member that they need PHI about an individual to identify or locate a suspect, material witness, fugitive or missing person, the staff member should ask the law enforcement official to confirm that the *sole* purpose of the request is to locate or identify one of the listed individuals. If the law enforcement official already knows who the individual is and where the individual is located, then the staff member should not proceed to disclose PHI for this purpose.
3. Although no formal written request is required from law enforcement, the staff member should ask that the PHI request be documented in writing, preferably on the law enforcement department’s letterhead. In the absence of a written request from the requesting law enforcement agency, the staff member should, at a minimum, document that the law enforcement officer verified that the PHI was needed to identify or locate a suspect, material witness, fugitive, or missing person.


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4. If the staff member is satisfied that law enforcement has made a good faith representation that the information requested is needed to locate or identify a suspect, fugitive, material witness, or missing person, then the staff member may disclose only the following PHI about that individual to the official:

- Name
- Address
- Date of birth
- Place of birth
- Social Security Number
- Blood type
- Type of injury
- Date of treatment
- Time of treatment
- Description of distinguishing physical characteristics (i.e., weight, hair color, eye color, gender, facial hair, scars, and tattoos)

Disclosing PHI About Crime Victims

1. PHI about crime victims may be disclosed to law enforcement only upon request of a law enforcement official. The disclosure may not be initiated by NORCAL Ambulance.
2. If a law enforcement officer requests PHI about an individual who may be the victim of a crime, NORCAL Ambulance staff members should first discern whether the individual is in fact a victim of a crime. Victims of a crime may include motor accident victims because often a summary or misdemeanor offense is involved (like when the accident is the result of the driver of another vehicle violating traffic laws). In many cases, the determination that a patient is or may be a crime victim can be inferred from the circumstances and the presence of law enforcement at the scene.
3. NORCAL Ambulance may disclose PHI about a crime victim to a law enforcement official if the individual agrees to the disclosure. If the patient is conscious and alert, and it would not impede the provision of care, the staff member should ask the patient if it is acceptable to disclose the PHI to law enforcement. If the patient does not consent to the disclosure, then PHI should not be disclosed, and law enforcement should be informed of that fact. If the victim does consent to the disclosure, the PHI may be released in accordance with the patient's wishes. The consent may be verbal, but it should be documented on a patient care report or other document.


	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.305 Policy Name: Release of PHI to Law Enforcement Without Legal Process <i>(continued: page 5 of 7)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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5. If the patient is unable to consent, due to incapacity or other reason, the staff member should ask law enforcement if they can wait until the patient is able to consent to the release of the PHI. If the law enforcement official represents that waiting until the patient is capable of agreeing to the disclosure would compromise an immediate law enforcement activity, then PHI may be disclosed to law enforcement provided the following conditions are met:
 - A. The staff member, in the exercise of professional judgment, determines that disclosure would be in the best interests of the crime victim;
 - B. The law enforcement officer needs the information to determine whether a violation of law has occurred; and
 - C. The law enforcement officer represents that the information requested is not intended to be used against the crime victim.

Representations from law enforcement may be verbal and should be documented in a patient care report or other document.

Disclosing PHI Regarding Victims of Abuse, Neglect, or Domestic Violence

1. If law enforcement makes a request for PHI regarding someone who a NORCAL Ambulance staff member reasonably believes to be the victim of violence or abuse, NORCAL Ambulance may release PHI to law enforcement if the patient agrees to the disclosures. The staff member should first ask the patient for his/her consent to release the information. If the patient does not consent to the disclosure, no PHI should be provided to law enforcement and law enforcement should be informed of this fact. If the individual agrees to the disclosure of PHI, the staff member may give the PHI to law enforcement in accordance with the patient's consent. This consent can be verbal, but it should be documented on the patient care report.
2. If the individual is unable to consent to the disclosures due to incapacity, mental condition, etc., and the laws of California expressly authorize reporting of this type of information to law enforcement, NORCAL Ambulance staff members may release PHI to law enforcement provided that either of the following conditions are met:
 - a. The staff member, in the exercise of professional judgment, believes that the disclosure is necessary to prevent serious harm to the patient or other potential victims; or

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.305 Policy Name: Release of PHI to Law Enforcement Without Legal Process (<i>continued: page 6 of 7</i>)</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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- b. Law enforcement assures the staff member that the PHI will not be used against the victim and represents that an immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.
3. Representations from law enforcement may be verbal and should be documented in a patient care report by the staff member along with all details regarding the disclosure including the identity of the requestor, the purpose of the request, the date and time of the request, and the PHI released about the victim.
4. If NORCAL Ambulance discloses PHI without the patient’s consent because the patient was unable to consent, the HIPAA Compliance Officer must contact the patient and alert them of the disclosure, unless NORCAL Ambulance believes contacting the patient will only put the patient at greater risk.

Disclosing PHI Regarding Decedents

1. PHI can be released to law enforcement about decedents without a request for PHI from a law enforcement official (*i.e.*, NORCAL Ambulance may initiate this type of disclosure).
2. NORCAL Ambulance staff members may disclose limited PHI to law enforcement about an individual who has died when staff members have a reasonable, good faith belief that the death may have resulted from criminal conduct. The staff member does not necessarily have to come to a legal conclusion, or know with complete certainty, that the death resulted from a crime. This includes any type of crime.
3. Disclosure regarding suspected victims of a crime should be limited to basic facts about the victim and the circumstances of the death.

Disclosing PHI to Report a Crime on NORCAL Ambulance’s Premises

1. NORCAL Ambulance may initiate this type of disclosure to law enforcement absent a request from a law enforcement official.
2. NORCAL Ambulance staff members may disclose to law enforcement any PHI that staff members in good faith believe constitutes evidence of a crime committed on NORCAL Ambulance’s premises. NORCAL Ambulance’s premises include the station house, headquarters, parking lot, the ambulance, etc.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.305 Policy Name: Release of PHI to Law Enforcement Without Legal Process <i>(continued: page 7 of 7)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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3. Disclosure of PHI to report a crime on the premises should be limited to information that is necessary to alert law enforcement about the crime and to describe the crime to law enforcement.

Disclosing PHI to Report a Crime in an Emergency

1. NORCAL Ambulance may initiate this type of disclosure to law enforcement absent a request from a law enforcement official.
2. NORCAL Ambulance staff members may disclose PHI to law enforcement when they believe it is necessary to alert law enforcement to:
 - The commission of a crime
 - The nature of a crime
 - The location of the crime
 - The location of a crime victim
 - The identity, description, and location of the perpetrator of a crime
3. Disclosures of PHI to report a crime in an emergency should be limited to necessary information about the nature of the crime and information about the suspect(s).

Disclosure of PHI to Avert a Serious Threat to Health or Safety

1. NORCAL Ambulance may initiate this type of disclosure to law enforcement absent a request from a law enforcement official.
2. NORCAL Ambulance staff members may disclose PHI to avert a serious threat to health or safety so long as a staff member believes that the disclosure is necessary to:
 - a. Avert a serious and imminent threat to a person's safety or the public at large;
 - b. Identify or apprehend an individual because that individual admitted to participating in a violent crime that may have caused serious harm; or
 - c. Identify or apprehend someone who escaped from a correctional institution or from lawful custody.
3. Disclosures of PHI to prevent or lessen a serious and imminent threat to the health or safety should only be made to alert persons who are reasonably able to prevent or lessen the threat.
4. Disclosures of PHI to prevent or lessen a serious threat to health or safety should be limited to necessary information to prevent or lessen the threat, and necessary information about the individual who poses the threat.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.306 Policy Name: Release of PHI to Law Enforcement With Legal Process</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

Protected health information (“PHI”) may be released pursuant to valid legal process under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This policy provides guidelines for NORCAL Ambulance regarding the release of PHI pursuant to court orders, summons, subpoenas, warrants, administrative requests, and discovery requests (collectively referred to in this policy as “legal process”), so that NORCAL Ambulance only releases PHI in accordance with HIPAA and as required by state law. This policy will work in conjunction with NORCAL Ambulance’s HIPAA Compliance Officer Action Plans on “Requests for PHI from Attorneys,” “Administrative Requests for PHI from Government Agencies,” and “Court-Ordered Requests for PHI.”


II. Scope

This policy applies to all NORCAL Ambulance staff members who may receive or respond to requests for PHI accompanied by legal process. These requests typically occur after a call is completed and are generally served on staff at NORCAL Ambulance’s station in person or through the mail. Generally, all such requests will be directed to and handled by the HIPAA Compliance Officer.

III. Procedure

General Procedure for Handling Requests

1. NORCAL Ambulance is permitted by HIPAA and may be required by California law and federal law, to furnish requested PHI to certain parties pursuant to a valid legal process.
2. If NORCAL Ambulance receives a request for PHI accompanied by legal process, the request shall be directed to the HIPAA Compliance Officer.
3. The HIPAA Compliance Officer shall first determine whether the request is: (a) a court order or a court-ordered subpoena, summons or warrant (“SSW”); (b) an administrative request; or (c) a subpoena, discovery request, or other legal process issued by an attorney. When determining what type of request has been received, the HIPAA Compliance Officer shall look to the issuer of the request (*i.e.*, who the requesting party is) and keep in mind the following guidelines:

	<p>Policy & Procedure Manual Health Information Privacy and Portability Act (HIPAA) Policy Number: 900.306 Policy Name: Release of PHI to Law Enforcement With Legal Process <i>(continued: page 2 of 5)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2023</p>
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- a. Court orders and court-ordered SSWs are issued by courts, grand juries, and administrative tribunals and signed by a judge or other judicial officer.
- b. Administrative requests are issued by a federal, state, or local administrative agency such as a department of health, a law enforcement agency, or other similar type of agency. Administrative agencies are permitted to issue “administrative” warrants, subpoenas, summonses, or other similar type requests for information. These documents are likely to be signed by a high-level official from the requesting administrative agency.
- c. Attorneys may issue subpoenas and discovery requests. These requests can usually be distinguished from other types of “official” court-ordered or administrative requests because they are signed by an attorney, not a judge, judicial officer, or administrative official.

When in doubt, the HIPAA Compliance Officer should solicit the assistance of legal counsel in determining what type of request was received.

4. Patient authorization is not required when releasing PHI pursuant to a request for PHI accompanied by legal process. However, patients may need to be notified about certain requests in accordance with this policy before PHI is released.
5. All disclosures of PHI pursuant to requests accompanied by legal process must be documented by the HIPAA Compliance Officer in NORCAL Ambulance’s “Accounting Log for Disclosures of PHI” and a copy of the request shall be maintained with that log in the patient file, along with other information required by this policy.

Responding to Court-Ordered Requests

1. If the HIPAA Compliance Officer determines that the request is a court order or a court-ordered SSW, the HIPAA Compliance Officer shall first verify that the request has been signed by a judge or other judicial officer of a court, grand jury, or administrative tribunal. If the request has not been signed by a judge or judicial officer, the HIPAA Compliance Officer shall send the requestor a letter stating that NORCAL Ambulance will not disclose any PHI until NORCAL Ambulance receives a court order or court-ordered SSW that is signed by the appropriate party.
2. If the request is signed by a judge or judicial officer, NORCAL Ambulance may disclose ONLY the information that is specifically requested by the court order or court-ordered SSW. For example, the HIPAA Compliance Officer should not simply turn over a copy of all records (including records relating to prior transports and billing records) if the request asks NORCAL Ambulance to “provide any treatment records about John Smith from April 15, 2013.”


	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.306 Policy Name: Release of PHI to Law Enforcement With Legal Process <i>(continued: page 3 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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- However, if the request asks NORCAL Ambulance to provide “any and all records pertaining to John Smith,” then NORCAL Ambulance must generally provide all PCRs, all billing records, and any other information maintained about the patient. The HIPAA Compliance Officer shall also contact the issuer of the request whenever it is unclear what PHI NORCAL Ambulance is required to disclose. If necessary, the HIPAA Compliance Officer shall ask that the requester re-issue a more specific request.
3. The HIPAA Compliance Officer shall retain a copy of the court-ordered request and document the name of the requesting party, the date of the request, the date of disclosure, and the PHI that was disclosed.

Responding to Administrative Requests from Government Agencies

1. If the HIPAA Compliance Officer determines that a request for PHI qualifies as an administrative request including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process) issued by a federal, state, or local government agency, the HIPAA Compliance Officer should first determine whether the agency has the authority to make the request and to receive the PHI requested. The HIPAA Compliance Officer should look to any statutory or regulatory authority cited in the request and consult with legal counsel when making this determination. If the HIPAA Compliance Officer determines that the agency does not have the legal authority to request and receive the PHI requested, the HIPAA Compliance Officer shall send the requestor a letter stating that NORCAL Ambulance will not disclose any PHI until the agency provides NORCAL Ambulance with a statement citing appropriate legal authority to request and receive the PHI requested.
2. If the HIPAA Compliance Officer determines that the agency is authorized by law to make the request, the HIPAA Compliance Officer must then verify that:
 - a. The PHI sought by the request is relevant and material to a legitimate law enforcement inquiry;
 - b. The request is specific and limited in scope to the extent reasonable and practicable in light of the purpose for which the PHI is sought; and
 - c. De-identified information could not reasonably be used.


The HIPAA Compliance Officer should look to the administrative request to determine whether these conditions are clearly met. If it is not clear from the administrative request that all three of the above-listed conditions are met, then the HIPAA Compliance Officer shall contact the administrative agency who issued the request and inform the agency that PHI will not be released until NORCAL Ambulance receives written assurances from the requestor that the conditions are met.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.306 Policy Name: Release of PHI to Law Enforcement With Legal Process <i>(continued: page 4 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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3. If the HIPAA Compliance Officer determines that the above-listed conditions are met, the HIPAA Compliance Officer may release ONLY the PHI that the administrative request asks for. The HIPAA Compliance Officer shall also contact the issuer of the request whenever it is unclear what PHI NORCAL Ambulance is required to disclose. If necessary, the HIPAA Compliance Officer shall ask that the requester re-issue a more specific request.
4. The HIPAA Compliance Officer shall retain a copy of the administrative request as well as any assurances, and document: the name of requesting party; the date of the request; the date of disclosure; and the PHI that was disclosed.

Responding to Requests from Attorneys


1. If the HIPAA Compliance Officer determines that the request is a subpoena, discovery request, or other legal process from an attorney (that is not accompanied by an official order from a court, grand jury or administrative tribunal), the HIPAA Compliance Officer shall first verify that the original subpoena, discovery request, or other legal process is enclosed with the request. References to a subpoena or other document in the request are not sufficient. If the original legal process has not been provided to NORCAL Ambulance, the HIPAA Compliance Officer shall send the requestor a letter stating that NORCAL Ambulance will not disclose any PHI until the original process has been provided.
2. Then, the HIPAA Compliance Officer shall verify that “satisfactory written assurances” have been provided to NORCAL Ambulance by the requestor. This means that NORCAL Ambulance must receive written documentation from the attorney requesting the PHI that demonstrates either of the following:
 - a. The attorney requesting the PHI made a good faith attempt to provide written notice to the patient that included information about the litigation or proceeding and the PHI request and such notice was sufficient to permit the individual the opportunity to raise an objection to the court or administrative tribunal. Additionally, the time for the patient to raise objections to the court or administrative tribunal has elapsed, and either: (i) no objections were filed; or (ii) all objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution. Documentation may include, for example, a copy of the notice mailed to the individual that includes instructions for raising an objection with the court and the deadline for doing so, and a written statement or other documentation demonstrating that no objections were raised or all objections raised were resolved and the request is consistent with the resolution. To the extent that the subpoena or other request itself demonstrates the above elements, no additional documentation is required; or

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.306 Policy Name: Release of PHI to Law Enforcement With Legal Process <i>(continued: page 5 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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- b. The parties to the dispute giving rise to the request for PHI have agreed to a “qualified protective order” and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or the attorney seeking the PHI has requested a qualified protective order from such court or administrative tribunal. A “qualified protective order” is an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that: (i) prohibits the parties from using or disclosing the PHI for any purpose other than the litigation or proceeding for which such information was requested; and (ii) requires the return of the PHI or destruction of the PHI (including all copies made) at the end of the litigation or proceeding. Documentation may include, for example, a copy of the qualified protective order that the parties have agreed to and documentation or a statement that the order was presented to the court, or a copy of the motion to the court requesting a qualified protective order.

If all written assurances have not been provided to NORCAL Ambulance, the HIPAA Compliance Officer shall send the requestor a letter stating that NORCAL Ambulance will not disclose any PHI until the proper written assurances have been provided.

3. If the required satisfactory written assurances have been provided to NORCAL Ambulance, then the HIPAA Compliance Officer may disclose PHI as requested in the subpoena or other legal process. The HIPAA Compliance Officer shall **ONLY** disclose the PHI that has been requested in the document. The HIPAA Compliance Officer shall also contact the issuer of the request whenever it is unclear what PHI NORCAL Ambulance is required to disclose. If necessary, the HIPAA Compliance Officer shall ask that the requester re-issue a more specific request.
4. The HIPAA Compliance Officer shall retain a copy of the request from the attorney as well as the satisfactory written assurances from the attorney in the patient file. The HIPAA Compliance Officer shall also document the name of requesting party, the date of the request, the date of disclosure, and the PHI that was disclosed.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.307 Policy Name: Court Ordered Release of PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

Protected health information (“PHI”) may be released pursuant to valid legal process under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). This policy provides guidelines for NORCAL Ambulance regarding the release of PHI pursuant to court orders, summonses, subpoenas, warrants, administrative requests, and discovery requests (collectively referred to in this policy as “legal process”), so that NORCAL Ambulance only releases PHI in accordance with HIPAA and as required by state law.

II. Scope

This policy applies to all NORCAL Ambulance staff members who may receive or respond to requests for PHI accompanied by legal process. These requests typically occur after a call is completed and are generally served on staff at a NORCAL Ambulance station in person or through the mail. Generally, all such requests will be directed to and handled by the HIPAA Compliance Officer.


III. Procedure

General Procedure for Handling Requests

NORCAL Ambulance is permitted by HIPAA and may be required by state law and federal law, to furnish requested PHI to certain parties pursuant to a valid legal process. If NORCAL Ambulance receives a request for PHI accompanied by legal process, the request shall be directed to the HIPAA Compliance Officer.

The HIPAA Compliance Officer shall first determine whether the request is: (a) a court order or a court-ordered subpoena, summons or warrant (“SSW”); (b) an administrative request; or (c) a subpoena, discovery request, or other legal process issued by an attorney. When determining what type of request has been received, the HIPAA Compliance Officer shall look to the issuer of the request (*i.e.*, who the requesting party is) and keep in mind the following guidelines:

1. Court orders and court-ordered SSWs are issued by courts, grand juries, and administrative tribunals and signed by a judge or other judicial officer.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.307 Policy Name: Court Ordered Release of PHI <i>(continued: page 2 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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2. Administrative requests are issued by a federal, state, or local administrative agency such as a department of health, a law enforcement agency, or other similar type of agency. Administrative agencies are permitted to issue “administrative” warrants, subpoenas, summonses, or other similar type requests for information. These documents are likely to be signed by a high-level official from the requesting administrative agency.
3. Attorneys may issue subpoenas and discovery requests. These requests can usually be distinguished from other types of “official” court-ordered or administrative requests because they are signed by an attorney, not a judge, judicial officer, or administrative official.

When in doubt, the HIPAA Compliance Officer should solicit the assistance of legal counsel in determining what type of request was received.


Patient authorization is not required when releasing PHI pursuant to a request for PHI accompanied by legal process. However, patients may need to be notified about certain requests in accordance with this policy before PHI is released.

All disclosures of PHI pursuant to requests accompanied by legal process must be documented by the HIPAA Compliance Officer in the NORCAL Ambulance “Accounting Log for Disclosures of PHI” and a copy of the request shall be maintained with that log in the patient file, along with other information required by this policy.

Responding to Court-Ordered Requests

If the HIPAA Compliance Officer determines that the request is a court order or a court-ordered SSW, the HIPAA Compliance Officer shall first verify that the request has been signed by a judge or other judicial officer of a court, grand jury, or administrative tribunal. If the request has not been signed by a judge or judicial officer, the HIPAA Compliance Officer shall send the requestor a letter stating that NORCAL Ambulance will not disclose any PHI until a court order or court-ordered SSW that is signed by the appropriate party is received.

If the request is signed by a judge or judicial officer, NORCAL Ambulance may disclose ONLY the information that is specifically requested by the court order or court-ordered SSW. For example, the HIPAA Compliance Officer should not simply turn over a copy of all records (including records relating to prior transports and billing records) if the request asks NORCAL Ambulance to “provide any treatment records about John Smith from April 15, 2013.”

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.307 Policy Name: Court Ordered Release of PHI <i>(continued: page 3 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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However, if the request asks NORCAL Ambulance to provide “any and all records pertaining to John Smith,” then NORCAL Ambulance must generally provide all PCRs, all billing records, and any other information maintained about the patient. The HIPAA Compliance Officer shall also contact the issuer of the request whenever it is unclear what PHI that NORCAL Ambulance is required to disclose. If necessary, the HIPAA Compliance Officer shall ask that the requester re-issue a more specific request.

The HIPAA Compliance Officer shall retain a copy of the court-ordered request and document the name of the requesting party, the date of the request, the date of disclosure, and the PHI that was disclosed.


Responding to Administrative Requests from Government Agencies

If the HIPAA Compliance Officer determines that a request for PHI qualifies as an administrative request (including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process) issued by a federal, state, or local government agency, the HIPAA Compliance Officer should first determine whether the agency has the authority to make the request and to receive the PHI requested. The HIPAA Compliance Officer should look to any statutory or regulatory authority cited in the request and consult with legal counsel when making this determination. If the HIPAA Compliance Officer determines that the agency does not have the legal authority to request and receive the PHI requested, the HIPAA Compliance Officer shall send the requestor a letter stating that NORCAL Ambulance will not disclose any PHI until the agency provides NORCAL Ambulance with a statement citing appropriate legal authority to request and receive the PHI requested.

If the HIPAA Compliance Officer determines that the agency is authorized by law to make the request, the HIPAA Compliance Officer must then verify that:

1. The PHI sought by the request is relevant and material to a legitimate law enforcement inquiry;
2. The request is specific and limited in scope to the extent reasonable and practicable in light of the purpose for which the PHI is sought; and
3. De-identified information could not reasonably be used.

The HIPAA Compliance Officer should look to the administrative request to determine whether these conditions are clearly met. If it is not clear from the administrative request that all three of the above-listed conditions are met, then the HIPAA Compliance Officer shall contact the administrative agency who issued the request and inform the agency that PHI will not be released until NORCAL Ambulance receives written assurances from the requestor that the conditions are met.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.307 Policy Name: Court Ordered Release of PHI <i>(continued: page 4 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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If the HIPAA Compliance Officer determines that the above-listed conditions are met, the HIPAA Compliance Officer may release ONLY the PHI that the administrative request asks for. The HIPAA Compliance Officer shall also contact the issuer of the request whenever it is unclear what PHI that NORCAL Ambulance is required to disclose. If necessary, the HIPAA Compliance Officer shall ask that the requester re-issue a more specific request. The HIPAA Compliance Officer shall retain a copy of the administrative request as well as any assurances, and document: the name of requesting party; the date of the request; the date of disclosure; and the PHI that was disclosed.

Responding to Requests from Attorneys

If the HIPAA Compliance Officer determines that the request is a subpoena, discovery request, or other legal process from an attorney (that is not accompanied by an official order from a court, grand jury, or administrative tribunal), the HIPAA Compliance Officer shall first verify that the original subpoena, discovery request, or other legal process is enclosed with the request. References to a subpoena or other document in the request are not sufficient. If the original legal process has not been provided to NORCAL Ambulance, the HIPAA Compliance Officer shall send the requestor a letter stating that NORCAL Ambulance will not disclose any PHI until the original process has been provided.

Then, the HIPAA Compliance Officer shall verify that “satisfactory written assurances” have been provided to NORCAL Ambulance by the requestor. This means that NORCAL Ambulance must receive written documentation from the attorney requesting the PHI that demonstrates either of the following:

- The attorney requesting the PHI made a good faith attempt to provide written notice to the patient that included information about the litigation or proceeding and the PHI request and such notice was sufficient to permit the individual the opportunity to raise an objection to the court or administrative tribunal. Additionally, the time for the patient to raise objections to the court or administrative tribunal has elapsed, and either: (i) no objections were filed; or (ii) all objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution. Documentation may include, for example, a copy of the notice mailed to the individual that includes instructions for raising an objection with the court and the deadline for doing so, and a written statement or other documentation demonstrating that no objections were raised or all objections raised were resolved and the request is consistent with the resolution. To the extent that the subpoena or other request itself demonstrates the above elements, no additional documentation is required;

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.307 Policy Name: Court Ordered Release of PHI <i>(continued: page 5 of 5)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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OR

- The parties to the dispute giving rise to the request for PHI have agreed to a “qualified protective order” and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or the attorney seeking the PHI has requested a qualified protective order from such court or administrative tribunal. A “qualified protective order” is an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that: (i) prohibits the parties from using or disclosing the PHI for any purpose other than the litigation or proceeding for which such information was requested; and (ii) requires the return of the PHI or destruction of the PHI (including all copies made) at the end of the litigation or proceeding. Documentation may include, for example, a copy of the qualified protective order that the parties have agreed to and documentation or a statement that the order was presented to the court, or a copy of the motion to the court requesting a qualified protective order.

If all written assurances have not been provided to NORCAL Ambulance, the HIPAA Compliance Officer shall send the requestor a letter stating that NORCAL Ambulance will not disclose any PHI until the proper written assurances have been provided.

If the required satisfactory written assurances have been provided to NORCAL Ambulance, then the HIPAA Compliance Officer may disclose PHI as requested in the subpoena or other legal process. The HIPAA Compliance Officer shall **ONLY** disclose the PHI that has been requested in the document. The HIPAA Compliance Officer shall also contact the issuer of the request whenever it is unclear what PHI that NORCAL Ambulance is required to disclose. If necessary, the HIPAA Compliance Officer shall ask that the requester re-issue a more specific request.

The HIPAA Compliance Officer shall retain a copy of the request from the attorney as well as the satisfactory written assurances from the attorney in the patient file. The HIPAA Compliance Officer shall also document the name of requesting party, the date of the request, the date of disclosure, and the PHI that was disclosed.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.400 Policy Name: Breaches of Unsecured PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

Under the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act”) NORCAL Ambulance has an obligation, following the discovery of a breach of unsecured protected health information (“PHI”), to notify each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, or disclosed. NORCAL Ambulance also has an obligation to notify the Department of Health and Human Services (“HHS”) of all breaches. In some cases, NORCAL Ambulance must notify media outlets about breaches of unsecured PHI. This policy details how NORCAL Ambulance will handle and respond to suspected and actual breaches of unsecured PHI.

II. Scope


This Policy applies to all NORCAL Ambulance staff members who come into contact with PHI. All suspected breach incidents shall be brought to the attention of the HIPAA Compliance Officer and the HIPAA Compliance Officer shall investigate each incident and initiate the appropriate response to the incident.

III. Procedure

Breach Defined

A breach is the acquisition, access, use, or disclosure of unsecured PHI in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the PHI. An acquisition, access, use, or disclosure of PHI that NORCAL Ambulance created, received, maintained, or transmitted that is not permitted by HIPAA is presumed to be a breach unless NORCAL Ambulance demonstrates that there is a low probability that the PHI has been compromised based on a “risk assessment” of at least the following factors:

- The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
- The unauthorized person who used the PHI or to whom the disclosure was made;
- Whether the PHI was actually acquired or viewed; and
- The extent to which the risk to the PHI has been mitigated.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.400 Policy Name: Breaches of Unsecured PHI <i>(continued: page 2 of 6)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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“Unsecured protected health Information” is PHI that has not been rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by HHS for securing PHI – available on HHS’s website at: <http://www.hhs.gov/ocr/privacy>. Generally, PHI is “unsecured” if it is not encrypted by strong encryption technology or if it has not been properly destroyed. If the PHI is able to be used, read, or deciphered it is “unsecured.”

A breach does not include any of the following:


- Unintentional acquisition, access, or use of unsecured PHI by a staff member at NORCAL Ambulance or someone acting under the authority of NORCAL Ambulance if the acquisition, access, or use was made in good faith and within that individual’s scope of authority, so long as the information was not further used or disclosed in violation of HIPAA.
- Any inadvertent disclosure of PHI by a NORCAL Ambulance staff member who is generally authorized to access PHI to another person at NORCAL Ambulance who is generally authorized to access PHI, as the information received as a result of such disclosure was not further used or disclosed in violation of HIPAA.
- A disclosure of PHI where NORCAL Ambulance has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain the information.

Reporting a Suspected Breach Incident

All NORCAL Ambulance staff members are responsible for immediately reporting a suspected breach incident to a supervisor or the HIPAA Compliance Officer. NORCAL Ambulance staff members shall report all known and suspected HIPAA violations. The HIPAA Compliance Officer will notify management about the suspected incident. The HIPAA Compliance Officer shall document the date that the suspected breach of unsecured PHI occurred (if known) and the date(s) on which the supervisor and the HIPAA Compliance Officer were notified about the incident.

Investigating a Suspected Breach Incident

The HIPAA Compliance Officer shall then initiate an investigation to determine whether an actual breach has occurred and what actions, if any, are necessary. The HIPAA Compliance Officer shall interview all necessary parties who may have information about the incident. The staff member who reported the suspected incident and other members with knowledge of the incident should be asked to complete NORCAL Ambulance’s “Internal Breach Incident Reporting Form.” Staff members should be required to convey all information that they know about the incident and to cooperate in any subsequent investigation regarding the incident.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.400 Policy Name: Breaches of Unsecured PHI <i>(continued: page 3 of 6)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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After gathering all available information about the incident, the HIPAA Compliance Officer shall conduct an analysis to determine whether an actual breach of unsecured PHI occurred. NORCAL Ambulance shall consult with legal counsel whenever necessary in making this determination. If the Compliance Officer determines that a breach of unsecured PHI has not occurred, the reasons behind that conclusion shall be thoroughly documented.

If the HIPAA Compliance Officer determines that a breach of unsecured PHI has occurred, the reasons behind that conclusion shall be thoroughly documented and the HIPAA Compliance Officer shall proceed to notify all necessary parties in accordance with this policy.

Breach Notification to Affected Individuals


Following the discovery of a breach of unsecured PHI, NORCAL Ambulance will notify everyone whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, or disclosed as a result of such breach. The HIPAA Compliance Officer shall be the party who is primarily responsible to make proper notice, in consultation with NORCAL Ambulance management.

A breach shall be treated as discovered by NORCAL Ambulance as of the first day on which the breach is known, or, by exercising reasonable diligence would have been known to NORCAL Ambulance or any person, other than the person committing the breach, who is a staff member or agent of NORCAL Ambulance.

NORCAL Ambulance shall provide the notification without unreasonable delay and in no case later than 60 calendar days after discovery of a breach.

If a law enforcement official states to NORCAL Ambulance that a notification, notice, or posting would impede a criminal investigation or cause damage to national security, NORCAL Ambulance shall:


1. Delay notification for the time period specified by the official if the statement is in writing and specifies the time for which a delay is required; or
2. If the notice is a verbal statement, delay notification temporarily, and no longer than 30 days from the date of the oral statement, unless a written statement is submitted during that time. If the statement is made orally, the HIPAA Compliance Officer shall document the statement, including the identity of the official making the statement.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.400 Policy Name: Breaches of Unsecured PHI <i>(continued: page 4 of 6)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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3. NORCAL Ambulance shall provide written notification, in plain language, by first-class mail to each affected individual at the last known address of each individual. If the affected individual agreed to receive electronic notice of breaches, NORCAL Ambulance may provide notice by electronic mail. The notification may be provided in one or more mailings as information becomes available.
4. The HIPAA Compliance Officer shall utilize the form: “Individual Notice of Breach of Unsecured PHI” when sending notice to affected parties. The Notice shall include, to the extent possible:
5. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
6. A description of the types of unsecured PHI that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, or other types of information were involved);
7. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
8. A brief description of what NORCAL Ambulance is doing to investigate the breach, to mitigate harm to individuals, and to protect against any further breaches; and
9. Contact procedures for individuals to ask questions or learn additional information about the incident from NORCAL Ambulance. These contract procedures shall include a toll-free telephone number and an e-mail address to reach NORCAL’s HIPAA Compliance Officer.

If the HIPAA Compliance Officer determines that affected individuals need to be contacted immediately to protect them from potential harm, the HIPAA Compliance Officer shall contact those individuals by telephone or other means as soon as possible. NORCAL Ambulance shall still send written notice to these individuals about the incident.

If NORCAL Ambulance knows that any affected individual is deceased and NORCAL Ambulance has the address of the next of kin or personal representative of the individual, NORCAL Ambulance shall provide written notification by first class mail to either the next of kin or personal representative.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.400 Policy Name: Breaches of Unsecured PHI <i>(continued: page 5 of 6)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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If NORCAL Ambulance has insufficient or out-of-date contact information for any affected individuals, NORCAL Ambulance shall use a substitute form of notice that, in the informed opinion of the HIPAA Compliance Officer, will reach the individual. Substitute notice is not required in cases where there is insufficient or out-of-date contact information for the next of kin or personal representative of a deceased individual. Substitute notice will be provided in the following manner:

1. If there is insufficient or out-of-date contact information for fewer than 10 affected individuals, then substitute notice may be provided by an alternative form of written notice such as placing a notice in the newspaper, calling the patient, or other means.
2. If there is insufficient or out-of-date contact information for 10 or more individuals, then the substitute notice shall: (i) be conspicuously posted on NORCAL Ambulance’s home page of its website for 90 days, or conspicuous notice in major print or broadcast media in geographic areas where each affected individual likely resides; and (ii) include a toll-free phone number for NORCAL Ambulance that remains active for at least 90 days where individuals can learn whether their unsecured PHI may be included in the breach.

Breach Notification to the Media

For a breach of unsecured PHI involving more than 500 residents of a single state or jurisdiction, NORCAL Ambulance shall notify prominent media outlets serving the state or jurisdiction about the breach. The HIPAA Compliance Officer shall be the party in charge of making such notice and shall make such notification in consultation with NORCAL Ambulance management and legal counsel.

Notification to the media shall be made without unreasonable delay and in no case later than 60 calendar days after discovery of the breach.


Notification to the media shall include all information that must be included in individual notice.

Breach Notification to HHS

NORCAL Ambulance shall notify HHS of all breaches of unsecured PHI in accordance with this policy.

For breaches of unsecured PHI involving 500 or more individuals, NORCAL Ambulance shall provide notice to HHS when it provides notice to affected individuals. Notice must be provided in the manner specified on the HHS Website at:

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/>

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.400 Policy Name: Breaches of Unsecured PHI <i>(continued: page 6 of 6)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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The HIPAA Compliance Officer shall be responsible for ensuring that such notice is submitted to HHS and must consult management before submitting the information to HHS.

For breaches of unsecured PHI involving less than 500 individuals, NORCAL Ambulance shall maintain a log of such breaches and report them to HHS on an annual basis. The HIPAA Compliance Officer shall track these breaches on a log for tracking breach incidents. The HIPAA Compliance Officer shall report these breaches to HHS annually, no later than 60 days after the end of the calendar year in which these breaches were discovered. This shall be done in the manner specified on the HHS Website at: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/>. The HIPAA Compliance Officer shall ensure that the information is submitted to HHS by March 1 of each year and must consult with management before submitting the information to HHS.

Breach Notification in Accordance with State Law


The HIPAA Compliance Officer shall also determine, in consultation with legal counsel, whether NORCAL Ambulance has any additional breach notification obligations under applicable California laws and/or other applicable state laws. NORCAL Ambulance must look to each state in which an affected individual resides when making this determination and shall consult legal counsel licensed to practice in those states.

Administrative Requirements

The HIPAA Compliance Officer shall record and maintain thorough records of all activities related to suspected and actual breach incidents. In the event of a suspected crime, or other unlawful activity, local, state, or federal law enforcement may need to be notified. That determination will be made by management with recommendation from the HIPAA Compliance Officer. The HIPAA Compliance Officer shall coordinate communications with outside organizations and law enforcement.

NORCAL Ambulance will train all members of its staff so that they are able to identify suspected breaches of unsecured PHI and know to report all suspected breaches to the appropriate party immediately.

Staff members who violate this policy will be subject to disciplinary action, up to and including termination.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.401 Policy Name: Staff Member Access to e-PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) NORCAL Ambulance is required to ensure that all staff members have appropriate access to e-PHI, and that his or her identity is properly verified before access to any NORCAL Ambulance networks, systems and applications containing e-PHI can be obtained. This policy establishes procedures to prevent staff members (including former staff members) who should not have access to e-PHI from obtaining it and ensures that those who are authorized to have access to e-PHI obtain access in a secure fashion.

II. Scope

This policy applies to all NORCAL Ambulance staff members who have access to any e-PHI that is created, received, maintained, or transmitted by NORCAL Ambulance. The HIPAA Compliance Officer shall be responsible for ensuring proper administration of this policy.

III. Procedure

Authority to Access e-PHI


Staff members seeking access to any network, system, or application that contains e-PHI must satisfy a user authentication mechanism such as unique user identification and password, biometric input, or a user identification smart card to verify their identity and authority to access e-PHI.

Staff members seeking access to any network, system, or application must not misrepresent themselves by using another person’s User ID and password, or other authentication information.

Staff members should take reasonable steps to ensure that they verify the identity and correct address (digital or physical) of the receiving person or entity prior to transmitting e-PHI. This might include sending a “test email” or calling a party before a fax is sent.

Unique User Identification

Any staff member or authorized user that requires access to any network, system, or application that creates, receives, maintains, or transmits e-PHI at NORCAL Ambulance must be provided with a Unique User Identification Number.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.401 Policy Name: Staff Member Access to e-PHI <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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When requesting access to any network, system, or application that creates, receives, maintains, or transmits e-PHI at NORCAL Ambulance, a staff member or authorized user must supply their assigned Unique User Identification in conjunction with a secure password.

If a staff member or authorized user believes their User Identification has been comprised, they must report that incident to the appropriate supervisor or the HIPAA Compliance Officer immediately.

Security Password Management


All staff members must create a password in conjunction with their Unique User Identification to gain access to any network, system or application used to create, receive, maintain or transmit e-PHI at NORCAL Ambulance.

A generic User Identification and password may be utilized for access to shared or common area workstations so long as the login provides no access to e-PHI. An additional Unique User Identification and password must be supplied to access networks, systems applications and database systems containing e-PHI at NORCAL Ambulance. Managers of networks, systems, or applications used to create, receive, maintain, or transmit e-PHI at NORCAL Ambulance must ensure that passwords set by staff members meet the minimum level of complexity described in this policy.

Managers of networks, systems, or applications used to create, receive, maintain or e-PHI are responsible for educating staff members about all password related policies and procedures, and any changes to those policies and procedures.

Password “aging times” (i.e., the period a password may be used before it must be changed) must be implemented in a manner commensurate with the criticality and sensitivity of the e-PHI contained within each network, system, application or database. Staff members are responsible for the proper use and protection of their passwords and must adhere to the following guidelines:

- Passwords are only to be used for legitimate access to networks, systems, or applications.
- Passwords must not be disclosed to other staff members or individuals.
- Staff members must not allow other staff members or individuals to use their password.
- Passwords must not be written down, posted, or exposed in an insecure manner such as on a notepad or posted on the workstation.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.401 Policy Name: Staff Member Access to e-PHI <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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- All passwords used to gain access to any network, system, or application used to access, transmit, receive, or store e-PHI must be of sufficient complexity to ensure that it is not easily guessable.
- Passwords should be a minimum of eight characters in length.
- Passwords should incorporate three of the following characteristics:
- Any lower-case letters (a-z)
- Any upper-case letters (A-Z)
- Any numbers (0-9)
- Any punctuation or non-alphanumeric characters found on a standard ASCII keyboard (! @ # \$ % ^ & * () _ - + = { } [] ; : “ ‘ | \ / ? < > , . ~ `).

Emergency Access to e-PHI and PHI


If a system, network, or application contains e-PHI used to provide patient treatment, and the denial of strict access to that e-PHI could inhibit or negatively affect patient care, staff members responsible for electronic information systems must ensure that access to that system is made available to any caregiver in case of an emergency.

Termination of Access

All supervisors will immediately notify the HIPAA Compliance Officer when a staff member has been separated from service with NORCAL Ambulance or when the person no longer is permitted to access e-PHI on NORCAL Ambulance’s systems, networks, or applications.

Staff members’ access to all NORCAL Ambulance systems, networks and applications containing e-PHI will immediately be disabled on the effective date of the separation or, if still on the staff, the effective date when authorization for access to e-PHI has ended.

- The staff member will be removed from all information system access lists.
- The staff member will be removed from all user accounts.
- The staff member will turn in all keys, tokens, or access cards that allow access to the information system.
- The “Staff Member Termination Checklist” will be completed by the supervisor the last day of the staff member’s authorized access.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.402 Policy Name: Contingency Planning</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires NORCAL Ambulance to implement a policy to ensure that we effectively protect the integrity of protected health information (“PHI”) that we hold in the event of an emergency. This policy ensures that our response to an emergency or other occurrence that threatens or damages our computer, electronic, or other information systems is appropriate and provides for the contingencies necessary to protect and preserve PHI in accordance with the HIPAA.

II. Scope

This policy contains procedures for protecting the integrity of PHI (including e-PHI) and other essential patient information, billing and business information, and confidential information in the event of an emergency or other occurrence (i.e., fire, vandalism, system failure and natural disaster). The HIPAA Compliance Officer shall oversee the implementation of these procedures.

III. Procedure

Applications and Data Criticality Analysis


NORCAL Ambulance will assess the relative criticality of specific applications and data within the company for purposes of developing its Data Backup Plan, its Disaster Recovery Plan and its Emergency Mode Operation Plan.

The assessment of data and application criticality should be conducted periodically and at least annually as part of the Security Risk Analysis to ensure that appropriate procedures are in place for data and applications at each level of risk.

Data Backup Plan

Each functional area of NORCAL Ambulance (Operations, Billing, Administration, etc.) will establish and implement a Data Backup Plan that ensures that each area will create and maintain retrievable exact copies of all PHI and other essential business information that is at a medium to high risk for destruction or disruption.

The Data Backup Plan must apply to all medium and high-risk files, records, images, voice or video files that may contain PHI and other essential business information.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.402 Policy Name: Contingency Planning <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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The Data Backup Plan must require that all media used for backing up PHI and other essential business information be stored in a physically secure environment such as a secure, offsite storage facility or cloud server. Where backup media remains on site, it will be kept in a physically secure location, different from the location of the computer systems have been backed up.

If an offsite storage facility or backup service is used, a written Business Associate Agreement must be entered into with the outside party maintaining the data to ensure that the Business Associate will safeguard any PHI and other essential business information in an appropriate manner.

Data backup procedures and contingency plan shall be tested on a periodic basis to ensure that exact copies of PHI and other essential business information can be retrieved and made available whenever it is needed.


The HIPAA Compliance Officer will ensure that each functional area of the Company with medium and high risk to PHI has an appropriate Data Backup Plan in place.

Disaster Recovery Plan

To ensure that each functional area of NORCAL Ambulance can recover from the loss of data due to an emergency or disaster such as fire, vandalism, terrorism, system failure, or natural disaster affecting information systems containing PHI or other essential business information, each functional area will establish and implement a Disaster Recovery Plan. The Plan must ensure that each area can restore or recover any loss of this information and the systems needed to make that information available in a timely manner. The Disaster Recovery Plan will include procedures to restore PHI and other essential business information from data backups in the case of a disaster causing data loss. The plan will include procedures to log system outages, failures, and data loss to critical systems, and procedures to train the appropriate personnel to implement the disaster recovery plan.

The Disaster Recovery Plan must be documented and easily available to the necessary personnel at all time, who should be trained to implement the Disaster Recovery Plan. The disaster recovery procedures outlined in the Disaster Recovery Plan must be tested on a periodic basis to ensure that PHI and other essential business information and the systems needed to make e-PHI available can be fully restored or recovered.

The HIPAA Compliance Officer will ensure that each functional area of the Company with medium and high risk to PHI has an appropriate Disaster Recovery Plan in place.


	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.402 Policy Name: Contingency Planning <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Emergency Mode Operation Plan

Each functional area of NORCAL Ambulance must establish and implement (as needed) procedures to enable continuation of administrative, patient care, and billing and business processes for protection of the security of PHI and other essential business information while operating in emergency mode.

Emergency mode operation procedures outlined in the Emergency Mode Operation Plan must be tested periodically to ensure that critical business processes can continue in a satisfactory manner while operating in emergency mode.

The HIPAA Compliance Officer will ensure that each functional area of the Company with medium and high risk to PHI has an appropriate Emergency Mode Operation Plan in place.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.403 Policy Name: Disaster Management and e-PHI Recovery</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

NORCAL Ambulance is responsible under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) for ensuring that we have a process in place to ensure that we can recover from the catastrophic disruption of our information system and loss of any data or information, especially electronic protected health information (“e-PHI”), which may be stored on that system. This policy will be followed in an emergency such as or disaster such as fire, vandalism, terrorism, system failure, or natural disaster.


II. Scope

This policy applies to all NORCAL Ambulance staff members who create, receive or use PHI and e-PHI, and any other confidential patient or business information. It is intended to cover all information system hardware, software and operational procedures. The HIPAA Compliance Officer shall be the primary party in charge of disaster management and recovery.


III. Procedure

To ensure that NORCAL Ambulance will be able to recover from a serious information system disruption, including situations that could lead to the loss of data in the event of an emergency or disaster (such as fire, vandalism, terrorism, system failure, or natural disaster) the following procedures are established:

1. A disaster recovery plan will be established and implemented to restore or recover any loss of e-PHI and any loss or disruption to the systems required to make e-PHI available.
2. The disaster recovery plan will be developed by staff members responsible for the maintenance of the security and integrity of the information system and will be reviewed and approved by the HIPAA Compliance Officer and management.
3. The disaster recovery plan must include:
 - a. A data backup plan including the storage location of backup media.
 - b. Procedures to restore e-PHI from data backups in the case of an emergency or disaster that results in a loss of critical data.
 - c. Procedures to ensure the continuation of business-critical functions and processes for the protection of e-PHI during emergency or disaster situations.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.403 Policy Name: Disaster Management and e-PHI Recovery <i>(continued: page 2 of 2)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2023</p>
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- d. Procedures to periodically test data backup and disaster recovery plans.
 - e. Procedures to periodically perform an application and data criticality analysis establishing the specific applications and e-PHI that is necessary to maintain operation in an emergency mode.
 - f. Procedures to log system outages, failures, and data loss to critical systems.
 - g. Procedures to train the appropriate personnel to implement the disaster recovery plan.
4. The disaster recovery plan must be documented and easily available to the necessary personnel at all times.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.404 Policy Name: Physical Security of PHI and e-PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

NORCAL Ambulance is obligated under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to establish physical safeguards to protect electronic protected health information (“e-PHI”) and other PHI. This policy establishes our security measures to protect our electronic information systems, networks and applications and as well as buildings and equipment from natural and environmental hazards, and unauthorized intrusion.

II. Scope

This policy applies to all NORCAL Ambulance staff members. All staff members should be on the lookout for any potential problems that could jeopardize the security of electronically stored information, especially e-PHI. This policy describes our general approach to facility security and the steps necessary to prevent a breach in the physical security system in place. It also describes our general procedures to limit physical access to electronic information systems and the buildings and rooms in which they are housed, and our general procedures on disposal or reissuance of equipment containing e-PHI.


III. Procedure

Facility Access Controls

Access to areas of our facility that contain our information system with e-PHI will be granted only to those with a verifiable and approved business need to have access. All NORCAL Ambulance staff members will be issued identification cards or badges for security purposes. These badges and identification must be displayed at all times while on the premises. Access control will be established with physical hardware that prevents improper or inadvertent entry into a secure area. This hardware may include combination locks, swipe cards, smart cards and other devices on all doors housing our information system equipment.

Any space in a building that we share with another entity that contains PHI that we create, receive, maintain or transmit will be maintained at the same level of security as if we owned the space. Specifically, we will protect that area from access by others in the building who are not part of NORCAL Ambulance.

Disabling or circumventing any physical security protections is strictly prohibited. Any problems with physical security measures must be reported to the HIPAA Compliance Officer immediately.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.404 Policy Name: Physical Security of PHI and e-PHI <i>(continued: page 2 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Facility Security Plan

The HIPAA Compliance Officer will be responsible for developing a facility security plan that protects our buildings from unauthorized physical access, tampering, and theft. The plan will incorporate hardware to limit access to our buildings to only those persons with proper keys and/or access codes.

NORCAL Ambulance will maintain a current list of all staff members who have authorization to access our facilities with PHI. Where appropriate, NORCAL Ambulance will install security systems including video surveillance to protect PHI and to ensure the security of our information systems.

Access Control and Validation Procedures

NORCAL Ambulance has established procedures for controlling and validating a staff member’s access to our facilities. Access to various areas of the facilities will be based on the role of the staff person and their need to access a particular area.


Access to locations that house our systems, networks, or applications with PHI that we create, receive, maintain or transmit will have the greatest limitations on access, and access to these critical areas will be reviewed frequently by management and the HIPAA Compliance Officer.

Maintenance Records

To help ensure that our physical security systems are in continuous operation, NORCAL Ambulance has developed a maintenance program for all security devices, including locks, keypads, and other access devices. Any repairs or change outs of any security devices will be recorded.

Workstation Security and Use

A “workstation” is defined as any electronic computing device, such as a desktop computer, laptop computer, mobile electronic device or any other device that is used to create, receive, maintain, or transmit PHI. All workstations (including fixed locations such as in our billing or business office and mobile workstations such as with portable electronic devices for field use) should be password protected so that they may not be accessed without authentication by an authorized user. All workstations are set up to lock out after a set time period so that if the staff member is no longer using the workstation for a set period of time, access will not be permitted without the proper password.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.404 Policy Name: Physical Security of PHI and e-PHI <i>(continued: page 3 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Procedures are established for each work area, depending on the nature of the work area to limit viewing of workstation device screens to only those operating the workstation wherever possible.

- In office areas, all screens should be pointed away from hallways and open areas. The screens should be pointed away from chairs or other locations where non-staff members, such as patients, may be.
- In field operations, ambulance personnel will need to follow procedures to ensure that the devices are not left in an open area, such as a countertop in the Emergency Department.
- Workstations will be set so that staff members may not inadvertently change or disable security settings or access areas of the information system they are not authorized to access. Only those authorized to access and use the workstation will be permitted to use the workstation.
- No software may be downloaded or installed on the workstation in any manner without prior authorization. (This prohibition includes computer games, screensavers, and anti-virus or anti-spam programs).
- All staff members will logout or lock workstations whenever they are left unattended or will not be in use for an extended period of time.
- All portable workstation devices will be physically secured wherever possible when not in use. Laptops will be locked with security cables and other mobile devices will be locked physical locations or in an appropriate storage compartment when not in use.
- Remote access to access e-PHI on our information system must be approved by NORCAL Ambulance.

Disposal of Hardware and Electronic Media Devices and Media Controls

NORCAL Ambulance carefully monitors and regulates the receipt and removal of hardware and electronic media that contain PHI and other patient and business information into and out of our stations and other facilities.

As a general rule, simple deletion of files or folders is not sufficient to ensure removal of the file or data. This simply removes the directional “pointers” that allow a user to find the file or folder more readily. Deleted files are usually completely retrievable with special software and computer system expertise.

	<p>Policy & Procedure Manual Health Information Privacy and Portability Act (HIPAA) Policy Number: 900.404 Policy Name: Physical Security of PHI and e-PHI <i>(continued: page 4 of 4)</i></p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2023</p>
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NORCAL Ambulance has in place the following procedures governing the disposal of hardware, electronic media, and e-PHI stored on hardware and other electronic media:

- Sanitizing Hard Disk Drives. All hard disk drives that have been approved by the HIPAA Compliance Officer for removal and disposal (or taken out of active use) shall be sanitized so that all programs and data have been removed from the drive. NORCAL Ambulance will follow industry best practices (such as the U.S. Department of Defense clearing and sanitizing standard – DoD 5220.22-M) when cleaning off hard drives.

Proper sanitizing usually involves a reformatting of the hard drive in a secure manner with an approved wipe out utility program. Degaussing software may need to be used to ensure total removal of files.

No hard drive will be reissued, sold, or otherwise discarded until the drive has been sanitized.

- Media Re-Use. All e-PHI and other patient and business information shall be removed from any media devices before they are made available for reuse.
- Accountability. NORCAL Ambulance tracks the movement of all computer hardware, workstations, and data storage devices. Movement both within the organization and outside the organization is tracked.
- Data Backup and Storage. Each information system area will create an exact copy of all e-PHI when necessary immediately prior to any movement or disposal. This procedure is in addition to the standard routine backup protocol to ensure that all e-PHI is preserved before potential compromise.
- Destruction of Paper and electronic PHI. When destroying and/or permanently removing PHI from electronic media for any purpose, NORCAL Ambulance shall adhere to HHS’s “Guidance Specifying the Technologies and Methodologies That Render Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals.” In accordance with that Guidance, paper, film, or other hard copy media shall be shredded or destroyed such that the PHI cannot be read or otherwise reconstructed. Electronic PHI is considered to be destroyed or permanently removed from electronic media when the media that contain the PHI have been cleared, purged, or destroyed consistent with “NIST Special Publication 800–88, *Guidelines for Media Sanitization*,” such that the electronic PHI cannot be retrieved. (NIST Special Publication available at: nist.gov).

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.405 Policy Name: Electronic Information System Activity Review and Auditing</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose


The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires NORCAL Ambulance to monitor and audit its electronic information system used to create, receive, maintain, or transmit electronic protected health information (“e-PHI”) so that quality assurance procedures will detect and address problems with the system. NORCAL Ambulance needs to identify the specific actions that have taken place such as timing and completion of back-up procedures, tracking server file access, and tracking power interruptions and other unusual events that could compromise our system and threaten the integrity of e-PHI.

II. Scope

This policy applies to all NORCAL Ambulance staff members who are responsible for monitoring and maintaining our electronic information system or are responsible for its security. The policy also applies to staff members assisting with the audit and review process. The HIPAA Compliance Officer shall have overall responsibility for monitoring, maintaining, and overseeing the security of our electronic information system and conducting audits.

III. Procedure

1. The HIPAA Compliance Officer will develop procedures to document the creation, receipt, maintenance, and transmission of e-PHI within the information system.
2. The HIPAA Compliance Officer will review the records of information system activities, including a review of audit logs, security incident tracking reports, back-up records, etc., as necessary.
3. Uses and disclosures need not be documented for purposes of an audit trail if the use is made entirely within the internal information system and the use did not involve any outside parties.
4. Disclosures that are required to be accounted for under HIPAA shall be recorded and tracked. Generally, all non-patient authorized disclosures that are not related to treatment, payment and healthcare operations will be accounted for. An accounting of these disclosures must include: the date of the disclosure; the name and address of the organization or person receiving the disclosure (if known); a brief description of the PHI disclosed; and a brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.406 Policy Name: Third Party Access to PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

NORCAL Ambulance is required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to control access to our physical locations, such as stations, buildings, garages and offices, vehicles, and secured areas where our electronic protected health information (“e-PHI”) is stored as well as system hardware, software, or other mobile electronic devices that are used to create, receive, maintain, or transmit e-PHI. This policy outlines our approach to limiting third party access to our e-PHI while at the same time, permitting authorized access in the event that our contingency plan is operation.

II. Scope

This policy applies to all NORCAL Ambulance staff members who control third party access to our e-PHI and systems, hardware and mobile electronic devices used to create, receive, maintain, or transmit e-PHI. It is intended to cover all physical locations that house our information system hardware, software and related devices and equipment that are utilized to create, receive, maintain, or transmit e-PHI at NORCAL Ambulance.

III. Procedure


Access During Contingency Operations

The HIPAA Compliance Officer will work with individuals who manage electronic information systems to determine contingency plans and procedures that should be implemented in the event of the need to restore lost data and to maintain uninterrupted access to e-PHI.

The HIPAA Compliance Officer will identify outside parties who have permission to access our electronic systems and secured areas in the event that restoration and preservation of data is necessary. The HIPAA Compliance Officer will work with management to develop a “call list” of persons who need immediate notification when the contingency plan is in operation.

Facility Security

The HIPAA Compliance Officer will work with management to determine what outside parties, in general, should have access to e-PHI and the electronic information system and determine the extent of that access.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.406 Policy Name: Third Party Access to PHI <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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The HIPAA Compliance Officer will maintain an inventory of all software, hardware and mobile electronic devices used to create, receive, maintain, or transmit e-PHI at NORCAL Ambulance. That inventory should include:

1. A unique identification number for hardware and other devices that are part of the electronic information system.
2. A file to catalog all software, hardware and mobile electronic devices with their unique identification numbers.

Any discrepancies in the current inventory of software, hardware and mobile electronic devices will be reported to management and will be investigated to ensure that there is a proper accounting of all items and to determine whether further action may need to be taken in response to the loss of an item (*e.g.*, breach notification in the event of a breach of unsecured PHI).

If NORCAL Ambulance implements keypad access to physical facilities, the HIPAA Compliance Officer will ensure that access codes are changed or disabled when staff members leave.


There will be measures at the entrance to all NORCAL Ambulance facilities and at key access points that require personal identification, so that only authorized parties gain access to areas where e-PHI can be accessed. These procedures will be reviewed periodically to ensure only authorized persons with a legitimate purpose for access actually have access to the facility or secured area.

Access Control and Validation

The HIPAA Compliance Officer will maintain a list of all third parties with approved access to e-PHI and the electronic information system. This list will include names of approved vendors and other outside parties who have permission to access our facilities and secure areas.

Software testing and other maintenance or service of the electronic information system will be carefully monitored by the HIPAA Compliance Officer to ensure that only necessary e-PHI is accessed and that e-PHI is not being improperly used or disclosed.

NORCAL Ambulance will ensure that only approved parties with a legitimate need to access our electronic information system are granted access. If outside parties need physical access to an area with e-PHI, they must present valid credentials (such as a driver’s license and business card or badge).

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.406 Policy Name: Third Party Access to PHI <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Maintenance Records

The HIPAA Compliance Officer will ensure that all repairs and maintenance to the electronic information system hardware, software and mobile electronic devices is properly logged and documented.

The repair or maintenance records will contain, at a minimum:

1. Name of person completing the maintenance or repair;
2. Purpose of the maintenance or repair;
3. Name of person at NORCAL Ambulance authorizing the maintenance or repair;
4. Date and time the work started and ended; and
5. Brief description of the work completed and the outcome of it (more work required, alternative procedure to put in place, etc.)


The HIPAA Compliance Officer will periodically review the documentation of maintenance and repairs to determine trends or changes in procedures to e-PHI security that should be made.

Accountability

NORCAL Ambulance shall have a way to record the addition or removal of any hardware, software or mobile electronic devices to or from our electronic information system.

No hardware, software or mobile electronic devices will be added to the electronic information system without notifying the HIPAA Compliance Officer. The HIPAA Compliance Officer shall review any additions and ensure that any addition will comply with the NORCAL Ambulance HIPAA Policies and Procedures.

To maintain security and to help prevent viruses from attacking our information system, no downloads or software additions are permitted without approval of management and only after consultation with the HIPAA Compliance Officer.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.407 Policy Name: Creating Backups of e-PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires NORCAL Ambulance to backup and preserve all e-PHI created, received, used, and stored in the event of an emergency or disaster. This policy outlines the procedures for preserving and protecting e-PHI and other important business information from tampering, theft, fire, flood, and other physical damage. Key to this process is the proper replication of exact copies of data in a secondary system so that if the primary system fails, the data will be completely preserved and accessible.

II. Scope

This policy applies to all e-PHI created, received, maintained or transmitted by NORCAL Ambulance. Creating backups will be the responsibility of the manager in charge of the particular electronic equipment for his/her area of responsibility, in close coordination with the HIPAA Compliance Officer. This policy applies to all electronic equipment and devices that are used to create, receive, maintain or transmit e-PHI at NORCAL Ambulance. This policy applies to all staff members and vendors or contracted parties who are responsible for completing backups of all NORCAL Ambulance e-PHI.


III. Procedure

Physical Access Controls

All backup systems will be located in a secure area, with limited access so that only those with responsibility for the backup system will have access to it. Servers, backup drives and other data and information saving hardware will be located in a locked room. Only authorized parties will have access to a physical location where backup devices are stored.

Backup Schedule

Data and information stored on any computers or electronic devices will, at a minimum, be backed up at sufficient intervals to ensure that critical data (especially PHI) can be restored and recovered immediately. A full system backup will be completed at least monthly. NORCAL Ambulance will verify that the backups are successfully completed at the end of each backup process to ensure that a complete replication of the data and information backed up has actually been created.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.407 Policy Name: Creating Backups of e-PHI <i>(continued: page 2 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Backup Schedule Logs

The backup software will capture a list of all files and directories encountered and saved. Logs will be maintained and will contain information about successful backups, unsuccessful backups, backup media that was left in place and overwritten, when and where the media was sent or transmitted off-site, the success or failure of restore tests and bad media encountered which may affect our ability to obtain files from a previous backup.

A primary and secondary staff member will be assigned to rotate the media used for backups if NORCAL Ambulance backs up e-PHI with physical media. This staff member will track the following information:

- Whether the backup was successful;
- Date and time the backup began and the date and time it was completed;
- Description of any problems encountered during the backup; and
- Verification that a check was made to ensure that the backup was complete.


Marking and Storage of Backup Media

All backup disks, drives, tapes or other physical backup media will be legibly and clearly marked that it is a backup, the date and time the backup was completed, and the initials of the staff member who completed the backup.

All backup tapes, drives, and other physical storage media should be stored at a secure offsite location to ensure the preservation of all but the most recent data and information in the event of a catastrophic fire, flood, or other damage to the primary backup location. The media must be transported in a secure manner by a supervisor or other official.

NORCAL Ambulance may contract with a reputable vendor to manage its backup process and media storage. The vendor must execute a business associate agreement with NORCAL Ambulance to ensure that the vendor will, among other things, protect the integrity of the data stored and protect it from improper use or disclosure. Security access controls implemented at the off-site backup and storage location must meet or exceed the security access controls of the source systems. In other words, information security at the backup storage location must equal or exceed the security where the primary computers and servers are located.

NORCAL Ambulance may electronically backup PHI to a cloud server if NORCAL Ambulance obtains a business associate agreement from the server agency and all PHI is maintained in a manner that enables NORCAL Ambulance to meet its HIPAA compliance obligations.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.407 Policy Name: Creating Backups of e-PHI <i>(continued: page 3 of 3)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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Data Retention

Full system backups will be copied and/or archived. Archived backups must be periodically tested to ensure that they are recoverable.

Documentation

The backup restoration and recovery processes must be documented by the HIPAA Compliance Officer.


Storage of Media Other Than Backups

Old hard drives or other media storage devices that have been removed from the information system will be handled as follows:

1. If the device is to retain PHI, it will be stored in the same fashion as the backup devices.
2. If the device is to be taken out of service and no longer used to store PHI, it shall be “sanitized” and erased prior to disposal in accordance with NORCAL Ambulance *Policy 900.404: Physical Security of PHI and e-PHI.*

Emergency Contact information

NORCAL Ambulance will maintain a list of designated staff to be contacted in an emergency. A copy of this list will be kept in a secure location at the main facility and the off-site backup location (if applicable). The list must be kept up to date and readily accessible in case of an emergency. The list will also include vendor contact and support information and contacts for the offsite media storage location.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.408 Policy Name: Encryption of e-PHI</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires NORCAL Ambulance to consider encryption as a method for securing our electronic protected health information (“e-PHI”) and to implement a mechanism to encrypt and decrypt e-PHI if NORCAL Ambulance determines that doing so is reasonable and appropriate. Further, encrypting e-PHI consistent with the Department of Health and Human Services’ (“HHS”) “Guidance Specifying the Technologies and Methodologies That Render Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals” will create the equivalent of a “safe harbor” for NORCAL Ambulance in the event that there is a breach of NORCAL Ambulance’s PHI. It is the policy of NORCAL Ambulance to use encryption consistent with HHS’s Guidance wherever possible, as outlined in this policy.

II. Scope


This policy applies to all NORCAL Ambulance staff members who are responsible for the way e-PHI is created, received, maintained, or transmitted by NORCAL Ambulance. The HIPAA Compliance Officer, in conjunction with appropriate information technology professionals, shall be responsible for implementing appropriate mechanisms to encrypt e-PHI consistent with this policy.

III. Procedure

The HIPAA Compliance Officer shall, on a periodic basis, meet with appropriate parties, such as management, information technology professionals, software vendors, and others, to discuss the steps necessary to encrypt all e-PHI that NORCAL Ambulance creates, receives, maintains, or transmits consistent with HHS’s Guidance at: <http://www.hhs.gov/ocr/privacy>.

The HIPAA Compliance Officer shall review or refer appropriate parties to the National Institute of Standards and Technology (“NIST”) Special Publications referenced in this policy (available at: www.nist.gov) so that NORCAL Ambulance implements appropriate technologies and methodologies to secure e-PHI as prescribed in the Publications.


The HIPAA Compliance Officer shall also annually review HHS’s updated Guidance (available at: <http://www.hhs.gov/ocr/privacy>) for any additional resources referenced by HHS and ensure that those resources are furnished to appropriate parties.

	<p>Policy & Procedure Manual Health Information Privacy and Portability Act (HIPAA) Policy Number: 900.408 Policy Name: Encryption of e-PHI (continued: page 2 of 2)</p>	<p>Original: 05/2005 Revised: 05/2018 Renewal: 01/2023</p>
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Whenever possible, NORCAL Ambulance shall convert all paper and hard copy PHI into electronic format and then secure it consistent with encryption methods outlined in this policy. Paper or other hard copy PHI should be scanned or otherwise converted into digital format and then the original hard copy should be shredded or destroyed in a manner that ensures that the PHI can no longer be read or otherwise reconstructed. If NORCAL Ambulance utilizes an outside agency to shred, destroy or digitize paper and hard copy PHI, NORCAL Ambulance shall enter into a business associate agreement with that outside party.

All e-PHI created, received, maintained, or transmitted by NORCAL Ambulance must be encrypted through the use of an algorithmic process that transforms data into a form in which there is a low probability of assigning meaning without use of a confidential process or key. All encryption keys must be stored in a different location than the data which it is meant to decrypt. NORCAL Ambulance shall adhere to the following guidelines when encrypting PHI data in various forms:

- **PHI at Rest.** For PHI data that is “at rest,” (*i.e.*, PHI in databases, file systems, stored on flash drives, electronic device memory, and other structured storage methods), NORCAL Ambulance shall utilize encryption processes that are consistent with NIST Special Publication 800-111, “*Guide to Storage Encryption Technologies for End User Devices.*” (available at www.nist.gov)
- **PHI in Motion.** For PHI data “in motion,” (*i.e.*, PHI that is being transmitted through a network, wireless transmission, email, or other electronic transmission), NORCAL Ambulance shall utilize encryption processes that comply with the requirements of Federal Information Processing Standards (“FIPS”) 140–2. These include standards described in NIST Special Publications 800–52, “*Guidelines for the Selection and Use of Transport Layer Security (TLS) Implementations;*” Special Publication 800–77, “*Guide to IPsec VPNs;*” or Special Publication 800–113, “*Guide to SSL VPNs;*” and may include others which are FIPS 140–2 validated. (NIST Special Publications available at: www.nist.gov).

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.409 Policy Name: Security Incident Management</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act (“HIPAA”) requires NORCAL Ambulance to track and appropriately respond to all incidents that could compromise our electronic protected health information (“e-PHI”). This policy establishes NORCAL’s procedures for reporting a security incident and the steps that will be taken by NORCAL Ambulance to investigate and take action when a potential or actual security incident occurs.

II. Scope

This policy applies to all NORCAL Ambulance staff members who utilize the electronic information system. Everyone at NORCAL Ambulance is responsible to know what to do when confronted with a security incident. The Security/Breach Incident Reporting Form should be used in conjunction with this policy.

III. Procedure


Security Incident Defined

A “security incident” is an attempted or successful unauthorized entry, breach or attack on the electronic information system that we use to create, receive, maintain or transmit e-PHI. Security incidents include unauthorized probing and browsing of the files, a disruption of service in our information system and incidents where e-PHI has been improperly altered or destroyed. Security incidents also include things such as a virus, hacking attempt or incident, “phishing” incident, malware installation, corrupt data or other similar incident involving the NORCAL Ambulance information system.

Reporting a Security Incident

All staff members are responsible for immediately reporting a suspected security incident immediately to the HIPAA Compliance Officer or an immediate supervisor. When a suspected security incident occurs, the HIPAA Compliance Officer shall have the reporting staff member and other members with knowledge of the incident complete an “Internal Breach/Security Incident Reporting Form.”

The HIPAA Compliance Officer will be responsible for initiating an immediate investigation to isolate the problem and take whatever action is necessary to protect the information system and e-PHI and other vital electronic information.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.409 Policy Name: Security Incident Management <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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The HIPAA Compliance Officer will notify management immediately in the event the incident cannot be immediately corrected, or if any e-PHI or other vital information is altered or destroyed. Management will also be notified of any completed investigation and the outcome of the investigation.


In the event of unlawful activity via the use of the company’s information system, local, state, or federal law enforcement may be notified. That determination will be made by management with recommendation from the HIPAA Compliance Officer. The HIPAA Compliance Officer is responsible for coordinating communications with outside organizations and law enforcement.

Whenever a security incident is suspected or confirmed to have occurred, remedial action will be taken, including action against any individual staff members when it has been confirmed that they caused or contributed to the incident.

HIPAA Compliance Officer Responsibility

The HIPAA Compliance Officer is responsible for the following:

1. Initiating the appropriate incident management action, including restoration.
2. Determining the physical and electronic evidence to be gathered as part of the incident investigation.
3. Monitoring that any damage from a security incident is repaired or mitigated and that the vulnerability is eliminated or minimized where possible.
4. Determining if a widespread communication is required, the content of the communication, and how best to distribute the communication.
5. Communicating new issues or vulnerabilities to the system vendor and working with the vendor to eliminate or mitigate the vulnerability.
6. Initiating, completing, and documenting the incident investigation.
7. Determining whether the incident may qualify as a breach of unsecured PHI requiring breach notification.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.410 Policy Name: Staff Member Electronic Communications</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

NORCAL Ambulance is require under the Health Information Portability and Accountability Act of 1996 (“HIPAA”) to ensure that protected health information (“PHI”) that we create, receive, maintain, or transmit is not improperly disclosed through any means, including electronic means. The purpose of this policy is to prevent the improper use or disclosure of PHI through electronic means, while staff members are on and off-duty.


II. Scope

This policy covers any and all electronic communications of NORCAL Ambulance staff members when those communications involve the use or disclosure of PHI created, received, maintained, or transmitted by NORCAL Ambulance. This policy applies to all staff members both on and off duty, whether using company or personal equipment.

III. Procedure

General Rules Regarding Company Equipment

1. All PHI created, received, maintained, or transmitted using any “Company Equipment” is at all times the property of NORCAL Ambulance and may be considered to be part of the official records of NORCAL Ambulance. “Company Equipment” is any electronic device that is owned, leased, controlled, or used for the benefit of NORCAL Ambulance. This includes, but is not limited to computers, cell phones, cameras, USB drives, and other devices that are capable of creating, capturing, storing, and/or transmitting electronic information.
2. All Company Equipment shall remain at all times the property of NORCAL Ambulance, even if being used for personal use.
3. NORCAL Ambulance cannot guarantee the confidentiality of information stored on any Company Equipment, except that it will take all steps necessary to secure the privacy of all PHI in accordance with all applicable laws. Information stored on Company Equipment is subject to disclosure to law enforcement or other third parties at the sole discretion of NORCAL Ambulance.
4. NORCAL Ambulance may monitor activity on Company Equipment, our information systems and our network(s) at any time for the purpose of ensuring that PHI is not being improperly used or disclosed. This includes the ability to monitor internet activity and email, as permitted by law.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.410 Policy Name: Staff Member Electronic Communications <i>(continued: page 2 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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5. All internet activity (browsing, email, etc.) using Company Equipment must comport with NORCAL Ambulance’s HIPAA Policies and Procedures and staff members may not disclose PHI on the internet using Company Equipment unless the disclosure is authorized by NORCAL Ambulance, would not violate HIPAA or other applicable federal and state laws, and the disclosure is for a legitimate, business-related purpose. For example, emailing demographic information about a patient to a patient’s insurer for purposes of billing may be a permissible use.

General Rules Regarding Personal Equipment

1. Staff members must comply with NORCAL Ambulance’s HIPAA Policies and Procedures when engaging in internet activity on “Personal Equipment,” both on and off-duty. “Personal Equipment” includes any internet-capable device that is not owned, leased, or otherwise controlled or used for the benefit of NORCAL Ambulance.
2. Where permitted by law to do so, NORCAL Ambulance will investigate internet activity, whether on or off-duty, and take appropriate disciplinary action against staff members whenever NORCAL Ambulance learns about a possible or actual violation of our HIPAA Policies and Procedures.
3. Staff members should consult with the HIPAA Compliance Officer whenever there is a question regarding whether an internet posting or internet activity might violate our HIPAA Policies and Procedures.
4. The following types of activities are prohibited at all times and can result in disciplinary action:
 - a. Posting, sharing, or otherwise disseminating any PHI relating to NORCAL Ambulance patients without authorization from NORCAL Ambulance.
 - b. Posting, sharing or otherwise disseminating information that could potentially identify a patient, including photos, videos or other images of a scene or patient; a description of patient injuries, or; other scene activities that could be identified with a specific scene without authorization from NORCAL Ambulance.

Use of Company Electronic Mail

1. NORCAL Ambulance’s email is intended to be used as a tool to facilitate communications on behalf of NORCAL Ambulance.


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2. All email transmissions that originate from NORCAL Ambulance staff members on Company email must contain, at a minimum, a signature section that contains the following information:
 - a. The sender’s full name;
 - b. NORCAL Ambulance’s name;
 - c. The telephone number of NORCAL Ambulance; and
 - d. An approved notice and disclaimer.
3. Below the signature section, the following notice and disclaimer must appear on all transmissions from NORCAL Ambulance staff members in at least 10-point font:

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, proprietary, and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy, or distribute this e-mail message or its attachments. If you believe you have received this e-mail message in error, please contact the sender by reply e-mail and telephone immediately and destroy all copies of the original message.

Facsimile Transmissions Using Company Fax Machine

1. NORCAL Ambulance’s fax machine is intended to be used as a tool to facilitate communications and the exchange of information, including patient information that is needed to perform our services.
2. All outgoing facsimile transmissions using the Company fax machine must contain a cover sheet that includes at a minimum, the following information:
 - a. The name of NORCAL Ambulance;
 - b. The name of the intended recipient;
 - c. The name of the sender;
 - d. Facsimile number of the recipient;
 - e. Telephone number of the sender;
 - f. Date of the transmission;
 - g. The number of pages in the transmission; and
 - h. An approved notice and disclaimer.


	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.410 Policy Name: Staff Member Electronic Communications <i>(continued: page 4 of 4)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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3. At the bottom of the facsimile cover sheet, the following notice and disclaimer must appear in at least 10-point font:

Confidentiality Notice: This facsimile transmission is confidential and is intended only for the review of the party to whom it is addressed. It may contain proprietary and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy or distribute this facsimile message or its attachments. If you have received this transmission in error, please immediately telephone the sender above to arrange for its return.

Images and Videos That May Contain PHI

1. Staff members are strictly prohibited from capturing any images or videos that could potentially identify a patient PHI while on duty without the express permission of a supervisor. Staff members may carry a personal electronic device (such as a cell phone) that is capable of capturing images; but staff members must adhere to our HIPAA Policies and Procedures when using the device and the device may never be used to capture PHI (unless expressly permitted by a supervisor). No other personal electronic devices that function as a camera and/or video recorder shall be carried by staff members while engaged in any work activities.
2. Staff members may only capture images or video while on-duty with a company-issued device and only for legitimate business-related purposes. Staff members must be authorized by NORCAL Ambulance to capture images or video while on duty.
3. Images or videos taken with Company Equipment may only be disseminated in accordance with NORCAL Ambulance’s HIPAA Policies and Procedures and all such images and videos are the sole property of NORCAL Ambulance.
4. Any images or videos that might identify a patient may not be posted on the internet without the express approval of NORCAL Ambulance.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.411 Policy Name: Staff Member Medical Records</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires NORCAL Ambulance to treat protected health information (“PHI”) contained in the medical records of our staff members with the same degree of protection as the PHI of our other patients. This policy provides guidance to management and staff concerning the privacy and security of NORCAL Ambulance staff member medical records.

II. Scope

This policy applies to PHI of all staff members and it applies equally to management and non-management staff members.


III. Procedure

Distinguishing PHI and Employment Records

1. Health information that is obtained about staff members in the course of providing ambulance or other medical services directly to them is considered to be PHI under HIPAA.
2. Health information that NORCAL Ambulance receives in its role as an employer is not considered to be PHI. Rather, the information is an employment record to which NORCAL Ambulance does not have an obligation to extend HIPAA protections. For example, if a staff member submits a doctor's statement to a supervisor to document an absence or tardiness from work, NORCAL Ambulance does not need to treat that statement as PHI. Other health information that could be treated as an employment record, and not PHI, includes:
 - a. Medical information that is needed for NORCAL Ambulance to carry out its obligations under the FMLA, ADA and similar laws;
 - b. Information related to occupational injury, disability insurance eligibility, drug screening results, workplace medical surveillance, and fitness-for-duty-tests of employees.

General Policy Regarding Staff Member’s PHI


1. NORCAL Ambulance will, to the extent required by law, protect, use and disclose PHI it receives about staff members in accordance with HIPAA and our HIPAA Policies and Procedures.

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2. Only those with a legitimate need to use or disclose PHI about staff members will have access to that information.
3. In accordance laws concerning disability discrimination, all medical records of staff will be kept in separate files apart from the employee’s general employment file. These records will be secured, used and disclosed in accordance with applicable laws.

General Policy Regarding Employment Records

1. Employment records are not considered to be PHI. As such, NORCAL Ambulance is not required to protect, use and disclose employment records in accordance with HIPAA.
2. Employment records that are not covered under HIPAA include, but are not limited to:
 - a. Information obtained to determine suitability to perform the job duties (such as physical examination reports);
 - b. Drug and alcohol tests obtained in the course of employment;
 - c. Doctor’s excuses provided in accordance with the attendance policy;
 - d. Work-related injury and occupational exposure reports; and
 - e. Medical and laboratory reports related to such injuries or exposures, especially to the extent necessary to determine workers’ compensation coverage.
3. Despite the fact that NORCAL Ambulance is not required to protect, use and disclose employment records in accordance with HIPAA, NORCAL Ambulance will limit the use and disclosure of these records to only those necessary to perform business-related functions authorized by law. NORCAL Ambulance will also secure all employment records of staff members and ensure that only staff members with a legitimate need to have access to them, such as certain management staff, NORCAL Ambulance’s designated physician and state agencies pursuant to state law, have access to employment records.

	<p>Policy & Procedure Manual <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.412 Policy Name: Releasing PHI to Family Members & Others</p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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I. Purpose

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) permits NORCAL Ambulance to release protected health information (“PHI”) about patients to family members, friends and others involved in the treatment of the patient or payment for that treatment. This policy outlines our procedures for releasing PHI to family members and others involved in our patients’ care.

II. Scope

This policy applies to all NORCAL Ambulance staff members who receive requests from family members, friends, and others for PHI of patients of NORCAL Ambulance. This policy does not apply to formal requests from patients or their personal representatives for: access to PHI; amendment of PHI; restriction of PHI; accounting of disclosures of PHI; or confidential communications. This policy shall apply to requests for PHI from family members of the patient or others who do not qualify as the patient’s personal representative, but who are involved in the patient’s care or payment for that care.


III. Procedure

General Procedure for Releasing PHI to Family Members and Others

HIPAA permits NORCAL Ambulance staff members to release PHI that is directly relevant to the patient’s care or payment for care to family members, friends and others involved in a patient’s care, or payment for that care, whenever releasing PHI to that individual would be in the best interest of a patient. NORCAL Ambulance may also use or disclose PHI to notify family members or others about a patient’s location, general condition, or death.

If an individual other than the patient or the patient’s personal representative makes a request for PHI from a NORCAL Ambulance staff member, the staff member shall first determine whether the patient about whom the request pertains to is present, competent and able to make healthcare decisions.

If the patient is present, competent and able to make healthcare decisions, the staff member should obtain the patient’s agreement to share the requested PHI with the individual or give the patient an opportunity to object. The staff member may ask the patient whether it is okay to talk to the individual and release PHI to them. Or, the staff member can simply infer from the circumstances that the patient does not object to sharing the information with the individual.

	<p><u>Policy & Procedure Manual</u> <i>Health Information Privacy and Portability Act (HIPAA)</i> Policy Number: 900.412 Policy Name: Releasing PHI to Family Members & Others <i>(continued: page 2 of 2)</i></p>	Original: 05/2005 Revised: 05/2018 Renewal: 01/2023
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For example, if the patient’s neighbor asks to ride along in the ambulance and the patient smiles, the staff member could infer that the patient is fine with the neighbor riding along and overhearing any PHI that is discussed. Or, if the staff member starts asking the patient about his or her medical history and the patient motions for a family member to come over, the staff member can infer that the patient wants the staff member to speak with the family member about his or her medical history.

If the patient is unavailable or unable to make medical decisions because of a physical or mental reason at the time of the request, then the staff member may only disclose PHI to the requestor if the requestor is involved with the patient’s treatment or payment for the patient’s treatment and the staff member believes that releasing PHI to the requestor is in the best interests of the patient. First, the staff member should ask the requestor what his or her relationship is to the patient. Then, the staff member should determine whether disclosure of PHI to the requestor would be in the best interest of the patient. In making this determination, the staff member should consider things such as:

1. Who is the requestor, and what the requestor’s relationship is to the patient?
2. Whether the requestor has a legitimate interest in the patient’s care or payment for that care.
3. Whether the staff member believes that the patient would want that requestor to know the PHI or whether the patient would benefit from the requestor knowing the PHI.

If the patient is deceased, a staff member may release relevant PHI to family members and others who were involved in the deceased patient’s care prior to death or payment for care, unless doing so would be inconsistent with any prior expressed preference of the patient. The staff member should only disclose PHI that is relevant to the requestor’s involvement with the patient’s care prior to death or payment for that care.