

Town of Clayton Fire Department

Standard Operating Guidelines

Personnel

Guideline # TOC-803

One inevitable fact facing EMS providers today is that we all must spend a significant amount of time during our EMS careers in training and education. This is true for motor vehicle operators as well as patient care providers. Our agency is responsible for training our personnel accordingly. It is important for all prospective members to understand the time and commitment necessary, and that it is simply not enough anymore to just be available to respond to calls.

Orientation of Personnel

All new members will be required to complete an orientation program. The orientation will be under the direction of the District EMS Captain, or their designee.

This training will include but not limited to the following subjects:

- Review of Standard Operating Guidelines
- Infection disease orientation plus exposure control plan and procedures
- Emergency Vehicle Operations V&T law, Driving orientation and practice (evaluation on driver operations annually during driver training)
- MSDS
- Hazmat Awareness
- Vehicle Maintenance
- Equipment placement

Certified EMS providers will go through a clearing process. Their skills and performance will be evaluated and signed off by the EMS Captain prior to the provider working on their own. The training listed above will be evaluated along with the items listed below.

- Trained on all BLS adjuncts that the Town of Clayton First Responders are sign off to do by NCEMS.
- Trained on all BLS equipment carried on each EMS response vehicle.
- Trained on the EPCR charting software.
- Responded to minimum of 5 EMS calls with Town of Clayton First Responders in phase 2 along with favorable reviews from the preceptor.
- Complete the BLS skills assessments with the EMS Captain.

Final review and clearance is up to the EMS Captain. The EMS Captain can extend or shorten the orientation process. EMS privileges can be revoked at any time by the Agency Medical Director, Board of Fire Commissioners, District Chief and/or the EMS Captain.

Training and Continuing Education

The District EMS Captain or their designee will be responsible for conducting annual training sessions, if possible, and any additional special sessions as may be required. All

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EMS providers in the Town of Clayton Fire are required to keep level they are practicing on Current (or advance). As well as hold a current CPR card.

Patient Care Personnel

All patient care personnel must be currently certified by the NYS Department of Health at the level of Certified First Responder (CFR), CFR-Defibrillation (CFR-D), Emergency Medical Technician (EMT), EMT-D, Advanced EMT-Intermediate, Advanced EMT-Critical Care, or EMT- Paramedic. Patient care personnel must present their original copy of their certificate to the captain upon applying for membership, and each time the certification is renewed. A photocopy will be made of the certificate for the member's file, and the original returned to the member,

The only exception to this will be persons enrolled in certification training courses may perform patient care tasks within their present level of training, but only under the direct supervision of a currently certified member at or above the level of the trainee.

All patient care must be in accordance with applicable NYS approved protocols, unless authorized to do otherwise for an individual patient by a medical control physician.

Description of Job Tasks applicable to all patient care providers:

- Receives call from dispatcher, verbally acknowledges the call to the dispatcher, and drives safely to the emergency location, either in the rescue vehicle or by private vehicle as directed by the dispatcher.
- Determines the nature and extent of the illness or injury, makes determination of patient status, and renders appropriate emergency care based on competency level
- Assists in lifting, carrying, and transporting patients
- Applies light rescue and extricates patient from entrapment as able or calls for rescue/extrication assistance
- Radios dispatcher for additional assistance or services as soon as the need for such assistance becomes evident
- Complies with all protocols and regulations in handling deceased patients, notifies authorities, and arranges for protection of property and evidence at scene until the arrival of police
- Reports verbally and in writing observations regarding patient assessment and care
- Replaces supplies, checks all equipment for future readiness, maintains rescue vehicle in operable condition or reports problems immediately, ensures rescue vehicle cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior.

Certified First Responder (CFR)

Certified First Responders will perform patient care tasks within their level of training including general patient assessment, basic airway management, bleeding control, and basic

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treatment of shock, emergency childbirth, helmet removal and standing takedown and will assist the EMT with spinal immobilization techniques and splinting. In the ambulance, the CFR will perform patient care tasks under the supervision of an EMT or Advanced EMT. A member certified at any level may perform defibrillation using an Automated External Defibrillator according to all applicable NYS approved protocols.

Emergency Medical Technician

The EMT performs all the tasks of a Certified First Responder. In addition, the EMT performs basic trauma assessment and care such as extremity immobilization, spinal immobilization, basic assessment and care of medical emergencies, documentation of care, and defibrillation using an AED.

Emergency Medical Technician or Above

Any level of care above the Emergency Medical Technician is not recognized since the Town of Clayton Fire is a BLS Agency. Your knowledge and input are highly encouraged.

Dress Code / Personal Appearance

When any EMS responder is responding to the scene of a call, they should have some type of identification if possible. (Coat, t-shirt, turnout gear, etc.) Marking shall be readily identifiable and is displayed in such a manner easily showing their affiliation with the department, if possible. Each EMS provider and scene support member shall be dressed appropriately. Turnout gear should be used when any question arises about proper PPE for the incident. (Unless response to a water rescue). Department issued t-shirt, EMS pants or jeans is encouraged on every call but not mandatory. At **NO** point shall open toe shoes be worn on any medical call.

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The Town of Clayton Fire Department First Responders function as first responders only, providing emergency assistance, treatment and stabilization of patients within our coverage area. Transportation of patients treated will be provided by Thousand Islands Emergency Rescue Service or other Ambulance Services as arranged/dispatched by Jefferson County Dispatch and/or Medical Control direction.

Dispatching

The Town of Clayton Fire is dispatched through the Jefferson County Sheriff's Dispatch center. If the request comes by a personal phone call to a member of the department JCSDC is to be notified, this ensures adequate coverage of personnel responding to the scene.

Crew

Usual crew shall be at least two persons - a driver and one provider. Provider must be at least a basic EMT, and the protocols of NCEMS and NYS DOH BEMS shall always be observed . See copy in appendix regarding automatic ALS dispatch policy EMS 97-02

The rescue vehicle may respond to the scene of an incident with only the driver on board, if this is thought to be reasonably necessary under given circumstances, in which case other crew members may meet the rescue vehicle at the scene. Members responding to the scene in private vehicles should notify dispatch they are en-route to the scene.

Only active members of the Town of Clayton Fire Department shall serve as patient care personnel, except in those unusual circumstances in which it would be necessary, or useful for a N.Y.S. certified **EMT** or Advanced EMT who is an active member of another agency to serve as patient care personnel. For purposes of insurance, only an active member of the Town of Clayton Fire Department may serve as driver.

Crew Chief- In Charge

In responding, and at the scene of an incident, the District EMS Captain shall be in charge of the scene, in absence of the District EMS Captain, the senior EMS provider shall be in charge of the scene. Bear in mind that once an EMS provider takes responsibility of the scene, they are responsible for everyone on that scene until the incident has been terminated. Keep in mind if an EMS provider initiates patient care, they are responsible for the care of that patient (within their scope of practice) until the transporting agency arrives.

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Two Calls Received Simultaneously

If two calls are received simultaneously, the crew member with the highest level of training in consultation with the dispatcher will be responsible for making a decision of priority. A mutual aid rescue vehicle will be requested for the second call as soon as possible, and The Town of Clayton Fire Department First Responders crew members will be dispatched to the scene of the second call, if additional personnel are available.

Radio

The rescue vehicle operator should inform the dispatcher immediately when enroute to the scene, upon arrival on scene, or upon hookup with requesting ambulance. As soon as possible a patient workup shall be transmitted to the hospital for medical control direction either through a dispatcher or directly.

Call wrap-up

After each call, the crew is responsible for refueling, cleaning the interior of the rescue vehicle, replacing all supplies used, cleaning and disinfecting any equipment as necessary, and preparing the vehicle and equipment for the next incident.

Physician or Registered Physician's Assistant on Scene

With regard to physician or RPA who wish to assist on scene, the operational protocols of the North Country EMS Program Agency and the Jefferson County EMS Program shall be adopted. See protocol book for further instructions.

Patient Cannot Be Located

The Town of Clayton Fire Department First Responders personnel will make every reasonable effort to locate a patient if they believe a report of an emergency to be legitimate. The Clayton Fire Department First Responders will enlist the assistance of law enforcement personnel as deemed necessary. In any case, if the call is believed to be legitimate, the Jefferson County Dispatch will be informed of the incident as soon as it becomes obvious that The Clayton Fire Department First Responders are having considerable difficulty locating the patient.

Entry Cannot Be gained to the Scene of an Incident

In the situation where the location of the patient is locked, the Jefferson County Dispatch will be contacted. If, after trying all available exits and trying to reach the patient by phone through the dispatcher, no access is possible, explain to the police agency and notify them of access decision. The crew may enter the home by forced entry only with

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the full knowledge of the Jefferson County Dispatch, and the District Chief and/or EMS Captain. The circumstances of the call will be fully documented on the PCR and on an incident report.

Patient Sign Off

If the patient refuses transportation/treatment, and is deemed mentally capable of making an informed decision in that regard, the EMS provider who initiated patient care shall contact medical control to receive permission to sign the patient off. After approval by medical control Patient is to sign both the state PCR as well as the County Refusal form. Both forms shall be witnessed by family, if no family is available to witness the refusal forms, attempt to get a patrol, or firefighter to witness. If no one is available except you and your crew. The signature of witness by your partner will be deemed acceptable.

Treating Minors

Minors will be treated in emergent situations regardless of the presence of a parent or guardian following the legal doctrine of implied consent. In such situation, the Town of Clayton Fire Department First Responders will make every reasonable effort to contact the Child's parent/guardian either directly, or through a law enforcement agency, and will not delay treatment or transportation while doing so. If the minor is refusing treatment and/or transport and the crew feels that the minor is in need of such care/transport Jefferson County Dispatch will be contacted immediately for a patrol.

Suspected Crime Scene

If as a result of their observations during a given Incident, and the crew suspects that criminal activity has been involved, and there is reason/doubt to believe that the scene may not be safe, the crew shall remove themselves immediately and contact Jefferson County Dispatch for the closest Patrol available. While on scene of a suspected Crime scene the EMS personnel on scene will make every reasonable attempt to preserve evidence while providing whatever patient care/transportation is necessary without delay.

Requests for On-Scene Stand-by

Occasionally The Town of Clayton Fire Department First Responders is asked by community organizations to provide pre-arranged on-scene stand-by services for special events (e.g., sporting events, field days). In such cases, The Town of Clayton Fire Department First Responders policy shall be as follows:

The request for the standby must be made to The Town of Clayton Fire Department First Responders by the responsible agency in a timely manner, so that all details are clearly understood, including the time commitment requested from The Town of Clayton Fire Department First Responders members.

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At The Town of Clayton Fire District meeting following receipt of the request, the decision will be made. The stand-by will be approved if the details are acceptable to all of The Town of Clayton Fire Department First Responders members who are free and willing to participate in it. Those members will be expected to make a commitment to be available on the times and dates involved.

If a stand-by request is not able to be approved, the responsibility of The Town of Clayton Fire Department First Responders for that event will be limited to responding to requests for emergency medical care, as per the usual Town of Clayton Fire Department First Responders procedures.

Child Abuse/Neglect is suspected

Effective February 1, 2002 NYS Social Services law was amended to include EMT's as mandated reporters of Child Abuse. The following policy is developed and endorsed by Jefferson County EMS Program.

Procedure:

If Town of Clayton Fire Department First Responders providers suspect that child abuse/neglect may be involved in a call they will take the following actions:

- The person identified as "in charge" on the PCR will report their suspicions to the professional staff at the receiving Emergency Department (RN or MD).
- The basis of the suspicions will be documented on the PCR. Personnel are reminded to document facts, not conclusions, Le., *"Physical exam reveals 9 'J' shaped red marks on the back and buttocks"* should be documented, not *"Child was struck with a lamp cord"*.
- The person "in charge" on the PCR will complete form DSS-2221A and attach a copy to the Agency copy of the PCR.
- The person "in charge" on the PCR will call the NYS Child Abuse and Maltreatment Register at 1-800-635-1522 to report the incident.
- Within 48 hours the person "in charge" on the PCR will mail a copy of the completed DSS2221A form to:

Child Protective Services

250 Arsenal Street

Watertown, New York 13601

To facilitate these actions Jefferson County EMS Program encourages squads to have copies of form DSS-2221A and pre-addressed envelopes stored in the PCR clipboard. EMT's are encouraged to mail the completed forms from the hospital or before returning to quarters.

See copy form

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Geriatric Abuse/Neglect is suspected

Geriatric abuse and neglect, like child abuse and neglect, is a big problem in our society. The primary sign is unexplained injuries in an elderly patient. In the situation where the crew suspects abuse or neglect of an elderly patient they should complete a full patient assessment, including a scene assessment, and report their suspicions to the Emergency Department staff, if assistance in transport of patient, if not advise the transporting agency of suspected geriatric abuse/neglect and document in PCR. If the patient refuses transportation, and is deemed mentally capable of making an informed decision in that regard, the crew should report the situation and their suspicions to the New York State Adult Protective Services (phone # 1-844-697-3505) as soon as reasonably able and document their objective findings on the PCR.

Patient Abuse is suspected

It is the responsibility of all members of The Town of Clayton Fire Department to report all cases of alleged, suspected, witnessed or un-witnessed patient abuse to their supervisor without fear of reprisal. Patient abuse is not tolerated by the Town of Clayton Fire Department. Patient Abuse is considered a criminal act of assault. Upon patient contact it is the EMS Crews responsibility to provide for the safety and welfare of all patients. In the event of a reported case of patient abuse, the appropriate authorities will conduct an Investigation. It is the responsibility of the District EMS Coordinator to report the case to the NYS DOH Representative at the nearest office (Syracuse phone # 315-477-8544)

Unattended Death

In situations where The Town of Clayton Fire Department First Responders arrive on a scene to discover the patient has expired and does not meet criteria for resuscitation (obvious rigor mortis, extreme dependent lividity, or injuries incompatible with life), the EMS provider who initiated care or on scene ALS, shall notify medical control, and contact the Jefferson County Dispatcher for law enforcement response. Town of Clayton Fire Department First Responders shall secure the scene until released by law enforcement personnel.

Minor Complaints/Unusual Requests

It is not the policy or responsibility of The Town of Clayton Fire Department First Responders to handle minor complaints which would normally go to a primary care physician, clinic, etc.

The following policies are in effect regarding requests for help for minor complaints:

- If there is any question as to whether ambulance transport may be indicated, the crew will consult a medical control physician

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- At least one full set of vital signs will be taken on every patient and a PCR thoroughly completed for every patient seen, including all related times and information,
- Any patient not transported by ambulance will be asked to sign an acknowledgment of care rendered and attesting to the patients understanding of any instructions that were given regarding his/her complaint and care.

The Town of Clayton Fire Department First Responders members occasionally receive requests to "evaluate" a person and give advice on their medical condition including what care may be needed. It is the policy of The Town of Clayton Fire Department First Responders that these requests will not be honored by members acting on behalf of The Town of Clayton Volunteer Fire Department. **If** an individual member chooses to honor such a request and give such advice, s/he must understand that they are doing so on their own and not acting as a member of The Town of Clayton Fire Department First Responders. Department apparatus shall not be used for this service. If request for the use of EMS equipment Jefferson County Dispatch shall be notified of the direct call and the call shall be logged accordingly.

Seatbelt Use

All drivers and passengers of the rescue vehicle shall wear seatbelts when the vehicle is in motion. If member of the Town of Clayton Fire Department First Responders is to assist in transport of patient to the hospital, shall wear a seatbelt while in the patient compartment unless providing patient care.

Securing the Vehicle

The driver is responsible for parking and securing the rescue vehicle in a safe manner as they see fit, in order to safeguard the vehicle and equipment. In cases where personnel is needed, either to chauffeur the ambulance to the hospital, or assist in patient care shall not abandon department apparatus unless qualified Department personnel are eligible to return the equipment to service. If the extenuating circumstance is to arise where response personnel responds solo the District EMS Captain, or a chief within the department shall be notified immediately, and the vehicle shall be placed off the road way and secured to ensuring the safeguard of the vehicle and equipment.

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Passengers

As a standard, this Department is not to transport patients in departmental apparatus. In the case of special circumstances the District EMS Coordinator in conjunction with the District Chief shall wave this requirement. Special circumstances may include but not limited to: floodwaters, and fire scenes,. In these cases the patient(s) must be transferred to an ambulance as soon as practical.

Advanced Life Support

Since Town of Clayton First Responders is a BLS agency providers that fall into the category of advance life support can only act within the scope of practice as an EMT-Basic.

Medications Drug Box/bag

Medications carried by the rescue vehicle will be under direct control of the Medical Director. At no time will any rescue vehicle personnel place a medication on board without the written permission and guidance of the Medical Director, or without in-service education regarding its use, contraindications, administration, and side effects.

Drug box/bag shall be subject to a monthly inventory by the EMS Captain or there designee. Any medications expiring within the next month will be ordered, and shall be replaced in the drug box/bag.

Drug box/bag will be kept locked in a compartment in the rescue vehicle at all times when not being used for patient care purposes.

Rescue

The Town of Clayton Fire Department First Responders primary responsibility is for the care and treatment of ill or injured persons. It is NOT a rescue organization. However, because of the nature of our geographical area, The Town of Clayton Fire Department First Responders at times is requested to assist in the rescue of injured or ill patients from remote areas or areas where access is difficult.

The Town of Clayton Fire Department First Responders will only participate in such rescue situations if there are able, The Town of Clayton Fire Department First Responders personnel willing and able to assist in any given incident.

Generally in these situations, The Town of Clayton First Responders will be assisting the Jefferson County STAR team personnel. Although The Town of Clayton Fire Department First Responders personnel will remain responsible to the emergency medical

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care of the patient, they will be guided by STAR team and Fire Department personnel, if present, in any rescue aspects of the incident.

The Town of Clayton Fire Department First Responders personnel will not engage in any activity requiring technical skill/knowledge (e.g. climbing, rope work, etc.) with which the member is not trained. The personal safety of all Town of Clayton Fire Department First Responders personnel is of utmost importance in all rescue operations.

ICE/COLD WATER RESCUE

The Town of Clayton Fire Department First Responders personnel will only assist with rescue of persons from cold/ice water if conditions are deemed safe for rescue personnel. All ice rescue activities will be directed by a Town of Clayton Fire Department member/Chief, (or by mutual aid agreement a member of another emergency organization) who has completed a recognized training program in cold/ice water rescue.

Mass Casualty Incident

The Town of Clayton Fire Department First Responders participate in the Jefferson County Emergency Medical Services MCI Plan, copy attached.

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Documentation

Guideline # TOC-805

Documentation of Patient Care

A PCR (Pre-Hospital Care Report) shall be completed no more than four hours after the call, if any deviation to this you must contact the District EMS Captain.

The crew shall prepare a complete report for every incident, whether a patient is cared for, using the ESO Solutions software. The Town of Clayton Fire Department First Responders may give the first responders run report to the transporting ambulance to attach to their PCR.

The PCR will thoroughly and accurately reflect results of patient evaluation and treatment. It will include, but not be limited to, patient statistical data, call times, mechanism of injury/nature of illness as appropriate, medical history, medications, allergies, subjective assessment, objective assessment, frequent assessment of vital signs, treatment record, crew names, levels of certification and numbers, record of any changes in patient condition en-route, patient destination or call disposition.

Each PCR will be reviewed by the District EMS Captain of The Town of Clayton Fire Department First Responders, and the designated CQI committee. Any question regarding adequacy/completeness of treatment and/or documentation will be discussed with the crew involved. If issues are found, we will contact the agency medical director and the regional QA/QI chair and speak with them on the matter. The Town of Clayton Fire Department First Responders will participate in a Quality Assurance program as required by New York State law.

All patient care reports are stored with ESO solutions and all paper reports are at the fire station in a locked file cabinet and they are maintained according to NYS DOH BEMS Policy No. 08-03.

Department personnel **WILL** keep all patient information confidential.

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Training Requirements

Guideline # TOC-806

Training Requirements

All personnel must provide documentation of emergency medical service training to the District EMS Captain or his/her designee which shall be kept on file. All personnel are deemed first responders if they are in possession of a valid New York State Certified First Responder or higher level of care. They must also possess a valid American Heart Association CPR or equivalent course.

The Town of Clayton Fire Department shall maintain some personnel as certified NYS Emergency Medical Technicians.

Personnel wishing to obtain certification as a NYS certified EMT are encouraged to do so. However, reimbursement by The Town of Clayton Fire Department for such training will only be done after successful completion of class and receiving certificate. All personnel wishing to drive a department owned apparatus shall have successful completion of EVOC or equivalent, per district policy.

TRAINING/CONTINUING EDUCATION

The District EMS Captain, or his/her designee will be responsible for conducting annual training sessions if possible, and any additional special sessions as may be required.

The Town of Clayton First Responders requires that each member attend at least two continuing education sessions per year. In addition, personnel are required to maintain a current CPR card.

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Standard Operating Guidelines Motor Vehicle Operations Guideline # TOC-807

EMERGENCY DRIVING

The flashing lights and siren on the vehicle are provided as warning devices and for the protection of patient and crew. They are never a substitute for due caution/regard on the part of the driver. New York State Vehicle and Traffic Law provides that emergency vehicles are permitted to act contrary to certain provisions of the law, when in emergency use that is, responding to the scene of an emergency, parked at the scene of an emergency, or with an emergency patient on board - but only when flashing lights are used and siren or horn sounding, as may be necessary.

The senior crew member in charge of patient care will make the determination whether lights and siren will be used on any given call, and will inform the driver of the decision. The driver must honor the decision of the senior member in charge of patient care. In general, if the patient is stable and in many cases when the patient is potentially unstable, no lights and siren will be used. The driver will obey all V&T laws.

Even if lights and siren are used, the driver must remember that a fast trip is not always a safe trip. Road, weather, and traffic conditions will serve as indicators of prudent and reasonable speed. Very high speed is never indicated, regardless of patient condition. The driver must have in mind the safety of crew and other vehicles uppermost in his/her mind at all times, regardless of patient condition.

Upon approaching a stopped school bus with its red lights flashing, the emergency vehicle driver shall come to a complete stop, and shall proceed only upon direction of the school bus driver or a law enforcement official at the scene. This procedure shall be followed no matter the nature of the incident to which the vehicle is responding, or the condition of the patient.

The driver of an Authorized Emergency Vehicle may (in accordance with provisions of Section 1104 of the Vehicle and Traffic Law) proceed past a steady red signal, a flashing red signal or a stop sign, but only after slowing down as may be necessary for safe operation. When driving in non-emergency mode (emergency lights off), the driver will obey all vehicle and traffic laws.

MOTOR VEHICLE OPERATOR ILLNESS

If, at any time, the operator of the vehicle becomes ill, or in any way his/her ability to operate the vehicle becomes impaired, he or she must pull to the shoulder of the road at once and inform the rest of the crew. The crew chief will then make a decision whether another crew member will operate the rescue vehicle or another rescue vehicle will be called.

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BACKING THE VEHICLE

It is strongly recommended that when backing the vehicle an outside "spotter" will be used to direct the driver in backing and to observe safety precautions. If this is not possible when a patient is on board due to patient care activities, the driver will first walk behind the vehicle to observe for any obstacles or safety hazards.

When backing into the driveway and garage of any Town of Clayton stations. A member shall stand outside and guide the driver in safe backing of the vehicle.

ACCIDENT INVOLVING THE RESCUE VEHICLE

Whenever there is an accident involving the rescue vehicle, whether or not it is by definition an accident which must be reported to a police agency. The driver shall fill out a "Vehicle Accident/Loss Investigation Report" and will be subsequently interviewed by the Chief or district official of the TOCFD. The officer will make a determination as to the cause of the accident and any contributing factors, and what follow-up actions may be needed. Follow-up may include but may not be limited to the following: Driver retraining, Reinforcement of SOGs and safety measures, evaluation of the driver to determine his/her continued ability to fulfill the obligations and job responsibilities as a member of the Town of Clayton Volunteer First Responders, and/or disciplinary action.

VEHICLE

The Town of Clayton First Responders will make every effort to see that the rescue vehicle complies with all state motor vehicle laws and Part 800 regulations regarding rescue vehicle design. The vehicle will be inspected yearly. Safety or maintenance problems will be immediately brought to the attention of the District EMS Captain as well as the Station Chief, Safety Officer or the Captain Maintenance checklists are provided for documentation and communication of problems to the officers of the department.

VEHICLE OUT OF SERVICE

If the rescue vehicle is out of service for repairs, failure to pass inspection, problem discovered during maintenance or any other reason, the following sticker will be placed on the driver's side window.

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Attention:

This vehicle is out of service.
Do not use for rescue operations
Until placed back in service by
District EMS Captain
Or
District Chief.

The District EMS Captain or Station Chief or Officer in Charge will notify Jefferson County Dispatch that the vehicle is out of service, and the keys shall be removed from the vehicle and placed on the watch desk. An announcement shall be made by Dispatch that the vehicle is out of service until further notice, as well as taking appropriate actions on REDNMX and/or BRYX.

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Response

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In order for the department to be an effective first responder organization it will require a timely and safe response to calls. This policy does not require a minimum amount of shifts to be filled by members, nor does it require a shift person to respond from a station.

Departmental Personnel Response

Cleared EMS members may respond with a response vehicle from any location within the primary response area. The response vehicle will be one of the support vehicles within the Departmental fleet. When a vehicle is in service for first responder response, it shall remain in the district unless approved by the District Chief. Personnel eligible to respond in response vehicles, as first Responders, must meet the following criteria:

- Required training per this procedure.
- District EMS Captain approval

Departmental personnel may be approved to respond directly to incidents in their Personal Owned Vehicles (POV) if the following conditions are met:

- The person that is responding directly to the scene is certified by the NYS Department of Health as at least a Certified First Responder.
- Have been approved by the District EMS Captain.
 - The approval can be revoked at any time by the District Chief and/or the Deputy Chief upon recommendation of the EMS Captain.
- If an apparatus has not called in route with an EMT or an EMT has not checked in on BRYX, an EMT may respond POV. If responding POV the EMT should not arrive prior to either Town of Clayton Vehicle or an Ambulance.
- All EMT's should make every attempt to respond to a station to bring an apparatus. If an EMT is to pass a station on the way to a call, they should respond an apparatus.
- If a Town of Clayton Fire Department cleared driver can bring an apparatus to the EMT responding POV, that apparatus shall call in route and remain in contact with the EMT responding as to not arrive prior to the EMT.
- If an EMT whether a Chief or not is responding POV and no apparatus is responding they shall call in route as "Town of Clayton". If the EMT does not have a radio they shall contact Jefferson County Dispatch via landline and advise them. These two procedures will ensure all times are logged for PCR purposes.
- EMT's responding POV may use emergency lights to respond. If you anticipate beating an EMS certified vehicle to the scene lights should not be used.
- If an apparatus is meeting the EMT on scene they are to communicate with the responding EMT as to what priority to respond.

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- If an EMT responding POV uses any equipment off a Town of Clayton Fire District First Responder vehicle, they must restock that vehicle immediately following the call.
- When responding to an incident directly shall follow all department policies set forth by the district.
- All providers responding in there POV are required to have all the required PPE for that call with them. The Town of Clayton is not responsible to provide this to you for your personal vehicle since it is stocked on each EMS response vehicles.
- If an exposure occurs the District EMS Captain shall be notified as soon as possible.

Non-EMS Manpower Response

If you respond as non-medical manpower to a first responder call you shall not respond from the fire house unless the transporting agency or an EMS provider from the Town of Clayton Fire Department is on scene or requests for a response. **NO EXCEPTIONS.** If non-medical personnel are requested to respond to an incident, response will be non-priority (priority 2) unless otherwise advised by on scene medical, for both departments owned apparatus as well as Personal Vehicles (if situations arise). If you are responding with a personal vehicle to a call, and you are non-medical, an incident report shall be filled out with the reason needed to respond.

All personnel shall maintain a professional demeanor and discipline both on scene as well as responding to the call.

If there is a need to respond to the hospital to pick up medical personnel from the Town of Clayton Fire Department the response shall be priority 2 along with the advising a Chief and EMS Captain via phone, text or BRYX.

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Equipment

Guideline # TOC-809

Each EMS provider is responsible for the care, accountability, and cleaning of all equipment on the unit, which are designated for EMS use. Care includes inventory and inspection of equipment to ensure it is available for use and is functioning properly when needed, securing all equipment from unauthorized access or use and maintaining a working knowledge of all equipment. Investigations of lost or missing equipment determined to be the result of negligence will result in disciplinary action.

All equipment should be cleaned when used and checked monthly. Any missing, or damaged equipment will be reported to the EMS Captain. Any time the vehicle is left unattended in public the vehicle should be locked to prevent theft.

All supplies that are used, or expired shall be replaced from the EMS storage cabinet located at Station 1.

Department vehicle equipped to BLS standards shall have the following equipment per New York State Department of Health standards 06-04:

<http://www.health.ny.gov/professionals/ems/policy/06-04.htm>.

The following agency adjuncts are authorized to be used by the EMT Basics. CFR do not have authorization to use the following agency adjuncts, nor will they have access to them. Any further questions or concerns please review the BLS medication reference packet.

- Syringe Epinephrine Adult (0.3mg) & Pediatric (0.15mg)
- Albuterol Sulfate (2.5mg/3ml)
- Baby Chewable Aspirin (81mg tablet max dose of 324mg)
- Oral Glucose (24mg)
- Naloxone (2mg)
- Blood Glucometry

Town of Clayton Fire Department

Standard Operating Guidelines

BLS Medications

Guideline # TOC-810

1. To enable Town of Clayton Fire District NYS credentialed Basic Life Support EMS providers to administer the following medications.
 - A. Intranasal Narcan (Naloxone) to patients experiencing signs and symptoms of an opioid overdose. This is in accordance with the New York State Department of Health Bureau of EMS (NYS DOH BEMS) Policy Statement #13-10 and New York State CFR and EMT/AEMT BLS Altered Mental Status Protocol

Education/Credentialing:

All Basic Life Support EMS providers are required to attend agency training which includes a didactic presentation and skills evaluation. The training will be conducted by a CLI, CIC, Agency Training Officer or Agency Medical Director. Annual agency training will occur on the administration Intranasal Narcan (Naloxone). Training documentation will be retained by the agency in the provider's training files.

Quality Control:

Routinely, EMT's will inspect the Narcan and atomizers, replace if appropriate and document. Intranasal Narcan (Naloxone) administration will be documented on the patient care report in accordance with standard medical practice.

Oversight:

The agency CQI Committee, with oversight by the Agency Medical Director, will perform quality assurance evaluations on each Intranasal Narcan (Naloxone) administration for the initial six months of the program, or longer at the request of the Agency Medical Director. After this initial program review, the CQI Committee and Agency Medical Director must review Intranasal Narcan (Naloxone) use on a regular basis at a minimum annually. This includes submission of quality review sheets to NCEMS.

- B. Syringe epinephrine to patients experiencing an anaphylactic reaction. This is in accordance with the New York State Department of Health Bureau of EMS (NYS DOH BEMS) Policy Statement #17-06 and New York State CFR and EMT/AEMT BLS Anaphylactic Reaction with Respiratory Distress and Hypotension and NYS Collaborative Protocol 2-6 (Adult) or 3-3 (Pediatric) Allergic Reaction and Anaphylaxis.

Education/Credentialing:

All Basic Life Support EMS providers are required to attend agency training which includes a didactic presentation and skills evaluation. The training will be conducted by a CLI, CIC, NCEMS ALS CME Evaluator or Agency Medical Director. Annual agency training will occur on the administration syringe epinephrine. Training documentation will be retained by the agency in the provider's training files. The North Country Regional Emergency Medical Committee recommends the thigh as preferred sight of administration

Quality Control:

Routinely, EMT's will inspect the syringe epinephrine kit, replace if appropriate and document. Syringe epinephrine administration will be documented on the patient care

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BLS Medications

Guideline # TOC-810

report in accordance with standard medical practice. The North Country Regional Emergency Medical Advisory Committee recommends that the kits have specially marked adult and pediatric syringes.

Oversight:

The agency CQI Committee, with oversight by the Agency Medical Director, will perform quality assurance evaluations on each syringe epinephrine administration for the initial six months of the program, or longer at the request of the Agency Medical Director. After this initial program review, the CQI Committee and Agency Medical Director must review syringe epinephrine use on a regular basis at a minimum annually. This includes submission of quality review sheets to NCEMS.

- C. Albuterol Sulfate to patients experiencing respiratory distress with a prediagnosed history of asthma. This is in accordance with the New York State Department of Health Bureau of EMS NYS DOH BEMS Policy Statement 12-01, NYS DOH Basic Life Support (BLS) Protocols SC-4 Nebulized Albuterol for EMT and Above, and NYS DOH BLS Adult Respiratory Distress Protocol.

Education/Credentialing:

All Basic Life Support EMS providers are required to attend agency training which includes a didactic presentation and skills evaluation. The training will be conducted by a CLI, CIC, NCEMS ALS CME Evaluator or Agency Medical Director. Annual agency training will occur on the administration Albuterol Sulfate. Training documentation will be retained by the agency in the provider's training files.

Quality Control:

Routinely, EMT's will inspect the Albuterol Sulfate, replace if appropriate and document. Albuterol Sulfate administration will be documented on the patient care report in accordance with standard medical practice.

Oversight:

The agency CQI Committee, with oversight by the Agency Medical Director, will perform quality assurance evaluations on each Albuterol Sulfate administration for the initial six months of the program, or longer at the request of the Agency Medical Director. After this initial program review, the CQI Committee and Agency Medical Director must review Albuterol Sulfate use on a regular basis at a minimum annually. This includes submission of quality review sheets to NCEMS.

- D. Aspirin to patients experiencing a cardiac related event. This is in accordance with the New York State Department of Health Bureau of NYS EMT-B Original Curriculum Module 4-3 Cardiac Emergencies

Education/Credentialing:

All Basic Life Support EMS providers are required to attend agency training which includes a didactic presentation and skills evaluation. The training will be conducted by a CLI, CIC, NCEMS ALS CME Evaluator or Agency Medical Director. Annual agency

Town of Clayton Fire Department

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BLS Medications

Guideline # TOC-810

training will occur on the administration of aspirin. Training documentation will be retained by the agency in the provider's training files.

Quality Control:

Routinely, EMT's will inspect the aspirin, replace if appropriate and document. If aspirin is administered it will be documented on the patient care report in accordance with standard medical practice.

Oversight:

The agency CQI Committee, with oversight by the Agency Medical Director, will perform quality assurance evaluations on each Aspirin administration for the initial six months of the program, or longer at the request of the Agency Medical Director. After this initial program review, the CQI Committee and Agency Medical Director must review Aspirin use on a regular basis at a minimum annually. This includes submission of quality review sheets to NCEMS.

- E. Oral Glucose to patients experiencing hypoglycemia. This is in accordance with the New York State Department of Health Bureau of EMS NYS DOH BEMS Collaborative Protocols 2-23 Adult General Hypoglycemia. Only administer to adult patients only.

Education/Credentialing:

All Basic Life Support EMS providers are required to attend agency training which includes a didactic presentation and skills evaluation. The training will be conducted by a CLI, CIC, NCEMS ALS CME Evaluator or Agency Medical Director. Annual agency training will occur on the administration of oral glucose. Training documentation will be retained by the agency in the provider's training files.

Quality Control:

Routinely, EMT's will inspect the oral glucose, replace if appropriate and document. Oral glucose administration will be documented on the patient care report in accordance with standard medical practice.

Oversight:

The agency CQI Committee, with oversight by the Agency Medical Director, will perform quality assurance evaluations on each oral glucose administration for the initial six months of the program, or longer at the request of the Agency Medical Director. After this initial program review, the CQI Committee and Agency Medical Director must review Albuterol Sulfate use on a regular basis at a minimum annually. This includes submission of quality review sheets to NCEMS.

2. Storage:

- A. Each medication is stored on the response vehicles in a lock box.
- B. Only EMS providers authorized by the EMS Captain have access to them.
- C. In the event the medications are taken off the vehicle the medications are locked up in the EMS Captains office.
- D. All medications are stored according Per (NYS DOH BEMS) Policy Statement #09-11

Town of Clayton Fire Department

Standard Operating Guidelines Quality Improvement/Assurance Guideline # TOC-811

INTRODUCTION AND PHILOSOPHY

The overall goal of an EMS system is to reduce death and disability from injuries and medical emergencies. Like the world in which they exist, manmade systems evolve. As our knowledge progresses, the focus of our concerns shifts. The basic assumption in health care is that the system of care and the individuals within it can improve and aspire to a higher standard of care. EMS provider agencies, hospitals, regional and state EMS councils, and everyone interested in improving the system has a role to play in quality improvement. The Town of Clayton First Responders has a strong commitment to working with the various appropriate agencies in continuously improving the quality of the patient care delivered by the Town of Clayton First Responders.

Quality Improvement (QI) is a program of systematic evaluation to ensure excellence. It is a judgment as to what is good and what is bad, linked to a system intended to effect positive change.

Quality Improvement is used to measure the quality of care provided (by individuals and the agency), to arrive at a judgment about quality and to change the care processes, if necessary, to avoid adverse outcomes.

- Selecting a subject for study, which includes an operational definition of the condition or procedure under study and a definition of patients to be included;
- Developing criteria and standards, defining acceptable levels of quality;
- Collecting data;
- Comparing data to criteria and standards in order to identify deficiencies and areas of excellence;
- Determining causes of deficiencies and taking corrective action, including:
 1. determining who or what is expected to change;
 2. determining who is responsible for implementing action;
 3. determining what action is appropriate, and;
 4. Determining when it is expected to occur.

A successful Quality Improvement program requires the willing cooperation of all Town of Clayton First Responders members. It must recognize their common needs for education, structured feedback, professionalism, mutual respect, and confidentiality of all quality improvement activities.

Town of Clayton Fire Department

Standard Operating Guidelines Quality Improvement/Assurance Guideline # TOC-811

QI COORDINATOR

The Town of Clayton Fire Department EMS Captain will be chairman of the committee. The QI Coordinator shall be a member of The Town of Clayton First Responders, and preferably an EMT for at least 3 years actively running emergency calls. The member appointed as QI Coordinator should be familiar with the concepts of the QI program and be strongly committed and dedicated to the concepts and goals of a comprehensive QI program.

- Attend meetings of the Quality Assurance Committee
- Be responsible for reviewing each PCR for accuracy, completeness, and appropriateness of care as soon as possible after each call, but at least once a month.
- Review immediately all Incident Reports, and direct any required immediate action to the appropriate Town of Clayton Fire Department officer, infection control officer, agency medical director, safety officer, etc. Take any immediate action required in consultation with The Town of Clayton Fire Department District Chief and EMS Captain.
- Review all patient/family written comments as soon as possible after they are received, at least once a month. Refer all comments to the crews involved. Refer any substantive negative comments or notations of problems immediately to The Town of Clayton Fire Department Officers and QI committee.
- At least annually review the Town of Clayton First Responders Standard Operating Guidelines and recommend any changes to the membership and officers.
- At least annually review the appropriateness and timeliness of the in-service education programs as related to identified problems.
- Regularly review the appropriateness and adequacy of equipment and make recommendations for any upgrades or additional equipment needed. Assure that rescue vehicle supplies and equipment meet or exceed the requirements of Part 800 of the NYS EMS Code.
- Cooperate with the regional QI/Medical Advisory Committee/s and provide any information to the regional program as may be necessary or requested.

QUALITY IMPROVEMENT COMMITTEE

The Town of Clayton First Responders agrees to participate in a Quality Improvement Program as required by New York State Law. The program will work to eliminate the causes of identified deficiencies by working toward resolving identified problems, improving EMS activities related to patient care, and reinforcing and enhancing positive attitudes, behaviors and practices of The Town of Clayton First Responders and its members.

The following are the goals of participation in the Quality Improvement Committee:

Town of Clayton Fire Department

Standard Operating Guidelines Quality Improvement/Assurance Guideline # TOC-811

- Recognition and acknowledgment of examples of excellent patient care or other components of service organization
- Identification of actual or potential problems concerning patient care and clinical performance;
- Assessment of the cause and scope of problems identified;
- Development and recommendation of proposed courses of action to address the problems identified
- Use of information gathered regarding problems identified, whenever service policies and procedures regarding patient care and support activities are revised;
- Implementation of actions necessary to correct the identified problems;
- Monitoring and evaluation of actions taken and the implementation of remedial action to ensure effectiveness;
- Referral to the regional medical advisory committee and the regional medical director or his/her designee, problems which have been identified by the agency but are beyond the agency's authority or ability to correct;
- Documentation of all measures taken pursuant to this QI program.

The Town of Clayton First Responders Quality Improvement Committee may periodically review specific parameters regarding The Town of Clayton Fire Department First Responders practice and performance. These parameters include:

- Accuracy and completeness of the PCR
- Timeliness of response (measured from the time of call received to time on scene), including any communication and/or dispatch problems
- Completeness of patient assessment
- Appropriateness of care based on patient assessment, including evaluation of compliance with all appropriate protocols
- Appropriateness of time spent in patient care on scene
- Emergency Department diagnosis and outcome in selected cases, with the Assistance of hospital providers.
- The credentials and performance of all persons providing emergency medical care on behalf of the Town of Clayton First Responders This credential review will, at a minimum, include:
 1. A review to assure that the member is appropriately certified by the N.Y S. Department of Health
 2. A review of the in-service education activity of the member in light of

Town of Clayton Fire Department

Standard Operating Guidelines
Quality Improvement/Assurance
Guideline # TOC-811

Compliance with the Town of Clayton First Responders Requirements

- The performance review will include, at a minimum: Review of any compliments or complaints received concerning the care provided by the member, **from** patients, hospitals, medical control facilities, agency or system medical directors, etc.

The Town of Clayton First Responders further agrees:

- That the QI committee will prepare contemporaneous minutes or records of all activities. All such reports shall maintain patient confidentiality.
- That the committee will generally meet monthly with a minimum requirement of attending 6 meetings.
- That the QI committee may recommend to The Town of Clayton First Responders EMS Coordinator the appointment of member teams to resolve specific identified problems or develop other improvements.

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Standard Operating Guidelines

Violations of SOG's

Guideline # TOC-812

It is extremely important that all members and prospective members realize that any person, whether paid or volunteer, who has agreed to take upon him or herself the responsibility of providing emergency medical care, is assuming a very serious obligation. The Town of Clayton Fire District takes very seriously the protection of the patients who have placed themselves in our care, the health and safety of all of its members, and the health and safety of all persons with whom The Town of Clayton Fire Department, in fulfilling its duties, comes into contact.

Members are expected to act in a professional manner at all times and at no time act in a way that may bring discredit to The Town of Clayton Fire Department. The best discipline system is one that never has to be used. In the vast majority of cases, The Town of Clayton Fire Department volunteers know what they have to do, how to do it, and perform all of their duties and responsibilities with the utmost professional manner. However, even with the best intentioned personnel, there are occasional lapses of judgment and action, and these policies are intended to treat all members in the fairest manner possible

Maintenance of Patient Confidentiality

All members must keep all patient care records and calls confidential. Details of calls may be discussed with hospital staff as may be necessary, and within the agency for training. Breach of confidentiality will result in disciplinary action.

Alcohol/Drug/Prescription Medication Use

On duty personnel shall refrain from the use of alcohol or any substance which would in the least impair their judgment or reflexes. Under no circumstances shall any member of The Town of Clayton First Responders assist as a crew member or driver while under the influence of alcohol or any other substance which would in the least impair their judgment, nor shall anyone (except a patient) be permitted to ride in any vehicle owned by The Town of Clayton Fire Department First Responders while under the influence of alcohol or any other intoxicating substance.

Sexual Harassment

All members of the Town of Clayton Fire Department have the right to work in an environment free from harassment. Furthermore, it is illegal for any member to sexually harass another member.

Sexual Harassment is defined as *unwelcome* sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment.

Town of Clayton Fire Department

Standard Operating Guidelines

Violations of SOG's

Guideline # TOC-812

Any member who believes he or she has been the subject of sexual harassment should report the incident or act immediately to a Town of Clayton Fire Department officer. The Town of Clayton Fire Department will promptly investigate all complaints. The member alleging sexual harassment will be advised that in order to pursue a complaint the specifics will have to be put in writing on an incident report. All information will be kept confidential and will be discussed only with those who have a need to know in order either to investigate or resolve the complaint. Any member who the Town of Clayton Fire Department determines has engaged in sexual harassment will be promptly disciplined. Disciplinary measures may consist of suspension or termination depending on the severity of the offense. The member also has a right to register a complaint with the appropriate state authority.

No member will be punished or penalized in any way for reporting an incident which they, in good faith, feel constitutes sexual harassment.

Professional Misconduct

Professional misconduct is defined as any behavior not conforming to prevailing standards or laws, which may have a negative impact on a patient, family, of the Town of Clayton Fire Departments' public image and/or operations

Discipline/Suspension/Removal from Membership

Any act that may be perceived as misconduct will be documented by a Town of Clayton Fire Department member on an Incident Report and submitted to the Chief or EMS Captain (or in his/her absence, the ranking Town of Clayton Fire Department officer) within 24 hours. If the officer deems that disciplinary action is warranted, he or she may at his/her discretion exercise any/all of the following options: See District policy

Any disciplinary action with any members will remain confidential. When any such disciplined member feels the disciplinary action by the Chief, EMS Captain (or in his/her absence, the designated officer) is inappropriate, the following procedure will be followed. The member will re-address the issue with the Chief, EMS Captain for an alternate disposition. If the conflict is not resolved, the member may request a meeting of the Board of Commissioners to address the charges against him/her.

Town of Clayton Fire Department

Standard Operating Guidelines

Three Year CME-Based Recertification Program

Guideline # TOC-813

The Purpose:

This program is designed to permit an active EMT to recertify to practice pre-hospital medicine as an extension of the medical director of Town of Clayton Fire District, so as to limit legal liability to the EMT, Physician and Agency, to reasonably assure that the EMT maintains at least a minimal level of competency necessary for safe practice, and to protect the health and welfare of the community.

- These policies will outline and direct the operations of the New York State Continuing Medical Education Based EMT Recertification Program (CME Program), at the Town of Clayton Fire District. Located at 855 Graves St, Clayton NY 13624

Definitions, Rules & Responsibilities:

Agency & Agency Code:

Town of Clayton Fire District is currently assigned the NYS DOH EMS Agency Code of and as such is recognized by the NYS DOH as a NYS certified EMS Agency.

CME Coordinator:

The CME Coordinator is a designated employee/Member who will oversee continuing education in accordance with NYS DOH policy, as well as the Town of Clayton Fire District guidelines. It is the policy of the Town of Clayton Fire District that the EMS Captain will be designated as the CME Coordinator. The Deputy Chief of the Town of Clayton Fire District will be appointed as Assistant CME Coordinator.

If there is a permanent change in either the Coordinator or Assistant Coordinator, the new person shall be responsible for notifying the NYS DOH within 30 days and submitting updated paperwork as required. The Executive Administrator shall be responsible for notifying the employees of the change in status.

- The CME Coordinator and the Assistant CME Coordinator will:
 - Ensure EMTS are in good standing and compliant with the appropriate Regional Emergency Medical Advisory Committee (REMAC),
 - Ensure all training records are maintained and filed in accordance with The Town of Clayton Fire District policy and NYS DOH rules & regulations
 - Ensure that all CME Recertification training meets DOH requirements,

Town of Clayton Fire Department

Standard Operating Guidelines

Three Year CME-Based Recertification Program

Guideline # TOC-813

- Track the progress of all CME Program participants, reviewing at regular intervals with the participant their progress, and (if need be) notifying the Participant in a timely manner that they will be unable to renew their certification via CME and must complete a NYS DOH Traditional Refresher Program,
- Properly prepare, verify and submit all Town of Clayton Fire District CME Program paperwork to the DOH Bureau of EMS,
- Properly prepare, verify and submit all vouchers for payment to the DOH Bureau of EMS,
- In addition to all other duties.

Medical Direction:

The Town of Clayton Fire District, CME Program Medical Director;

- Under normal circumstances, assumes the roles and responsibilities as outlined below.

Roles & Responsibilities of the Medical Director:

- The Medical Director shall ensure that the training classes and training courses that are held by the Town of Clayton Fire District, are appropriate and pertain to the emergency medical services,
- The Medical Director in concert with the training officer and/or CIC shall ensure that the content and material presented for training is medically sound and pertinent to the curriculum,
- The Medical Director shall establish the procedures within the Town of Clayton Fire District, CME Program for evaluating and attesting to a participant's continued skill competency and shall include all skills as outlined by the NYS DOH,
- The Medical Director shall be notified when a participant has a status change from this program,
- The Medical Director, working in concert with the CME Coordinator, the Assistant CME Coordinator and the Town of Clayton Fire District Management, shall be jointly responsible for ensuring that all paperwork submitted to the DOH Bureau of EMS for recertification and or other

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Three Year CME-Based Recertification Program

Guideline # TOC-813

business pertaining to the CME Program shall be within the policies and guidelines of the CME Program,

- The Medical Director will work with the Town of Clayton Fire District, personnel to strive to provide consistency of pre-hospital emergency medical care across all of the Town of Clayton and surrounding areas,
- The Medical Director understands that his/her contact point into the Town of Clayton Fire District CME Program is the CME Coordinator, and secondarily, the Assistant CME Coordinator, and that the CME matters should come before the Medical Director (MD) only via the CME Coordinator, and/or the Assistant CME Coordinator and should any CME matter come before the MD by other means, the MD will contact the CME Coordinator or the Assistant CME Coordinator before taking any action on the matter.

Program Participant:

Program participants are any Town of Clayton Fire District member or employees that are eligible for and have enrolled in the CME Program.

- Participant must remain in good standing with the Town of Clayton Fire District and the respective REMAC and have remained in "continuous practice*".
- Employees who choose to participate must complete a Participant Registration Form (DOH 4226). This form must be turned into the CME Coordinator for submission to the DOH.
- Program participants must be either fulltime operations employees or part-time operations employees providing medical care.

Transfer of Records (in and out):

Transferring IN:

In the event a new member joins the Town of Clayton Fire District and is a participant in the NYS CME Program with another agency but wishes to transfer to the Town of Clayton Fire District he or she may participate by first completing a registration form (DOH 4226). This form must be turned in to the CME Coordinator. A copy will be filed in the participant's training file and the original filed with the Department of Health Bureau of EMS. The transferring participant must:

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Three Year CME-Based Recertification Program

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1. Provide on previous agency letterhead, verification from their CME coordinator all education topics and hours earned that can be tracked from that agency's training records.
2. Copies only (not originals) of training certificates, topic outlines, and attendance records to be included with verification letter.

Transferring OUT:

An EMT who is currently participating in the CME program with the Town of Clayton Fire District and wishes to transfer their participation to another agency can request and will receive from the CME coordinator a letter on the Town of Clayton Fire District letterhead outlining all training within that participant's training file, including topics of study, hours earned, and skill practice. The participant may copy any and all training files as needed. The participant transferring out CAN NOT take with them the original training documents.

*"Continuous Practice"

Participation in the New York State DOH Bureau of EMS 3 year CME recertification program requires that a participant remain in continuous practice. Continuous practice is defined by the Town of Clayton Fire District as a NYS DOH certified EMT/AEMT who in addition to participating in continuing medical education, also responds to emergency and/or non-emergency requests for medical assistance representing the Town of Clayton Fire District, and on a routine basis provides pre-hospital patient care within their scope of practice as defined by Article 30 PHL and Title X NYCRR Part 800 during the recertification cycle up to and including the period of time that the recertification application has been submitted.

Proof of active participation with patient care must be verifiable through run reports and PCR's within the 3 year cycle prior to recertification. Provider must all be current on all protocols.

Removal from the CME Recertification Program:

An employee's participation in the CME Program may be restricted or revoked at anytime with cause.

- Reasons for restricting, suspending, or revoking participation in the CME Recertification Program may include, but is not limited to, any of the following:

Town of Clayton Fire Department

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Three Year CME-Based Recertification Program

Guideline # TOC-813

- Falsifying CME records, such as:
 - Classes attended,
 - Duration of classes attended,
 - Topic of classes attended, etc.,
- Failure to demonstrate proficiency at a skill after sufficient remediation,
- Failure to complete assignments for any CME class,
- Failure to participate in a CME class, topic, or evaluation,
- Insubordination - related to the CME Recertification Program only,
- Dishonesty - related to the CME Recertification Program only,
- Inappropriate conduct during a CME class, lab or evaluation,
- A change of status in employment (change to "inactive" or resignation from the Town of Clayton Fire District.),
- Failure to meet defined "continuous practice",
- Failure to remain in good standing with the respective REMAC,
- Failure to demonstrate proficiency in the field.

If a Program Participant is removed from the CME Recertification Program for any of the above reasons;

- The EMT is ultimately responsible for the maintenance of their NYS EMT certification. It is understood that an EMT may not and will not practice without current NYS DOH certification. It is the responsibility of the EMT to refresh their certification by any other appropriate means. The CME Coordinator will assist the EMT in determining and initiating other available options.
- A participant withdrawal form will be completed with cause for termination from program noted and placed in participant's file folder.

Expiration Dates:

- This is the date affixed to the NYS DOH EMT Certification Card, which denotes the end of the EMT certification.
- Participants are ultimately responsible for maintaining NYS EMT certification, and monitoring the expiration date of that certification.
- The CME Coordinator will also monitor the expiration dates of the participant's certification. However, preparing for recertification by any means remains the responsibility of the EMT cardholder.

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Three Year CME-Based Recertification Program

Guideline # TOC-813

Town of Clayton Fire District and the CME Coordinators are there to assist individuals achieve recertification.

- The CME Coordinator and the Assistant Coordinator will run a query bi-annual to determine the expiration dates of participants, and notify all employees of expiration dates that expire in the next 180 days.
- Every EMT, regardless of their CME Program participation is notified as to exactly how many days are remaining on their certifications.

CME Program Paperwork:

- Agency Registration Form — (NYS DOH 4227)
 - This is the application for the Town of Clayton Fire District to participate in the CME Program.
- Participant Registration Form — (NYS DOH 4226)
 - This is completed when an EMT meets the requirements as defined by the NYS DOH and this agency to participate in the CME program.
 - A copy is kept on-file by the CME Coordinator while the original (original ink signatures) is submitted by the CME Coordinator to the NYS DOH.
- Recertification Forms — (NYS DOH 5065)
 - These are the actual applications for renewal of certification. These are submitted to the NYS DOH when a participant has completed the requirements of the CME Program and is applying for recertification.
 - The original form (with original ink signatures) is submitted by the CME Coordinator to the NYS DOH, with a copy kept on-file.
- Vouchers (AC-3253s)
 - For agency use only.
- Administrative Program Participant Form (NYS BEMS)
 - This form (found at the end of the NYS DOH CME Program Administrative Manual) is read and signed by each Program Participant when joining the CME Program, and is filed in the participant's training file.

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Three Year CME-Based Recertification Program

Guideline # TOC-813

Submission of Applications for Recertification:

- Applications for recertification may be submitted to the NYS DOH up to nine (9) months before the applicants certification expires.
- Applications for recertification must be postmarked to the NYS DOH no later than 45 days prior to the applicant's certification expiration date. As such, to allow time for the Town of Clayton Fire District to complete and process the application, participants must complete all CME Program requirements at least 90 days prior to expiration of certification.

The start of the application process:

- The steps of the process are outlined below:
 - Meet with the EMT to explain the recertification through CME program versus the taking of an NYS EMT refresher course.
 - Assist EMT with completion of the appropriate forms (level of certification) to enroll in program. Forms include DOH-4226 and DOH5065
 - Establish participant's file and make copies of any current certifications applicable to program.
 - Review and explain the training and education requirements per practicing level of care.
 - Map out a plan with enrollee to accomplish goals in a reasonable time table.
 - Periodic communications during application process to review and advise participant on what is lacking to complete requirements for complete recertification documentation.
- The CME Coordinator will then present the completed application and supporting documents to the Medical Director for review. Once the CME Coordinator /Assistant CME Coordinator and the Medical Director agree that the participant has completed all requirements for recertification, both will sign the application.
- The CME Coordinator will submit the application for recertification via certified mail with return receipt postcard to the NYS DOH. The application package shall be postmarked no later than 45 days prior to the participant's current EMT certification expiration date.

Late Application Submissions:

- In the possible event that an application may require late submission to the NYS DOH;

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Three Year CME-Based Recertification Program

Guideline # TOC-813

The Town of Clayton Fire District will CONSIDER the submission of late CME Program paperwork ONLY in the event of a medical or unavoidable circumstance that made an on - time submission impossible. The issue must be documented as per the Town of Clayton Fire District policies, and final determination on whether or not to submit the late paperwork rests with the Board of Directors. The Board will not submit an application for an individual whose certification has lapsed.

Record I File Maintenance:

- EMS Personnel and CME Participant Records will be kept in a secure fire resistant filing cabinet that is kept locked at all times. This cabinet shall be in a designated area of the Town of Clayton Fire District Office. Access to the files shall be strictly limited to the following personnel:
 - Board of Fire Commissioners,
 - CME Program Coordinator/ EMS Captain,
 - Assistant Program Coordinator/ Deputy Chief.
 - "Active" Records will be filed in alphabetical order with different colored folders for each EMT certification level. A master list of CME Program participants will be maintained in a separate file folder in the front of file for quick reference. Additionally, the individual program participant's file folder will be flagged in such a manner as to easily identify that individual as a program enrollee.
 - "Inactive or Archived" Records - A separate section in the rear of the cabinet drawer will be set aside for employees/participants who become inactive or who resign from the Town of Clayton Fire District. A divider partition will be utilized for separation of these records. These records will be considered "archived". Records recently placed in this area may be re-activated and moved back to "Active" file section as required. (Town of Clayton Fire District adds employees/members, a separate file cabinet drawer may be necessary and will be labeled appropriately.)
 - "Archived" Records will be maintained for a period of not less than seven years.
 - After such time has expired, these records will destroyed by appropriate shredder methods before final disposal. A Written log of records to be destroyed shall be maintained that clearly states what is being destroyed and applicable dates. Before such records are destroyed, the Board of Directors must approve the action at a regular Board of Directors meeting and must note this action by resolution recorded in the official meeting minutes.
 - Records may be reviewed by any employee/participant by contacting the CME Coordinator only. In his/her absence, the Assistant CME Coordinator may conduct the review. A mutually agreeable appointment time and date will then be arranged for the review.

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Sufficient notice must be afforded to both parties involved. A written log should be made of such reviews/meetings and kept in a secure file folder.

- Absolutely No Records will be taken from the Town of Clayton Fire District office at any time. Copies of records may be made, but such records are given only to the employee/participant and must pertain solely to the individual employee's/participant's records.

Record Audits:

- Audits of training records shall occur at least four times per calendar year. These audits shall be conducted by the CME Coordinator and documented.

Training:

- Training for the CME Program may be obtained in a variety of ways. It should be understood by all participants that this program is designed to ensure EMS healthcare providers remain proficient in their skills and are able to provide competent patient care.

Program participants who wish to apply non-specific or non-traditional training to their CME Program must obtain preauthorization from the CME Coordinator/Assistant Coordinator prior to attending, completing and or receiving credit for such training. The CME Coordinator/Assistant Coordinator must be given sufficient time to research the training by checking with the Medical Director and NYS DOH.

"Core" Refresher Training :

- Each level of EMT is required to complete a specific number of "Core" Refresher Training hours and topics, as specified in the NYS CME Program Administrative Manual. This training must be overseen by an appropriately credentialed NYS Certified Instructor Coordinator (CIC).

On line (Internet) Training:

- Participants have access to a wide variety of subjects in the EMS field to accomplish their goal of continuing education during recertification at his/her leisure by utilizing educational materials available through self-study such as internet (On-line) education. While doing on-line training, the participant will broaden their knowledge base and gain valuable tools to utilize during emergency situations. All self-study training including Online CME's are limited in the number of CME hours that can be utilized.
- A maximum of 50% of the total Core Refresher CME's can be self-study. A maximum of 50% of the Non-Core Additional requirements can be self-study.
- On-line Skills practice cannot be applied towards CME recertification. All Self Study CME's must be authorized by CME Coordinator with the approval of the

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Medical Director and NYS DOH. Again, participant should contact CME Coordinator prior to commencing any online training.

- Payment for training courses:
- All "Core" Refresher Training classes are provided by the Town of Clayton Fire District at no expense to the participant EMT.
- Unless otherwise advertised or pre-arranged, any tuition or monies needed for enrollment in training, lab session, skills review, textbooks, or any other training material that is not provided as "Core" Refresher Training by the Town of Clayton Fire District is the sole responsibility of the Program Participant.
- Acceptable "Non-Core" Additional Continuing Education Material:
- Material that is acceptable for "Non-Core" continuing education is any EMS relevant and patient care related education that builds upon current knowledge or introduces new material. This material must be pertinent and verification of its relationship to the Emergency Medical Services is required.
- This material may include:
 - Topics that are relevant to the Emergency Medical Services,
 - Didactic study that includes periodic evaluations,
 - Introduction of new material, procedures, protocols, or research on existing medical topic,
 - Scenario based review and call management,
 - Performing research on a related topic,
 - Instructing a course or class on a related topic,
 - Other such academic activity as pre-approved by the CME Coordinator/Assistant Coordinator.

For continuing education to be credited to a participant the following applies:

- The class or CME hours must:
 - Contain objectives,
 - Have direct relevance to EMS,
 - Be approved by a NYS CIC and the Town of Clayton Fire District CME Coordinator.
- The CME hours will be available to all providers.
 - The hours shall be posted or advertised via normal channels for training.
- Material from any outside CME session outside the agency must accompany the participant's CME record for verification. That material must include: □
Proof of content,
 - Proof of attendance,
 - Proof of participation.

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Skill Competency Verification:

- Each EMT must demonstrate proficiency in the skills outlined in the NYS CME Program Administrative Manual.
- These methods will be used to verify skills:
 - Direct observation and documentation by CME Coordinator or Assistant CME Coordinator using DOH practical skill evaluation sheets,
 - Documentation via quality assurance and quality improvement program and reviewed for application to participant,
 - Direct observation of patient care skills on EMS calls by an approved preceptor.

Certification Verification:

- Any official document (card, certificate, verification letter, etc.) presented to the CME Coordinator or the Assistant CME Coordinator as evidence of completed training must be the original, unaltered, document.
- Copies, unless they are official copies noted as such and issued by the training provider, will not be accepted.
- All documents must be verifiable. Any document which the CME Coordinator cannot authenticate by directly contacting and verifying with the document's issuer will not be accepted.
- This includes, but is not limited to:
 - NYS DOH EMT Certificates
 - CPR / ACLS / AHA / PHTLS Certificates/Credentials
 - CME Credit Verification Letters
 - Any other such related document.

Documentation of Training:

- NYS DOH requires proof of:
 - Attendance - "Prove you were there,"
 - Participation - Pre/ post test results, course materials, etc.,
 - Content - Curriculum outline.
- Must include All of The Following Elements (at a minimum):
 - Date of Training,
 - Scheduled Hours,
 - Overall Title,
 - Detailed Outline of the Topics Covered,
 - Any References Used,
 - Instructor Name & Credentials,

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- Time EMT Arrived at Presentation and Time EMT Left Presentation (copy of Attendance sheet).
- May include any combination of the following (So long as the minimum elements are met first):
 - Copy of Training Announcement,
 - Copy of Hand outs,
 - Copy of Pre/Posttests,
 - Copy of Sign in/out Sheets,
 - Copy of slide presentation,
 - Copy of anything produced in Small Group Activities,
 - Self-Documentation (as approved by the CME Coordinator),
 - Anything else to help fulfill the minimum documentation elements.
- Documentation of training must be provided to the CME Coordinator within 30 days of completion of the training.
 - No timely documentation (30 days Max.) = no CME credit.
- Town of Clayton Fire District reserves the right not to accept documentation that is inaccurate, incomplete, altered in any manner, or untimely, and to refuse credit to participant for such training.

Periodic Policy Review:

The CME Coordinator and /or Assistant CME Coordinator will review this policy and the entire Town of Clayton Fire District CME Program annually (no later than December 31st of each calendar year). The results of this annual review will be brought before the Town of Clayton Fire District Board of Fire Commissioners at their convenience.

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Approval

CME Coordinator: _____ Date: _____

Sign: _____

EMS Captain: _____ Date: _____

Sign: _____

Medical Director: Dr. Maja Lundborg-Gray _____ Date: _____

Sign: _____

Commissioner: _____ Date: _____

Sign: _____