Richland County Ambulance Service



***Handbook***

**Record of Changes**

**Adopted by County Board as an amendment to the County’s Handbook – July 16, 2015**

**Revised – January 10, 2019**

**This Handbook was developed to provide operational guidance and rules for the members of the Richland County Ambulance Service. It also serves as an addendum to the Richland County Handbook of Personnel Policies and Work Rules.**

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**Mission Statement**

The mission of the Richland County Ambulance Service is to provide efficient, high quality emergency medical care and safe transportation to a medical facility for any resident or visitor of our service area.

We will commit to being a public education resource on issues pertaining to emergency care and preventive medicine.

We will create a safe work environment that encourages continuing education and the achievement of personal goals while continually striving to accomplish our primary mission.

By working together and remaining well organized, committed to quality, active participation and continuous improvement, we can best meet the challenges of the future.

**Purpose**

* The Richland County Ambulance Service is a duly constituted department of Richland County gaining its operational authority from the Richland County Board.
* Membership of the Richland County Ambulance Service is comprised of full-time members, part-time, casual call-in, and paid on-call members.
* Richland County Ambulance Service shall not discriminate as to sex, age, race, color, creed, or ability to pay for services rendered.
* The purpose of the Richland County Ambulance Service shall be to provide effective emergency medical services to the City of Richland Center, the villages of Yuba and Boaz plus the contracted townships within Richland County. See glossary of terms for specifics of the service area.
* Members of this department shall be paid wages for services based upon their position as established by the Richland County Board.
* The Joint Ambulance Committee is the supervising committee over the Richland County Ambulance Service.
* Members of the Richland County Ambulance Service are required to complete training as required by positions. EMTs will be licensed by the State of Wisconsin and meet the training requirements outlined in Section 110 of the Wisconsin Administration Code. Drivers will receive Emergency Vehicle Operations Course (EVOC), Cardiopulmonary Resuscitation (CPR) and First Aid Training.

**Code of Conduct**

The attitude and conduct of all EMS personnel, whether administrative, support, communications, or operational, must at all times reflect a sincere dedication to serving the public. Each individual must always perform to the best of their ability, and their moral and ethical standards must be beyond reproach. They must take pride in their appearance, knowledge and ability to perform their respective functions, recognizing they represent Richland County EMS to the public. All EMS efforts ultimately should ensure our basic mission, i.e., to provide professional emergency medical care to the public at the highest level possible in the most efficient manner.

**Attitude Toward Job**

Loyalty begins with each other. Avoid making negative comments about your subordinates, peers and supervisors. Cooperation is essential for effective functioning of the EMS team. All personnel are charged with establishing and maintaining a high spirit of cooperation within the service as well as between neighboring services. It is imperative that potential problems are brought to the officers and Director’s attention as soon as possible. Personnel shall at all times take appropriate actions to preserve and maintain the life of all injured/ill persons and personal safety and take reasonable action to protect their property as well.

**Conduct Toward Public**

Personnel shall be courteous and orderly in their dealings with the public. They shall perform their duties with professionalism and remain calm regardless of provocation to do otherwise. Upon request, EMS personnel are required to supply their name in a courteous manner.

## Licensure

Our license to practice pre-hospital medicine is approved by the State of Wisconsin and supervised under the medical direction of our Service Medical Director. Our Medical Director approves new members and has the authority to suspend field practice of any Richland County Ambulance Service member. The Medical Director is also responsible for developing and maintaining State-approved medical protocols and has direct authority over quality assurance/improvement.

Members shall maintain minimum performance standards regarding acute knowledge of protocols and their applicable scope of practice. Copies of all required certifications, including CPR and State license, must be on file with Richland County Ambulance Service. Fulfillment of all continuing education requirements are the responsibility of each ~~EMT/AEMT.~~ EMR/EMT/AEMT.

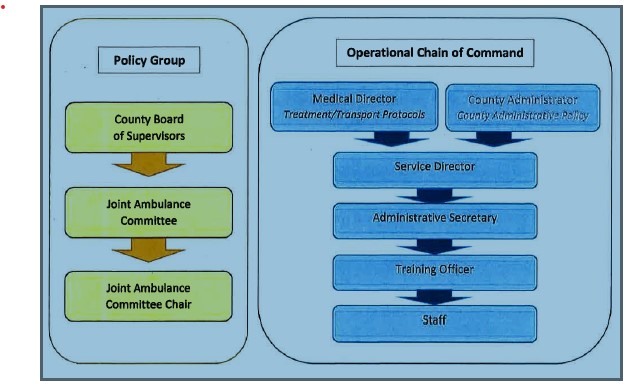
Proof of approved continuing education must be submitted to the Director or designee prior to license renewal. Failure to maintain certifications and licensure may result in license revocation and/or disciplinary action with the potential of loss of employment. Monthly training is provided the second Wednesday of every month, unless otherwise notified, to allow squad members a method to stay proficient with their skills. Richland County Ambulance Service also utilizes CentreLearn, a computer-based learning program, as a method of providing continuing education to licensed members. Each member is required, at minimum, to complete a refresher course every ~~two~~ three years and the assigned monthly modules.

**Chain of Command**

The Richland County Board is responsible for providing emergency medical services (EMS) to the residents of and visitors to the agreed upon service area, which is accomplished through the Richland County Ambulance Service. The governing committee shall be the Joint Ambulance Committee.

**Chain of Command:**

~~Members~~ **~~⇨~~** ~~EMS Administrative Secretary~~ **~~⇨~~** ~~Richland County Ambulance Service Director~~ **~~⇨~~** ~~Joint Ambulance Committee Chair~~ **~~⇨~~** ~~Joint Ambulance Committee~~ **~~⇨~~** ~~Richland County Board of Supervisors~~

~~~~

**Advisory Roles:**

* Medical Director
* State of Wisconsin EMS Bureau Chief
* State Medical Director
* Southwest Technical College Staff

**Operational Hours**

1. The office hours of the Richland County Ambulance Service are ~~8:30am~~ 8:00am through ~~4:30pm,~~ 5:00pm Monday through Friday, except holidays as set forth by the Richland County Board.
2. Emergency Medical Service hours are 24 hours a day, 7 days a week to include holidays.
3. Crew operational periods are as follows: 24 hour operational shifts run from 8am to 8am the following day.

**Equal Employment and Equal Opportunity in Service Delivery**

See “**Richland County Handbook of Personnel Policies and Work Rules**” for further information. For full-time or part-time employees, see the “**Richland County Handbook of Personnel Policies and Work Rules**” for more information.

Applications for the position of “Paid On-Call” member of the Richland County Ambulance Service shall be completed and returned to the ambulance office. Prior to being offered a position, the following steps shall be taken:

1. The Service Director will perform a background check through the Department of Justice (DOJ) and the Department of Health Services (DHS). Due to the length of the process, applicants may be accepted into the service while the DOJ/DHS approval is pending.
2. The Service Director and, when available, the Administrative Secretary shall interview those applicants who, based on their written application, appear to be qualified for the position.

**Orientation and Probation**

**Orientation:**

1. Paid On-Call Members:

Unlicensed New Members:

~~Probation for paid on-call members begins with a 90-day ride-along period. During this time, the potential member will be expected to sign up for the expected 48-hour commitment. However, the member will not provide any care to the patient. The primary role of this phase is for observation. Also during this 90-day ride-along period, the new member will be put through an eight week orientation program. This orientation program will look at the State and local EMS operations and programs; CPR and OSHA Bloodborne Pathogen training; overview of equipment use such as cot, stair-chair, and primary equipment bags; legal/ethical issues; and other essential topics as deemed appropriate by the Service Director.~~

~~During the second 90 days, the probationary member will be given additional tools and training in preparation for the EMT class. Each new member who successfully completes the initial 90-day ride-along period shall be considered a squad member and may be sponsored for the EMT class with a signed contract for two years of service upon obtaining his/her EMT license. This is under the discretion of the Service Director and the new member will be granted sponsorship 6 weeks prior to EMT class being offered.~~

Probation period for paid on-call members is 6 months and begins after they have completed a minimum of 5 ride-alongs and the background check process is complete. The orientation program will consist of the probation member being assigned to a senior member and together they will look at the State and local EMS operations and programs; CPR and OSHA Bloodborne Pathogen training; overview of equipment used such as cot, stair-chair, and primary equipment bags; legal/ethical issues; and other essential topics as deemed appropriate by the Service Director. During the probation period, the unlicensed probationary member will be given additional tools and training in preparation for the EMT class. However, the member will not provide any care to the patient during this period due to lack of licensure. Successful completion of the probationary period should include the probationary member completing field training and being signed up for an EMT 1 Course. At the completion of the 6-month probation period, they shall be considered a squad member and may be provided financial assistance for the EMT 1 class with a signed contract for two years of service upon obtaining his/her EMT license.”

Licensed New Members:

A new member with a current Wisconsin EMT license begins with a 30-day ride-along period. During this ride-along period, the new licensed member shall be expected to review and understand local medical protocols as well as operational guidelines. In the event that the new licensed member demonstrates that he or she is competent and has a good working knowledge of equipment and local procedures the Service Director, with the Medical Director’s approval, can waive part of the 30-day period.

1. Full-Time, Part-Time, and Casual Call-In Members:

A newly hired member with a current Wisconsin EMT license begins with a 30-day orientation period. During this orientation period, the new licensed member shall be expected to review and understand local medical protocols as well as operational guidelines. He or she will be operating as a second EMT, taking direction from the scheduled senior EMT.

**Probation Period:**

A. All new members shall serve a probation period of six (6) months. The purpose of this period is to allow for a thorough review of job performance of a new-hire after a reasonable "break-in" period to assure organizational fit and skill-set competency. The focus of this initial review will be to determine:

1. If the member is to continue in the position and be granted regular status, **OR**

2. If the member’s employment in the position is to be terminated. Nothing is to be inferred from the use of the terms “probation” or “probation period”, nor is there any implied job security upon the successful completion of the probation period and subsequent performance review.

B. Any member’s probation period can be extended for up to a maximum of an additional six (6) months, and is granted by the Service Director.

1. Squad members who disagree with their evaluation and recommendations shall be entitled to a hearing before the Joint Ambulance Committee, with notice to be given in accordance with the Open Meeting Law.
2. All decisions concerning the status of probationary members at the end of their probation period will result in either:
   1. Termination of their employment,
   2. Continuing regular employment status, **OR**
   3. Having their probation period extended.

## EMT Requirements

1. Possess a high school diploma or equivalent.
2. Applicant must be 18 years of age or be age 18 upon completion of the EMT course.
3. Possess a valid Wisconsin driver’s license. Must be of the age of 21 to drive the ambulance, have an acceptable driving record without a SR-22 filing. Individuals with a probationary driver’s license and/or SR-22 filing requirement with the Wisconsin Department of Transportation are not allowed to drive the ambulance at any time. The Director has the ability to approve or deny driving privileges to any member.
4. Proof of immunizations against communicable diseases or a signed waiver.
5. Successful completion of American Heart Association Healthcare Provider CPR.
6. Successful completion of the State of Wisconsin EMT written examination.
7. Successful completion of the National Registry of EMTs practical certification examination.
8. Successful completion of the National Registry of EMTs written examination.
9. Demonstrate that the individual can meet the mental and physical criteria necessary to be able to safely and properly perform all tasks and functions described below in the “Roles and Responsibilities of the EMT” section.
10. Maintain their license by fulfilling all continuing education requirements.

**Roles and Responsibilities of the EMT**

Every patient is entitled to compassion, respect and the best care that can be provided.

1. Maintain a professional appearance and manner at all times.
2. Wear appropriate clothing and shoes when responding to all calls. OPEN TOED shoes are strictly forbidden.
3. Turnout coats (NFPA Standard 1999 and 1951 as well as ANSI/DOT CLASS 3 Vests) are required at all transportation related incidents and industrial scenes. The ANSI Vests are in each rig. Turnout coats are located in the lockers on the south wall of the ambulance bays.
4. Drive with due regard at all times.
5. Locate and safely drive to the scene.
6. Size up the scene and situation.
7. Utilize all appropriate PPE provided by Richland County.
8. Ensure your own safety and the safety of fellow members, the patient and others at the scene.
9. Rapidly assess the patient’s gross neurological, respiratory and circulatory status, including a thorough and accurate patient assessment.
10. Provide appropriate care and interventions as outlined in the medical protocols and within the scope of practice appropriate to license level.
11. Communicate effectively with the patient and advising him/her of any procedures that will be performed.
12. Properly interact and communicate with fire, rescue, and law enforcement responders at the scene.
13. During mass casualty incidents, identify and triage patients based on the START or JumpSTART methodology and utilizing the SMART tagging system.
14. Give necessary patient care report to the receiving hospital emergency department.
15. Document all findings utilizing the appropriate forms.
16. Safeguard the patient’s rights in compliance with HIPAA regulations.
17. Restock and wash the ambulance once the run is complete, to prepare for the next call.
18. A pager must be carried while on call and a reasonable level of radio proficiency is expected.

**Roles and Responsibilities of the Ambulance Drivers**

1. Maintain a professional appearance and manner at all times.
2. Drive with due regard.
3. Locate and safely drive to the scene.
4. Assist EMTs with getting the cot to patient.
5. Record patient information, if requested by the EMTs.
6. Maintain AHA BLS for Healthcare Provider CPR and assist with CPR/AED as appropriate.
7. Retrieve equipment requested by EMTs.
8. Assist with loading the patient.
9. Leave scene only when EMTs are ready.
10. Refuel ambulance.
11. Restock and wash the ambulance once the run is complete, to prepare for the next call.
12. A pager must be carried while on call and a reasonable level of radio proficiency is expected.

**Duty**

Staff is responsible for responding to all ambulance calls during their hours at work and may not refuse response to a call. Response shall be conducted without unreasonable delay. Failure to respond to calls may result in disciplinary action.

Upon receiving the initial page, the scheduled member will notify dispatch via his or her portable radio that he or she acknowledge the page and crew members are responding to the station. Self-dispatching to the scene when not on the schedule is discouraged. Based on the nature of the call, if a member feels that the crew could use additional help, he or she should make every attempt to respond to the station so that everyone responds together as a crew.

Members will not be absent from duty without proper notification prior to the absence. At the discretion of the Service Director, members may be asked to provide a physician’s written excuse for any absence using sick leave.

The online EMS Manager schedule is the official record of who is on duty for any given time. It is the sole responsibility of the individual member to ensure the online schedule is accurate. In the event that a member needs to be taken off the schedule, the member will be asked to find someone to fill the slot prior to approval for the time off, with the exception of a personal or family emergency.

**Abuse of Authority**

Richland County Ambulance staff shall not be overbearing, oppressive or tyrannical in their relations with members of the committee, the general public, patients or co-workers. Acts of insubordination towards the Joint Ambulance Committee or the managerial structure will not be tolerated and will result in disciplinary action.

The Service Director, as well as members of the committee, will not act disrespectfully towards other members of the service.

**Patient Confidentiality**

It is imperative to maintain the confidentiality of patient information received during the course of patient care. Richland County Ambulance Service prohibits the release of any patient information to service members that were not on the call, as well as anyone outside the organization, unless required for purposes of treatment, payment, or healthcare operations. Discussions of protected health information (PHI) within the organization should be limited. PHI includes but is not limited to: patient name, address, and/or information that could identify the patient. Acceptable uses of PHI within the organization include but are not limited to: exchange of patient information needed for the treatment of the patient, billing, peer review, internal audits, quality assurance activities, and other essential healthcare operations. All members and ride-alongs of Richland County Ambulance Service must have on file a signed Policy on Confidentiality and Dissemination of Patient Information and a Staff Member Verification form.

**Ambulance Reports**

~~All patient care reports must be accurately completed in a timeframe consistent with the State Administrative Code 110.34. Every effort shall be made to have the report completed and faxed to the receiving hospital within three (3) hours of the call. All reports must be completed within 24 hours.~~

All patient care reports must be accurately completed in a timeframe consistent with the State Administrative Code 110.34.

***DHS 110.34***

*(7) If the emergency medical services provider is an ambulance service provider, submit a written report to the receiving hospital upon delivering a patient and a complete patient care report within 24 hours of patient delivery. A written report may be a complete patient care report or other documentation approved by the department and accepted by the receiving hospital. A non-transporting EMT service provider or first responder service provider shall hand a written report to the ambulance service provider at the time of the patient care transfer.*

*(8) If the emergency medical service provider is an ambulance service provider or non-transporting EMT service provider, submit patient care report data electronically to the department through WARDS using direct web-based input to WARDS or uploading patient care report data to WARDS within 7 days of the patient transport. If the emergency medical service provider is a first responder service provider, submit a patient care report to WARDS only if advanced skills are used in caring for the patient.*

The driver’s sheet shall be filled out accurately at the end of each call, including the back of the form listing supplies used. The EMS Patient Care Worksheet (State of Wisconsin Form F-47489) shall be filled out at the time patient care is transferred to the receiving hospital. One copy shall be left at the hospital, and one copy shall be turned in with the driver’s sheet and the patient care report.

The full-time staff will be expected to complete all reports for calls taking place between the hours of 12am and 8am, as long as they were the primary care provider. Full-time staff must ensure that all reports, assigned to them, are completed from their shift prior to going off-duty.

**Pay**

**Paid On-Call personnel** ~~are paid once a month following the Audit Committee meeting at an hourly rate set forth by the county. The pay scale is as follows: Drivers $15 (was $10) per call hour; EMTs $20 (was $13) per call hour. Hourly on-call rate is as follows: Primary Crew Monday 8am to Friday 8pm $1.50 an hour. Friday 8pm to Monday 8am and Holidays $3.00 per hour. Backup crew pay is $1.25 an hour regardless of whether it is weekday, weekend, or holiday.~~

Paid On-Call Personnel: During a call response, the per-call base rate is: Drivers $15; EMR/EMT/AEMT $20. For calls lasting more than 1hour 15minutes, personnel will receive additional pay for the additional time. At 1hour 15minutes, personnel will receive an additional 50% of their respective base rate. At 1hour 45minutes, personnel will receive an additional 100% of their respective base rate. Example: If a call is paged out at 8:00am and is completed at 9:15am, personnel would receive 1.5 times the base rate, so $30 for an EMT. If a call is paged out at 8:00am and is completed at 10:45am, personnel would receive 3 times the base rate, so $60 for an EMT.

**Full-time/Part-time members** will be paid in accordance to rate identified in the wage study approved by the County Board of Supervisors. The normal work week will consist of 48 hours per week; working a combination of 10, 12 or 24 hour shifts.

**Pay Periods**

**Paid On-Call Staff** – Pay periods for paid on-call staff begin 12am the first day of the month to 11:59pm the last day of the month. Paid on-call staff payroll will be direct-deposited by the 3rd Wednesday of each month, for the previous month.

**Full-time, Part-time** – Pay periods run from 12:00am Sunday to 11:59pm Saturday.. Full-time and part-time EMT’s shall not receive compensatory time.

**Full-time Member Benefits**

* **Overtime**

Due to the nature of EMS operations, a service member will be scheduled to work a 48 hour work week. The member will thereby accumulate overtime only based on the Service Director’s scheduling, which constitutes prior approval.

* **Holiday Pay**

Due to EMS being a 24/7, 365 day a year operation, full-time and part-time members may be scheduled on a holiday based on their rotation. When scheduled on a holiday, the full-time or part-time member shall receive eight hours of holiday pay to be paid at one and a half times their normal rate for an eight hour period in addition to their scheduled hours. Holiday pay shall not be considered worked for the purpose of computing overtime and will therefore not be paid at the overtime rate. If the service member is not scheduled for the holiday, he or she will receive eight hours of pay at their normal hourly rate. Part-time members will not receive holiday pay unless they were scheduled on a holiday.

County Approved holidays are listed in the “**Richland County Handbook of Personnel Policies and Work Rules**”.

* **Vacation Time**

Vacation – Vacation benefits, for staff working the 24 hour rotation shifts (2 days a week) are accrued at the following rates. Maximum accumulation for each year of service is indicated in the full-time column. Vacation time will be paid out as straight and shall not be considered worked for the purpose of computing overtime and will therefore not be paid at the overtime rate. For all other full-time positions see the **“Richland County Handbook of Personnel Policies and Work Rules”**

Years Full-time (24 hour rotation position) Part-time (12 hour position)

1 Yr 2 days 1.0 days

2 Yrs 4 days 2.0 days

6 Yrs 6 days 3.0 days

12 Yrs 8 days 4.0 days

23 Yrs 10 days 5.0 days

* **Bereavement**

In the event that a death in the immediate family of a member requires his/her absence from work, the staff may be absent for the visitation and funeral without loss of pay for the regular work days for which he/she was scheduled to work. One additional day may be taken in preparation for the funeral services as long as that additional day is a scheduled day. Immediate family shall be defined as: spouse, parent, child, step child, sibling, mother/father in-law, brother/sister in-law, son/daughter in-law, grandparent of member or spouse, grandchild of member or spouse, step parent, registered domestic partner. A registered domestic partner is defined as one who is registered either with the State of Wisconsin or Staff Trust Funds.

In the case of the death of a member’s or spouse’s aunt, uncle, niece or nephew, the member will be given paid funeral leave of one (1) day for the funeral only, provided the day of the funeral is the member’s scheduled workday and he/she attends the funeral.

Notice and reason for intended absence due to death in the family is to be given promptly to the Service Director.

* **Sick Leave**

Full-time members shall receive 12 hours of sick leave per month. A maximum of up to 84 days of sick leave may be accrued. Sick time will be paid out as straight time and shall not be considered worked for the purpose of computing overtime and will therefore not be paid at the overtime rate.

Please see the “**Richland County Handbook of Personnel Policies and Work Rules**” for more detailed description of sick leave, medical leave, and FMLA.

* **Health Insurance**

The County agrees to pay the following portion of the premium:

34+ hours 88%

25 – 33.99 hours 78%

Based on WRS Eligibility 68%

A copy of the health insurance policy will be given to the County staff by the insurance agent. Except in cases of family or medical leave governed by this handbook, staff members, whether full-time or part-time, may continue their health insurance coverage during any approved non-medical leave of absence, with the staff paying 100% of the premium. In the case of such a leave of absence, the staff’s premium payment is to be calculated by dividing the total annual premium in effect at the start of the staff’s leave of absence by the number of hours which the staff works per year then multiply that figure by the number of hours in the staff’s leave of absence. COBRA coverage will be provided as determined by Federal law. (See County Clerk’s Office).

For more information regarding health insurance, see “**Richland County Handbook of Personnel Policies and Work Rules**”.

**Leaves of Absence**

Leaves of absence without pay for up to six (6) months may be granted by the Service Director. The Joint Ambulance Committee, after receiving the recommendation of the Service Director, may extend a member’s leave of absence for up to an additional six (6) months. No member may be granted a leave of absence in excess of one (1) year in duration. Requests for leaves of absence shall be in writing and directed to the Service Director. All requests will be considered on their merits.

**Medical Leave**

A physician’s statement is required to return to employment when a physical/medical injury has occurred (i.e., heart attack, and broken bones) or in the case of maternity/paternity leave.

**Scheduling**

Shift schedules are done both in advance and at the leisure of the squad member. The final posted schedule can be found online at <https://secure2.emsmanager.net/richland/>. This is the official schedule and should be referred to when determining what hours you are working and is the official record of who is on duty for any given day or period. It is the sole responsibility of the individual member to ensure the online schedule is accurate.

Full-time members will be required to work up to 48 hours in a payroll week. Scheduling for the full-time members will be done by the Service Director or his or her designee. Full-time members will not be allowed to approve or alter their schedule in any way.

**Availability**

~~Availability must be turned in by the 15th of each month for the upcoming month. When entering availability, members are asked to use all three choices (unavailable, available and preferred) when selecting availability. This will give clear indication as to when members are available, what days/times are preferred and the days members are not available. Members must submit a minimum of 48 hours availability each month.~~

~~If a member does not turn his or her availability in on time, there will be no guarantee the member will get his or her preferred shifts. On the 15th of each month the Service Director or his or her designee will begin to schedule, at minimum, the preferred time submitted up to the 48 hours. The Service Director reserves the right to schedule more than the 48 hours based on coverage needs and the time that was submitted by the member. Prior to the 20~~~~th~~ ~~of each month, the Service Director will send out a message indicating that the scheduling of availability is complete and members will be allowed to sign up for additional call time for the next month. AEMTs and higher should refrain from signing up in the driver slot when there are already 2 AEMTs on.~~

~~ALL members, which includes probationary members, trainees, ride-alongs, drivers and licensed paid on-call personnel, who are not enrolled in school must have 48 hours of call time completed by the end of the month. Members who are enrolled into an accredited college are required to have completed 24 hours of call by the end of the month.~~

ALL paid on call providers are expected to submit a minimum of 48 hours of schedule availability by the 15th to be scheduled for the next month. If a member does not turn in availability by the 15th, there will be no guarantee the member will get his or her preferred shifts and may be subject to discipline if they consistently fail to provide 48 hours of schedule availability.

ALL paid on-call providers, who are not enrolled in school must have 48 hours of call time completed by the end of the month. Members who are enrolled into an accredited college are required to have completed 36 hours of call by the end of the month.

**48 Hour Rule**

~~Each crew member is expected to sign up for 48 hours of call each month on primary. Those squad members who are finishing high school or enrolled into college are expected to sign up for 24 hours on primary. Failure to comply will result in the following:~~

* ~~First offense in a calendar year~~ **~~–~~** ~~Letter placed in file.~~
* ~~Second offense in a calendar year~~ **~~–~~** ~~Second letter placed in file.~~
* ~~Third offense in a calendar year~~ **~~–~~** ~~Member will be placed on probation period and may be required to pay towards continuing education and refreshers.~~
* ~~Fourth offense in a calendar year~~ **~~–~~** ~~Potential termination of membership.~~

~~Those who have been granted medical leave or personal leave will not be penalized. Upon their return to regular status, they will then be required to sign up for the expected amount of time.~~ **REMOVE this section entirely as it is addressed in the previous update to scheduling.**

**Signing Up for Call**

The primary crew **must** be filled first, before members sign up for the backup crew. AEMTs must sign up on the primary crew in the EMT - I/P slot if the slot is open during their available hours. Licensed members should not sign up in the driver or higher slot if there are openings on the backup crew and at no time should there be three (3) AEMTs on the primary truck unless approved by the Service Director. Approval may be granted for the purpose of field training or when there is an EMT on the schedule that has not been approved to drive. For example, the primary crew I/P slot is full and the Basic slot is full, but the driver slot is open and only one Basic slot is filled on the backup crew, then the AEMT or EMT wanting to sign up for call **must** fill the **open** backup slot first. The driver slot should not be filled by the AEMT or EMT when backup is open. Remember the goal is to fill both the primary and backup crews with licensed members.

**Trading Shifts**

EMS Manager is the official record and thus it must accurately reflect who is on primary and backup. If a member is scheduled for a time they can no longer cover, it is their responsibility to find another member to cover their slot. One way to accomplish this is by trading shifts.

**Paid on-call members** – Trades are only allowed with other paid on-call members. Paid on-call members may also choose to simply give up their shift to another licensed member. AEMTs looking for coverage while scheduled in the I/P slot must trade or give up their shift to another AEMT or higher. When scheduled in the EMT or higher slot they may trade or give up their shift to either another EMT or AEMT. Trades are not allowed between paid on-call staff and full-time staff.

**Full-time, Part-time** – Trades are allowed between full-time members as long as the following conditions are met: the trade happens in the same pay period and secondly it’s hour for hour. In an emergency paid on-call staff can cover for full-time members if they choose, but can do so only as long as it does not interfere with the operational requirement of having an Advanced EMT on the Primary Truck 24/7. Both members would be paid their normal rate. This will not be considered a trade; the full-time or part-time member will be required to use to either vacation time or sick time to cover the remaining hours of their shift.

**Discipline**

Grounds for Termination or Suspension:

1. Incompetent job performance.
2. Frequent missed calls when scheduled.
3. Job-related dishonesty.
4. Breach of confidentiality.
5. Consuming alcohol while in uniform.
6. Drinking or drug abuse on the job or being under the influence of alcohol or drugs while on the job.
7. Insubordination.
8. Convicted of job-related criminal offense(s). Members convicted of a federal and/or criminal law under HFS 12.11(1) (Permanent Bar Crimes) will be terminated from employment. If convicted of a federal and/or state law under HFS 12.11(2) (Rehabilitation Review Eligible Crime), the member must demonstrate rehabilitation as outlined under HFS 12.11(2).
9. Violation of the provisions of this Handbook.
10. Failure to comply with the 48 hour call policy.
11. Reckless driving of County vehicles.
12. Abusive treatment of a patient or service member, whether verbal, mental or physical.
13. Violation of the County’s Code of Ethics Resolution, which states as follows:

*No Department Head or County employee shall:*

* 1. *Use or attempt to use his/her position to secure any preferential or unlawful rights or advantages for him/herself or others.*
  2. *Have a financial or other personal interest, which is in conflict with the proper discharge of his/her duty.*
  3. *Disclose or use confidential information concerning Richland County to promote a private financial interest.*
  4. *Accept any substantial gift, in any form, from a person who has business dealings with Richland County.*

1. Failure to comply with Medical Control Protocols and guidelines.
2. Operating at a skill level greater than the Scope of Practice granted them at their license level.
3. Breach of Duty.

Process for Disciplining, Suspending or Dismissing a Service member:

* + 1. ~~The Service Director~~~~shall discuss and document in a timely manner all problems relating to the service member’s job performance with them. In all cases in which continuation of the unsatisfactory performance could lead to discipline, suspension and/or termination, the Service Director shall give the affected service member written notice of the nature of the problem.~~
    2. ~~If the service member fails, in the opinion of the Service Director, to correct the problem giving rise to the above notice within the allowed time period, the Service Director shall present the issue to the Finance and Personnel Committee for advice and consultation. The Service Director and the Finance and Personnel Committee will discuss what, if any, job action is to be taken relative to a service member. The Service Director has the authority to take disciplinary action up to three (3) days suspension without pay provided the Service Director has notified the Finance and Personnel Committee of the decision.~~
    3. ~~The above steps in the process of disciplining a service member serve only as a guide and can be bypassed in certain situations as determined by the Service Director and/or Finance and Personnel Committee.~~
    4. ~~The Service Director shall not have the authority to terminate a non-probationary service member. All terminations must be presented to the Finance and Personnel Committee for review and final approval. Prior to the termination, the Finance and Personnel Committee shall ensure that the affected service member is given written notice that termination has been proposed and the reasons provided. The service member shall also receive written notice, in accordance with the provisions of the Wisconsin Open Meetings Law, of the time, date, and place of the Finance and Personnel Committee’s meeting when such termination is to take place. Nothing in this section shall prevent the Finance and Personnel Committee from suspending the service member without pay pending the meeting referenced therein.~~
    5. ~~The Richland County Discipline/Termination Grievance Policy and Procedures are to be followed should a service member decide to file a grievance. For additional information, see the “~~**~~Richland County Handbook of Personnel Policies and Work Rules~~**~~”.~~

1. The Service Director shall discuss and document in a timely manner all problems relating to the service member’s job performance with them. In all cases in which continuation of the unsatisfactory performance could lead to discipline, suspension and/or termination, the Service Director shall give the affected service member written notice of the nature of the problem.
2. If the service member fails to correct the problem giving rise to the above notice within the allowed time period, the Service Director shall present the issue to the County Administrator or Medical Director in cases of violation of a medical protocol for advice and consultation. The Service Director and the County Administrator and/or Medical Director will discuss what, if any, action is to be taken relative to a service member.
3. All members are subject to rules and guidance found in Richland County’s

**"Formal Complaint and Mismanagement Policy"** and the "**Richland County Handbook of Personnel Policies and Work Rules”.”**

**Uniforms**

Ambulance crews are expected to be in Richland County Ambulance Service approved attire whenever they are on duty, unless otherwise discussed with the Service Director.

The following are examples of approved attire: any clothing provided by the county or the association; blue jeans without holes, dirt, and stains; casual business attire; appropriately fitting clothing that does not expose midriff, cleavage, or undergarments; t-shirt and polo shirts without offensive logos and advertisements; closed-toe closed-heel shoes with appropriate slip-resistant soles. Members are expected to use good, professional judgment.

Through the County, all members will be provided with a RC EMS t-shirt and RC EMS sweatshirt at the time of hire. The County will provide uniform apparel to fulltime service members. The Richland County Ambulance Association at no time shall be expected to provide apparel to full-time or part-time members.

Members are also fitted for N95 masks for their protection. All staff must ensure that their facial hair does not interfere with a properly fitted mask.

**Equipment Issued**

Each member will be provided with the following: one portable radio with charging-base, one pager with charging-base, two service patches, two American flag patches, one badge, and one nameplate. This is in addition to the uniform as outlined in the Uniform section.

**Personal Protective Equipment**

Members of the Richland County Ambulance Service must wear the appropriate personal protective equipment (PPE) based on the universal precautions standards and the incident. All PPE will be made available either on the ambulance, such as gloves, goggles, masks, gowns, hardhat and vests, or can be found in the appropriate locker within the station, such as turnout coats, extra sharps containers, replacement pocket masks, and bio-hazard bags. Failure to use the appropriate PPE when following universal precaution standards may result in injury or illness to the responding member. Injury and illness not only affect the ambulance service, but can also be very detrimental to the member and/or the member’s family. When a member fails to use the appropriate PPE, he or she is assuming liability and could face disciplinary action.

**Bloodborne Pathogen Exposure**

### In the event a member of the squad has an exposure to any bodily fluid of a patient, he or she should immediately contact the Service Director and follow the steps documented in the *Exposure Control plan*. An exposure document packet is located in each rig, the Richland Hospital, Richland County Public Health, and, the Service Director’s office.

### The *Exposure Control Plan* is located in the Service Director’s office and is reviewed and updated every year. Annual training is conducted to ensure each member understands what to do in the event of an exposure.

**Personal Vehicle Use of Red Lights**

Red lights may be purchased at the member’s expense. A Letter of Authorization must be renewed annually and may be obtained in the Richland County Ambulance Office. Red lights are to be used **only** when responding to the garage when there is an **Emergency** ambulance call and at no other time.

Use of the red light **Does Not** constitute an emergency vehicle; therefore, a red light can only help the driver ask for the right-of-way.

It **Does Not** give the driver permission to exceed the speed limit, disregard traffic signs, or disregard regulations governing direction of traffic movement or turning in specific directions.

A copy of the Letter of Authorization must be kept in the vehicle that the red light is to be operated in. Responding to the scene in a personal vehicle is highly discouraged. Insurance and vehicle maintenance is the responsibility of the owner.

**Parking**

There are five (5) available parking spaces reserved along the north side of Haseltine Street for on-duty ambulance personnel. Parking is also available in the parking lot in the southeast end of the block. Personnel can also park on Main Street across from the Ambulance garage.

**Building Amenities**

Kitchen facilities are available and shared with other departments within the Richland County Courthouse. It is expected that everyone will clean up after themselves. A refrigerator, microwave, pizza cooker, coffee maker and toaster oven are located in the ambulance lounge for squad member use. All food must be labeled or it will be used by other members, or thrown out.

A sleeping room is provided in the Courthouse adjacent to the ambulance lounge, and there will be a second bed available in the ambulance lounge. Squad members utilizing the beds are expected to bring their own linens, pillows, blankets, etc. When the shift is over, members are expected to strip the bed of linens, clean up any garbage, and make the room ready for the next person to use. If the alarm clock is used, the member should make sure it is turned off so it doesn’t re-alarm the following day.

The shower is located on the third floor of the Sheriff’s office. Personal hygiene items will not be provided. Each member shall provide their own towel and personal hygiene items.

**Fraternization**

Family members and friends are welcome to visit the station while staff members are on duty. However, there should be no visitation after 9:00pm. Children, under the age of 10, must be under supervision. This supervision must be done by someone other than the staff member on call.

**Non-Emergency Use of Equipment**

Whenever a member is intending to use any equipment owned by Richland County EMS, the member must first obtain permission from the Service Director. EMS equipment includes but is not limited to CPR manikins, training AEDs, and other training devices, as well as the ambulances. Situations where EMS equipment may be used outside of an ambulance call may include school presentations, in-service with other public safety departments, public relation events, and other approved training events or duties assigned by the Service Director. It is expected that the ambulance will be used in a professional manner and that any personal use will be avoided while on duty. At no time can County owned equipment be used for personal profit or gain.

**Accessibility and Communication**

Due to the nature of shift scheduling, it is difficult to keep everyone informed. Informational notes are placed on the EMS Manager scheduling site. Squad members are encouraged to check this site often for scheduling changes and informational listings.

[ <https://secure2.emsmanager.net/richland/> ]

Email is a form of communication that is heavily relied upon. Therefore, each member is required to have an email account. Free email accounts are available via services such as Yahoo or Google. Upcoming training, requests for open shift coverage and general work events are relayed through email. Members are required to notify the Service Director of any email or telephone changes promptly in order to stay informed.

**Impairment**

Members shall not consume intoxicants, illegally controlled substances or over-the-counter medications that impair the ability to drive or treat patients while on duty. While off duty, members shall not wear their uniform while consuming intoxicants or illegal substances. If a member reports for work with impairment or is involved in an accident, they may be required to submit to a chemical test of his/her breath, blood or urine at the request of the Service Director.

All Richland County Ambulance Service members and ride-alongs are hereby advised that the use, possession, concealment, transportation, promotion or sale of controlled substances and alcohol is strictly prohibited on duty, on all County properties and in all County vehicles. Prohibited illegal drugs and substances include:

1. Drugs not legally obtainable,
2. Drugs that are legally obtainable but which have been obtained illegally including all drug paraphernalia, **AND**
3. All alcoholic beverages.

All Richland County Ambulance Service members are prohibited from being under the influence of or consuming alcohol or controlled substances while on duty and may not be on duty or perform safety-sensitive functions if the squad member cannot prove absolute sobriety. Additionally, members required to take a post-accident alcohol test may not use any alcohol until the test is completed.

We encourage members to seek assistance for treatment of problems they may be having that pertain to chemical dependency and/or alcohol abuse.

**Accidents and Injuries**

All accidents or injuries involving members or visitors must be reported immediately to the Richland County Clerk and the Service Director.

**Vehicle Accidents**

***Whenever a vehicle assigned to the Richland County Ambulance Service without a patient on board is involved in an accident/crash the following procedures shall be followed:***

1. The local law enforcement is to be notified by radio or cellular telephone of the incident advising that the ambulance has been involved in an accident and cannot complete the assignment and to request an officer to report to the scene. Then request dispatch to page out the next available crew to continue the call.
2. The senior EMT on the ambulance shall determine if any injuries are involved and take appropriate actions.
3. Notification shall be made to the Service Director that the emergency vehicle has been involved in an accident/crash. The Service Director shall report the accident to the County Clerk in order to report the accident to the proper insurance carrier.
4. The vehicle shall not be moved until law enforcement has had an opportunity to view the scene and complete an investigation.
5. A personal injury accident insurance form is to be filled out by any injured EMS member. The form can be found in the Richland County Clerk’s office.

***Whenever a vehicle assigned to the Richland County Ambulance Service is involved in an accident while en route to the hospital with a patient, the following procedures shall be followed:***

1. EMS personnel will do a scene size-up to include their partner(s) and the patient on board, and perform triage duties if necessary. Regardless of the situation, the initial patient in transport **cannot** be abandoned; a licensed EMT must remain with that patient at all times, barring significant injuries to EMS personnel.
2. If no injuries are incurred, personnel will advise the other party(s) involved that law enforcement has been called and proceed to the hospital with the patient.
3. If there are injuries incurred, EMTs are expected to perform triage duties and notify dispatch requesting law enforcement and additional EMS response to the scene.
4. Once law enforcement and additional EMS resources are on scene, personnel will transfer the information gathered to the responding units and proceed to the hospital with the initial patient.
5. Notification shall be made to the Service Director that the emergency vehicle has been involved in an accident/crash. The Service Director shall report the accident to the County Clerk in order to report the accident to the proper insurance carrier.

**Health Examinations**

The County will pay any health examinations/vaccinations required as a condition of employment.

**Ride-Alongs with the Richland County Ambulance Service**

In order to promote a better understanding of the operations of the Richland County Ambulance Service, the department has established a ride-along program. While this program is intended to create an educational understanding of the department, the safety of our passengers and members must be maintained.

The following procedures are established for the ride-along program:

1. Any person who is not a member of the Richland County Ambulance Service and would like to be an observer with the ride-along program shall complete the “**Release of Ride-along Program Liability”** formand return it to the Service Director prior to participating.
2. Any individual between the ages of 17 and 18 will be allowed to ride along with the ambulance between the hours of 1:00pm and 9:00pm. Additionally, a **Parent/Guardian Notification Letter** must be read, signed, and returned to the Service Director prior to the ride taking place. Individuals under the age of 17 years are not allowed to participate in this program.
3. EMTs who participate in the program may discontinue the ride **for cause**. If a ride-along has been discontinued for cause, non-voluntarily, the Service Director shall be made aware of the situation. If a ride-along is terminated for cause, a report outlining the reason may be required by the Service Director.
4. The Richland County Ambulance Service does not allow ride-along participants under this program to become intentionally involved in dangerous and/or sensitive calls. If there is uncertainty of the situation, the rider should remain in the ambulance or at the ambulance garage until the uncertainty is resolved.
5. The Richland County Ambulance Service does not allow ride-along participants under this program to operate any departmental vehicles or any other equipment under the EMT’s control.
6. All riders shall be pre-approved for a ride-along by the Service Director.
7. The Service Director shall take into consideration criminal record, reasons for the ride-along request, safety of persons participating, and any other concerns that may arise.
8. There is a restriction of one ride-along participant per shift.
9. Each rider may be given a tour of the ambulance garage and ambulances. An EMT should remain with the observer at all times.

**Family Members of Patients as Riders**

All EMS calls should be regarded as true emergencies, with patient care being the single most important factor and priority.

Family members’ riding to the hospital in the rear of the ambulance is discouraged because they tend to place the medical staff in a position of splitting attention between the patient and family member. These distractions of assuring family members of the patient’s condition, injuries and treatment given can present a significant problem to the EMS caregiver. Attentiveness toward the patient’s chief complaint, injuries, vital signs, stabilization and psychological support can be critically compromised by these distractions.

It is recognized, however, that occasionally there will be exceptional cases in which the EMS crew may decide that it is necessary to have a family member accompany the patient in the back of the ambulance. Examples of such cases would be when the patient is a minor or the family member is translating for the patient. In such cases, the following guidelines should be used:

1. Requests by family members of the patient to accompany the patient to the hospital are left to the discretion of the crew.
2. Only one (1) family member is allowed to ride.
3. The family member must ride in the driver’s compartment of the ambulance unless the patient is a minor and the parent/legal guardian has a calming effect on the child or translation services are needed and the family member/legal guardian is calm and able to interpret for the patient.
4. The emotional state of the family member should be such that it will **not** interfere with the treatment of the patient.

If the exception to allowing a non-patient from the scene to ride in the patient compartment is that the patient is a child and a parent/legal guardian requests to accompany their child. In this case, the parent/legal guardian’s name and relationship to the patient must be documented in writing on the ambulance report form.

**Computer Use**

Please see “**Richland County Computer Policy**”.

There is one computer available for all EMT members to use in the ambulance lounge and two available for WARDS Reports. The two computers designated for WARDS Reporting do have internet access; however, members should refrain from using them for anything other than entering in data for WARDS reports. All computer use is to be done in a professional manner and shouldn’t conflict with day-to-day operations. Improper use of the computer systems is a serious offense and disciplinary action will occur.

**Cell Phone and Camera Use**

Personal cell phone use is discouraged anytime during the call, except when using the personal cell phone for navigation or in the case that the County-provided cell phone is not operable. Cell phones are provided in each rig for use in relaying patient information. Use of a personal cell phone for business other than the call is only permitted when returning to the station. At no time should the driver of the ambulance be using the cell phone and operating the ambulance at the same time. At the end of the call, as part of restocking the rig, the cell phone must be checked to ensure it is charged or recharging.

Photographs related to a patient, patient’s condition, or cause of the illness or injury **are strictly prohibited.**

**Grievances**

~~See “~~**~~Richland County Handbook of Personnel Policies and Work Rules”~~**

See “Richland County’s Formal Complaint and Mismanagement Policy”

**Sexual Harassment Policy**

See “**Richland County Handbook of Personnel Policies and Work Rules”**

**Quality Assurance**

An EMS Quality Assurance program is responsible for ensuring that the level of emergency medical patient care and transportation provided by AEMT and EMT is done at a reliable and standard level. By constantly evaluating patient management and documentation, Quality Assurance is able to recognize strengths and weaknesses in the system and adjust as necessary.

The Quality Assurance program helps establish a standard of care and identifies needs for training programs and education to ensure proper and professional care is always being provided at evolving levels. The program’s ability to identify areas where AEMT and EMT are high-performing allows for acknowledgment and positive feedback.

The Quality Assurance program consists of many different facets, some of which include direct AEMT and EMT service observation, documentation review, intermittent skills evaluations and a comprehensive orientation process upon hiring. Although we typically concentrate on current practice, we evaluate our past and look to the future. We not only monitor our own trends such as response times and patient care, but we also look outside and benchmark our practice against others in the field.

An effective Quality Assurance program provides the public with confidence that their emergency medical service is providing quality care with highly-trained personnel.

See “**Richland County Ambulance Service QA/QI program guidance**” for further information.

**Glossary of Terms**

Paid On-Call Member Frequently referred to as ‘volunteers’, these members are not eligible for traditional benefits but will receive such benefits as laid out within this Handbook. Such members do not work regular shifts but work hours selected and set forth by their availability.

Full-time Member These members are officially hired through Richland County as regular full-time employees, following the terms as laid out in this Handbook. Full-time members are eligible for those benefits available through Richland County. See the “**Richland County Handbook of Personnel Policies and Work Rules**” for more information.

Part-time Member These members are officially hired through Richland County as regular part-time employees, following the terms as laid out in this Handbook. Part-time members are only eligible for such benefits as would be applicable as laid out in the “**Richland County Handbook of Personnel Policies and Work Rules**”.

Service Director The Service Director oversees all day-to-day operations for the Richland County Ambulance Service, including but not limited to management of staff, equipment maintenance, budget and finance, and recruitment.

Medical Director The Medical Director is a physician certified in Emergency Medicine. The Medical Director provides guidance, leadership, oversight and quality assurance for the service.

Joint Ambulance Committee This committee oversees the Richland County Ambulance Service and is comprised of 19 people representing 13 townships, two villages, one city, and two representatives from the Richland County Board.

Service Area A service area is designated by contract and is the defined geographic area in which an ambulance service provides EMS response. The Richland County Ambulance Service has a service area that covers the following: Townships of Akan, Buena Vista, Bloom, Dayton, Eagle, Henrietta, Ithaca, Marshall, Orion, Richland, Rockbridge, Sylvan, Willow; Villages of Boaz, Yuba; City of Richland Center.

Medical Protocols Medical Protocols are developed and approved by the Medical Director. They outline the standard of care and procedures that must be followed in providing emergency medical care to a patient.

EMS Manager An online member scheduling and management software program for EMS.

WARDS Wisconsin Ambulance Run Data System.

Compensatory Time Compensatory time is accumulated by non-exempt County employees on an emergency basis on other than regular working hours.

### Forms

On-Scene Physician Release

Richland County Ambulance Service has responded to an emergency call for help and is operating under specific protocols. In addition, this team is in direct communications with Medical Control at the Richland Hospital, Inc.

In the event you wish to intervene or assist, **YOU WILL ASSUME FULL RESPONSIBILITY** for pre-hospital care of this patient. To do so, Richland County Ambulance Service and Medical Control requires you to:

1. Properly identify yourself as a physician licensed to practice medicine in Wisconsin.
2. Sign this form accepting **FULL RESPONSIBILITY** for pre-hospital care of this patient.
3. Remain with this patient at all times at the scene and during transport and until relieved by the Medical Control physician at the receiving hospital.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name), am a physician licensed to practice medicine in Wisconsin and hereby accept full responsibility for pre-hospital care of this patient and agree to comply with the requirements stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Physician Date

RIDE-ALONG RELEASE FORM

In consideration of being allowed to accompany the Richland County Ambulance personnel on ambulance calls and otherwise participate in the Emergency Medical Services Program.

I, the undersigned, binding my heirs, personal representatives, trustees, administrators, and assignees, do hereby release and agree not to hold liable, the Richland County Ambulance Service, it’s agents and members from any and all actions, claims, injuries or death sustained by me or my property while participating in the EMS program. I further agree, binding my heirs, personal representatives, trustees, administrators, and assigns, to indemnify, hold and save harmless the Richland County Ambulance Service, its agents and members from any liability, action, claim, damage, award or judgment incurred or suffered by the above EMS service or individuals as a result of any act of omission by me or caused by me while participating in the above named program.

In addition, I make the following representations and acknowledgments upon which I intend the EMS service to rely:

I realize and agree that while participating in this project, I will not be an agent, servant or member of the Richland County Ambulance and therefore will not be covered by the Richland County Ambulance Service for any worker’s compensation, death, or disability benefits;

I realize that as a voluntary participant in this program, that riding along on a call is inherently dangerous. Safety is my responsibility. I will, at unpredictable times, be placed in both foreseeable and unforeseeable positions of considerable danger and agree that neither the Richland County Ambulance Service nor any of its officers or members shall be obligated to take any steps or actions to protect my person or provide a means of withdrawal or retreat for me, and release them of any duty to do so;

I agree that any information I may gain through participation in this program will be used by me only for my personal educational purposes, except where I am summoned as a witness in any administrative or court proceeding;

I understand that my participation in the above named program is a privilege subject to revocation at any time by a Richland County Ambulance Service officer.

Signature

Date

Witnessed by

Request for Training

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Traning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Training Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Miles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be staying overnight?: Yes No How many nights: \_\_\_\_\_\_\_\_\_\_\_\_

Cost of Motel Stay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motel Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Meals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Director Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Joint Ambulance Committee Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAINING REIMBURSEMENT AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in consideration for being accepted as a regular member of the Richland County Ambulance Service, as a volunteer emergency medical technician; and,

In further consideration for having the aforementioned Richland County pay for my tuition, and books incurred as a result of my emergency medical technician certification;

Do hereby agree to remain as an active member of Richland County Ambulance Service for a period of no less than two years, exclusive of any probationary period that may be imposed upon me by the County and to not voluntarily terminate my service until the end of said two year period; and,

Do further agree to attend, during said two year period, the minimum required number of ambulance on call hours, drills and maintenance meetings as set forth in any County policies or policies promulgated by the Service Director or the Joint Ambulance Committee of Richland County which are in effect during the year that I sign this agreement; and,

Do further agree to reimburse (on a 25% per 6 month pro-rated schedule) the County for monies expended on my behalf for tuition, books and other education-related expenses if I voluntarily resign as an active member of the Richland County Ambulance Service before the end of my two year term; and,

Do understand that the requirement to reimburse the County may be waived in cases of voluntary termination resulting from extreme hardship or genuinely unforeseen circumstances at the discretion of the Joint Ambulance Committee by a majority vote.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Member

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Director