Eureka Volunteer Ambulance Service
Standard Operating Procedures and Guidelines
And Station Guidelines

Approved February 27, 2019
Amended April 3, 2019

This document is the property of the Eureka Volunteer Ambulance Service. It is approved by the Board of Directors of the Eureka Volunteer Ambulance Service with input from the Members.

Each member is responsible for complying with and/or following the contents of this document and any changes approved to this document.

GENERAL PROVISIONS AND RULES OF CONDUCT

These guidelines and procedures are not all-inclusive of all possible scenarios found in Emergency Medical Services, but serve to guide operations of members of Eureka Volunteer Ambulance Service.

1. A "member" in this document includes Full Members, Associate Members, and Regular Employees on the EVAS roster.
2. "The Board" in this document is the Board of Directors of EVAS.
3. The word "should" in this document means that EVAS expects and recommends that members follow the course of action following "should." Members who deviate from these recommendations shall have an explanation ready for this deviation from standard operations.
4. The words "shall" and "will" in this document mean that EVAS does not foresee any exceptions to the course of action following "shall" or "will," and EVAS would consider a deviation from such a direction to be a violation of policy.
5. Each Member is responsible for ensuring that he/she is fit to perform all of the essential job functions of EMS providers and shall refrain from responding to calls if not fit to do so.
6. EVAS stipulates that a member has a "duty to act" on behalf of EVAS when: it is his or her scheduled duty crew; at the time that Dispatch acknowledges that a member is responding; and/or when he or she is wearing clothing that identifies him or her as a member of EVAS in public (i.e. wearing his or her uniform clothing to the grocery store).
    a. While wearing EVAS clothing in public, members do not necessarily need to respond to calls for service via the radio, however they must render EMS care to those in their immediate vicinity should the need arise, and arrange for ambulance response if needed. EVAS does not recommend, nor prohibit, wearing EVAS uniform attire in public, except as outlined in the Employee Handbook
    b. Members shall not loan their EVAS clothing to non-EVAS persons to wear when not in the presence of said EVAS member.

        For example, a spouse wearing a member's jacket for warmth would be permissible if that EVAS member is present with his/her spouse.

    c. Violations of EVAS policy shall be handled on a case-by-case basis by the Board of Directors, and/or the Director of Operations. Possible consequences may include verbal and/or written warnings, suspension, response restrictions, termination, and others.

OPERATIONS

SCHEDULED DUTY TIME:

1. With the exception of weekend duty crews and special event standbys, EVAS does not have scheduled duty time.
    a. Members who are on the schedule for any of the above events must meet their commitment or find another member to do so in their place.
    b. Members may place themselves "on call" with Dispatch. If a member places themselves on call, that member has a "duty to act" and must answer calls for EVAS service within two pages from Dispatch and be in the responding ambulance within 10 minutes of the first page.

c. Members who are "on call" and/or on "duty crew" are considered, for the purposes of this document, to be "on duty."

UNIFORMS/ATTIRE:

1. All members shall wear appropriate clothing and footwear while engaged on a call for EVAS.
    a. On-duty members should wear a "uniform" approved by the Board, which should include a uniform top (shirt, sweatshirt, jacket, coat) provided by EVAS, blue or black pants suitable for EMS use, and sturdy, closed toed boots or shoes. On-Duty Members who may shed layers in the back of the ambulance should still be wearing an approved uniform, regardless of what clothing they have removed.
    b. Members who are not on-duty but are engaged on a call for EVAS should preferably wear an EVAS uniform, but at a minimum shall wear clothing and footwear that offers adequate personal protection for the nature of the call. Clothing excessively soiled before a call, clothing with holes, shirts without sleeves, non-closed-toed footwear, and other such inadequate clothing should never be worn on calls.
    c. Per Membership vote, EMS-type shorts may be worn on calls, but a member wearing shorts must bring pants that would be appropriate for responding to a car crash.
    d. EVAS provides a variety of clothing to its members. Traffic safety vests, coats, leather gloves, helmets, medical exam gloves and other personal protective equipment are available in the ambulances. The above should be worn as directed by EVAS policies/guidelines, Montana EMS protocols, State Law, Incident Command, and common sense.

AMBULANCE READINESS:

1. It is the responsibility of crews to ensure that the ambulance(s) they used on a call are ready to respond to the next call, before leaving the ambulance barn.
2. If deficiencies are found in an ambulance at any point, they should be rectified if possible. If an ambulance must be removed from service, a Board Member and/or the Director of Operations should be notified, and steps should be taken to ensure that that ambulance is not used by mistake on calls before the issue can be fixed.

EMERGENCY CALLS FOR EVAS:

1. There are a variety of emergency calls for EVAS, which include but are not limited to: Emergency medical calls, incident/event standbys, dead-body transports, interfacility transfers, etc.
    a. Emergency medical calls take priority over all other EVAS operations.
    b. Dead body transports should typically be of the lowest response priority, and need not necessarily be handled by licensed EMTs. For example, two EVAS driver-only members would be an acceptable crew to transport a dead body to the funeral home.

AMBULANCE SELECTION:

1. Keeping in mind the proceeding guidelines, which ambulance to take on a call is generally at the discretion of the crew. The crew-member selected to drive to the scene should generally have the most input in this choice.
    a. Calls at a location at which the crew is certain they will not need a 4WD ambulance should be handled in 2WD ambulance when available. As such, most calls physically on Highway

93, calls in the townsite of Eureka, and particularly calls from Eureka Healthcare and Mountain View Manor should be handled in a 2WD if available.

b. Unless the crew is certain that they will not need a 4WD ambulance, calls should be handled in a 4WD ambulance if available.

STANDARD RADIO TRAFFIC AND PROCEDURES FOR EMERGENCY CALLS:

Note: when these procedures say that "the ambulance" or "it" shall do something, this means that the crew of the ambulance will carry out these procedures, and it is not mission-critical who completes these tasks.

RESPONDING TO PAGES:

1. On-duty members should respond to calls from Dispatch immediately. For all others, once a member decides to respond to a call, they should notify dispatch via radio with their call number. Telling dispatch "responding" can be assumed to mean that member is en route to the barn. If they have other plans (i.e. meeting on scene) and dispatch does not literally copy that plan, the member should request that dispatch repeat the plan so that all others can hear it. Members should avoid signing on to a call unless they are less than 10 minutes from the barn; exceptions obviously exist, such as more than four pages without a full crew responding. Once one member has signed on to a call, they are generally responsible to remind/prompt Dispatch to make calls for additional responders as necessary.
    a. After a member has responded to 10 calls or more in one month, re-starting with the first of each month, that member should wait for three pages from dispatch, or five minutes, whichever is shorter, before signing on to the call.
    b. Driver-only members may sign on to a call, without being specifically requested to do so, after at least one EMT has signed on. This self-initiated response must also occur after four requests from Dispatch for responders or after five minutes from the initial page, whichever is shorter. This guideline for driver-only members does not apply when said driver-only member is signed up for duty crew according to procedure outlined in the Employee Handbook.

EN ROUTE TO THE CALL:

1. The ambulance itself should be en route to the scene of a call within 10 minutes of the last responding crew member's radio response. The ambulance must make attempts to sign on with Eureka Dispatch at the time the actual ambulance vehicle is responding to the call. When leaving the station unattended, members should secure exterior doors and remember to close the bay doors behind the ambulance.

ON SCENE:

1. The ambulance, and any individual members responding to the scene, must make attempts to notify Dispatch when they arrive on scene. Emergency care on scene should be limited to care that needs to be provided on scene.

TRANSPORTING:

1. All equipment should be re-secured in the ambulance prior to initiating transport. When the ambulance leaves the scene and is transporting to a destination, the ambulance must make attempts to advise Dispatch of this and of the intended destination. The patient care attendant will give a

report to the destination hospital via cell phone when available. When not available, Dispatch can relay a basic report. When 10 minutes out from hospitals, the patient care attendant should give a radio update to said hospital. Except in life-threatening situations, EVAS does not use lights and sirens beyond Twin Bridges Road, where the road narrows just north of Whitefish. If using lights and sirens beyond that point, the ambulance must make attempts to notify Flathead Dispatch on the Silver channel of a lights-and-siren transport through Whitefish.

ARRIVING AT THE HOSPITAL:

1. When the ambulance arrives on hospital property, the driver should turn off any emergency strobes and discontinue use of the siren, if they were in use.

BACK IN SERVICE:

1. When the ambulance is back in the barn, fully re-readied for service the crew shall notify Eureka Dispatch of this. An ambulance is not "back in barn, back in service" with Dispatch until it is refueled, restocked, cleaned, and all paperwork has been completed.

MISCELLANEOUS RADIO TRAFFIC:

1. Intercepts: Members responding to an intercept may communicate with dispatch and/or with the requesting service directly to arrange the intercept.
2. Fire Standbys: EVAS should generally use the Fire/Red channel after calling "en route" on Ambulance/Grey until EVAS has left the scene.
3. Encountering an emergency while not responding to a call for service: According to ICS principles, the first responder on scene has scene command until he or she turns command over to a more appropriate responder. Any member encountering an emergency, while not tasked with the duty to respond to another emergency, shall manage the scene appropriately and notify/request appropriate resources.
4. Encountering an emergency while responding to a call for service: If the ambulance or responding members encounter an emergency while en route to another emergency, they should request the appropriate additional resources and continue to the original call, unless the newly encountered emergency impedes their progress to the first scene, or unless the new scene is definitively more life-threatening than the first call. Crews must use their best judgment about how to handle these situations.
5. Encountering an emergency while transporting a patient: If an ambulance crew transporting a patient encounters another scene, the crew should arrange for other resources to handle that new scene. They should also balance the needs of the original patient the needs of any new patients, including transporting additional patients in the original ambulance if possible. It is not abandonment to leave the new scene if the original patient's condition necessitates such action, nor is it abandonment to provide interim care to newly encountered patients if the original patient's condition allows.
6. Members who will not be responding to a call should refrain from interjecting themselves into a call in any fashion.

RESPONDING TO CALLS:

1. Lights and Sirens: Use of lights and sirens shall follow the guidelines in the Driver Manual.

2. Responding to emergencies when returning from a transport: Generally, calls should be handled by a "fresh" crew. This also allows more members to gain more experience. As such, crews returning from a call should allow adequate time for other members to respond, unless:
    a. The returning crew would have to pass by the scene.
    b. The call is definitively time-sensitive and the returning crew would arrive on scene before another crew could do so.
    c. Only a partial new crew can respond for the next call, and the returning crew will need to "donate" (a) member(s) to the next call.

SPEED OF RESPONSE:

1. Speed of response shall follow the guidelines in the Driver Manual and shall be at the discretion of the driver.

TRANSPORTING PATIENTS:

1. Crews must make all practical attempts to ensure that patients are properly restrained, and all doors to the ambulance are secured in a fully closed and latched position, before the ambulance is set in motion.
2. The decision to transport with or without lights/sirens should be made cooperatively between the driver and patient care attendant(s).
3. EVAS members shall make all reasonable efforts to ensure that any transport of a patient, in the course of a dispatched call, occurs exclusively in an EVAS ambulance, until arrival at the hospital or hand-off of care is completed with other appropriate healthcare providers.

FIRST RESPONDERS:

1. EVAS members who are not available for the entire time commitment of a call are welcomed to respond to calls for EVAS to assist the ambulance crew. They must notify dispatch of this intention. Individual responders may arrive on scene and initiate patient care before the ambulance arrives, however EVAS discourages this practice unless the member is properly equipped to begin care and lack of scene safety is not a foreseeable concern.
2. Members may respond with emergency strobes in their personal vehicles if properly permitted and equipped, following all applicable motor vehicle laws.
3. First responders who will arrive on scene before the ambulance must notify dispatch and ensure that dispatch literally copies this intent so that the ambulance crew will expect them on scene.
4. In the event that an EVAS member responds directly to the scene for an ambulance call, determines that an ambulance is not needed and cancels responding ambulances prior to the ambulances' arrival on scene, that EVAS member is responsible for all patient-care-related paperwork for the call.

CANCELLATIONS:

1. In the event that the ambulance is cancelled prior to arrival at the scene, the crew should determine if a person with proper authority issued the cancellation (i.e. other EVAS members, other EMS personnel, etc.). Law enforcement and/or fire personnel may not be the best people to determine the need or lack of need for EMS personnel.

a. A run form still needs to be completed for calls of this nature, unless the ambulance had not yet left the barn.

2. If individual members "stand down" from a call, they must ensure that Dispatch is aware of that change in crew.

MEDICAL DIRECTION:

1. Medical Direction for EVAS includes authorized healthcare providers from the the following entities: Kalispell Regional Medical Center (KRMC), North Valley Hospital (NVH), Cabinet Peaks Medical Center, Poison Control, and/or Eureka Health Primary Care. Selection of which resource(s) to contact is at the discretion of the crew, but should always include the receiving facility when transport occurs.

REFUSAL OF CARE:

1. Patients may refuse EMS assessment, care, and transport for various personal reasons. EVAS members will follow MT State and Local protocols when dealing with such calls. Members may contact KRH, NVH, Poison Control, and/or Eureka Healthcare for advice with on-scene and refusal situations.
2. In the event that EVAS is summoned to a scene by a third party (i.e. not the potential patient) and persons on scene do not show any signs of needing medical attention, nor did they summon EMS for themselves, nor *would* they have summoned EMS for themselves, then they are technically not patients and do not need to sign refusal forms. If in doubt, obtain signatures on refusal of care forms.
3. In the event that EVAS is summoned to a scene to provide non-medical care and does not determine that any medical care is necessary, then they have technically provided all desired care, thus there is no "refusal." Further, since there is no medical care needed, there are no patients, thus there is no need to obtain a signature on a refusal of care form (but a run form must still be completed). Examples of this could include someone needing simple lifting assistance, someone needing help changing their oxygen, etc.

NON-EMERGENCY TRANSPORTS:

1. EVAS will provide non-emergency transports to residents of the service area as long as a physician has ordered this transport. On non-emergency transports, paperwork certifying medical necessity must be obtained from the hospital prior to the transport.
2. Non-emergency transports will only be done when the ambulance is not engaged in an emergency call. If the ambulance is en route to do a non-emergency transport and an emergency call is received and no other crew is available, the emergency call takes priority.
3. Dead body transports are a mutual aid service for the County Coroner; they do not need physician orders.

INTERVENERS/BYSTANDERS WITH OTHER MEDICAL TRAINING AT THE SCENE

1. Control of the medical care at an emergency scene is the responsibility of the individual in attendance who is most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transport. With few exceptions, this is the responding EMS licensee of the highest license level from the EMS service that was officially summoned to the scene. After determining what care was provided, EVAS recommends crews thank the intervener/bystander and take over care/command of the scene.

2. On-line medical direction should be sought for situations where the intervener refuses to relinquish care of the patient.
3. If an intervener is impeding necessary prehospital care, EVAS recommends that the crew contact medical control and/or law enforcement for assistance.
4. Prehospital providers control an emergency scene, even in the presence of a physician.
    a. When EVAS personnel encounter a person claiming to be a physician at the scene, a crewmember should take reasonable steps to verify the identity of the physician. In the process, the crew should work in cooperation with the physician to ensure that proper prehospital care is provided to the patient.
    b. Patient's private physician: If the patient's private physician is present and assumes responsibility for the patient's care, the prehospital provider should generally defer to the orders of the private physician within the limits of the provider's licensure.
        i. Medical direction should be contacted.
        ii. The private physician should be expected to accompany the patient to the hospital if interventions beyond the scope of practice of the providers have occurred.
        iii. The prehospital provider shall not provide any care out of the scope of their own practice, and shall make all reasonable efforts to prevent the physician from providing any detrimental care.
    c. Should any disagreement between an intervener physician and the on-line medical control physician exist, the prehospital provider should follow the orders from the on-line medical control physician and place the intervener physician in contact with the on-line medical control physician.
    d. Document the details of any encounter with an intervener. Include if possible the intervener's name, qualifications, and any care provided by the intervener.

AMBULANCE CREWS:

1. When transporting a patient, a licensed EMT will attend the patient. The Driver need not be a licensed emergency care provider, but does need to meet criteria outlined in the Employee Handbook.
2. The maximum number of EVAS responders for calls is three, except under the following conditions:
    a. Observers shall not count as responders for the purposes of this policy.
    b. More than three responders are acceptable if the nature of a call (i.e. CPR, combative patient, multi-trauma, etc.) demands more than three responders.
    c. For the purposes of training and/or orienting new members, the Training Officer(s) or President may grant advance approval for certain members and/or crew-arrangements in excess of three members.

CREW ROLES:

1. Crew roles are defined in the Employee Handbook. It is not mandatory for the highest-licensed provider to attend to the patient, unless the patient's condition necessitates that.
2. Crew roles may change during the course of a call, based on crewmembers' strengths, and the needs of the call. For example, the driver on the way to the scene may attend the patient in transport.

RE-READYING THE AMBULANCE FOR A CALL:

1. The Stretcher: Prior to re-making the stretcher, all surfaces that come in contact with patients and/or their fluids and/or EMS providers should be cleaned with appropriate disinfectant spray and/or wipes. The stretcher should then be re-made with linens from the hospital to the seasonally appropriate arrangement.
2. The Ambulance: The floor should be mopped prior to leaving the hospital. Any extra linens used on the call should be restocked at the hospital. Any non-disposable equipment that was used on the call should be cleaned with disinfectant spray/wipes. Anything that cannot be decontaminated (spider straps, jump bags, bunker coats, other clothing) at the hospital should be placed in a suitable receptacle (NOT a red biohazard bag - these are for disposing of biohazardous materials) until it can be decontaminated properly at the station. All equipment that has been cleaned should be returned to its proper place in the ambulance.
3. Oxygen: Portable oxygen tanks shall be switched out when the pressure gauge reads 400 psi or lower. The main ambulance oxygen tanks shall be switched out when the pressure gauge reads 700 or lower; use proper lifting procedures. Err on the side of replacing earlier, rather than trying to "milk" a tank for one more run; that next run may need CPAP.
4. Refueling: Upon returning from a call, if the fuel level is at or below ¾ tank, the crew should refuel at the red-dyed diesel pumps at Big Sky Exxon. If those pumps are unavailable, any acceptable diesel fuel may be purchased with an ambulance credit card, or with a member's card for reimbursement. On each refueling, the one bottle of fuel conditioner should be added to the fuel tank.

FOOD ON CALLS:

1. EVAS provides funds for food for crewmembers on transports to Flathead County and Libby. Food stops should be purposeful and quick (i.e. no sit-down meals) and limited to approximately $10 per member. Use common sense; be reasonable. Attach all service-owned credit card receipts to the paperwork for the call. If a personal credit card is used, EVAS will reimburse the member if a receipt is provided.

PAPERWORK FOR THE CALL:

1. Patient Care Report: Every time the ambulance leaves the barn and accumulates mileage, the reason for that trip should be documented on this form, and a new one with the current "starting mileage" left on the clipboard ready for the next call. Fill this form out as completely as possible before handing off patient care. If you add materially important information to your form after handing off care, fax the completed form to the receiving facility upon returning to the barn.
2. HIPAA Form: All calls with patients should have a completed HIPAA form. Follow the instructions on the form.
3. Refusal Form: For patients who refuse assessment, treatment, and/or transport, complete this form. It is preferable to have a non-crewmember witness the patient's signature.
4. ABN Form: Fill out one of these forms for transports from scenes to destinations that are not an emergency department or funeral home (i.e. Eureka Healthcare). Also complete this for calls originating at a medical facility that is not an ED, AND where the destination is also not an ED (i.e. transport from Eureka Healthcare to pt's home). The bill for this type of transport is a flat rate of $100.

5. Physician Certification Form: For non-emergency transports, such as from a hospital to a patient's home, the ordering provider must complete this form attesting to the medical necessity of the ambulance transport.
6. Face Sheet: Collect a "face sheet" from the ED prior to departing. Even if it has limited information, this is supporting documentation of a completed transport. Verify that the face sheet is for the patient you transported.
7. "The Books" Upon returning to the barn, and after restocking and cleaning tasks are completed, the crew must complete the Sanitation Log, the Maintenance Log (which includes the intervention and nitrous logs), and time sheets.

OBSERVERS:

1. With approval of the Board of Directors following the Employee Handbook and Bylaws, non-members may participate in an observation and/or ride-along with EVAS. In all cases, this permission from the Board will be granted *in concurrence with* the responding crew; the responding crew may direct observers to stand down from a run depending on the nature of the call.
2. Observers shall be involved with calls only as directed by the crew. Observers shall recognize that EMS is inherently dangerous and that they are responsible for their own safety and shall take measures to ensure their safety (i.e. wearing seatbelts and applicable protective equipment, asking questions, following instructions, staying alert, etc.). Observers shall wear business casual, or other attire suitable for work in EMS. Footwear shall be sturdy, closed-toed shoes or boots. The crew may disallow an otherwise approved observer from accompanying the crew on calls due to inadequate attire.
3. EVAS generally limits observers to one per call, unless the crew allows one additional observer.

PASSENGERS IN THE AMBULANCE:

1. EVAS should refrain from taking passengers in the ambulance unless the passenger is a key medical historian, is the legal parent/guardian, or has medical power of attorney for the patient. If a passenger is to accompany the patient, there should be only one passenger properly seat-belted in the front passenger seat of the ambulance. If a relative insists on riding in the patient compartment, they must still remain properly seatbelted, preferably not riding sideways.

NON DUTY-RELATED OPERATION OF THE AMBULANCE:

1. Ambulances may be driven for training, for malfunction diagnostic/repair purposes, and for public celebrations (i.e. parades, escorts, etc.).

FIREARMS AND SCENE SAFETY:

1. Members with concealed carry permits who wish to take their weapon in the ambulance shall secure any guns in the lock box in the ambulance as soon as possible upon entering the ambulance, and shall keep their firearm secure in said lock box until returning to the barn.
2. Members shall not "open carry" during the course of an ambulance response, nor while identifiable to the public as a member of EVAS. This does not apply to law enforcement officers who have joined the crew from their law enforcement duties.
3. If members feel that firearms are necessary during the course of an ambulance response, they should ensure the presence of law enforcement prior to engaging with a call.

4. EVAS does not consider "abandonment" to have occurred if members retreat for safety after arriving on scene, even if the crew has initiated care.

AIR MEDICAL/ALS INTERCEPT PROTOCOL:

1. The request of A.L.E.R.T. or Ground ALS shall be at the sole discretion of the ambulance crew. Preferably this request would occur after the patient has been evaluated by the crew, but may come sooner if the crew receives sufficient information prior to arrival on scene. Requests for A.L.E.R.T. or Ground ALS by local physicians and/or medical control need no prior/further EMS evaluation of the patient(s) with respect to this decision, but the responding crew may change/cancel this request upon evaluation of the patient.
2. Rendezvous with ALERT should occur at pre-arranged, pre-approved ALERT landing zones. The EVAS crew shall work in cooperation with the ALERT crew to ensure a safe, efficient hand-off of patient care. The EVAS ambulance should remain at the landing zone until ALERT has safely lifted off.
3. Rendezvous with Ground ALS should be facilitated by radio contact in advance, if possible. If this is not possible, the intercept should occur in the following manner. The EVAS transporting ambulance should continue transport to the destination hospital until it passes the oncoming Ground ALS ambulance. The EVAS transporting ambulance should then stop at the next safe location to facilitate the transfer of care, and the Ground ALS ambulance should safely turn around and come to complete the intercept. Any deviation to this process should be facilitated by radio contact between ambulances.

PSYCHIATRIC/BEHAVIORAL EMERGENCIES PROTOCOL:

1. Law enforcement should accompany EVAS to calls of this nature.
2. The use of restraints for medical purposes should take place with the cooperation of law enforcement at the direction of the EVAS crew. If the patient is in handcuffs as part of any restraint system, a law enforcement officer must accompany the patient in the ambulance.
3. Unless there is a need for evaluation at an Emergency Department with a need for continued medical monitoring during transport, EVAS should not transport patients with exclusively psychiatric needs.
4. If law enforcement is needed to ensure safety in the course of transport, a law enforcement officer must accompany the patient in the ambulance, or complete the transport on their own in their law enforcement vehicle. EVAS members shall not accompany patients during transport in law enforcement vehicles.

WATER/ICE RESCUE PROTOCOL:

1. The safety of all responders comes before the safety of all bystanders, which comes before the rescue of the patient(s). The goal is to avoid creating more patients.
2. EVAS is not equipped for water/ice rescues. If EVAS is called to a water/ice rescue, the fire department for the area needs to be called as well because they should at the very least have ropes and ladders. The closest water/ice rescue teams to the EVAS service are CanAm Search and Rescue and US Border Patrol. The first responder on scene should determine the need for these resources. EVAS will support the needs of other departments until EVAS has a patient to treat.

3. Upon arrival on scene, EVAS will be EMS command (if EVAS is the first due ambulance), as well as possible scene command until more appropriate resources arrive. Most preferably, a unified command structure will be established.
4. EVAS can assess the scene and interview witnesses prior to arrival of more resources - Obtain all info possible about location of victim. Do not allow witnesses to leave the scene. Try to mark location of where witness was last seen at time of incident and draw diagram using landmarks when possible. Try to establish a timeframe for events. Obtain maps of the area if possible, especially for swiftwater situations. Determine the best routes of access and egress.
5. Most preferably, two ambulances would be on scene for these situations - one to transport the intended patient, and one to provide support to any injured responders.

HAZMAT PROTOCOL:

1. Any patients exposed to hazardous materials should be properly decontaminated before being loaded into the ambulance. EVAS should make all efforts to identify the substance to which the patient was exposed, how much, and for how long. EVAS should also consult the DOT HazMat book for information about the hazards of dealing with the substance. The receiving hospital should be notified of this information as well, as the patient may not be admitted into the ED, and may be diverted to a different room, or even a different facility.

VEHICLE CRASH PROTOCOL:

1. The Fire Department should be called to all motor vehicle crashes.
    a. The Fire Department will have scene command, and should act in cooperation with EMS to rescue all patients in the order determined by EMS, and/or dictated by the scene conditions.

MASS CASUALTY INCIDENT PROTOCOL:

1. EVAS has extra MCI supplies in the backup garage.
2. In the event of a declared MCI, EVAS should have Dispatch request assistance from surrounding ambulance services, and other appropriate assisting agencies, such as law enforcement agencies, CanAm Search and Rescue, Eureka Public Schools (busses) etc.
3. For MCIs in the EVAS service area, an EVAS member should assume EMS command and delegate applicable roles. EMS Command should notify or have Dispatch notify NVH, KRMC, Cabinet Peaks Medical Center, and Eureka Healthcare of the MCI.

SEARCH AND RESCUE PROTOCOL:

1. CanAm Search and Rescue may request EVAS assistance with SAR calls. Depending on the circumstances and timeframe of the standby and patient retrieval, a standby crew may need to leave the standby for a call with a patient immediately present.

SPECIAL EVENT/FIRE STANDBY:

1. EVAS may be requested to standby for special events. Members may or may not be compensated for standby time, depending on the specific arrangement and event, however, members will be compensated at their regular rate for any emergency responses or transports (fire standbys are considered emergency responses).
2. In the event that an EVAS crew is standing by at an event and there is another call for service, that standby crew should wait a reasonable time (approximately 10 minutes after the first page) for

another crew to take the call. If no other crew signs on, the event-standby crew should respond to the call for service and have Dispatch try to find a new standby crew.

a. At a fire standby, departing the scene should only happen in communication with the Incident Commander.

3. If there is a patient generated by the event, the standby crew should take care of that patient up to and including transport, and, in the event of transport, call for another crew to continue the standby. If another crew is readily available (i.e. Duty Crew), that crew may take over the transport, but it is generally expected that the crew initiating care continue said care.

CONFIDENTIALITY:

1. HIPAA, the Health Insurance Portability and Accountability Act states explicitly when and to whom protected health information (PHI) may be disclosed. PHI includes information such as individually identifiable information as it pertains to health care - EMS providers are involved in health care, and any information that a patient tells an EMS provider who is acting in a role as an EMS provider is PHI. More information may be obtained from the US Dept. of Health and Human Services.
2. Permitted disclosures of PHI include release of information for purposes of payment, reports provided to prepare for, or continue, care of a patient (i.e. radio updates, hand-off reports, leaving a run form at the hospital), information that is released by the patient in writing or subpoenaed by a court, and non-personally identifiable information for the purposes of education/training. In any case of disclosure, only the information requested and/or needed is permitted to be released.
    a. For Law Enforcement Purposes: Information related to bioterrorism and other threats to public safety are permitted disclosures. Relevant (demographic) information may be released to aid in missing persons or fugitive cases. Information about a perpetrator may be released if the patient is a victim. If the patient has committed a violent crime, that information obtained by a healthcare provider can be released. Abuse of children and vulnerable populations are REQUIRED disclosures. Gunshots and stab wounds are REQUIRED disclosures/notifications. Notifying law enforcement about the death of a person is permitted/required. Information that could prevent a violent crime is a permissible/recommended disclosure. Health information may be disclosed to a law enforcement or corrections officer in the event that they may be responsible for caring for the person.
    b. Friends and family: Friends and family who have been caring for a patient or will need to care for a patient (as in the case of a refusal) may receive general information about a patient, such as injuries, condition, or location to which a patient will be transported. If the patient is conscious, the patient should generally consent to allowing these people to know said information. A legal guardian has a right to information except in the case of a female 12 years of age or older with pregnancy-related issues.
3. Incidental disclosures: Our radio report to the hospital generally includes a patient's age and information about their condition. While people can hear this with their scanners, this is an "incidental disclosure" as the communication is intended for a specific party and necessary for continuation of care. Scanners are why radio reports should NOT include full names, and include ONLY necessary, pertinent information to the condition(s) being treated in the ambulance - other history can be shared in person at the hospital. If a patient admits to having used drugs or alcohol prior to crashing a vehicle, EMS cannot tell law enforcement this (unless there was a violent crime

committed) as it is medical information, per say, but if the officer overhears, that would be an incidental disclosure. Incidental disclosures should be minimized.

4. Outside of the above provisions, EVAS members must make all reasonable attempts to preserve patient privacy, such as closing ambulance doors when a patient is on board, logging out of (or "locking") workstations when leaving them unattended, not leaving PHI in places where unauthorized persons may view it, etc.

SOCIAL MEDIA:

1. Use of Social Media is outlined in the Employee Handbook.

AT THE STATION

This is a public building with no expectation of privacy, with the exception of bedrooms and bathrooms, and all activities should conform to appropriate public behavior.

GENERAL PROVISIONS:

1. This public building should be kept clean and presentable and represent EVAS as a professional service.
2. This is a self-cleaning station. Clean up after yourself. Do not leave your personal or professional belongings around the station for other people to stumble over.
3. Routine chores to be completed by those who notice they need doing, even if it wasn't "your" mess:
    a. Vacuuming.
    b. Take out any full trashes to the dumpster.
    c. Wash dishes, wipe down counters, put away clean dishes.
    d. Keep all entrances and exits clear of snow.
    e. Clean sinks, toilet, shower.
    f. Run the washing machine/dryer as necessary to clean laundry.
    g. Wash (don't sweep) dirt out of the ambulance bay.
    h. Mop the kitchen and bathroom(s).
    i. Wash the windows.
    j. Anything else that needs attention.

SECURING THE STATION:

Whenever there are no members at the station (i.e. leaving for a call, meals, errands, etc.), all exterior and overhead doors to the ambulance barn should be closed and locked, with the alarm system armed unless an ambulance is out of the station.

SLEEPING AT THE STATION:

1. Members who are on-call overnight are welcome to spend the night at the station when they are on-shift to ensure the fastest, safest possible ambulance response. Sleeping quarters are available.
    a. Members should only spend the night at the station when they are on-call, or in close time proximity to a planned period of being on-call.

   b. EVAS has linens and towels in the bathroom. If members choose to use them, they should please put them in the washing machine when finished with them and run the washing machine when the washing machine is full. If present when the washing machine has completed its cycles, members should transfer the contents to the dryer. If present when the dryer has completed its cycle, members should return the linens to their proper location(s).

2. Non-members shall not spend the night at the station without prior approval from the Board of Directors and/or Director of Operations.

COOKING/FOOD AT THE STATION:

1. EVAS welcomes members to cook for themselves and crewmembers.
2. Members shall clean any messes they make in the kitchen (and entire building) when finished.
3. Food in the fridge/freezer and cupboards shall be "fair game" unless it has a member's name or call number clearly marked on it. To avoid inadvertent disposal of food, members should also write the date that any perishable item was placed in the fridge/freezer and/or cupboards.
4. Members should avoid consuming food and beverages other than water in the bedrooms.

ALCOHOL AT THE STATION:

1. EVAS prohibits the possession and consumption of alcohol in EVAS-owned buildings, unless there is a specific exception granted by the membership, at the recommendation of the Board of Directors (i.e. two separate votes required).

POWER OUTAGES; GENERATOR OPERATIONS:

1. In the event of a power outage, and prior to any emergency calls, a member should respond to the station and follow the checklist that should be located at the circuit breaker. If you're not trained, call someone who is.
2. In the event of a call during a power outage, if the crew can start the generator prior to responding in the ambulance, that would be ideal. However, if the call sounds particularly time-sensitive, the crew should manually open the overhead door and respond to the call, and have dispatch find someone to start the generator.

STATION MAINTENANCE:

1. 1. Issues of station maintenance should be brought to the attention of the Director of Operations. Members who identify deficiencies in the building may rectify them if they have the expertise to do so. Members who find and/or cause deficiencies in the building and are unable to rectify them shall bring these issues to the attention of the Director of Operations.