

Waterbury Ambulance Service, Inc.

Standard Operating Guidelines

Waterbury Ambulance Service, Inc.

PO Box 95

Waterbury Center, VT 05677

Tel: (802) 244-5003

Email: info@waterburyambulance.org

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Article 1: Personal Readiness

Section 1: Scheduling

The scheduling committee spends many hours arranging the ambulance schedule. They make every effort to conform to the specific needs and requests of the squad members. To share the load, each volunteer squad member is responsible for five 12 hour shifts per calendar month. Exceptions to this may be granted by the officers upon written notification on a case by case basis. The shifts are broken into 12 hour intervals; 0545 – 1745 and 1745 - 0545. The weekly schedule runs from Sunday night through Friday night. The weekend schedule begins Saturday morning through Sunday at 1745. Therefore, special attention should be paid to reviewing the weekend schedule that is printed. Schedules are normally prepared and distributed by the 15th of month prior to the end of the current schedule.

Each squad member is responsible for finding their own replacement should they not be able to serve their shift. If a WASI member is a member of another organization, such as (WFD, WBRT) and they are on the on-duty crew, they generally should not respond with the other organization until they have found a replacement for their WASI duty. This responsibility includes notifying the on-duty crew chief, and reflecting any changes made in WhenToHelp.

Section 2: Red light/Siren permits

The Vermont State Law requires that any individual using a red light and/or siren obtain a permit to do so. Permit applications are available from the president of WASI. The application must be filled out completely, signed by the WASI president and mailed to the DMV for approval before utilizing the red light or siren. WASI's policy for approval of these permits requires that you are a voting member of the squad. Upon receipt of the red-light permit, WASI may provide a red light for your use during your service with WASI. The use of excessive speed is NOT PERMITTED. Offenders will be warned once. The second complaint received will result in a meeting with the officers and the possible revocation of your permit. Revoked permits must be returned to a WASI officer. WASI members under emergency response shall comply with Vermont State Statute, as per Title 23:

<http://legislature.vermont.gov/statutes/section/23/013/01015>

Section 3: Dress Code

WASI will provide members with uniforms which must meet OSHA-3 standards. Proper dress code for response or formal events is left at the discretion of the uniforms officer and president. Your uniform identifies you as a member of WASI to your patient, hospital personnel, police, fire/rescue members as well as bystanders. Every reasonable effort should be made to respond in uniform. Uniforms should be neat and clean. Open-toe shoes and shorts or revealing clothing are prohibited. Footwear may not be sneakers, acceptable footwear includes safety-toed boots, non-porous work boots, or hiking footwear. Long hair must be pulled back.

Uniforms are not to be worn except when you are on duty, when responding as backup (if possible), or at an official WASI function. To obtain your uniform, contact the Uniform Coordinator.

A rare exception to the dress code may apply when a member not on the duty crew first-responds

to the scene.

Section 4: Confidentiality

WASI will train all new members with training on compliance with HIPAA regulations. All members are required by law to comply with the rules and regulations therein. No HIPAA-protected information or documentation regarding any WASI action will never be released to someone outside of WASI unless authorized by the officers, or as the result of a subpoena. If you receive a request for any information or documentation about WASI activities, you should refuse and refer them to an Officer. This applies to all WASI members and is without exception.

<https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996>

Section 5: Radio Usage

Each active WASI member is assigned a radio for which they are responsible. There is a “loaner” radio at both the Main Street fire station and the WASI Building if your radio is having problems. In the event of a problem, sign out the “loaner” radio and contact the Communications Coordinator to get your radio repaired. There is “sign-on” at 0745 for the weekday crew (even though the day shift starts @ 0545) & 1745 for the night crew. Morning sign-on on the weekends and holidays is at 0800. The Crew Chief will ask the crew to sign on, who will sign on in the order they appear in the schedule. If there are any observers (either driver or attendant), they will sign on after the duty crew has signed on. For ambulance runs, crew members will announce over the radio where they are responding to, i.e.: the Building, the scene or to be picked up by the ambulance en-route to the scene, as well as which position they are responding as, that way Capitol West knows when we have a full crew. Members not on duty should keep their radios on the backup channel in case an additional crew or members are needed.

Section 6: Medical Leave of Absence

Following a medical leave of absence lasting greater than 30 days, WASI must receive a written note from your doctor authorizing your continued activity with the ambulance along with any restrictions that apply.

Section 7: Safety and Workers Compensation

To prevent injuries to an ambulance member providing pre-hospital emergency care, undue risks should not be taken in the line of duty. It is required that you will use all protective equipment provided by the ambulance. If injured, you are responsible for reporting your injury to your Crew Chief and completing a First Report of Injury form. WASI’s Workers’ Compensation insurance carrier requires this documentation as soon as possible following the incident so that they can submit it to the State of Vermont within the required 72-hour window.

See Office 365 OneDrive for the injury report form.

Section 8: Stress Management

Pre-hospital emergency care involves stressful and emotional situations that can impact you both personally and professionally. If you feel that you or one of your crew members is impacted as a

result of a stressful situation contact your crew chief or an officer or trustee as soon as possible. There are options that are available that can be initiated to reduce the impact of stress.

Article 2: Crew Responsibilities

The emergency care team consists of the Crew Chief (CC), attendant(s), and a driver. VTEMS protocols dictate that a legal crew may consist of at least an EMR and an EMT. If a complete crew consisting of CC, attendant, and driver cannot be formed, crews meeting VTEMS minimum standards may respond to calls. All members are under the control of the EMS Command. All members are responsible for acquiring and maintaining the certifications required for their positions and duties. WASI members in training to become a driver (DIT), or crew chief (CCIT) should refer to their respective designated manuals for requirements and information. An outline of each of the members' responsibilities is as follows:

Section 1: The Crew Chief

1. The Crew Chief (CC) is responsible for assuring that appropriate patient care is provided. If another WASI member of higher certification than the CC is present, that member may assume the responsibility of making patient care decisions.
2. The CC shall see that the appropriate paperwork and electronic reporting is completed including the run sheet and billing forms. This includes the Acknowledgement of Services form, the Restocking Checklist, and (when appropriate) the Zoll Checklist, patient release and non-transport forms. All of which may be found in the Crew Chief's clipboard, as well as the Office 365 Drive.
 - a. The CC must ensure that all attachments to the SIREN report have been scanned and uploaded, as well as the report having been printed off and delivered to both the building and the ED.
 - b. If the Acknowledgement of Services form is unable to be signed by the patient or present guardian, it **MUST** be signed by the **attending nurse or physician** AND **a member of the crew**.
3. The CC select the "code" of response and transport. Crew Chiefs may direct personnel to respond to a specific location.
4. The CC shall assure that all members of the crew perform adequately.
5. The CC is responsible for the safety and well-being of the crew.
6. It is the responsibility of the CC to ensure that all equipment has been retrieved from the scene prior to departing.
7. The CC checks the mailbox in the EMT room and picks up pertinent forms.
8. The CC assures that the restocking report is filled out on the return from each run and the defibrillator is checked on the return from a run once per shift. Upon return to the building, restocking must be completed including transferring of equipment from the secondary truck when necessary.
9. The CC shall ensure that once per shift, one on duty member (at the discretion of the CC) comes to the station, and fills out the Truck Check form, replacing and noting any missing items.

Section 2: The Attendant

1. It is the responsibility of the attendant to offer primary support to the CC with patient care.
2. The attendant shall ensure that all vital information regarding the patients' condition and previous history is obtained and monitored for the duration of their involvement in the call. The attendant is responsible for ensuring that all equipment has been retrieved from the scene prior to departing.
3. The attendant, time allowing, will assist the driver in re-making the gurney and returning it back into the ambulance.
4. It is the responsibility of the attendant to ensure that the ambulance is properly re-supplied, the interior cleaned, disinfected, and work area straightened up at the completion of each call.
5. Help direct the driver in backing, parking etc., when possible.

Section 3: The Driver

1. The driver must have fulfilled all the training and certification requirements outlined in the WASI Driver's Manual.
2. The driver is responsible for confirming that the ambulance is roadworthy.
3. The driver is responsible for the safe maneuvering and proper positioning of the ambulance.
4. The driver shall notify the hospital of a response, the nature of the call.
5. The driver shall assure that the exterior compartments are secured and staff is aware before moving the ambulance.
6. It is the duty of the driver to notify the officers immediately of an accident which results in damage or injury of any magnitude, and to file a DMV report in those cases where it is legally required.
7. The driver shall assume legal responsibility for the safe and appropriate operation of the ambulance at all times and will operate under all state, local laws and WASI rules.
8. The driver is to check the equipment bins at the hospital for the items removed from the previous patients and left in the bin marked "Waterbury" or "WASI" for pickup.
9. The driver is responsible for getting the gurney re-made and back into the ambulance.
10. At the completion of each run, it is the responsibility of the driver to wash/clean the exterior of the ambulance, turn the master switch off, confirm the keys are in the ignition and plug the cord into the shoreline socket, ensuring the vehicle has power.
11. It is the responsibility of the driver to determine where each crew member is to be picked up en-route to the call, in coordination with the crew chief.
12. The driver shall communicate with Capitol West to keep an accurate record of response times and they will record these times for use on the patient run sheet.
13. The driver shall assist with actions on the call as directed by the CC.

Section 4: Run Critiques

It is the responsibility of the crew chief to conduct critiques when necessary. Any crew member can request a critique. The purpose of such a gathering is to hear crew members and other responders' perspectives of the incident. If a member has a problem with the way a call was handled and is not satisfied with the outcome of the critique, they are encouraged to speak with an officer or trustee.

Article 3: Squad Organization

Section 1: Leadership Structure

The day to day operations of the ambulance service are handled by the officers. These include:

- President – Presides over squad meetings and the officers. May represent the organization at VTEMS District 6 Meetings. Shall also be tasked with keeping accurate records of WASI member certifications and expirations.
- Vice President – Assists and substitutes for the president; annual subscription mailing. May represent the organization at VTEMS District Meetings when the President cannot.
- Treasurer – Custodian of corporate funds; pays bills and receives payments.
- Secretary – Custodian of records; keeps minutes of all meetings.

Officers are elected annually and serve a one-year term. The specific duty of each officer is outlined in the By-Laws of the corporation. A board of trustees has been established to assist the officers with long range planning and other affairs of the ambulance service. This board is made up of five community members who are elected by the voting members, and the elected officers. The responsibilities of these trustees are to establish and approve policy pertaining to the operation of the corporation, generally excluding squad policies dealing with patient care, whose duties and terms are described in the By-Laws. A Billing Clerk may be appointed by the Board of Trustees and officers. The duties of this position are to prepare and submit paperwork for billing for ambulance services and to receive the monies resulting from such billings. The Billing Clerk works closely with the Treasurer and other officers. The Board of Trustees may also hire an Executive Director. The Executive Director (ED) will manage the day-to-day operations of WASI. (See Section 9, "Paid Staff")

Other committees and positions may include:

- The Training Officer: appointed by the officers. Duties include training of squad members.
- Supply Coordinator: Ensures an adequate supply of necessary goods, orders materials and equipment.
- Driver Coordinator: Trains new drivers, maintains training of existing drivers.
- Scheduling Committee: Designs and publishes on-duty schedule generally every four months.
- Special Events Committee: Plan and run social events.
- Uniform Coordinator: Responsible for ordering and maintaining inventory of uniforms; also responsible for helping squad members with uniform needs and issues.
- Sunshine Committee: Sends flowers and cards to members and families during difficult family or personal times.
- Communications Coordinator: Responsible for radio maintenance; including the truck radios and repeater, assisting squad members with radio issues.
- Building Supervisor: Responsible for the ambulance building.
- District 6 Representative: Attends district ambulance meetings, represents WASI at these meetings.
- Nominating Committee: Formed during the March meeting to agree on a

recommendation to the squad for the slate of officers and Trustees.

- By-Law Committee: Meets during the first six months of even years to suggest changes to the by-laws.
- Vehicle Coordinator: Sees that the available trucks are in safe and operable condition at all times.
- Infection Control Officer: Liaison between Medical Control and WASI members regarding infection control issues, including special training for emerging health threats. Maintains Hep-B vaccination records, coordinates administration of Hep-B vaccines to new members, as well as ensuring flu vaccination is up-to-date.

Section 2: Membership

WASI has training and business meetings on the 2nd Thursday of every month at 18:30. Meetings are held every month of the year, except for a hiatus during July and August. In rare circumstances, meeting start time may be altered to accommodate special circumstances. Additional training may be scheduled (i.e. ALS Training/CC). The Board of Trustees hold regular quarterly meetings generally on the third Thursday of April, July, October and January. Their meetings are held at the ambulance building at 18:30.

Section 2.1: Member types, definitions and obligations:

1. Voting Member (Member in Good Standing): A voting member has met all criteria to advance from a probationary member, fulfills their monthly shift requirements (as described in Article 1, Section 1), and performs mandated duties as defined in the SOGs competently and consistently, up to the standards of the QA/QI committee.
2. Member Not in Good Standing (NGS): Members not in good standing, as determined by the officers, are defined as those who do not fulfill the expectations of a voting member. A member that is not in good standing with the organization:
 - a. Cannot vote nor hold an officer position
 - b. May lose their assigned crew designation if someone else is interested and in good standing.
 - c. May not be considered for standby or community events.
 - d. Members must be in good standing to be considered for change in membership status (e.g., probationary member -> full member).
 - e. Shall not receive a stipend.Newly NGS members will be notified by the officers in writing or verbally, upon their status change. A member NOT in good standing for a period of 6 months or longer, could be subject to a 30-day suspension and subsequent dismissal if not rectified in a timely fashion.
3. Probationary Member: After an interview with the officers and successful completion of a background check, new members are considered probationary. Probationary squad membership ends after a minimum of six months of membership in good standing, and a majority vote by the membership. Probationary membership may be extended at the discretion of the President/Executive Director and/or WASI membership. Probationary members

have different roles dependent upon their licensure status, and position in the squad.

- a. Probationary drivers may fulfill the prescribed duties of the driver, providing the minimum criteria defined in Article 2, Section 3 are met, and upon successful completion of driver training as determined by the driver coordinator.
- b. Probationary HCPs (healthcare provider) may provide patient care up to the level at which they are licensed by the state of Vermont. If a member is still in training and is not yet licensed, they are to act as an observer.

Observers:

- i. Are not to provide direct patient care outside of the scope defined by the EMS office with regard to student providers.
 - ii. May assist in loading and unloading of equipment needed on scene.
 - iii. May assist in retrieval of equipment from scene.
4. Community Member: A member that contributes to WASI in ways other than being part of an aid-providing crew shall be considered a Community Member. This includes but is not limited to persons involved with memorandums and community outreach volunteers. Community members are not required to attend meetings, cannot vote and cannot be an officer.
 5. Members of the Waterbury Backcountry Rescue Team (WBRT) who are not otherwise affiliated with WASI are considered associate members. Therefore, they do not need to fulfill the requirements of a full voting member (and should follow WBRT's internal SOGs). For more information on WBRT, see Article 5 Section 3.

Section 2.2: Membership Advancement

- Prospective members may apply at will by submitting an application for membership (located in Office 365 OneDrive and the WASI website) to the officers.
- Transition from a probationary member to a voting member may be done with approval of the squad, as determined by a majority vote. Voting is done by anonymous paper ballots submitted by the membership, which are tallied by three members at large, selected by the officers.

Section 3: Individual Certifications and Licensure

WASI members are responsible for maintaining their own Vermont State Licensure, and/or National Certification.

This responsibility includes attendance at training sessions, documentation of continuing education and submission of recertification paperwork as required. WASI encourages all members to further their certification and license. WASI has allocated funds to provide squad members with funding to continue their education through classes and seminars.

All drivers and patient care providers must be certified in CPR at the Healthcare Provider level. In addition, drivers must attend training sessions with the Driver Coordinator. CPR certification is renewed annually within the squad and as required. All squad members who deliver patient

care must hold a current license at the EMR level or higher. All EMRs, EMTs and AEMTs must relicense every two years with the State EMS office and (if applicable) renew their certification with the NREMT.

<http://healthvermont.gov/emergency-preparedness-ems/emergency-medical-services/education>

Section 4: Service Area

Normally, calls originating within our service area are the only calls to which we respond. The exceptions are when adjacent emergency or first responder services request mutual aid. If we are leaving our normal response area, it is necessary to notify CVMC of the response. To the west, we cover to, but not including Bolton Flats trailer park on Route 2 and the side roads between Waterbury village and the trailer park. On the interstate north bound, we respond as far as the Bolton town line and from the Bolton town line to mile marker 74 we respond with Richmond Rescue, in an agreed upon dual response zone. To the north, to the Stowe town line which includes all of Gregg Hill. To the south, WASI includes all the Town of Duxbury. The eastern limit on Interstate 89 is mile marker 61, and on Route 2 is the intersection the Winooski River bridge at Lovers Lane. Occasionally, we will be called to respond to an area that is either questionably in or unquestionably out of our normal area. WASI protocol is to respond first and ask questions later. It is better to get part way to an incident and not to be needed than to have a patient needing emergency care remain unattended while services try to decide in whose territory the call originated. WBRT's primary response area covers the backcountry and environs containing the summits of Hunger Mt., Ricker Mt., Bolton Mt., and Camel's Hump.

Article 4: Internal Policies

Section 1: Internal Operations

1. General Regulations
 - a. The use of tobacco and/or alcohol products is prohibited in the ambulance building and the ambulances.
 - b. Squad supplies may not be used for personal use.
 - c. Illegal drug use is prohibited.
 - d. Alcohol consumption is not permitted while on duty or within 6 hours of coming on regular scheduled duty.
 - e. Seatbelts shall be worn in the ambulance at all times when members are not delivering patient care.
 - f. Legal use of medications which have adverse side effects or otherwise cause impairment is prohibited while on duty, or in first response.
 - g. Office 365, WhenToHelp, WASI's wireless and wired networks, and other technology infrastructure are to be used strictly for WASI business. Unauthorized or errant use of any of these may result in sanctions by the officers.
 - h. Except where it relates to WBRT operations, no on-scene photographs are to be taken with personal equipment and/or shared with the general public.
 - i. Only a WASI officer is authorized to speak with the media on behalf of WASI.
 - j. Only a WBRT team leader or assistant team leader are authorized to speak with media on behalf of WBRT.

2. Response Related Regulations
 - a. The ambulance must slow down and be able to stop at all intersections and when possible the driver should make eye contact with other drivers at the intersection.
 - b. Emergency vehicles shall not be driven at speeds unsafe for condition or in excess of 15 MPH over the posted speed limit (except in the Waterbury village, where posted limits must be adhered to), whichever is less.
 - c. Driving the ambulance against traffic on I-89 is never permitted, unless the lane is closed and as directed by incident command.
 - d. Yield right of way to fire, police, and pedestrians.
 - e. NEVER pass a school bus that is displaying flashing red lights.
3. Guidelines Governing Operations
 - a. There are several forms which aid in documenting the day-to-day operations of the Ambulance Service. These include:
 - i. Run Sheets (Patient Care Reports) are used to record patient information. The CC or a CC designate must complete a run sheet (SIREN) for each patient.
 - ii. Acknowledgement of Services Form is required for the squad to be reimbursed for our transports. These must be filled out on all transports and have the necessary signatures. Check the basket in the EMT room at CVMC for forms from the last run that have been signed and bring them back.
 - iii. Incident reports are used to record information about any incident, internal or external, which any member believes requires documentation.
 - iv. In the case of a "No Transport," a run sheet must be filled out describing the situation and a Patient Release Form signed by the patient, guardian, or authorized representative.

Section 2: Transport Policy

WASI does not handle non-emergent transports.

Section 3: WASI Infectious Disease Policy

Protective equipment shall be used as appropriate when in contact with a patient and/or on scene.

1. Following each run, all crew members will wash their hands thoroughly with soap and water.
2. When splash hazards exist, i.e. vomiting, large volumes of blood, etc. protective face and eyewear will be worn.
3. All sharps, including IV needles, will be disposed of in a designated sharps disposal unit. No attempts should be made to recap, bend or otherwise manipulate a contaminated needle.
4. A pocket mask or similar device should be carried at all times for use in situations where artificial respiration is necessary.
5. WASI provides Hepatitis B immunizations to members. Immunization is recommended but not mandatory. All members must sign a form whether or not they choose to be immunized.
6. Any member who sustains a needle stick injury shall write an incident report and bring it

to the immediate attention of the Emergency Department physician and WASI's president or Infection Control Officer.

If you have specific questions regarding the transmission of infectious diseases, contact the WASI Infection Control Officer for more information.

Section 4: Resignations

All resignations from WASI should be made in writing and forwarded to the officers. The written resignation is kept on file at the ambulance building. Return of equipment and plates is required within ten days of resignation—if WASI equipment is left unreturned, compensation for replacement will be sought.

Section 5: Leave of Absence

Should you need to take a leave of absence from ambulance duty, please contact an officer so arrangements can be made to fill your shifts or prepare for an upcoming schedule. All requests for an LOA must be made in writing to the officers. There is a 6-month maximum duration for each LOA, which can be renewed once for a term up to an additional 6 months (12 months total). If an LOA is to exceed 12 months it is expected that the member would submit a resignation to WASI and can re-apply to WASI when they are able to return to active duty. Return of WASI equipment and WASI plates, when deemed appropriate by the officers, is mandated promptly upon resignation.

Section 6: Harassment

1. Harassment
 - a. WASI provides an environment that is free from intimidation, hostility or other offenses that might interfere with work performance. Harassment consists of unwelcome conduct, whether verbal, physical, written or visual, that is based on a person's race, color, national origin, religion, age, sex, gender, disability or any other protected status defined by law. Harassment that interferes with an individual's performance or creates an intimidating, hostile or offensive environment will not be tolerated. WASI follows the Vermont Fair Employment Practices Act and Title VII of the Civil Rights Act of 1964.
2. Sexual Harassment
 - a. Sexual harassment, as defined by the Equal Employment Opportunity Commission (EEOC), consists of unwelcome sexual advances, requests for sexual favors or other verbal or physical acts of sexual or sex- based nature when:
 - i. Submission to such conduct is made either explicitly or implicitly a term or condition of an individuals' employment and/or member status
 - ii. Submission to or rejection of such conduct by an individual is used as the basis for decisions affecting such individual
 - iii. Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile or offensive environment.
 - iv. Sexual harassment may include non-sexual conduct that is discriminatory

on the basis of the person's gender.

- b. The types of behaviors that constitute sexual harassment may include, but are not limited to: sexual bantering, "jokes" and "teasing"; off-color language or jokes; sexual flirtations, advances or propositions; requests for sexual favors; verbal abuse of a sexual nature; verbal commentaries about an individual's body or sexuality; sexually degrading words used to describe individuals; displays of sexually-suggestive objects or pictures; unwelcome physical contact such as patting, pinching or brushing against another person's body; and using sexually-oriented or degrading gestures or other nonverbal communications.
 - c. The prohibitions against discrimination and harassment set forth in this policy apply not only to WASI but also to third parties who come into contact any WASI member (for example, Waterbury Fire Dept., Waterbury Police Dept., VSP). Consequently, if any member feels discriminated against or harassed (sexually or otherwise) by any third party in connection with a call, they should use the procedure set forth. Conversely, the prohibitions against discrimination and harassment set forth in this policy apply not only to a member's actions relative to WASI members, but also relative to third parties with whom members may interact on WASI business.
3. Action / Complaint Procedures
- a. Any member who believes that she or he has been the target of harassment, sexual harassment, or who believes she or he has been subjected to retaliation for having brought or cooperated in the investigation of a complaint of harassment is encouraged to directly inform the offending person or persons that such conduct is offensive and must stop. If the WASI member does not wish to communicate directly with the alleged harasser or harassers, or if direct communication has been ineffective, then the person with the complaint is encouraged to report the situation ASAP to the WASI president or other WASI officer or Trustee.
 - b. In the event WASI receives a complaint of sexual harassment, or otherwise has reason to believe that sexual harassment is occurring, it will take all necessary steps to ensure that the matter is promptly investigated and addressed. Every WASI member is responsible for promptly responding to, or reporting, any complaint or suspected acts of sexual harassment.
 - c. Care will be taken to protect the identity of the person with the complaint and of the accused party or parties, except as may be reasonably necessary to successfully complete the investigation. It shall be a violation of this policy for any member who learns of the investigation or complaint to take any retaliatory action against any person involved in the complaint or its investigation. Any member deemed by the Officers to be creating a hostile and/or unreasonably challenging work environment shall be subject to disciplinary action, up to and including dismissal from WASI upon a majority vote of the Officers. Any member so disciplined may appeal in writing to the full Board of Trustees provided the appeal is filed within 10 (ten) days of the date of the disciplinary action. Disciplinary actions may include:
 - i. Change in active status
 - ii. Additional training
 - iii. Suspension

iv. Dismissal

Section 7: Sanctions

Squad members that do not comply with WASI Standard Operating Guidelines may be subject to sanctions by the officers of WASI. Officers by a majority vote may sanction a WASI member. That member will be notified in writing of the allegation and will have 10 (ten) business days to respond, in writing to the officers and may request a meeting with the officers. The officers shall provide in writing, their decision(s) to the member, within 10 (ten) business days, whether or not any sanction will be imposed and what the sanction(s) will be, if imposed. Any member so sanctioned may appeal in writing to the full Board of Trustees provided the appeal is postmarked within 10 (ten) business days of the date of the sanction. Actions may include, but are not limited to:

- Warning
- Change in status
- Additional training
- Suspension
- Dismissal

Section 8: WASI Stipends

The purpose in awarding stipends at WASI and WBRT is to promote the recruiting and retention of personnel. No other purpose is intended nor implied. Stipends will be paid out purely at the discretion of the Trustees but generally at the rate of twice per fiscal year. The Trustees have the sole responsibility to issue payment. No other person or entity may approve payment under any circumstance at any time without prior formal approval from the Trustees. A WASI or WBRT member may opt not to participate in the stipend program via documents provided by WASI. Stipends are awarded for calls attended and regular monthly training sessions attended.

Additionally, stipends for calls attended on paid staff holidays will be doubled. Any WASI or WBRT member who feels that he/she has not received the correct amount of any stipend credit must notify the Executive Director in writing. Verbal requests are not acceptable under any circumstance. The appeal must list all the runs for which the member feels payment was entitled under these rules and a justification of why for each call. If a WASI or WBRT member's name or call number is placed at the top section of the run sheet for a call, this will indicate that the member is entitled to a stipend for this individual run. It is up to the Crew Chief to either complete or approve of all documentation for every run. As a portion of this normal and routine duty, the Crew Chief is to ensure that the name and/or call numbers so documented are ones that materially contributed to the overall run.

To be eligible, a member is not required to accompany the crew en route to the hospital but is required to have assisted in some way that directly benefits the patient and/or crew by being on scene. It is expected that listening members who are not responding will routinely offer material aid to the crew by confirming directions or making phone calls. These methods of assisting are not generally sufficient to qualify for the stipend.

If the Crew Chief deems that a member has voluntarily appeared on scene but was not called to do so and did not materially benefit the crew or the patient, that member's name should not be included on the run sheet.

Section 9: Paid Staff

The Board of Trustees authorizes and hires paid staff. These positions may include the Executive Director (ED), additional per diem patient care providers, and other required staff as needs arise. They are responsible for establishing compensation policies and rates for paid staff. Every effort is made to allow the volunteer members to cover shifts, but the primary directive from the Board is to provide shift coverage 24/7/365. If available, paid staff may cover shift vacancies.

Article 5: Procedural Policies

Section 1: Structure Fire Standby

When Waterbury Fire Department (WFD) is dispatched to a structure fire, the primary crew will respond to the scene in the ambulance when dispatched by Capital West. No personal vehicles will respond to the scene. This is necessary to permit adequate fire apparatus movement and to minimize on scene congestion. Once on the scene, the CC should locate the fire officer in charge and inform them that the ambulance is present and ask where they would like the ambulance positioned. At this time, the CC should also inquire if there are victims or if occupants are being rescued. The ambulances' primary responsibility in this situation is to treat victims of the fire and to be available in case of firefighter injury. The ambulance and crew will remain on scene until released by fire command.

In the event of another emergency call, the CC should consult with fire command to assess the ambulance necessity at the fire scene. The CC should consider the current status of the fire, availability of a second crew, location of the second call etc. in determining if the primary crew will respond. The CC will make the decisions regarding how all situations will be covered and clearly communicate his/her decisions to dispatch.

Section 2: Public Event Standby

On occasion, WASI members will be requested to stand by various public events to provide emergency medical coverage. When you volunteer to do this, you will be representing the squad and as such should appear in uniform, with a portable radio and jump kit. Upon your arrival you should contact an organizer of the event to determine where you will be located, how long you are expected to remain and who will be contacting you in case of an emergency. If for some reason you need to leave, contact the organizer to let them know when you will return or who is replacing you.

Notify the on-duty CC also. No member shall accept personal remuneration for services provided.

Section 3: Backcountry Rescue Operations

For the rescue operations of a backcountry nature, the Waterbury Backcountry Rescue Team (WBRT) will be called out instead of the on-duty crew. WBRT may be requested to assist the on duty crew when WBRT equipment may be necessary for aid.

The purpose of WBRT is to place a coordinated team including EMT's with a portable radio and first aid supplies at the patient's side in the fastest reasonable time in order to perform patient assessment and emergency care. It is also the stated purpose that WASI will leave both rigs in

service until the patient is at a location where immediate transport to the hospital is available. To accomplish this goal, the officers will designate, at the recommendation of the WBRT officers, a group of EMT certified squad members along with litter carriers to provide medical assistance to off-road, mountain or other back-country rescue operations, according to the following policies and procedures:

1. WBRT will initiate Incident Command if it is not already established.
2. The regularly scheduled CC will transfer local medical control of the rescue operation to WBRT but will be responsible for receiving the patient from the rescue team and transport the patient to the hospital.
3. WASI participation in the WBRT aspects of the rescue operation will include only designated members of WBRT. WBRT will not enter terrain or situations requiring the use of special high- angle technical mountain climbing techniques or any other situation presenting hazards for which the team members are not specifically trained.
4. During the rescue operation, the WASI ambulance and regularly scheduled crew members will remain in a location where they are available to respond to the other emergency calls until the patient is evacuated from the back country and is ready to be received and transported by the ambulance.
5. To ensure personal safety and preparedness, the officers will designate and update the list of WBRT members according to the following selection criteria:
 - a. Experience and on-going regular participation in activities such as hiking, hunting, skiing or snowshoeing in the mountains and other back country areas.
 - b. Good physical fitness.
 - c. Possession of suitable clothing, footwear and other personal equipment for use in back country rescue operations during all seasons of the year.
 - d. Current EMS licensure in Vermont for those delivering patient care.
6. Designated members of the WBRT will maintain personal clothing and equipment required for back country rescue operations in a condition of readiness at all times. At the minimum, each team member on a WBRT operation will wear or carry the appropriate gear for 24 hour deployment.
7. On scene members of WBRT are responsible to ensure that medical direction is updated on the rescue operation as it pertains to patient care and ETA.
8. It is the responsibility of Incident Command to request additional resources.
9. WBRT is the designated search and rescue (SAR) team to respond to reports of lost persons in the backcountry.

Article 6: HIPAA

Section 1: Overview

1. The privacy requirements of the Health Insurance Portability and Accountability Act (HIPAA):
 - a. To protect the privacy of patient information.
 - b. To safeguard patient information.
2. Defined terms:
 - a. Protected Health Information (PHI) - Individually identifiable past, present or future information about a patient's medical condition. Includes oral (verbal

- communications on scene, radio communications), written (run sheets, patient notes, hospital reports), and electronic (e-mail, faxes).
- b. Notice of Privacy Practices (NPP) - Document provided to patients describing the policies and practices of a covered entity regarding patient information.
 - c. Privacy Officer - Person appointed to oversee the implementation of HIPAA's privacy requirements.
 - d. Covered Entity - An entity that is a health care provider which bills for its services and provides billing information electronically (this is almost every entity that bills for services, as Medicare requires electronic transmission of billing information by 10/16/2003).
 - e. Business Associate - Any person or entity that performs a function involving the use or disclosure of PHI.

Section 2: Application of Requirements

1. No member of a covered entity may disclose PHI, with the following exceptions:
 - a. PHI may be disclosed for patient treatment. Incidental disclosures are permissible, but the information remains PHI. Incidental disclosures should be minimized.
 - b. The minimum necessary amount of PHI may be disclosed for billing purposes.
 - c. The minimum necessary amount of PHI may be disclosed for health care operations (QA/QI).
 - d. Other special situations:
 - i. agency involved in disaster relief efforts (for example, Red Cross in a mass casualty situation).
 - ii. disclosure to personal representatives:
 1. parents of minors, unless the minor may act on his or her own behalf under state law for health care decisions.
 2. person with durable power of attorney for health care decisions.
 3. personal representatives of deceased individuals.
 - iii. The disclosure is not required if there is a reasonable belief that the patient has been subject to abuse, neglect or domestic violence by a person.
 - iv. CISD - Critical Incident Stress Debriefing.
 - v. to law enforcement, only if the officer is a health care provider or if the patient is the victim of a crime.
 - vi. to appropriate governmental agencies to comply with mandated reporting (elder abuse, spouse or child abuse) or public health information (infectious diseases).
 - vii. response to order under judicial proceedings.
2. Covered entity staff will safeguard patient's PHI.
 - a. Verbal PHI will be communicated using the most secure method, with sensitivity to unnecessary disclosures.
 - b. Written PHI will be secure with role-based access.
 - c. Electronic PHI will be secure (passwords, confidentiality statements, secure locations).
 - d. Staff will all be trained by April 14, 2003, and new staff within a reasonable time after joining.
 - e. Covered entities will enter into agreements with business associates (anyone with

access to PHI, including dispatch, billing companies, claims consultants, legal counsel, computer or technical support vendors) by the later of April 14, 2003, and the contract renewal date up to one year later, unless you did not operate under a contract on October 16, 2002, in which case the agreement must be as of the later of April 14, 2003 and the date the contract with the entity is first entered into.

- f. Covered entities must adopt policies relating to privacy requirements, including mechanism for complaints and resolving complaints by other staff and patients.

Section 3: Patient Rights

1. Each patient (including no transports/refusals) must be given an NPP, and acknowledge receipt in writing. For true emergency patients, the NPP still needs to be given, but a written acknowledgment is not required (in lieu of a signature, circumstances should be documented by the crew chief).
2. Patient has the right to access PHI, and to request that amendments be made.
3. Patient has right to an accounting of non-routine, non-authorized disclosures.
4. Patients have a right to complain about a breach of the privacy requirements to the Secretary of Health and Human Services and the ambulance service (Privacy Officer).
5. Covered Entities must have a Privacy Officer available for patients to file complaints and request information.

Section 4: Penalties for Non-Compliance with HIPAA Privacy Requirements

1. Civil Penalties - \$100 fine per violation, up to \$25,000 per person per year for each violation.
2. Criminal Penalties:
 - a. For inappropriately obtaining or disclosing PHI, \$50,000 fine and one year in prison.
 - b. For obtaining health information under false pretenses, \$100,000 fine and five years in prison.
 - c. For obtaining or disclosing PHI with the intent to sell, transfer, or use it for commercial advantage, personal gain, or malicious harm, \$250,000 fine and 10 years in prison.

Section 5: Other Documents Available for Use When Appropriate

- WASI Privacy Practices & Policies.
- WASI Notice of Privacy Practices (Blue Sheet).
- WASI Patient Acknowledgment Authorization (2-part Medical Necessity Form).
- WASI Patient Refusal Form/Acknowledgement (Green Sheet).

Article 7: CQI/QA (Quality Improvement/Quality Assurance)

Section 1: Overview

In accordance with Vermont EMS Rules, WASI will form and maintain a Continuous Quality Improvement/ Quality Assurance (CQI/QA) team. This team will review patient care practices performed by WASI members to ensure that all responses, interventions, and treatments are indicated, efficient, and safe and in accordance with Vermont EMS District Six Protocol's, as well as WASI's Standard Operating Guidelines. The team will serve to ensure that patient care practices adhere to established protocols and are within established scopes of practice. Furthermore, this team will serve to coordinate with WASI's Training Officer to aide in selecting and focusing training topics to better build on individual member's skill sets. It must be noted that this team is not a disciplinary team. The CQI/QA team will not take any disciplinary action against a member, but will instead allow the officers to handle the warning or sanction process when appropriate.

Section 2: Team Members

WASI's QA/QI team will be comprised of four members: WASI's Privacy Officer, WASI's Training Officer, and two squad members at large. WASI's elected officers will appoint all members. Additionally, the Privacy Officer will serve as WASI's Compliance Officer. Each at-large member will be appointed to a two-year term, at the conclusion of which, they can be reappointed if so interested and indicated.

The Compliance Officer will:

- Work with the CQI/QA team to ensure that WASI acts within full compliance of all prescribed protocols and policies.
- Serve as the point of contact for WASI members concerned about observed/exhibited actions while on a call.
- Serve as a liaison between the CQI/QA team and WASI Officers and Board of Trustees.
- Serve as the liaison between the CQI/QA team and individual members when items of concern need to be addressed.
- Serve as the "Voice of the Team" when presenting data and initiatives to the squad level.

Section 3: Review Selection

The CQI/QA team will generally meet bi-monthly to review runs and appointed issues from the preceding period. Prescribing to Vermont EMS District Six guidelines, the CQI/QA will review 10% of WASI's BLS calls and 50% of WASI's ALS calls. The committee members may develop a system of selection that works for them so long as these numbers are met or exceeded.

Section 4: Documentation

The CQI/QA team will utilize two forms when reviewing reports and overall patient care. The first form is the SAFE-T Analysis sheet utilized by Vermont EMS District Six. This sheet allows the CQI/QA team to quickly and objectively check a PCR for completeness and quality, as well as to quickly determine if all indicated interventions were performed.

Section 5: HIPAA Compliance

Despite being WASI's established CQI/QA team, and despite the access to Patient Care Reports, the team members shall adhere to all established HIPAA regulations as described in WASI's

Privacy Practices & Policies (April 2003, as revised), specifically the Policy on security, Levels of Access and Limiting Disclosure and Use of PHI. Any violation of this Policy will be treated in accordance with WASI's Privacy Practices & Policies. Accessing PHI, or sharing protected information with un-authorized personnel outside the scope of the CQI/QA team will result in removal from the CQI/QA team and possible further sanctions by WASI and/or civil or criminal penalties.

Receipt and Acknowledgment

By signing below, I, the undersigned, certify that I have received a copy of the Waterbury Ambulance Service, Inc. Standard Operating Guidelines and acknowledge I have read and that I am bound by the provisions therein.

Signature

Printed Name

Date