

(a)  
Infection Control Policy

All ambulance personnel of \_\_\_\_\_  
Name

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

**1.0 Purpose:**

To outline procedures to eliminate or minimize employees' and volunteers' exposure to potentially infectious blood , bodily fluids & airborne pathogens.

**2.0 Scope:**

All field staff will use Universal Precautions when contact with blood or bodily fluids is inevitable or even possible. Respiratory protection will be utilized when airborne infection is inevitable or even possible.

**3.0 Requirements:**

All employees and volunteers are required to strictly adhere to this policy.

**4.0 Policy:**

- Hand washing with soap and water is recommended before and after contact with any patient or potentially contaminated object.
- Universal precautions will be utilized in the care of all patients. Universal precautions include, but are not limited to, the following procedures:
- GLOVES must be worn during all patient contact. Gloves must be changed when they are torn and after contact with each patient.
- HANDS and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids.
- GOWNS or plastic aprons are indicated if blood splattering is likely. The employees' uniform is considered to be personal protective equipment in the pre-hospital environment.
- MASK AND PROTECTIVE GOGGLES must be worn if splattering is likely to occur. This equipment is available on all ambulances. Eyeglasses are acceptable protection if side shields are attached.
- Used needles must not be bent, broken, or unnecessarily handled. They should be discarded intact immediately after use into a needle disposal box. **RECAPPING IS STRICTLY FORBIDDEN.** If recapping is absolutely necessary, hemostats *must* be used.
- Stretchers must be wiped down after each patient use with an approved disinfectant (i.e., rubbing alcohol).
- The floor of the ambulance must be cleaned daily as part of the routine cleaning process. In the event that blood, oral secretions, vomits, fecal and wound drainage becomes uncontained the following steps must be followed:

1. Spills must be cleaned as soon as possible with a Clorox (bleach) water solutions (four parts water to one part Clorox) to eliminate a chance of spreading contamination to the rest of the ambulance.
  2. The solution must be applied and allowed to contact the spill for several minutes. Only freshly made solution should be used. Discard solution after twenty-four hours.
  3. Apply disposable gloves and clean the treated spill.
- The following steps must be followed to contain and dispose of Biohazardous waste:
    1. All waste classified, as infectious waste will be placed in a red plastic bag and closed with tape or a “twist-tie” wire enclosure.
    2. The closed bag will be placed in appropriately marked containers in the soiled utility room or an area specifically designated for infectious waste as appropriate to the hospital or receiving facility.
    3. “Infectious waste” bags will not be placed in any trash chute or regular garbage cans. Any sharps that have been contaminated by blood or potentially infectious material must be disposed of in an approved container available in each ambulance. Full boxes must be disposed of at the receiving facility
    4. Contaminated linen must be disposed of at the receiving facility.
    5. If uniforms are contaminated, they must be washed at the base or at the hospital at least once before being taken home to wash.
    6. Following safe transfer of a patient with suspected or known communicable disease that can be transmitted by air, the ambulance must be aired for several minutes. Opening the side and rear doors provides the optimum means of ventilating the ambulance. Usually, the time it takes to unload and prepare the ambulance for its next mission is sufficient for the fulfilling of this criterion. If the patient has an unfamiliar disease and it is not clear how to decontaminate the ambulance/aircraft, contact the supervisor on duty.
    7. The following steps must be taken when cleaning non-disposable equipment (i.e., blades, Magill forceps, and lighted stylettes). Gloves must be worn by personnel while cleaning equipment.
      - (a) Clean the equipment of gross contamination with soap/water or alcohol.
      - (b) Soak in high level disinfectant (Cidex, Matricide or Sporidien) for ten (10) minutes.
      - (c) Rinse with hot water.
      - (d) Store dry
      - (e) Use of surgical masks is indicated for patients if they are suspected of having a disease transmitted via airborne vectors (e.g., TB). If such patients are intubated, then surgical masks must be worn by all crewmembers on the call, and a biofilter placed on the ETT.
  - Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited onboard any ambulance.
  - If potentially infectious materials such as blood penetrates a garment(s) the garment(s) shall be removed immediately or as soon as feasible. The supervisor must be contacted immediately and notified that the unit is out of service for decontamination of personnel, equipment, or clothing. NOTE: Uniforms soiled with blood or bodily fluids may *not* be taken home for laundering. They are to be laundered at the base or the receiving hospital.
  - Chlorine bleach is not to be mixed with other products, especially those containing ammonia, as chlorine gas could be produced.

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Signature of Principal Official

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Printed Name of Principal Official

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Date

(b)  
**Management Of Personnel Part (1) Of (4)**  
**Latex Allergies Policy**

All ambulance personnel of \_\_\_\_\_  
Name

**AFFILIATE#:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

**1.0 Purpose:**

To identify all patients and staff that may have or have reported previous sensitivity or allergic reaction to latex so that alternative latex-free equipment can be utilized by the EMS crew.

**2.0 Scope:**

All crewmembers are responsible to strictly adhere to this policy when encountering patients.

**3.0 Requirements:**

- If the patient indicates or develops a sensitivity or allergy to latex, the crew chief must relay this information to the next caregiver and chart this on the patient care report under the “allergies” section.
- If the allergic reaction is severe, refer to the appropriate clinical protocol dealing with allergic reaction or anaphylaxis.
- The crew chief is responsible to assure that all gloves, equipment, medications, fluids, and other supplies used on and around the patient is latex free.
- All staff members that indicates or develops a sensitivity or allergy to latex must take all necessary precautions to eliminate their exposure to latex.
- If equipment, medications, or fluids containing latex must be used, i.e., BP cuffs, stethoscope, etc., a barrier must be placed between the item and the patient or caregiver. This includes the use of a .22 micron filter for administering or drawing medications/fluids if necessary. Draw the medication into a syringe without a filter, then apply the filter when administering the medication to the patient through a clean needle;

- Use “interlink” IV tubing whenever possible. If none is available, apply a filter at the end of the administration set. Apply a “cap” to the injection port of NSS and premixed Lidocaine and Dopamine if necessary to prevent injections through the port. Do not use this port unless absolutely necessary (then apply a filter).

**4.0 Policy:**

- The crew chief on each call is responsible to ask the patient while taking a history if the patient is allergic to latex, or sensitive to latex. Patients who exhibit latex allergy symptoms from eating nuts or fruits may be predisposed to latex allergy; minimize contact with latex.
- If the patient responds “yes” to allergy or sensitivity the crew chief is responsible to communicate this information to the next caregiver during report and on the patient care report.
- Any patient that is unable to answer questions, does not have a medic alert bracelet or tag, or indicates that they are unsure of a latex sensitivity or allergy, shall be treated under normal treatment protocols.

If at any time during the care of the patient, a patient begins to exhibit signs and/or symptoms of a latex sensitivity or allergy, the patient care shall be altered to assume a latex allergy and the procedure outlined in section 3.0 shall be implemented.

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

**(b)**  
**Sexual Harassment Policy Part 2 of 4**

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

**AFFILIATE#:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

The definition of sexual harassment within this service is as follows

1. Unwelcome sexual advances
2. Requests for sexual acts or favors
3. Insulting or degrading sexual remarks
4. Threats, demands, or suggestions that an member/employee's work is contingent upon toleration of or acquiescence to sexual advance
5. Retaliation against employees for complaining about behaviors
6. Any other unwelcome statements or actions based on sex that are sufficiently severe or pervasive so as to unreasonably interfere with an individual's work performance or create an intimidating, hostile or offensive working environment

Each case will be promptly and thoroughly investigated in the strictest confidence. Any member/employee who is found guilty of sexual harassment in any form will be disciplined. This could include suspension or termination from this organization.

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

**(b)**  
**Immunization Plan Part 3 of 4**

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

**AFFILIATE#:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

All members/ employees are urged to make arrangement with their family physician or a local facility to have their Hepatitis (B) immunization completed as soon as possible after becoming an active member/employee of this service.

All members/employees will be reimbursed for the cost of the vaccine & for the cost of administering this vaccine.

1. Member/employee must provide a copy of cancelled check
2. Or an invoice stamped paid by the physician or facility
3. Or he family physician or the facility can invoice this organization direct to receive payment

Any member/employee that wishes not to receive this immunization must sign a release form stating that they have been asked and that they have declined to receive this vaccination for Hepatitis (B).

If member/employee decides later to receive this vaccination he/she may do so at no cost to them as described above.

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

(b)

## Crew Work Rest Cycles Part 4 of 4

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

- Ambulance crewmembers at this service **are not permitted to work longer than 24 hours without at least an 8hour rest period.**
- This rest period is required even if the member/employee worked the previous 24 hours for another employer.
- All members/employees must notify their immediate supervisor for this service as soon as possible when they know they will be working 24 hours without an 8hour rest period.
- It will be the responsibility of this supervisor to secure a replacement for this member/employee.
- If member/employee fails to notify his supervisor that he/she has not had at least an 8hour rest period after working 24 hours disciplinary actions will be taken.

\_\_\_\_\_  
Signature of Principal Official

\_\_\_\_\_  
Printed Name of Principal Official

\_\_\_\_\_  
Date

(c)

## Substance Abuse in the Work Place

All ambulance personnel of \_\_\_\_\_

Ambulance Service

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

- The following definition will be used to define substance abuse.

**Using a drug, medication or substance not prescribed by a physician that will alter the mind or physical motion/ability of the user.**

- Substance abuse by a member/employee of this organization will not be tolerated in any form on or off the premises of this organization. This organization must demonstrate a positive & professional image in our community.
- The following prohibited substances include but are not limited to the following.
  1. Alcohol
  2. Amphetamines
  3. Barbiturates
  4. Cocaine/Crack
  5. Heroin
  6. Marijuana
- No member/employee may respond on an ambulance call while taking any prescribed medication that may prohibited them from performing all of their required functions as a driver or patient attendant.
- Any member/employee violating any of the above will be disciplined up to and including being dismissed permanently from the organization.

\_\_\_\_\_  
Signature of Principal Official

\_\_\_\_\_  
Printed Name of Principal Official

\_\_\_\_\_  
Date

**(d)**  
**Placement & Operation of Ambulance**

All ambulance of \_\_\_\_\_

**AFFILIATE#:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

- **At least one ambulance belonging to or leased by this service will be stationed/placed at the locations as described on page 2 section 17 and 18 of our licensure application.**
- **This service will apply for and secure an amendment to our license prior to making any change of a permanent nature as to relocating or closing a station that is listed on our licensure application.**
- **All emergency patients transports will be made with the required crew necessary to meet or exceed licensure requirements at the level of care this service is licensed for and the patient requires.**
- **An ambulance crew for each station will be either on station or on call 24 hours a day 7 days a week.**
- **If a vehicle or crew from any station is not available the next closes ambulance service to the patient will be responded.**

\_\_\_\_\_

**Signature of Principal Official**

**Printed Name of Principal Official**

**Date**

(e)  
**Patient Management**

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Shall agree to the following scene policies and procedures:

- Control of all aspects of patient care at an emergency scene shall be the responsibility of the individual that is affiliated or dispatched with a service whose response area includes the incident scene.
- The pre-hospital practitioner that has the highest level of EMS certification/recognition necessary to care for the patient will manage all aspects of the patients care. This is to be based upon the condition of the patient.

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

This region wide lights and siren policy is the only lights and siren policy that will be accepted in the EMMCO-West region. Changes to this policy can not be accepted.

(F)

## LIGHTS AND SIREN USE POLICY

All ambulance drivers for \_\_\_\_\_ have read this policy and will strictly follow this policy at all times while driving an ambulance for this service.

A. This policy is for all EMS incident responses and patient transports.  
For both - Adult and Peds

### System Requirements:

A. This policy and "best practice" guidelines related to the use of lights and sirens by EMS personnel during incident response and patient transport. This ambulance service has adopted this policy regarding the use of lights and other warning devices.

### Policy:

A. Use of lights and other warning devices [EMS Act regulation 28 § 1005.10 (g)]:

1. Ambulance **may not** use emergency lights or audible warning devices, unless they do so in accordance with standards imposed by 75 Pa.C.S/ (relating to Vehicle Code) and are transporting or responding to a call involving a patient who presents or is in good faith perceived to present a combination of circumstances resulting in a need for immediate medical intervention. When transporting the patient, the need for immediate medical intervention must be beyond the capabilities of the ambulance crew using available supplies and equipment.

### B. Response to incident:

1. The EMS vehicle driver is responsible for the mode of response to the scene based upon information available at dispatch. If the PSAP or dispatch center provides a response category based upon EMD criteria, EMS services shall respond in a mode (L&S or non- L&S) consistent with the category of the call at dispatch as directed by the dispatch center.
- 2 Response mode may be altered based upon additional information that is received by the dispatch center while the EMS vehicle is enroute to scene.

2. L & S use is generally **NOT appropriate** in the following circumstances:

- a. "Stand-bys" at the scene of any fire department-related incident that does not involve active interior structural attack, hazardous materials (see below), known injuries to firefighters or other public safety personnel or the need for immediate deployment of a rehabilitation sector.
  - b. Carbon monoxide detector alarm activations without the report of any ill persons at the scene.
  - c. Assist to another public safety agency when there is no immediate danger to life or health.
3. Special circumstances may justify L&S use to an emergency incident scene when the emergency vehicle is not transporting a crew for the purposes of caring for a patient:
- a. Transportation of personnel or materials resources considered critical or essential to the management of an emergency incident scene.
  - b. Transportation of human or materials resources considered critical or essential to the prevention or treatment of acute illness/injury at a medical facility or other location at which such a circumstance may occur (i.e. transportation of an amputated limb, organ retrieval, etc).

### **C. Patient transport:**

1. **The crewmember primarily responsible for patient care during transportation will advise the driver of the appropriate mode of transportation based upon the medical condition of the patient.**
2. L&S should **not** be used during patient transport unless the patient meets one of the following medical criteria: 4,5
  - a. Emergent transport should be used in any situation in which the most highly trained EMS practitioner believes that the patient's condition will be worsened by a delay equivalent to the time that can be gained by emergent transport. Medical command may be used to assist with this decision. The justification for using this criterion should be documented on the patient care report.
  - b. Vital signs
    - 1) Systolic BP < 90 mmHg (or < 70 + [2 x age] for patients under 8 years old).
    - 2) Adults with respiratory rate > 32/min or < 10/min. Pennsylvania Department of Health Operations 123- BLS -Adult!Peds
  - c. Airway
    - 1) Inability to establish or maintain a patent airway.
    - 2) Upper airway stridor

**d. Respiratory**

- 1) Severe respiratory distress. (Objective criteria may include pulse oximetry less than 90%, retractions, stridor, or respiratory rate > 32/min or < 10 min).

**e. Circulatory**

- 1) Cardiac arrest with persistent ventricular fibrillation, hypothermia, overdose/ or poisoning.

**Note: Most other cardiac arrest patients should not be transported with L&S.**

**f. Trauma**

- 1) Patient with anatomic or physiologic criteria for triage to a trauma center (Category 1 Trauma). Refer to Trauma Triage Protocol #180.

**g. Neurologic**

- 1) Patient does not follow commands (motor portion of GCS ~ 5).
- 2) Recurrent or persistent generalized seizure activity.
- 3) Acute stroke symptoms (patient has Cincinnati Prehospital Stroke Scale findings) that began within the last 3 hours. See Stroke Protocol #706.

**h. Pediatrics**

- 1) Upper airway stridor.
  - i. When in doubt, contact with a medical command may provide additional direction related to whether there is an urgent need to transport with L&S.

**3. No emergency warning lights or siren will be used when ALS care is not indicated (for example, ALS cancelled by BLS or ALS released by medical command).**

**4. Mode of transport for interfacility transfers will be based upon the medical protocol and the directions of the referring physician or medical command physician who provides the orders for patient care during the transport. Generally, interfacility transport patients have been stabilized to a point where the minimal time saved by L&S transport is not of importance to patient outcome.**

**5. Exceptions to these policies can be made under extraordinary circumstances (e.g., disaster conditions or a back log of high priority calls where the demand for EMS ambulances exceeds available resources). These exceptions should be documented.**

**D. Other operational safety considerations:**

**1. The following procedures should be followed for safe EMS vehicle operations:**

- a. Daytime running lights or low-beam headlights will be on (functioning as daytime running lights) at all times while operating EMS vehicles during L&S and non-L&S driving.

- b. L&S should ~ be used when exercising any moving privilege (examples include, proceeding through a red light or stop sign after coming to a complete stop or opposing traffic in an opposing lane or one-way street) granted to EMS vehicles that are responding or transporting in an emergency mode.**
- c. When traveling in an opposing traffic lane, the maximum speed generally should not exceed 20 m.p.h.**
- d. This service will cooperate with the dispatch centers in developing procedures to "downgrade" the response of incoming units to Non-L&S when initial on- scene units determine that there is no immediate threat to life.**
- e. The dispatch category (e.g., "code 3", "ALS emergency", etc.) that justifies L&S response should be documented on the patient care report. The justification for using L&S during transport should also be documented on the patient care report (e.g., "gunshot wound to the abdomen", "systolic BP<90", etc.).**
- f. Seat belts or restraints will be securely fastened to the following individuals when the vehicle is in motion:**
  - 1) All EMS vehicle operators**
  - 2) All patients**
  - 3) All non-EMS passengers (cab and patient compartment)**
  - 4) All EMS practitioners (when patient care allows)**
  - 5) All infants and toddlers (these children should be transported in an age appropriate child seat if their condition allows). Children should not be placed in cab passenger seat with airbag.**

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**President's Signature**

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**Print President's Name**

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**Date**

**Pennsylvania Department of Health  
Operations**

**123- BLS -Adult/Peds**

**Notes:**

- 1. These guidelines are secondary to and do not supersede the Pennsylvania Motor Vehicle Code.**
- 2. Dispatch centers/PSAPs and EMS regions are encouraged to have medically approved EMD protocols that differentiate emergent responses (for example, "emergency", "code 3", "red", "Charlie", "Delta", etc. ..) from a lesser level of response (for example, "urgent", "code 2", "yellow", "Alpha", "Bravo", etc...) based upon medical questions asked by the dispatcher. The dispatch category classification, or determinant that justifies L&S use should be documented on the PaPCR.**
- 3. Firefighters cross-trained as EMS personnel who respond in an EMS vehicle to a fire station or fire incident in order to complete a fire apparatus crew are considered an exception to this policy.**
- 4. In most cases (up to 95% of EMS incidents), EMS personnel can perform the initial care required to stabilize the patient's condition to a point where the small amount of time gained by L&S transport will not affect the patient's medical condition or outcome. In previous studies and in most situations, L&S transport generally only decreases transport time by a couple of minutes or less.**
- 5. Each of these criteria refers to an acute change in the patient's condition. For example, a patient who is chronically comatose would not automatically require L&S transport because the individual does not follow commands (criterion 2.g.1 ). Additionally, if the patient improves with treatment and no longer meets the criteria, L&S transport is not necessary.**
- 6. The American Heart Association gives a class III recommendation to L&S transport of patients in cardiac arrest. A Class III indication is not helpful and is potentially harmful. Providing CPR during L&S transport may increase the risk for injury to EMS personnel.**

**L&S may be indicated in some situations where ALS is indicated, but not available or cancelled, because the ALS crew can not rendezvous with the BLS crew prior to transport to the closest appropriate medical facility.**

**Performance Parameters:**

- A. Review for correlation between dispatch classification/category and documented mode of response to scene.**
- B. Monitor percentage of "911" calls using L&S during response to EMS calls. Routine or scheduled transports should be excluded. [Potential benchmark <50% of responses with L&S].**
- C. Review for documentation of reason for L&S transport when patient does not meet criteria listed in section A.13.b -A.13.h.**
- D. Monitor percentage of urgent/emergent ("911") calls using L&S during transport. [Potential benchmark >90-95% of patients transported without L&S]**

**Effective 09/01/04**

**To: All Ambulance Services**  
**From: John C. Button**  
**Subj: Lights and Siren Policy**  
**Date: August 16, 2004**

**The attached policy has been approved by the DOH and the EMMCO-West Board of Directors. As such this policy will be the only Lights and Siren Policy that will meet licensure requirements in the EMMCO-West Region.**

**The president or chief executive officer of each service in the EMMCO-West Region must sign this policy and return it to EMMCO-West. It is required that each service adopt and follow this policy as of September 1, 2004.**

**(G)**  
**Weapons and Explosives Policy**

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

**AFFILIATE#:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

**Shall not wear on their person, nor carry aboard any ambulance, any firearms, weapons or explosives. This policy does not apply to law enforcement personnel who are serving in an authorized law enforcement capacity.**

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

**(h)**  
**Completion Of EMS Patient Care Report**

All ambulance personnel of \_\_\_\_\_  
AFFILIATE#: \_\_\_\_\_  
**(Address)** \_\_\_\_\_  
**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

- Are required to complete a patient care report on forms provided by the Department of Health for each ambulance call to which the service provides patient assessment, care or refusal.
- One patient care report will be completed for each patient that is assessed or care is provided or patient refusal is received from.
- A report describing the chief complaints with vital signs will be provided the facility to which the patient is transported if possible.
- If an approved alternate data collection method is utilized, the information collected on the call will be provided to the medical facility as soon as possible after the call or within 24 hours at the latest after completion of the call.
- The pre-hospital care provider that had primary responsibility for patient care from this service will complete the patient care report.
- The pre-hospital care provider that had primary responsibility for providing patient care from this ambulance service shall be responsible for providing the facility with a report as described above.
- The pre-hospital care provider with the highest level of certification that meets licensure requirements for this service must also accompany the patient to the facility in the patient compartment.

\_\_\_\_\_  
**Signature of Principal Official      Printed Name of Principal Official      Date**

**(i)**  
**Documentation Requirements**

**NAME:** \_\_\_\_\_  
**(Ambulance Service)**

**AFFILIATE #:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

**This organization will submit the following required documentation as requested in Pennsylvania Code 28. Health & Safety as listed below.**

- **Roster of active personnel with**
  1. **Certification number**
  2. **Level of certification**
  3. **Full date of expiration**
  
- **List of all members that are EVOC trained with**
  1. **Name of course taken**
  2. **Date class was completed**
  
- **Written staffing plan for all vehicles**
  
- **Availability schedule for BLS services**
  
- **We have listed on the application all owners, partners, officers, directors, board members or other individuals that may be responsible or involved in making operation & or policy decisions for this ambulance service.**
  
- **All owners, partners, officers, directors, board members or other individuals that may from time to time be responsible for making operation & or policy decisions for this ambulance service have been asked if they have a criminal history as defined in Section §1005.10 subsection (d)(3) and (4)(vii) and (k) of the Regulations to Act 45.**
  
- **All other members/employees that staff the ambulances & all personnel doing clerical work have been asked if they have a criminal history as defined in Section §1005.10 subsection (d)(3) and (4)(vii) and (k) of the Regulations to Act 45.**
  
- **Documentation that all personnel within this organization have been asked if they have a criminal history will be submitted with the application.**

- Documentation from court records as to the charges & the disposition of those charges for each member /employee that has reported their criminal history is attached to this application as defined in Section §1005.10 subsection (d)(3) and (4)(vii) and (k) of the Regulations to Act 45.
- Also enclosed are all pertinent supporting documentation as to each individuals progress in his/her rehabilitation efforts.
- This ambulance service will supply the Regional EMS Office/DOH with monthly reports for each call it was unavailable to respond to during the previous month. This will included but not be limited to the following.
  1. Insufficient Staffing
  2. Ambulance in garage for maintenance
  3. Crew unable to get to station do to weather
  4. Communications radio/minitors not working

This notification will be mailed to the Regional office by the 10<sup>th</sup> of each month for the previous month. If no calls were missed we will also notify the Region/DOH by the 10<sup>th</sup> of the month that no calls were missed for the previous month.

- This ambulance service will provide the Regional EMS Office/DOH with copy of any management agreements it has with any organization to manage or to be managed by some other entity.

These agreements will include all of the following but are not limited to the following;

1. Billing agreements
  2. Bookkeeping agreements
  3. Other Administrative functions
- Documentation of medical command authorization decision

**The following documentation will be provided at the time of the physical inspection**

**For ALS services only**

- Medical command status of all personnel
- Drug reconciliation's by vehicle for the last 3years

\_\_\_\_\_  
Signature of Principal Official

\_\_\_\_\_  
Printed Name of Principal Official

\_\_\_\_\_  
Date

**(j)**  
**Ambulance Standards**

**NAME:** \_\_\_\_\_

**Ambulance Service**

**AFFILIATE #:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

- All ambulance vehicles for this service that transport patients will be able to show evidence that the vehicle has met 75 Pa, C.S. §§4571 and 4572 (relating to visual and audible signals on emergency vehicles.; and visual signals on authorized vehicles) and 67 Pa Code Chapter 173 (relating to flashing or revolving lights on emergency and authorized vehicles), and the Federal KKK standards which were in effect at the time of the vehicle's manufacture and which are not inconsistent with the Vehicle Code standards in 75 Pa C,S, §§4571 and 4572. These specifications will be for design types, floor plans, and general configuration and exterior markings.
- An ALS squad unit vehicle is not subject to the Federal KKK standards; however this service will require it to meet the standards in 75 Pa, C.S. §§4571 and 4572. It will also have as required a minimum of six star of life at least 3 inches in diameter prominently displayed on its exterior, at least two on both the front and rear and at least one on each side.
- All drivers for this service must meet the following qualifications:
  1. Be at least 18 years of age.
  2. Have a valid drivers license
  3. Must observe all traffic laws.
  4. Must not be addicted to, or under the influence of alcohol or drugs.
  5. Must be free from any physical or mental defects or disease that may impair the person's ability to drive an ambulance.
  6. Must have successfully completed an emergency vehicle operators course of instruction approved by the Department of Health

7. **Must not have been convicted within the last 4 years of driving under the influence of alcohol or drugs, or within the past 2 years, been convicted of reckless driving. Such a person shall not be considered to be a responsible person until the designated time has elapsed and the individual, after conviction or suspension of license, repeats an emergency vehicle operator's course of instruction approved by the Department.**

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

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(k)

**Equipment & Supply Requirements**

All ambulance personnel of \_\_\_\_\_

**Ambulance Service**

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**AFFILIATE#:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

- All required equipment & supplies will be carried and readily available on all vehicles & all equipment will be in working order.
- All vehicles shall carry medical equipment and supplies as published by the Department in the Pennsylvania Bulletin on an annual basis, or more frequently.

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

## **Personnel Requirements Staffing**

**NAME:** \_\_\_\_\_  
**(Ambulance Service)**

**AFFILIATE #:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

- All BLS ambulances at this service are required to be staffed by at least (1) one EMT & (1) one Emergency Responder with EVOC training.
- All ALS emergency MICU vehicles at this service are required to be staffed by at least (1) one Paramedic & (1) one Emergency Medical Technician with EVOC training.
- Minimum DOH ALS staffing standards will be met by this service 24hours-a-day, 7 days a week. A mobile ALS care vehicle, may satisfy BLS ambulance staffing requirements when responding to a call for BLS assistance exclusively. If the nature of the assistance requested is unknown, the mobile intensive care unit from this service shall respond as if the patient requires ALS care.
- All ALS squad vehicles from this service will be staffed with at least (1) one Paramedic with EVOC training or will have a driver for the vehicle that has EVOC training. The Paramedic will have one EMT with him/her when patient treatment is provided.

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

(m)  
**Communicating With PSAPS**

All ambulance personnel of \_\_\_\_\_

**AFFILIATE#:** \_\_\_\_\_

**(Address)** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

- **Responsibility to communicate unavailability:**

This ambulance service shall apprise the PSAP as to when it will not be in Operation:

- a. Due to inadequate staffing
- b. When its resources are committed in such matter that it will not be able to have an ambulance and required staff respond to a call requesting it to provide emergency services.

- **Responsibility to communicate delayed response:**

This ambulance service shall apprise the PSAP as to when it will have a delayed response.

- a. As soon as practical after receiving a dispatch call, if we are not able to have an ambulance and required staff en route to an emergency within the time as may be prescribed by a PSAP for that type of communication we will notify the PSAP immediately.

- **Responsibility to communicate with PSAP generally:**

This ambulance service shall provide its PSAP with information, and otherwise communicate with its PSAP, as the PSAP requests to enhance the ability of the PSAP to make dispatch decisions.

- **Response to dispatch by PSAP :**

This ambulance service shall respond to a call for assistance as communicated by the PSAP, provided it is able to respond as requested.

\_\_\_\_\_  
Signature of Principal Official

\_\_\_\_\_  
Printed Name of Principal official

\_\_\_\_\_  
Date

(n)  
**Accident, Injury and Fatality Reporting**

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

- **This ambulance service shall report to the Regional EMS Council, in a form or manner prescribed by the Department:**
  - (1) **All ambulance vehicle accidents that are required to be reported under 75Pa.C.S.**
  - (2) **All accidents or injuries to an individual that occurs in the line of duty of the ambulance service that results in a fatality, or medical treatment at a facility.**
    - (a) **The report shall be made within 24 hours after the accident or injury.**
    - (b) **The report of a fatality involving an ambulance or other on the job fatality shall be made within 8 hours after the fatality.**

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

(o)

## Medical Command Notification

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

- This ambulance service shall identify, to the Regional EMS Council the pre-hospital personnel used by it that have medical command authorization in the region for this ALS ambulance service.
- This service shall also notify the Regional EMS Council when a pre-hospital practitioner loses medical command authorization for this ALS ambulance service.

\_\_\_\_\_  
Signature of Principal Official

\_\_\_\_\_  
Printed Name of Principal Official

\_\_\_\_\_  
Date

(p)  
**Monitoring Compliance**

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

- **This ambulance service shall file a written report with the Department through the Regional EMS Council if it determines that a pre-hospital practitioner who is a member of the ambulance service, or who has recently left the ambulance service, has engaged in conduct not previously reported to the Department, for which the Department may impose disciplinary sanctions under section §1003.27 (relating to disciplinary and corrective action). The duty to report pertains to conduct that occurs during a period of time in which the pre-hospital practitioner is functioning for the ambulance service.**

\_\_\_\_\_  
**Signature of Principal Official**

\_\_\_\_\_  
**Printed Name of Principal Official**

\_\_\_\_\_  
**Date**

(q)  
**Dissemination and Protection Of Patients Information**

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

- All ambulance service personnel of this ambulance service who collect have access to, or knowledge of, confidential information collected under §1001.41 (relating to data and information requirements for ambulance services). By virtue of that person's participation in the Statewide EMS system, may not provide the EMS patient care report, or disclose the confidential information contained in the report or a report or record thereof except as follows;
  1. To another person who by virtue of that person's office as an employee of the Department is entitled to obtain the information.
  2. To another person or agency under contract with or licensed by the Department and subject to strict supervision by the Department to insure that the use of the data is limited to specific research, planning, quality improvement and complaint investigation purposes and the appropriate measures are taken to protect patient confidentiality.
  3. To the patient who is the subject of the information released to a person who is authorized to exercise the rights of the patient with respect to securing the information, such as the patient's duly appointed attorney-in-fact.
  4. Under an order of a court of competent jurisdiction, including a subpoena when it constitutes a court order, except when the information is of a nature that disclosure under a subpoena is not authorized by law.
  5. For the purpose of quality improvement activities, with strict attention to patient confidentiality.
  6. For the purpose of data entry/retrieval and billing, with strict attention to patient confidentiality.
  7. Under §1001.41 (relating to data and information requirements for ambulance services) and to other health care providers to whom a patient's medical record may be released under law.

\_\_\_\_\_  
Signature of Principal Official

\_\_\_\_\_  
Printed Name of principal Official

\_\_\_\_\_  
Date

(r)  
**Participation in Statewide & Regional Quality Improvement  
Programs**

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

- This ambulance service & each individual that is affiliated with this ambulance service that is certified, recognized, accredited or otherwise authorized by the Department to participate in the Statewide EMS system shall cooperate in the Statewide and regional EMS quality improvement programs.
- These individuals and this entity shall provide the information, data, reports and access to records as required by the Department and Regional EMS Council to monitor the delivery of EMS.

\_\_\_\_\_  
Signature of Principal Official

\_\_\_\_\_  
Printed Name of Principal Official

\_\_\_\_\_  
Date

(s)  
**Drug Use, Control And Security**

All ambulance personnel of \_\_\_\_\_  
Ambulance Service

AFFILIATE#: \_\_\_\_\_

(Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

- This ambulance service will stock only drugs as approved by the Department Of Health and shall carry drugs in an ambulance in conformance with the transfer and medical treatment protocols applicable in the region in which the ambulance is stationed.
- Additional drugs may be stocked as authorized by the service medical director if the service uses health professionals, and additional drugs may be carried or brought on an ambulance as follows
  1. Drugs which the regional transfer and medical treatment protocols prescribe for the treatment of an ALS patient.
  2. Drugs other than those authorized by the applicable regional transfer & treatment protocols when done by a health professional and all requirements under subsection (d)(2) are satisfied.
  3. Drugs other than those authorized by the applicable regional transfer & treatment protocols when a registered nurse, physician assistant, or physician when the following standards are met.
    - (a.) The ambulance is engaged in an interfacility transport
    - (b.) The physician, registered nurse, or physician assistant has special training required for the continuation of treatment provided to the patient at the facility and the use of drugs not maintained on the ambulance is or may be required to continue that treatment.
    - (c) The physician, registered nurse, or physician assistant does not substitute for required staff.
  4. A BLS ambulance service, if not licensed as an ALS ambulance service may not stock drugs which are not prescribed by the Department of Health for use on a BLS ambulance except as a authorized under this section § 1005.10©(3) (relating to licensure and general operating standards.

- **This service will use only drugs approved by the Department of Health as published in the PA Bulletin and approved by the regional transfer and medical treatment protocols.**
- **Drugs will only be replaced by either a hospital pharmacy or a participating and supervising physician, if not otherwise prohibited by law.**
- **Administration of drugs by pre-hospital personnel, other than those approved for use by a BLS ambulance service, shall be restricted to EMT-Paramedics and health professionals who have been authorized to administer the drugs by the ALS service medical director, or when under orders of a medical command physician or under standing orders in the EMS region's transfer & medical treatment protocols; except all pre-hospital personnel other than a first responder and an ambulance attendant may administer to a patient, or assist the patient to administer, drugs previously prescribed for that patient, as specified in the Statewide BLS medical treatment protocols.**
  1. **An EMT paramedic is restricted to administer drugs permitted by the regional transfer & medical treatment protocols and the Statewide BLS medical treatment protocols.**
  2. **A health professional may administer drugs in addition to those permitted by the regional transfer & medical treatment protocols and the Statewide BLS medical treatment protocols, provided the health professional has received approval to do so by the ALS service medical director of the ambulance service, and has been ordered to administer the drug by a medical command physician.**
  3. **The ambulance service will adequately monitor and direct the use, control and security of all drugs provided to the ambulance service. This includes, but is not limited to:**
    - (a) **Ensuring proper labeling and preventing adulteration or mislabeling of drugs and ensuring drugs are not used beyond their expiration dates.**
    - (b) **Storing drugs as required by The Controlled Substance, Drug, Device & Cosmetic Act (35 P.S. §§ 780-101-780-149), and as otherwise required to maintain the efficacy of drugs and prevent their misappropriation.**
    - (c) **The EMT paramedic will include in the EMS patient care report information as to the administration of drugs by name, drug identification, date and time administration, manner of administration, dosage, name of medical command physician who gave the order to administer the drug and name of person administering the drug.**

- (d) Service will maintain records of drugs administered, lost or otherwise disposed of, and records of drugs received and replaced.**
- (e) Service will provide the pharmacy, physician or hospital that is requested to replace a drug with a written record of the use and administration, or loss or other disposition of the drug, which identifies the patient and includes any other information required by law.**
- (f) Service will ensure in the event of an unexplained loss or theft of a controlled substance, that the dispensing pharmacy, physician or hospital has contacted local or State Police and the Department's Drug Device and Cosmetics and Cosmetics Office, and has filed a DEA Form106 with the Federal drug enforcement administration.**
- (g) Service will dispose of drugs as required by the Controlled Substance, Drug Device and Cosmetic Act.**
- (h) Service will make arrangements for the original dispensing pharmacy, physician or hospital, or its ALS service medical director, to provide it consultation and other assistance necessary to ensure that it meets the requirements of Controlled Substance, Drug Device and Cosmetic Act.**

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**Signature of Principal Official**

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**Printed Name of Principal Official**

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**Date**

