



## ROWAN COUNTY EMS

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## STANDARD PROCEDURE

### GENERAL ORGANIZATIONAL PROCEDURES

- All administrative and operational questions should be handled through the chain of command. Initially, questions should be addressed to the Assistant Supervisor or Supervisor.
- Any EMS officer has the right to assume command at an EMS call at their discretion.
- The lead paramedic on the unit is ultimately responsible for the care provided to patients. The lead paramedic has the authority to take over patient care from EMTs, EMT-Intermediates or less experienced paramedics, if necessary to provide better treatment to the patient. (The supervisor designates the lead paramedic for each shift.)
- The attending EMS technician directs patient care until the patient is released to another health care facility, an EMS technician of higher certification, a senior EMS paramedic partner or an EMS officer.
- When not on a dispatched assignment from the 9-1-1 Center or from EMS management, EMS units shall remain available in their district.
- The normal work day is 24.25 hours (0745 until 0800 the next day).
- Crews will be notified of calls by radio on the EMS Dispatch frequency and by activation of their alphanumeric pager. Pager messages will show the address.
- Response for emergency runs (lights and siren) and no-delay dispatches must be initiated within 3 minutes. When dispatched for routine calls crews should respond as soon as possible but may complete a project or meal.
- EMS units dispatched to locations near the county line, which may be outside our jurisdiction, should proceed as directed by 9-1-1 Center. ROWAN Communications will notify the adjacent county agency.
- Should EMS arrive at a scene outside our jurisdiction and no other paramedics are on the scene, patient care should be started.

## GENERAL ORGANIZATION PROCEDURES (continued)

- Notify the supervisor as soon as possible if your unit crosses the county line or assumes care in another county.
- Once patient care is assumed by EMS personnel, they must insure that personnel capable of managing the patient's medical problems stay with the patient. On arrival at a health care facility, EMS personnel will wait with the patient until the accepting facility has taken a patient report.
- Patients will normally be transported to Rowan Regional Medical Center or to the closest appropriate facility. Requests for transport of potentially unstable patients from a residence or scene to distant out of county hospitals should be cleared through medical control.
- EMS has a duty to treat and transport patients with life threatening or urgent medical problems. EMS does not have a responsibility to transport patients who could travel by other means without endangering their health.
- Patients seeking transportation services from EMS who could travel by another method will be accommodated if units are available and if the patient is willing to assume financial responsibility for costs not covered by insurance.
- Only supervisors and upper management have the authority to refuse service to patients inappropriately requesting service. Crews in the field should call the supervisor for direction when conflicts arise on the scene.
- Accountability for supplies, functional equipment, and a safe sanitary ambulance is the joint responsibility of the three crews assigned to the station's ambulance. Accuracy in the unit check off is expected.
- Paramedics signing for controlled substances must physically count and examine medications before signing for them. **The off-going paramedic will be accountable for any shortages in controlled substances at shift change.**
- Ambulance stations are public buildings. Crews are expected to keep the bases neat and clean throughout the shift.

## GENERAL ORGANIZATIONAL PROCEDURES – Shift Swaps

- Swapping of shifts between consenting employees is permitted with written application and advance approval from both supervisors. Pay back of swap time must be accomplished within 30 days of the first substitution.
- Each employee may not owe more than 72 3/4 hours of swap time.
- In unusual circumstances, one supervisor may approve a shift substitution on short notice.

## GENERAL ORGANIZATIONAL PROCEDURES – DNR

- An acceptable DNR is printed on yellow paper with a red stop sign. All information and signatures must be current on the form.
- The DNR goes with the patient. Do not accept a copy of the form.
- The patient, next of kin, or guardian can void the DNR at any time. Should this happen, treat the patient according to protocol and/or follow medical control's orders.
- Remember, in the absence of the DNR, treat the patient.

## GENERAL ORGANIZATIONAL PROCEDURES – Helicopter Use

- Medical responders and EMS crews enroute to the scene may check the availability of the helicopter services. The helicopter service will then be on stand-by for a call.
- After EMS assessment of the patient, the attending paramedic may request helicopter service. **Whenever possible, consult with the attending physician at RRMC, before transporting by helicopter.**
- Helicopter requests should go to ROWAN communications through the Incident Commander.
- The mechanism of injury alone is not an accurate predictor of the need for a helicopter.
- Common cases requiring helicopter transport include: multi-system trauma, pediatric trauma, remote locations and circumstances that make air transport faster than ground transport. **When in doubt call, medical control.**