NOTE: Continue to scroll down to view the SOP manual. This manual is also available on the HR Knowledge Base to view or download.

This is the Standard Operating Procedures (SOP)/Operational Guidelines (OG) for my location/Department in San Bernardino County. I have the responsibility to read and familiarize myself with its provisions. If I have any questions, I understand that I should contact HR or my leader. I also understand that the SOP/OG is not a contract of employment or an offer for a contract of employment. This SOP/OG is not a promise of employment for any length of time or under any conditions. I understand that nothing in this SOP/OG in any way creates an expressed or implied contract of employment or warranty of any benefits. I understand that the purpose of the of the SOP/OG is to describe the Company's employment policies and which may be unilaterally amended, modified, reduced or discontinued at any time by the Company, in its sole judgement and discretion. I further understand and acknowledge that my employment with the Company is at-will. As an at-will employee, I understand that I have the right to resign from employment at any time, with or without notice, and with or without cause. Similarly, the Company has the right to terminate my employment at any time, with or without notice and with or without cause. I further understand and acknowledge that the at-will nature of my employment can be altered only by (1) a written document specifically so providing, signed by the Chief Executive Officer, or (2) a collective bargaining agreement between the Company and a labor organization or labor representative. By signing this Acknowledgement of Receipt, I agree to comply with all guidelines, policies, and procedures of the Company. I understand that the Company may modify or withdraw the SOP/OG at any time, with or without prior notice. It is understood that changes in procedure will supersede or eliminate those found in this SOP/OG. If my employment is governed by a collective bargaining agreement between the Company and a labor organization, I understand and acknowledge that this SOP/OG is not intended to form a part of the collective bargaining agreement, and that the terms of any collective bargaining agreement that covers my employment will prevail over any conflicting terms or policies in this SOP/OG. The Company reserves the right to implement changes to this SOP/OG, with or without notice, in its sole discretion.

I have read and understood this disclaimer. I have the opportunity to ask any questions concerning the meaning of this disclaimer.

SAN BERNARDINO COUNTY

OPERATIONAL GUIDELINES

AMR San Bernardino County

Standard Operating Procedures

The attached Standard Operating Procedures have been reviewed and approved by the following and are effective on February 1, 2018.

Christopher Gordon, Regional Director (San Bernardino County)	Rhonda Brown, Communications Manager (San Bernardino County)
Patrick Jansen, Operations Manager (San Bernardino County I.F.T)	Dave Molloy, Operations Manager (Redlands)
Geoffrey Arai, Operations Manager (Rancho Cucamonga)	Micheal Romo, Operations Manager (Victorville)

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San Bernardino County

Operational Guideline #100: Introduction

Revised 03/01/14

Applicable Departments: *All*

One of the Management Team goals is to promote a constructive and positive working relationship with every member of the department and Company. In order to avoid misunderstandings about responsibilities and performance expectations which would negatively impact our ability to have on-going positive relationships with all AMR team members, we have committed these responsibilities and expectations to paper. These documents, referred to as the ***Operational Guidelines Manual*** are a very important reference that all personnel and members of the management team must be familiar with.

The ***Operational Guidelines Manual*** has been created as the general "rule book" which applies to all employees regardless of which department they may work.

The Operations Supervisors and Operations Manager may be consulted for interpretations of any procedure contained herein.

It will be the responsibility of the appropriate levels of management to see that the Company's rules, regulations, requirements and/or policies are carried out and followed by any and all employees.

Management reserves the right to change Company Operating Guidelines at any time, subject to and in accordance with the provisions of any applicable collective bargaining agreement. Any waivers of policies set forth may only be done with the express permission of the management.

Additionally, the ***Operational Guidelines Manual*** is meant to be used in conjunction with other manuals produced by ancillary departments within EMSC, (i.e., Safety & Risk, EMSC Employee Handbook, etc.) as well as outside regulatory entities, (i.e., California Highway Patrol, Department of Motor Vehicles, Local EMS Agency, etc.). If there should ever arise a discrepancy between the Company's policies/procedures and those found in any other manual, handbook or guideline from an external source, the Company's policy/procedure shall prevail unless it is contradictory to a regulation or law as defined by the State of California.

"Our mission is to make a difference by caring for people in need"

GENERAL OPERATING GUIDE STATEMENT

To accomplish the above mission, we require that each of our employees follow the policies and Operational Guidelines as put forth by the Company and adhere to the standards and treatment protocols as prescribed by the various regulatory entities of our industry.

Our Company is in the business of providing both emergency and non-emergency medical transportation and special event services. As such, it is our primary objective to provide the very best service to all patients and customers with whom we may have contact.

In providing emergency and non-emergency ambulance services, there are certain restrictions and requirements placed upon us. First, it is our responsibility to provide high quality patient care and medical transportation services to anyone requesting that service of us. We cannot refuse to transport a patient because of an inability to pay for such service, or because we do not think there is an obvious medical necessity. Secondly, we must abide by the rules and regulations not only found in this manual, but those of certain regulatory agencies which have the responsibility to regulate the ambulance industry pursuant to local, state, and national standards.

Response time compliance is a very critical factor in providing quality ambulance service in both non-emergency and emergency situations. It is not only important to the patients we serve and to this Company, but also a requirement of certain regulatory agencies that certain standards of response time be met. For these reasons, this Company cannot tolerate employees who habitually are unable or unwilling to meet response time requirements as stipulated and/or mandated. In order to assure that you can comply with such standards, you must be familiar with the standards and the area you serve, including major thoroughfares, the location of all hospitals, and the most expedient routes to travel. It is a requirement that all employees learn to read maps, learn numerical address systems, as well as other "tricks" to locate call locations. It will also be necessary for all employees to adhere to other time factors as stipulated to meet the objectives of response time standards.

If a patient or customer requests our service, it should be provided whether or not, in your independent judgment, you believe it is necessary. If a patient looks to you for assistance to determine if an ambulance is necessary, you may discuss the situation with the patient, HOWEVER, you should make it clear that it is the coherent, competent patient's decision. If the patient appears incompetent or incoherent, and refuses transport, consult with the law enforcement agency of jurisdiction before attempting to either transport or "dry run" the call.

Caution and good judgment must be used when evaluating a patient's medical condition. Your treatment, or the lack thereof, must be in accordance with the accepted medical service standards approved by the respective regulatory agencies and this company.

Treatment given to a patient continues as long as the patient is under your control as the primary care giver. This means that you must attend to the patient while on scene and during transit to a medical facility and until patient care is turned over to medical personnel at a medical facility or, in the case of a transfer to other than a medical facility, until such time as the patient is delivered to such other location.

It should be remembered that treatment and care given to a patient is not confined to the treatment of the patient's problem or condition, but also extends to his/her psychological state. Improper attention to a patient's psychological frame of mind may excite or depress him/her and make medical treatment less effective. Two primary areas which affect a patient's psychological state are your respect for his/her privacy and his/her confidence in the medical treatment you give. It is very important that the patient feels that he/she is being well taken care of and that he/she is in confident hands. Your patient needs to hear encouraging remarks regarding his/her recovery, the doctors, and the hospital that will be treating him. Do not make remarks about any hospital, doctor, medical staff, or other agency that will make the patient feel uneasy. Such remarks are not only unnecessary, but are also unprofessional. Remember also that just because you think a patient is unconscious, does not mean he/she cannot hear you. Always assume that the patient can hear you. Always treat all patients as if they were your loved one, or a member of your own family.

It is equally important to maintain good communication and an optimistic attitude with the patient's family and friends. You must be aware of what you are saying when around a patient's family or friends and around the patient. An unguarded or unfeeling phrase or comment may be detrimental to the patient, and may picture the Company in a very bad light which could result in a legal course of action. It is also paramount that you maintain and professional and friendly attitude with all customers.

In addition to your duty to provide quality ambulance service, and as a member of this organization, you have certain administrative responsibilities. These responsibilities include obtaining the required information and completing various forms of paperwork, some of which become permanent patient medical records. It should be remembered when meeting these responsibilities, that certain records are not only the legal responsibility of this Company, but also the legal responsibility of individual employees who have submitted the information. This is to say, that the employees themselves can be held liable in a court of law for the information provided, or omitted, from a patient's medical record.

Each and every patient, nurse, physician, or person whom we come in contact with in dealing with American Medical Response has a right to expect the finest in professional care. You are the person that can best represent this company. It is by your contact and interaction with people from all walks of life while on duty that our entire Company is judged.

American Medical Response is a privately owned business, and as such is in business to make a profit. The best way we know to make a profit is in doing our job right and having a satisfied customer who will recommend us and use our services again. That way we all profit financially as well as profit as individuals with the satisfaction of knowing that we were able to help provide a necessary service in our community in a highly professional and ethical manner.

As with any dynamic organization it is necessary from time to time to make changes and/or additions to policies and procedures. Such periodic changes to any material contained in the ***Operational Guidelines Manual*** shall be distributed to all employees who in turn shall be solely responsible for maintaining their ***Operational Guidelines Manual*** in a current up-to-date fashion. Policy and procedure updates may be distributed in either a hard copy or electronic format. A master copy of the ***Operational Guidelines Manual*** will be maintained by your respective operations manager. For purposes of administering the day-to-day operations of the Company and for all resolutions of breach, the Master Copy of the ***Operational Guidelines Manual*** for each operating location shall rule.

The OGL Manual is the sole property of AMR West Region, San Bernardino County and shall be surrendered upon termination of employment. Unauthorized distribution or reproduction in any manner is expressly forbidden.

The procedures outlined in this manual do not supersede those that are clearly defined in the collective bargaining agreements for represented employees.

The care and handling of patients is to be conducted in accordance with all current and applicable protocols as set forth by the Local EMS Agency and other regulatory agencies at all times. Generally such "protocols" are specific to treatment modalities. In addition to such protocols, this Company may require certain handling procedures generic to the ambulance industry and/or to the Company specifically, some of which are as follows:

1. High quality services will be provided at all times in a courteous manner to every patient without regard to socio-economic status, personality traits, disability, appearance, sexual preference, national origin, age, race, religion, or sex.

2. All care will be given under conditions that protect the patient's dignity, their "self-image," and their relative's image of them.

3. Patient information is privileged and will not be divulged to anyone without a legal right to know (See HIPAA guidelines).

4. Every effort should be made by AMR employees to provide each patient with as much attention to comfort and protection from the elements as possible.

5. Patient care should be provided by the crew member with the highest medical authority and that crew member shall accompany the patient in the patient compartment regardless of the level of service requested.

6. All patients should be placed on a gurney when one is available, unless one or more of the following circumstances exist:
   a. The patient's condition dictates otherwise.
   b. The patient refuses to use the gurney. If the patient refuses the use of the gurney, such refusal is to be documented on the run report (trip sheet), or ePCR.

7. The gurney should be placed as close to the patient as safely possible. Employees will offer to carry the patient to the gurney unless one or more of the following circumstances exist.
   a. Patient refuses to be carried. If the patient refuses to be carried, such refusal is to be documented on the run report (trip sheet) or ePCR.
   b. Carrying the patient is contraindicated to patient care.

8. All patients and/or passengers not being transported on the gurney secured with the gurney straps, are to be seat belted during transport.

9. Never leave a patient occupied gurney unattended. Whenever a patient is being moved on a gurney, BOTH crew members will have hands-on contact with the gurney at all times. While the gurney is in a stationary position, a minimum of one employee will have hands on contact with the gurney at all times. To prevent the possibility of tipping, the gurney should be left in a lower position whenever possible. (Refer to AMR Gurney Safety Policy for additional information)

10. 5150's are always to be transported on the gurney. **The patient is to be secured by the gurney straps and soft restraints applied to both arms and both legs.**

11. Patients should be lifted on/off the gurney rather than allowing self-movement by "sliding across" from gurney to bed whenever possible. The lifting or moving of patients shall be done with the patient's comfort in mind.

12. When moving a patient while on the gurney, the patient should be in the "feet first" direction of travel and "head first" in elevators. If a patient is being moved up or down a flight of stairs, the gurney is to be in the locked and down position. When going up the stairs the patient should be in the "head first" direction and when coming down the stairs the patient should be in the "feet first" direction. ***AT ALL TIMES WHEN A PATIENT IS ON A GURNEY, THE PATIENT IS TO BE SECURED BY THE GURNEY STRAPS AS A MINIMUM.***

13. The gurney wheels will be lifted over seams and other irregularities in the ground surface. The patient will be pre-advised about all movements, but especially about major irregularities, such as curbs.

14. When the gurney is moved over rough terrain, it will be kept in its fully lowered position as much as possible and will be carried rather than rolled.

15. When arriving first on scene of any call, unless contraindicated by a known patient's condition prior to arrival, crews will respond from their unit with the gurney, monitor, primary ALS bag, and oxygen at all times. When arriving as the second care provider, i.e. after the Fire Department ALS crew, crews will respond with their gurney and oxygen at a minimum, and any additional equipment as asked by the initial ALS care provider.

16. Unless contraindicated by a known patient's condition, the patient is to be moved to the ambulance for treatment. The majority of ALS calls could, and should, be handled IN THE UNIT where a more stable and controlled environment exists.

17. The gurney should not be operated, retrieved, maneuvered, or otherwise handled, by non-AMR company personnel.

18. Every effort is made by AMR employees to protect the modesty of their patients; especially those encountered in public settings. When that is not possible, for instance, due to the urgency of the patient's condition, the patient will be covered prior to the removal of any clothing, and from that point onward.

19. Employees shall use the patient's name. Generally, we prefer to use a patient's last name and title, or Miss, Madame, and Sir. Labels, such as "hon," "dear," "dude," or "pal," are considered unprofessional and are unacceptable.

20. Crews will explain all moves and procedures in advance to all patients.

21. Whenever confronted with a patient situation which is beyond their ability to control safely, personnel must withdraw immediately and then call for law enforcement assistance.

The care and handling of patients is naturally the most important aspect of an ambulance crew's job, and consequently is of prime concern to the AMR Management staff.

An ambulance crew's attitude is paramount to how he/she is perceived as a professional patient care provider. The work that you perform, your contact with patients, their families, physicians, nursing personnel, your co-workers, and others, is looked upon as an important service. Your pride in yourself, your job and in the service and care you render is remembered and reflects on each and every member of the Company.

San Bernardino County

Operational Guideline #300: Attendance and Punctuality

Revised 09/17/15

Applicable Departments: *Non Union Field Employees*

AMR team members must report to work punctually as scheduled and work all scheduled hours/shifts and any required overtime. Excessive tardiness and poor attendance disrupts work flow, increases the workload of fellow employees, and may affect morale and/or the quality of customer service. Good attendance and punctuality are fundamental responsibilities of each AMR team member.

Occurrences of tardiness and absenteeism are tracked on a continual 90-day basis. These occurrences are recorded from electronic time reports cross-referenced with daily time sheets.

Only approved Paid Time Off (PTO), approved shift trades/give-a-ways, or sick leave are exempt from this operating guideline.

Any non-prior approved absence from work will automatically result in drawing upon an employee's accrued bank of PTO hours, the number of hours deducted shall be equal to the number of hours scheduled. If the scheduled shift is greater than number of PTO hours available, all available hours shall be deducted.

If corrective action is limited to violation of this operating guideline and the employee corrects the problem such that he/she experiences no absences or incidents of tardiness for 180 consecutive days, the previous documentation will not be considered toward future violations. Excessive absences or tardiness may result in corrective action, up to and including termination. Corrective action for excessive tardiness/absenteeism is outlined as follows:

- Excessive absences, tardiness and no call/no shows shall result in corrective action up to and including termination. Any employee who has three (3) or more attendance occurrences within any rolling **ninety (90) day** period shall be issued the appropriate level of corrective action for violation of this OGL.

- Tardiness of greater than one (1) minute and less than fifteen (15) minutes shall count as one half (1/2) attendance occurrence. Any tardiness of greater than fifteen minutes shall count as a one (1) full occurrence.

- Failure to clock in or out at the beginning or end of a shift shall count as one half (1/2) attendance occurrence**,** unless the reason was beyond the control of the employee provided they immediately notify a supervisor**.** It is not acceptable to clock in or out from any device not provided by the company.

- Employees who leave an assigned work area or shift without permission will be subject to corrective action, up to and including termination. This includes early clock outs without prior approval.

- Employees must notify their on duty Supervisor at least two (2) hours prior to the start of their assigned shift whenever they are unable to work, know they will be late or must leave early. Such notification should include reason for and an indication of when the employee is expected to report/return to work. Any notice less than 2 hours may be subject to corrective action. In addition, failure to report for an assigned shift without notification to the on duty supervisor may result in additional corrective action. This contact is to serve as a notification only and does not excuse the attendance infraction.

- A physician's release may be required if an employee is absent for three [3] or more consecutive shifts and/or a fitness for duty exam may be required.

- Unless authorized, employees will not be required or permitted to work any period of time before or after scheduled starting or quitting times for the purpose of making up time lost because of tardiness, unauthorized absence, authorized absence, or any other reason if the result will be that the employee works more than their regularly scheduled hours during the pay period.
- In addition, any call-off on any recognized Holiday, or the day preceding, or day after a recognized holiday may result in further corrective action up to and including termination due to the difficulty in filling the open shift.

- When reporting an absence that qualifies as sick leave, the employee MUST request to use paid sick leave at the time that they call off. Employees may use as little as 2-hours of sick leave at a time. This would be applicable for employees who for example, go home early due to being sick.

- Employees should refer to applicable collective bargaining agreement, or handbook for further information on attendance policy.

In an effort to improve attendance and help keep daily staffing levels at 100%, which benefits our patients as well as our coworkers, the Company must be able to rely upon you to report to work as scheduled. Every absence or incident of tardiness is undesirable, although we understand some occurrences are unavoidable or understandable. This procedure has been established to enable Management and the field to maintain our level of excellence and consistent staffing for all field assignments.

Union employees please refer to the policy and process outlined in your Collective Bargaining Agreement for additional information

San Bernardino County

Operational Guideline #400: Accident Policies

Revised 02/15/11

Applicable Departments: *All*

Personnel involved in an accident while operating any AMR vehicle which results in injuries, damage to property, or the inability to respond to a call effectively will:

1. Immediately notify the Communications Center of the accident, giving location, direction of travel, presence or absence of injuries, and status of the equipment.

2. Immediately request that Communications Center:

    a. Notify on-duty Operations Supervisor.

    b. Send appropriate Paramedic, EMT, fire and/or law enforcement resources to assist in handling any injuries or other aspects of the scene.

    c. Request law enforcement to take a report.

3. Aid any injury.

4. Take action to prevent further damage or injuries due to traffic, fire, and other hazard.

5. Make no statement to anyone on the scene, including law enforcement personnel, concerning fault for the accident.

6. Discuss details of the accident only with AMR Southern California Supervisors and law enforcement officers investigating the accident, as requested.

7. Consistent with the above priorities, gather pertinent information, such as:

    a. Name, address, telephone number, driver's license number, license plate number, insurance company and operating guideline number of each person involved in the accident;
    b. Name, address, and telephone number of each witness;
    c. Signs of intoxication or inappropriate behavior in other parties to the accident;
    d. License numbers of potential witness(es);
    e. Comments made by persons involved in the accident and by witnesses.

8. Provide only identification to others involved in the accident.

9. Refrain from arguing with anyone on the scene, including law enforcement personnel, concerning fault for the accident.

10. All crew members present shall file an Accident/Incident Report stating the circumstances of the accident.

11. The driver should be relieved of driving responsibilities immediately, until the investigation is concluded and drug toxicology reports are back. . Additionally, all preventable incidents will result in remedial EVOC training.

12. **The Operations Supervisor will direct field personnel to be medically examined if necessary.**

The AMR driver and his/her partner are required to report vehicle collisions to their supervisor immediately or as soon as possible thereafter. "Collision" is defined as any contact between the AMR vehicle and any other car, person, or object regardless of whether observable damage or injury occurred as a result.

San Bernardino County

Operational Guideline #500: Ambulance Equipment and Supplies

Revised 03/01/14

Applicable Departments: *All*

It is the policy of the Company to have each ambulance, or other medical transportation unit, properly equipped to meet or exceed the requirements of the State of California, and/or the Local EMS Agency.

No equipment or supplies shall be used, stocked, or carried, on AMR vehicles unless such equipment and supplies are appropriated by or through Company approved suppliers. The only exceptions to this policy is when such equipment and supplies are furnished to AMR through replacement or replenishment pursuant to agreements or policies with hospitals or other sources, or such equipment or supplies are to be furnished by employees as recognized tools of the trade.

A list of current equipment and supply requirements is incorporated in the "CHP Ambulance Driver's Handbook" and "Local EMS Agency Protocol Manual". It is the responsibility of the Support Services personnel to assure that each ambulance is stocked and mechanically ready for deployment. Any equipment shortages or other deficiencies (i.e., preventing vehicle deployment) are to be reported to Support Services immediately so that corrective measures if needed will be immediately taken. Failure to properly report deficiencies may subject you to disciplinary actions as well as make you responsible for any subsequent losses of equipment and/or damages to equipment.

At no time shall any equipment or medications be exchanged with any facility or agency (unless a specific prior agreement is in place). In addition, it will be the crew's responsibility to alert Support Services at the completion of their shift what equipment has been left at what facility(s) so that follow up arrangements can be made to retrieve such equipment and/or supplies.

Equipment that is used properly will help you make your job easier and safer. Abuse the equipment and it will fail you. Abuse will also create unnecessary expense to the Company which affects our ability to provide our employees with the finest equipment. If an employee(s) is found to be responsible for the loss, damage, destruction, abuse or misuse of Company equipment/property the employee(s) will be subject to corrective action and may be held liable for costs of repairs and/or replacements of such equipment.

San Bernardino County

Operational Guideline #600: Monitoring and Other Security Devices Notification

Revised 02/15/2011

Applicable Departments: *All*

Due to the nature of the ambulance/paramedic transportation industry, the Company reserves the right, and in some cases may be required by its permit or licensure, to utilize various means of surveillance and monitoring equipment. Such equipment may consist of, but not necessarily be limited to, telephone line audio recording, computerized telephone usage monitoring devices, audio and/or video surveillance cameras and recording equipment, radio traffic audio recording, vehicle location tracking systems, computerized vehicle driver analysis systems, building access code systems, computer system access codes, telephone access codes, mobile data terminal (MDT), traffic monitoring devices, computer system monitoring devices, security door alarm codes and/or restricted access lock systems.

San Bernardino County

Operational Guideline #700: Restricted Access Work Areas

Revised 02/15/2011

Applicable Departments: *All*

The Company may restrict access to certain or various work areas. Such work areas may be identified by signs and/or by virtue of restricted access security door locks, such as supply or deployment areas, and fleet garages or shops. Unauthorized access to such designated areas can result in disciplinary measures which may include immediate termination.

San Bernardino County

Operational Guideline #800: Conduct and Behavior

Revised 03/01/14

Applicable Departments: *All*

Our relationship with hospitals, police/fire agencies, and non-acute care facilities, is unique in the sense that the majority of our business is derived from these sources. Consequently, it is of utmost importance that all personnel recognize this fact and that they look and conduct themselves appropriately and professionally at all times.

Your actions are perceived by others as representative of **your** character, **your** operation, and **our** Company. If you create a good impression, then you have given a good impression of our Company. A sure way to accomplish putting forth a good impression is to practice common courtesy at all times, including with your fellow employees. To be recognized as a professional, it is first necessary to conduct yourself as one. A positive relationship begins with a positive attitude. It would be impossible to list all items, which could reflect a negative relationship and attitude on behalf of each employee or our Company. However, the following list represents a few areas, which we believe are necessary to promote a positive relationship. Such required conduct is neither restrictive nor difficult and our Company will require adherence to its general concepts.

1. Profanity, racial or sexual slurs, gestures, or abusive language is not acceptable at any time.

2. While on duty, always promote a cool, calm and reassuring atmosphere.

3. Rudeness, sarcasm, impatience, impoliteness, hostility, derogatory comments or impropriety by any employee will not be tolerated. Always remember that while on duty you are a representative of AMR and should always conduct you in a professional manner. ***This does not restrict the right under section 7 of the National Labor Relations Act to engage in protected activities with other employees concerning wages, hours and working conditions.***

4. Do not engage in arguments with patients or their relatives, agencies, hospitals, fellow employees or employees of any other company.

5. Do not engage in physical violence at any time. No employee shall involve themselves in any sort of mutual combat or fighting while on duty, on or about the premises or property of the company, or while wearing any uniform/insignia or the like that identifies oneself with the Company.

6. Sexually oriented magazines, books, paraphernalia, or any other materials that may be perceived as offensive are prohibited from all Company vehicles and Company facilities. Management reserves the right to categorize material as inappropriate.

7. No drugs, alcoholic beverages, weapons, fireworks, explosives, etc., are allowed while on duty or in Company vehicles or Company facilities.

8. In keeping with our intent to provide a safe and healthful work environment, tobacco, ***in any form***, is not permitted in any space and/or vehicle leased or owned by AMR. Tobacco use while on any property owned or leased by AMR should occur only in designated areas.

9. All driver distractions are prohibited including but not limited to the use of a cellular phone, texting, messaging via MDT, eating and grooming etc.

10. No radio or music is allowed during transport of patients unless the patient so requests.

11. While on duty, employees are not to enter establishments, which may be perceived by the general public as being inappropriate, (i.e. bars, adult bookstores, certain restaurants, liquor stores etc.) except in the performance of duty.

12. Employees are not to wear their Company uniform while off duty.

13. While off duty, and attending any function as an employee of the Company, employees will conduct themselves in a professional manner as if they were on duty, (i.e. tape critiques, C.E. lectures, etc.).

14. Employees are responsible for their respective work environment including all Company owned or assigned vehicles, medical equipment, office equipment, facilities, and furnishings. Any loss or damage to such company properties wherein the employee has been determined to have caused such loss or damage through gross negligence may be held personally liable for repairs and/or replacements of such property.

15. Unless specifically authorized by an Operations Supervisor, on-duty personnel are not permitted to engage in outside activities of a recreational, entertainment, or political nature. These activities include, but are not limited to, bowling, health club activities, concerts, shows, rallies, parties, picnics, sporting events, parades, athletic events, or any activities not having a relationship to AMR business as defined by Management. ***This does not restrict the right under section 7 of the National Labor Relations Act to engage in protected activities with other employees concerning wages, hours and working conditions.***

16. Employees are prohibited from engaging in malicious gossip or false accusations which tend to destroy relations between the company and/or its employees and customers. ***This does not restrict the right under section 7 of the National Labor Relations Act to engage in protected activities with other employees concerning wages, hours and working conditions.***

17. Employees are not to come to work with the idea of sleeping. ***Sleeping while on duty is strictly prohibited for employees that work any shift other shift than a 24-hour shift.*** Any non 24 hour employee who is determined to be sleeping on duty may be subject to disciplinary actions.

18. Crews must remain within one half (1/2) mile radius of their designated post location and must always report their accurate location upon request of the communications center.

19. Insubordination on the part of any employee will not be tolerated at any time.

20. Theft or unauthorized of use of any company property, or property that you do not own, may be grounds for immediate termination of employment.

21. Personal electronic devices, including but not limited to MP3 players, cell phones for talking and/or text messaging, laptop computers, game devices, cameras, etc., are strictly prohibited from being used while assigned to a request for service. This includes, but is not limited to, the time an employee is en route to a call, on a scene, and transporting the patient. Toughbook laptop computers may be used for patient care report documentation as long as the patient is stable and does not need immediate medical treatment. Patient care is the top priority. Because of our role in the community, it is necessary for us to maintain high standards of conduct, integrity, and performance. High standards of conduct should also be adhered to in dealing with fellow employees.

The intent of this policy is not to restrict protected concerted activities or other legally protected conduct.

San Bernardino County

Operational Guideline #900: Shift Trades and Giveaways

Revised 03/01/14

Applicable Departments: *All*

All employees are expected to work their normally scheduled shift assignment. Personal business therefore should be arranged on an employee's normally scheduled day off. Union employees, please refer to the shift trade/giveaway process outlined in your Collective Bargaining Agreement.

Definitions

Shift trade: An exchange of like hours within the same pay period.

Shift giveaway: Voluntarily giving one's normally assigned shift to another employee of the same classification without expectation of securing a replacement shift. PTO will be deducted when giving away a shift. **Employees are limited to two (2) giveaways per calendar month.**

Shift trades/giveaways will be permitted if such shift trade/giveaway is submitted appropriately and follows the established criteria as follows:

1. A completed shift trade/giveaway form must be submitted at least seventy-two (72) hours prior to the requested shift trade/giveaway, except in cases of an emergency. A Manager may waive with approval from the Operations Manager the 72-hour deadline if staffing permits and/or in the event of extenuating circumstances. "Extenuating circumstances" shall be defined as any event that by its very nature prevented the 72-hour advance notice requirement. A Manager's decision to decline waiver of the deadline, however, shall not be considered cause for further grievance.

2. It is the responsibility of all parties subject to the trade/giveaway to confirm approval/denial with the Scheduling Department prior to the date of the trade/giveaway. Confirmation will be defined as either having the shift trade/giveaway form returned to you with approval/denial signatures or receiving confirmation from the approved scheduling program. Trades or giveaways should not be considered approved or denied until such time as the form is returned to you or you receive confirmation via Telestaff.

3. A shift trade/giveaway may not result in additional overtime expense to the Company, and partial shift trades/giveaways are not generally permitted.

4. Please refer to OGL # 1000 for paid time off (PTO) specifics.

San Bernardino County

Operational Guideline #1000: Requests for Paid Time Off

Revised 09/17/15

Applicable Departments: *All*

Union employees, please refer to the PTO process outlined in your Collective Bargaining Agreement.

People are hired to fill full time positions that are scheduled for specific days and times of the week. Full time employees have the benefit of accruing paid time off (PTO). The purpose of PTO is so that an employee may take time off of their shifts when requested and when the system allows. PTO shall also be used to cover sick leave in accordance with OGL 5500. Employees must have PTO in their bank equal to or greater than the number of hours requested in order to take pre-approved time off. If an employee is not at work (sick day, vacation day, shift giveaway, etc.) he or she will be charged PTO since that is what it is for. Employees are expected to be on-duty if PTO is not available to take time off. This is the expectation of all AMR employees.

Requests for three (3) or more consecutive shifts off:

Employees must request PTO using the Paid Time Off form and submit the request to the Scheduling Department at least fourteen (14) days prior to the shift. AMR will attempt to accommodate the employee's request; however, consideration will be given based upon operational needs, open positions, etc. Requests for PTO will be granted on a first come, first serve basis.

Requests for less than three (3) consecutive shifts off:

Employees must request PTO using the Paid Time Off form and submit the request to the Scheduling Department at least seven (7) calendar days in advance. AMR will attempt to accommodate the employee's request; however, consideration will be given based upon operational needs, open positions, etc. PTO may not be taken if it has not been accrued.

Please note, PTO requests will not be accepted more than ninety (90) days in advance of the requested time off. It is the responsibility of the requesting party to confirm approval or denial of all above PTO requests with the Scheduling Department ***prior*** to the requested day(s) off.

Operational Guideline #1100: Corrective Actions

Revised 03/1/14

Applicable Departments: *All*

Union employees, please refer to the corrective action process outlined in your Collective Bargaining Agreement.

The Company uses corrective actions to maintain a record of safety and Company Operating Guidelines violations. Such actions become a permanent part of your personnel file. These actions may require your signature; however, by signing an action you are only acknowledging receipt of the action. Repeated violations of Company policies and/or procedures may result in corrective actions being taken. Corrective action will be considered towards future corrective action for up to twelve (12) months from the effective date.

- VERBAL WARNING
- WRITTEN WARNING
- FINAL WRITTEN WARNING
- Any additional violation(s) may result in termination.

Notwithstanding the above, the Company reserves the right to effect corrective measures, including termination, without prior employee counseling and/or written warnings or actions. The Company emphasizes that the employment relationship with its employees is of an "AT WILL" nature. This means that the employee may resign for any reason whatsoever at any time and the employer may discharge an employee at any time with or without cause.

San Bernardino County

Operational Guideline #1200: Driving Rules

Revised 02/15/11

Applicable Departments: *All*

The California Vehicle Code requires that other vehicles shall yield the right-of-way to emergency vehicles displaying a steady burning red light and sounding an approved siren. This does not relieve the driver of an emergency vehicle of his/her responsibility regarding control of the vehicle, speed, or arbitrarily taking the right-of-way.

The drivers of AMR vehicles are in charge of the operation of such vehicles in a safe and courteous manner at all times. The driver should always bear in mind that he/she has a responsibility to himself/herself, the attendant, the patient, and all citizens upon the streets.

All drivers must follow the California Vehicle Code, section 22350, which states:

"No person shall drive a vehicle upon a highway at a speed greater than is reasonable or prudent having due regard for weather, visibility, the traffic on, and the surface width of the highway, and in no event at a speed which endangers the safety of persons or property."

Please see the AMR Safety and Risk Handbook for further information regarding our driving policies.

External Incident Reports

External incident reports ARE NOT to be FILED or SIGNED by any AMR employee for ANY REASON WHATSOEVER, MEDICAL OR OTHERWISE, without first notifying AMR management staff and filing an INTERNAL INCIDENT REPORT stating the circumstances of the need for an external incident report. Any requests or demands made upon an AMR employee to complete or sign a "non-Company" incident report, are to be referred to AMR management staff. Employees are to advise such a requesting party that you are unable to comply with such a request until approved by AMR management staff, and that you are simply following your Company's procedures for such actions. External incident reports are defined as any report or form or other reporting or documenting methodology used by anyone or any agency other than AMR.

This policy is to serve as a protection to both the employee and this Company. As employees of AMR, and while performing duties for compensation, you are an agent of this Company. Therefore, the Company demands the right of being informed of any action or potential for action, against, involving, or implicating its employees. Any filing of an external incident report carries with it the potential for possible litigation at a later date. In order for the Company to be able to defend the actions or inactions of its employees satisfactorily, the Company must be advised of any situation which warrants an external incident report immediately.

Internal Incident Reports

Employees may be instructed from time to time to file an internal incident report as a means of documenting a variety of situations. When an internal incident report is requested/required, the Company utilizes a particular incident reporting form. As a matter of routine policy, some specific situations require that an incident report be completed, some but not necessarily all of which are listed below.

1. Accidents involving any Company vehicle(s).
2. Incidents involving damage or loss to any Company equipment.
3. On the job injuries and illnesses.
4. Confrontations involving any ancillary service or agency in the performance of your duties.
5. Response to a violation or suspected violation of any Company policy.
6. The filing of a complaint against any fellow employee(s), ancillary service, or agency.
7. For any reason specifically requested by supervisors and/or management staff.

San Bernardino County

Operational Guideline #1400: Licensing and Training

Revised 03/01/14

Applicable Departments: *All*

Union employees, please refer to the licensing and training process outlined in your Collective Bargaining Agreement.

Being hired as an employee of AMR means you have already met certain minimum training requirements such as an EMT-1 OR EMT-P training program. In order to continue your employment with the Company, it is necessary for you to maintain in active status such certifications and/or licensure as may be required to perform functions relevant to your respective level of training.

It is the *employee's responsibility* to maintain the appropriate licensure and/or certifications necessary to perform the duties outlined in his/her job description. The employee is responsible for timely renewal of all necessary certifications and licensures. The employee will notify the company immediately regarding the loss or expiration of any required licensures and/or certifications. An employee, who reports for work or performs his/her duties without the required and valid licenses and/or certifications, may be subject to immediate corrective action up to and including termination upon discovery. All employees will have all of their required certifications in their immediate possession at all times while on duty and must produce them as required by regulatory agencies or Company officials.

If at any time, for any reason, an employee is without all required and valid licensures and/or certifications relevant to the employee's respective level of training, she/he may be subject to an immediate unpaid leave of absence from duty for a period to not exceed 30 calendar days. If the employee's required licensures and/or certifications are revalidated within this 30-day leave period, the company shall reinstate the employee to a position within his/her classification, further corrective action may apply. If an employee fails to successfully revalidate required certification(s) and/or licensure(s) within this 30-calendar day period, the employee will be subject to immediate termination. Once any employee is terminated pursuant to this section, the Company has no obligation to reinstate that employee regardless of the status of his/her licensure and/or certification at the time of the request for reinstatement.

A summary of the required certifications is included below:

Paramedics

1. California State Paramedic License
2. County Accreditation
3. Advanced Cardiac Life Support
4. **AHA** CPR /BLS
5. California Ambulance Driver's Certificate
6. California Driver's License
7. California Ambulance Driver's License Medical Certification

Emergency Medical Technicians

1. California EMT-I or EMT-II Certificate
2. **AHA** CPR/BLS
3. California Ambulance Driver's Certificate
4. California Driver's License
5. California Ambulance Driver's License Medical Certification

Registered Nurse

1. California RN license
2. ACLS provider certification
3. **AHA** CPR/BLS provider certification
4. PALS, PEPP, or ENPC provider certification
5. Valid CA driver's license (If required to drive a Company or personal vehicle in the scope of employment)

Emergency Medical Dispatcher

1. **AHA** CPR/BLS provider certification
2. Advanced EMD Certification

Vehicle Service Technician

1. California Driver's License (If required to drive a Company or personal vehicle in the scope of employment)

As is required by this Company and various regulatory agencies, it is necessary for you to attend continuing education classes. It is the employee's responsibility to maintain the necessary continuing education credits/hours in order to maintain and reaccredit your respective level of licensure or certification in a timely fashion so as not to experience any period of suspension or inactive status of such licensure and/or certification.

San Bernardino County

Operational Guideline #1500: Media and Press Relations

Revised 02/15/11

Applicable Departments: *All*

Due to the very nature of our business, we will frequently be approached for information by local television and newspaper sources. Most EMS issues tend to be extremely complex for those not intimately familiar with the various components of an EMS system. Additionally, as a health care provider, AMR also has a responsibility to guard against any possible breach of patient confidentiality laws.

To ensure that no inappropriate information is provided to the press, **AMR prohibits all employees from communicating with media or press sources** unless approved by Management. In most cases, AMR Management staff will serve as the public information resource for all media and press entities. Any employee being asked for comment(s) by the local media and/or press, **regardless of the topic or issue** are to refer such requests to Management staff.

Any violation of this policy may result in immediate discipline, up to and including termination.

Payments

Crews should never attempt to collect payment for emergency response and transport services rendered while "at the scene" or after arrival at the patient's destination unless otherwise directed by the Communication Center.

When directed by the Communication Center to collect payment for services, document amount and means of tender on patient run report. If cash is received, immediately contact the Communications Center after completion of the call for further direction. If a check is received, attach the check to the patient run report and submit as usual.

Crews are responsible for any Company funds in their possession.

Patient Belongings

In addition to Company funds, ambulance crews will from time to time be in possession of personal property belonging to patients during the transport from one destination to another. Crews should never leave currency, jewelry, or other personal property or valuables with anyone unless receipt of such personal property or valuables is acknowledged, and then only received by an appropriate member of a facility taking charge of the patient or a relative who can show proof of their relationship to the patient. Crews should obtain names of those accepting personal property and such names and relationships to the patient should be indicated on the PCR.

Crews, as a matter of standard procedure, when transporting patients with valuables, are to bring to the attention of the receiving personnel, that such valuables are witnessed to still be with the patient upon the completion of our care. **Crews should also note on patient report the disposition of the patient's belongings to include the location they were left, and who received them.**

At no time may a weapon be transported in an AMR ambulance. If the weapon is discovered while on scene of a call, the weapon must be left in the residence or handed to law enforcement or fire department personnel to secure. If law enforcement is not on scene, they must be contacted and respond to the scene to take possession.

A weapon is defined as any firearm, knife, or instrument with the intent and/or purpose of injuring another person.

If on scene without any other resources, the weapon cannot be secured due to critical nature of patient, or the weapon is discovered while enroute to the hospital, hospital security must be notified immediately upon arrival and entrance to the emergency department.

This shall be for all weapons, regardless of permits, licenses, or CCW.

San Bernardino County

Operational Guideline #1700: Overtime and Mandatory Overtime

Revised 03/1/14

Applicable Departments: *All*

Union employees, please refer to the overtime process outlined in your Collective Bargaining Agreement.

A combination of experience and economic factors indicate the necessity for regularly scheduled overtime as a part of some "regular" work shifts. All overtime is paid at the appropriate rate based on the shift assignment and the current wage and hour laws applicable to each respective AMR operating division.

In addition to the regular overtime associated with types of shift assignments, there are, from time to time, extra shifts which become available due to staffing shortages created by illness, training, LOA'S, etc. Part time employees will be used as deemed appropriate by the respective Operations Supervisors, however, regular full time personnel may be called upon to meet minimum staffing requirements on an over time basis.

All overtime, which schedules show to be available, is subject to the hiring of personnel to fill such over time positions. In the event someone has been hired to fill the overtime position after you have been awarded such overtime, every effort will be made to advise you as soon as possible however you may be removed from the shift in order to accommodate for the placement of the new hire employee.

Mandatory Overtime

Any overtime created by a call assigned to your unit or **posting assignment due to system levels** which may cause you to work beyond your regularly scheduled **end of shift time** is mandatory overtime and must be accepted by the crew.

Any overtime created by a failure of your shift relief personnel to be on time to relieve you of duty at the end of your shift is mandatory overtime. If your shift relief is late, employees may be required to remain on duty until either the relief person arrives or a substitute arrives to relieve you**. At no time is an ambulance unit or Communication Center position to be left without sufficient staffing to respond to or receive/dispatch calls**.

Mandatory Overtime For Active or Potential Localized or Regional Disaster or Public Disturbance

Due to the nature of emergency ambulance and paramedic operations, we are a primary emergency medical and transportation resource for any active or potential localized or regional disaster or public disturbance situation. To meet the anticipated and associated demand for such services during such occurrences, all personnel should anticipate to be automatically required to remain on duty until such time as the localized or regional disaster or public disturbance is under control or relieved of duty by a management authorized replacement.

Any off duty personnel at the time of any active or potential localized or regional disaster or public disturbance situation should contact the Communications Center as soon as possible to determine if you should report to duty. Following any localized or regional disaster or public disturbance situation, the Communications Center will attempt to contact off duty personnel as needed to report back to duty. This "call up" of off duty personnel shall be pursuant to management's direction only and may involve all employees from all departments, as the situation requires.

San Bernardino County

Operational Guideline #1800: Patients Refusing Treatment/A.M.A.

Revised 03/01/14

Applicable Departments: *All*

The AMA call can represent a highly litigious situation, since medical care and/or transportation may or may not be omitted. The outlined procedures are listed to reduce said liability should a patient/guardian refuse care and/or transport.

The crew's conduct at a scene where no patient or patients require assessment, treatment and/or transport or when a patient or patients refuse assessment, treatment, and/or transport, will at all times be consistent with current county and government protocols, regulations and laws. In all cases where the patient fits the current criteria for base station contact; as outlined in the ICEMA communications protocol the base station shall be contacted.

If the patient refuses appropriate treatment and/or transport, the **TWELVE STEPS TO PATIENT REFUSAL (PFCA) MUST BE COMPLETED,** and a signed release is required (on the refusal of care information sheet). If the patient/guardian refuses to sign the AMA section, the crew will write "patient/guardian refused" in the appropriate signature section of the refusal of care information sheet, it shall be signed by a witness or witnesses (other than company personnel), with an explanation of the circumstances in the comments section of the patient care report. If, in consultation with the base station, it is determined that transport by means other than an ambulance is acceptable and the patient refuses being transported by ambulance, the crew will advise the patient, family, and/or friends of any signs or symptoms they should watch for, possible consequences, and to dial 9-1-1 if there is a change in patient condition. A release of liability must be signed by the patient or authorized representative, whenever possible, and witnessed on the refusal of care information sheet. The paramedic shall review the refusal of care information sheet with the patient/guardian, obtain patient/guardian and witness signatures, and leave a copy with the patient/guardian.

In all cases where a patient is contacted and not transported, a full complete narrative explanation is required on the patient. This explanation must include, but is not limited to, all information relayed to the base hospital, patient assessment findings and any pertinent negatives. It is required that upon patient contact that both an objective and a subjective assessment be documented on the PCR. Patient contact is considered to have occurred any time you are able to see, hear, or smell a patient.

San Bernardino County

Operational Guideline #1900: Personal Messages/Mail

Revised 02/15/11

Applicable Departments: *All*

Personal messages should not be made to employees through the Company telephones except in cases of emergencies. Due to the very nature of the business as well as the volume of telephone calls being handled by Communication Center and office personnel, the Company is unable to act as a telephone message service for employee's personal calls. The Company and its personnel are not obligated to provide such services and therefore cannot be held responsible for such calls or messages being delivered to employees.

Personal mail delivered to the office adds to the heavy volume of mail received each day. Please have your personal mail sent to your home.

It is prohibited to use Company stationary or postage, copy machines, or other Company equipment or supplies for any use other than Company business.

San Bernardino County

Operational Guideline #2000: Communication Procedures

Revised 8/1/11

Applicable Departments: *All*

Good radio and telephone communications are of critical importance to the efficient operations of the Company. All radio transmissions should be kept as short as possible and proper radio techniques should be used. Do not attempt to use codes from other companies or agencies. If you have a particularly difficult or sensitive situation at hand, and a telephone is available, use it to keep the radio traffic to a minimum.

The Company utilizes several various radio frequencies, one of which is of the Company's very own under separate licensing from the FCC. Any FCC authorized frequency is subject to various regulations and is monitored randomly to insure compliance. In addition, employees should be aware that anyone can monitor our frequencies. Profanity being used on such frequencies is a violation of FCC regulation and is of course highly unprofessional.

Telephone communications between crews and the Communications center or business office should be kept to a minimum and for the conducting of business relevant to the Company. Telephone communications should be conducted in a courteous and professional manner at all times. When required to make telephone contact with the Communications center or business office, employees should always use the Company's "800" number.

1. All radio communications will utilize “clear text”. The following example demonstrates language to be used:

Medic 103	Enroute call (responding from)
Medic 103	On-scene at (Street, Intersection)
Medic 103	Transporting (hospital) (On an ER, Non-ER)
Medic 103	Arrived (hospital) (mileage)
Medic 103	Available
Medic 103	Enroute post (location)
Medic 103	At Post (Location) or In Quarters as applicable
Medic 103	Clear for meal break at (cross streets & city) (phone number if necessary)
Medic 103	Repeat Message

2. It is the dispatcher’s responsibility to direct unit’s movement as per the current system status plan.

3. At no time shall a field crew member or dispatcher debate, scold, or argue. If a problem arises, the Operations Supervisor should be requested to intervene.

4. Only authorized Communications personnel are allowed in the Communications Center.

5. The following radio traffic is considered unacceptable and is expressly forbidden at any time:

   - food orders
   - hostile or bickering traffic

- laughing, giggling, personal comments, music, or inappropriate noises

6. The closest and/or most appropriate unit shall take all types of calls.

7. Any unit while on post for over 30 minutes will automatically receive a "safety check" from Communications. Safety checks are designed for crew safety and generally will be used more frequently at night and during the early morning hours. When a crew is contacted for a safety check they are to respond with "I'm ok" followed by their current exact location. If a crew does not respond after a reasonable number of attempts, utilizes the Emergency Button on the MDT, or responds with language other than **"**I'm ok (and exact location)**"**, the dispatcher shall contact the Operations Supervisor on call immediately for further direction. If for whatever reason the Supervisor is not available, the situation shall be considered an immediate threat to the crew's safety with appropriate resources being requested.

8. Whenever a crew is contacted by the Communications Center via radio, they will immediately respond with their exact location and verbalize the following: "clear to copy".

9. Field personnel are required to request "available off unit" status with the Communications Center whenever one or both crew members are leaving the ambulance. Crews will be given "clear, available off unit" status only if the following criteria is met:

   - The Communications Center is required to give a test and pager and portable radio must be receiving loud and clear. In the event the pager/radio is not received loud and clear after two (2) attempts, one crew member must remain available in the ambulance.
   - Crews must provide their exact location and the name of the establishment if applicable.
   - Crews location must be within a one-half (1/2) mile radius of their assigned post location.
   - Crews shall not be far enough from the ambulance as to affect their response time per OGL **** unless approved by a Supervisor.

10. After arriving at the respective destination, all crews must update the communications Center within ten (20) minutes of arriving to advise their status. Subsequent phone calls and updates to the System Status Controller should occur every twenty (20) minutes until the unit is available at which time the crew advises the System Status Controller that they are available and ready for service.

11. If while responding to an emergency call or transporting to the hospital, the ambulance crew comes upon a traffic collision or other emergency, they are to advise the communications center and report the circumstances **AND ARE TO CONTINUE TO THE ORIGINAL CALL FOR WHICH THEY WERE RESPONDING TO, OR TRANSPORTING TO DESTINATION, unless otherwise directed by the Communications Center.**

12. If while responding to a non-emergency call the ambulance crew comes upon a traffic collision or other emergency, they are to advise the communications center and report the circumstances **AND ARE TO STOP AND RENDER AID.**

13. Violations of this Policy shall be reported to the appropriate Supervisor for Investigation.

14. The following shall be utilized for Individual Identifiers for when Personnel are not attached to an In-Service Ambulance.

15. **CES Specialist shall be referenced on the radio by the word "Training" Followed by a numeral based on position/seniority. I.e. Training 1 – CES Manager, Training 3 – Second Senior Specialist.**

16. **Field Employees not on an assigned shift operating a company vehicle equipped with a radio shall notify the Communications Center prior to driving the vehicle as to which vehicle they are in. They will also communicate with the Communications Center via radio utilizing their CAD Number and current Certification Level as their identifier. i.e. Medic 1234 or EMT 5678**

San Bernardino County

Operational Guideline #2100: Response Time Requirements

Revised 06/24/15

Applicable Departments: *All*

As a requirement of a High Performance EMS (HPEMS) system provider, the Company must maintain specific response time standards. Please be aware that refusal of a call or a post assignment will result in termination of employment. When dispatched to a call crews will immediately proceed to the call; in the event that your partner fails to immediately respond to a call, you shall verbally affirm to your partner the need to immediately proceed to the call. In the event that the partner still does not respond to the call then you are to contact a supervisor (IFT, 911, or Comm.) immediately to seek further guidance. Failure to adhere to these steps and failure to respond to a call will result in termination of employment.

Such response time requirements are of utmost importance to the Company and the patients we serve. It should also be considered a high priority among those in the pre hospital care profession.

In order to reach these response time requirements, it is critical that crews take the fastest most direct route to each call for both emergency and non-emergency responses in accordance with applicable laws and our policies on safe vehicle operation. Crews are not to stop for any reason (except as required by law or policy) while en route to a call unless approved to do so by an Operations Supervisor.

To this end, AMR has established specific HPEMS criteria as listed below for all responses. All ambulance and Communications Center personnel will be expected to adhere to these standards in order to consistently meet requirements and provide clinically effective and timely ambulance services.

“Start of Shift Time”:	10-minutes. At the beginning of each shift, all crews have a maximum of 10 minutes to ensure all supplies and equipment are accounted for and in proper working order pursuant to prescribed specifications and advise the Communication Center of their availability.
"Dispatch Time":	60-seconds. Upon receiving a priority 1 or 2 call, all system status controllers have a maximum of 60 seconds to enter all emergency information into the CAD system and assign the call to the closest and/or most appropriate ambulance.
“En route Time”:	60-seconds. Upon assignment of any call, all crews have a maximum of 60 seconds to respond to their unit and go en route to the assigned call.
“On scene Time”:	Whenever possible, emergency call arrival times must be within the contracted response time criteria.

"Available First": 10-minutes. Upon "arrived destination," all crews have a maximum of 10 minutes to return the ambulance to readiness and be considered available to respond on an emergency call, (not necessarily as a transport unit). If you will be delayed for any reason, the Communications Center must be notified within the 10 minutes.

"Clear Time": 20-minutes (code 2 transports) / 30 minutes (code 3 transports). Upon arriving at the destination, all crews have a maximum of 20/30 minutes to return the ambulance to full readiness, complete all paperwork and become available to respond to subsequent calls or post assignments. **If you are unable to return to service in the given time, you must advise the dispatcher of your situation immediately. Crews are required to update their status with the communications center every 20 minutes while on bed delay.**

If a crew feels that they need to go "out of service" for any reason they must contact the communications center immediately and inform the dispatcher of what the issue is that requires them to go "out of service".

Union employees, please refer to the uniform and hygiene process outlined in your Collective Bargaining Agreement.

Due to the nature of our work, it is imperative that we maintain a professional appearance at all times. Both the Company and its individual representatives are judged more by appearance and attitude than by any other single factor. Employees will be required to wear the approved uniform at all times while on duty.

The approved uniform consists of:

Non Union Field Personnel

- Class "B" button down uniform shirt
- Navy blue uniform pants
- White or navy blue crew neck undershirt, plain or with the AMR logo only.
- Jacket
- Badge
- Name plate
- Belt (1 and ½ inch black leather, plain or basket weave, with plain nickel buckle or AMR belt buckle)
- Approved footwear (Black leather uniform style protective footwear with oil resistant soles, and able to be polished)

Optional Uniform Items

- Company approved MD7201 Navy "Flexfit" baseball cap with AMR logo. Hats must be worn with the bill/logo facing forward at all times.
- 5.11 brand dark navy blue cargo EMS Pants – Product number 74363 (men's) / Product number 64369 (women's).
- 5.11 Tactical Firefighter Quarter-Zip Job Shirt – Product number 72314. The AMR logo shall be embroidered on the upper left chest. The employee's first initial and last name with level of certification directly under the name in BLOCK PRINT with white lettering shall be embroidered on the upper right chest. Class "B" uniform shall be worn under the sweatshirts at all times while on duty. Sweatshirt must be ordered through an approved Company vendor only.

Optional uniform items are at the expense of the individual and must be ordered by the individual directly.

No other insignia, flags, patches, badges or buttons are to be worn, except as issued by the company.
The uniform is required to be worn at all times while on duty. All personnel will begin each shift of duty wearing a clean pressed uniform and shall maintain an extra uniform that is **readily available** in the event of soiling during the shift of duty. Employees must be in their full and complete uniform at the time they clock in for their shift.
Upon voluntary or involuntary separation from the Company, the employee must return all uniform items issued by the Company. Failure to return Company issued items may result in the employee being held financially responsible for the value of such items.

All employees will maintain a regular hygienic schedule as to brushing teeth, bathing and washing. Excessive jewelry, visible tattoos or body piercing are prohibited. All tattoos shall be covered. Any tattoo not covered by the standard uniform shall be covered by other means and will be subject to approval by Operations Supervisor prior to the start of the shift. All visible body piercings, including tongue rings, will be removed prior to the start of shift. Dangling jewelry, (e.g., neck chains, bracelets, earrings, etc.) can create a safety hazard and are prohibited. Hair of an unnatural color is not permitted, regardless of length or style.

All employees will be clean shaven at all times, have neat haircuts, not to touch the collar. All employees hair length shall not interfere with job safety requirements and shall be worn up or pulled back. Beards, goatees, or hair patches below the mouth, are specifically prohibited. Mustaches are permitted, however must be trimmed even with corners of mouth. Sideburn length should not extend below the earlobe; fullness will be at management's discretion. All employees are expected to present in a professional manner at all times while on duty.

Female employees may use lipstick and makeup in moderation (no glitter makeup). Nail polish, if used, should be clear or flesh tones and fingernail tips are not to exceed one-fourth of an inch past the fingertip.

While use of a deodorant or anti-perspirant is permissible and desirable, the Company maintains a “fragrance free” policy. This means that you should not wear colognes, perfumes or after-shave lotions that could have an adverse effect on patients or coworkers.

Sunglasses are prohibited when entering homes, hospitals, businesses, physician’s offices or other medical facilities, inside the patient care area of the ambulance or when providing patient care.

Management will determine specialty uniforms, i.e. the bike team.

If an employee reports to work and is found to be in violation of this OGL they may be subject to corrective action.

*** In the event ICEMA modifies the current approved uniform items, the Employer agrees to meet and discuss the potential of uniform modifications with the union.**

*** In the event, employees fail to police themselves in the wearing and use of optional uniform items, the Employer reserves the unilateral right to discontinue the use of any and all optional uniform items.**

San Bernardino County

Operational Guideline #2300: Unit Out of Service

Revised 02/15/11

Applicable Departments: *All*

Crews will advise the Communications Center immediately of any breakdown and/or any immediate problems which would render the unit unavailable for dispatch. Crews are to give a brief but concise summary of the unit problem. The Communications Center will immediately notify the Operations Supervisor.

All units will be subject to calls at all times. The only reason that a unit will be considered out of service will be due to mechanical problem(s). Restocking, cleaning or recharging of equipment will not be acceptable reasons for a unit being out of service. The unit will still be required to answer calls as deemed necessary by the Communications Center.

[Note: In some extenuating circumstances this response availability may be in the "Available First" capacity and not necessarily as a transport unit.]

In the event of mechanical problems which render the vehicle unsafe to drive, or in the event of on-board equipment deficiencies, whenever possible, Support Services personnel should respond to the field location of the unit to make vehicle exchanges with back up vehicles or to replenish supply deficiencies. Every effort should be made to keep ambulance response crews available for dispatch and reduce wasted unit hours.

San Bernardino County

Operational Guideline #2400: Vehicle Cleaning and Maintenance

Revised 02/15/11

Applicable Departments: *All*

The Support Services and Fleet Departments are responsible for the cleanliness of the interior patient compartment and exterior of all ambulance vehicles between vehicle deployments. The ambulance crew is to keep the unit interior clean throughout their shift of duty. This includes, but is not limited to, wiping down the floor of the ambulance patient compartment after each call, placing all trash in trash cans, and keeping all equipment in a tidy state.

The Support Services and Fleet Departments are also responsible to assure that all ambulance vehicles are mechanically ready for deployment. This shall include, but not necessarily limited to, the following:

1. Check the gas, oil, water, transmission and power steering fluids prior to vehicle deployment.
2. Check the supplies and equipment to be certain that everything is accounted for and in proper order pursuant to prescribed specifications.
3. Visually inspect the vehicle for any dents, scratches, or mechanical defects prior to deployment and upon return from field service.
4. Complete any daily check out/inventory forms as assigned.
5. Report immediately any and all conditions which pertain to the running condition of the vehicle.
6. At the completion of each shift of deployment, the vehicle is to be left by its respective ambulance crew with a full tank of fuel and in good, reasonably clean condition with cabinet inventory bands only removed from those cabinets that were necessary. Report any conditions contrary to this standard.
7. Complete proper work order forms for the scheduling of routine maintenance and/or repairs as assigned.

The Company contracts with outside entities and suppliers for some mechanical maintenance and repair of its vehicles. Employees are not to engage themselves in making repairs to Company vehicles without permission from the mechanics and/or supervisors or management staff.

San Bernardino County

Operational Guideline #2500: Work Schedules

Revised 02/15/11

Applicable Departments: *All*

Shift assignments may be subject to modifications and or brown out at management's discretion based on the system demand and requests for service.

Every reasonable effort is made to provide work shifts and schedules for the periodic shift bid process that allow convenient days off to pursue personal interests as well as conduct personal business. Employees are urged to arrange personal business matters on their off duty hours. The Company is not obligated to make changes in its work schedules to accommodate for employee's personal matters. New employees who are released from training may be administratively assigned to a particular shift based on operational needs.

San Bernardino County

Operational Guideline #2600: Ambulance on Scene

Revised 02/15/11

Applicable Departments: *All*

All field personnel responding to a call will notify the Communications Center **immediately** upon arrival at the location to which they were dispatched. **Field personnel will make "on scene" notification when the wheels stop at the actual location.** When the "on scene" notification is made by radio and by pressing the "on scene" button on the MDT, the dispatcher will record the "on scene" time in the computer aided dispatch (CAD) system. All "on scene" notifications shall be made immediately to avoid creating or extending a response time exception. **If for any reason, a crew fails to notify the Communications Center of their "on scene" time, the reason must be documented in the notes portion of the CAD.**

It is the responsibility of the crew to make at least three (3) attempts to notify dispatch via radio of your arrival on-scene. After making three attempts, and there is still no contact with the communications center, the crew should proceed to the patient and make additional attempts via the handheld radio. However, at no time should these additional attempts interfere with or delay patient care.

Units that arrive at the entrance of a gated location (unattended gated community, school field, etc.) **will** notify the Communications Center that they are "on scene at the gate making access". Crews will advise of any delay or difficulty making access and the SSC shall record the time and circumstances in the notes portion of the CAD. Units are to be considered to be "on scene" when they arrive at the location dispatched. Units responding to large complexes such as multilevel apartments, malls, etc. will be placed "on scene" when they arrive at the side of the building to be entered or where directed by a reporting party, fire, or law enforcement. Units responding to mobile home parks or gated communities will be placed "on scene" at the home or dispatched address. Any delays reaching the location such as locked gates or speed bumps can be reasons for exemption submissions. Therefore, such information must be communicated in detail to the Communication Center and documented in detail in the CAD notes.

When a potentially dangerous scene situation is identified, crews will be advised to stage at a safe location away from the immediate scene area until the scene is secure. Upon arrival at the staging area responding crews shall notify the Communications Center that they are "on scene at the staging area" and provide the specific location of the staging area. At that time, the dispatcher will place the unit "on scene" and indicate in the CAD notes the specific situation.

San Bernardino County

Operational Guideline #2700: Part Time Eligibility Criteria

Revised 03/01/16

Applicable Departments: *All*

Union employees, please refer to your Collective Bargaining Agreement for additional information regarding part time employees.

It is vital that AMR schedule and staff the appropriate number of personnel to meet required staffing levels that are essential for a HPEMS system to react to call demand and meet response time performance standards. The primary role of the part-time employee is to work open shifts whenever necessary to meet such required staffing levels.

Part-time employees may apply for full-time status by requesting such a change in writing to their immediate supervisor. Such a change in status shall be at the sole discretion of AMR Management.

Full-time employees may apply for part-time status by submitting a written request to their immediate supervisor. The employee must make the request at least two (2) weeks prior to the desired status change date. Such a change in status shall be at the sole discretion of AMR Management. **An alternative regularly scheduled part time shift may be offered by Management.**

Part-time employees must adhere to all policies and procedures and meet and maintain the same performance objective standards required of full-time employees.

Part-time employees must work a minimum of three (3) shifts per month, **or alternative shift as designated by Management**. Part time employees must submit a "Part Time Shift Availability Form" to the Scheduling department prior to the start of each month. One (1) shift each calendar year must be on an AMR recognized holiday. Shifts accepted and scheduled will be the sole responsibility of the part-time employee for coverage. Trading shifts will be permitted if such trade(s) are submitted appropriately and follow established Company Operating Guideline (See OGL Manual, "Shift Trade" Operating Guideline, Reference OGL #1400).

San Bernardino County

Operational Guideline #2800: Ambulance Checkout/Check-in Procedures

Revised 02/15/11

Applicable Departments: *All*

No equipment or supplies shall be used, stocked, or carried, on ambulance vehicles unless such equipment and supplies are appropriated by or through Company approved suppliers. The only exceptions to this operating guideline is when such equipment and supplies are to be furnished by employees as recognized tools of the trade.

Check-Out Procedure

1. Report to Support Services area prior to the beginning of your scheduled shift.
2. Clock-in no sooner than five (5) minutes prior to the start of your shift.
3. The Vehicle Service Technician (VST) will issue you all required equipment. All items must be signed-out (recorded on check-out sheet) and/or logged in their respective log book (reference OGL#3600, "Controlled Substance Inventory and Control").
4. Insure that all basic ambulance equipment is functional. This includes but is not limited to; lights, Company radio, suction unit, and heating/air conditioning in the cab and patient compartments.
5. Insure that all required equipment and supplies are present and in proper working order. Obtain any missing or inoperable supplies and/or equipment from the VST.

Ambulance crews are given ten (10) minutes from their scheduled shift start time to complete the check-out procedure and advise the Communications Center they are in service and available to respond to post.

Check-In Procedure

1. If the system allows, crews may be cleared to return to the main station 45 min prior to the scheduled end of their shift. This time should be used for cleaning and restocking the ambulance.
2. Return all of your equipment to the VST. Check-in all required equipment directly to a VST. The controlled substances and all other equipment must be signed-in and logged in their respective log books (reference OGL#3600, "Controlled Substance Inventory and Control"). Equipment may not be returned sooner that one (1) minute prior to the end of your shift.
3. Clock-out no sooner than one (1) minute prior to the end of your shift.

San Bernardino County

Operational Guideline #2900: Destination Procedures

Revised 02/15/11

Applicable Departments: *All*

The ambulance crew is responsible for the smooth transition of patient care from the field setting to the emergency department or other area of destination. The crew will transport the patient to the most appropriate facility.

Upon arrival at the hospital or facility the attendant or Paramedic shall be responsible for giving report on the patient's condition to the receiving facility staff, completing the run report and leaving a copy with the facility staff. ***Required completion of patient care report(s) should not delay unit availability status.*** The EMT or designated driver shall be responsible for cleaning the patient compartment and making the gurney. If one crew member accomplishes his/her designated tasks before the other crew member, it is expected that crew members will assist each other in completing any remaining tasks in order to expedite the unit's return to "in-service" status. However, crews must remember that their primary responsibility is the public, and therefore, they should always return to service as soon as possible. When a delay is unavoidable, the Communications Center **will** be notified as soon as possible.

In accordance with California Penal Code Section 11165 (I) and Welfare and Institutions Code 15610 (h), pre-hospital care providers are mandated to report any and all suspected patient abuse cases to the appropriate authorities.

These reports shall be submitted to Operations who will then forward them to either Child Protective Services (CPS) or Adult Protective Services (APS), whichever is applicable. These reports shall be submitted regardless whether the incident has been reported by another agency/person.

San Bernardino County

Operational Guideline #3100: Aircraft Flights

Revised 02/15/11

Applicable Departments: *All*

Since parts of AMR's response area is served by aircraft (helicopter and/or fixed wing) services familiar with EMS protocols and procedures, and in most cases the patient's care can be managed adequately by aircraft service personnel, it is generally not necessary for AMR personnel to accompany the patient in flight. In order to prevent ground units from being placed out of service, (thereby compromising system levels and potentially response times to other patients) field personnel are discouraged from accompanying patients on aircraft flights. Additionally, liability for accidents and/or injuries that may result from crew members accompanying patients in flight will be greatly reduced by limiting crew members from accompanying patients in flight.

For reasons stated above, all field personnel are discouraged from accompanying patients to the hospital by aircraft.

In the event that the aircraft service arriving on scene is not staffed at the ALS level to transport the patient, the attending Paramedics shall use their best judgment in determining whether or not to accompany the patient in flight. In the event that the Paramedic elects to accompany the patient, he/she shall notify the dispatcher and Operations Supervisor prior to the flight (if possible). Incidents involving ground Paramedics accompanying patients in flight will be reviewed on a case-by-case basis and all circumstances will be considered (patient outcome, availability of ALS flight personnel, etc.). Unjustifiable occurrences of AMR personnel accompanying patients in flight will be considered grounds for disciplinary action.

Patients shall be transferred to hospitals via ground ambulance unless such transport is unavailable or if ground transport time is significantly longer than transport time via air and when this difference in time may negatively impact the patient's condition.

Aircraft transportation of patients should be considered for cases that meet ALL the following criteria. This decision is made by the highest medical authority on scene.

1. A minimum of 15 minutes ground travel time to the appropriate hospital, and

2. The helicopter can deliver the patient to the hospital in a shorter time than the ground unit, based on when the patient is ready for transport. This decision should be based on the following formula:
   "X" (estimated) minutes ETA to scene + "X" (estimated) minutes for scene landing and patient loading + "X" (estimated) air transport time to hospital + 10 minutes loading/unloading/transfer to ED.

3. Any one of more of the following patients conditions:
   a. Patients with potentially critical traumatic injuries
   b. Hypotension/shock
   c. Spinal cord injuries with neurologic dysfunction
   d. Vascular compromise in a limb or amputation
   e. Snake bite with signs of significant envenomation

f. Unstable near drowning
g. Status epilepticus refractory to medications
h. Cardiovascular instability (chest pain with dysrhythmias or post-resuscitation)
i. Critical thermal burns
j. Critical respiratory patients
k. Barotrauma (watch altitude)
l. Uncontrolled hemorrhage
m. Any other injuries or medical problems in areas inaccessible to (or with prolonged ETA time for) ground units
n. Other conditions subject to the approval of the Base Hospital physician or the highest medical authority on scene

Contraindications to aircraft transport

1. Patients contaminated with hazardous materials
2. Potentially violent patients or those with behavioral emergencies
3. Stable patients (except in back country areas inaccessible to ground units)
4. When ground transport time is equal to or shorter than air transport time

Relative contraindication to aircraft transport

1. Transport from heavily populated areas
2. Other safety conditions as determined by pilot and/or crew

San Bernardino County

Operational Guideline #3200: ALS Bag Inventory

Revised 02/15/11

Applicable Departments: *All*

In an effort to better utilize our stock of drugs prior to expiration; ALS bags shall be inventoried on the first day of each month. This will alleviate crews from having to inventory on a daily basis

ALS BAG INVENTORY PROCEDURE

1. The first day of each month, the inventory form will be distributed at the beginning of the shift.
2. Complete inventory form including name(s), date and unit number. Place the corresponding number of the ALS bag, secondary bag, unit and IV start tray in the corresponding box on the form. Enter the expiration dates in the corresponding boxes for each medication. The number of boxes per medication is the exact amount that should be in inventory. Any missing or extra medications should be documented in the box provided.
3. Sign the inventory form.
4. Return completed inventory form to Support Services at the end of your shift. Any missing and/or extra medications should be documented in the comments section of the inventory form and brought to the attention of Support Services.

San Bernardino County

Operating Guideline #3300: Controlled Substances
Revised 6/20/14
Applicable Departments: *All*

The purpose of a clearly defined Controlled Substance Inventory and Control Operating Guideline is to closely monitor the inventory, exchange and use of controlled substances, as well as monitor all persons handling and/or administering such controlled substances in accordance with all Federal Drug Enforcement Administration (DEA) requirements and regulations. By law, in order to maintain a DEA license the Company must strictly adhere to the regulations and requirements set forth by the DEA, which include the reporting of any damaged, misused, stolen or missing controlled substances.

Due to the severe impact the loss of licensure could potentially have on the Company's ability to meet its contractual obligations and its delivery of service to our patients and communities, the Company will strictly enforce this operating guideline and will not tolerate noncompliance. Therefore, any violation of the Controlled Substance Inventory and Control Operating Guideline and/or negligence, misuse or theft of controlled substances by any Company employee may result in disciplinary action(s) being taken, up to and including termination. Please note that this operating guideline is in accordance with San Bernardino County's Controlled Substance Program.

GENERAL POLICIES

1. Controlled substances must be kept under double lock at all times when not in the immediate possession of an on-duty paramedic or in the possession of a supervisor in the performance of counting or restocking
2. To satisfy this requirement, controlled substances must meet one of four criteria at all times:
    - Be in the double lock safe at the deployment center
      OR
    - Be in the narcotic locking cabinet in the ambulance and all doors/ windows of the ambulance must be locked
      OR
    - Be in the locked safe inside the supervisor vehicle and all doors / windows of the vehicle must be locked
      OR
    - Be in the immediate possession of an on-duty paramedic or a supervisor in the performance of counting or restocking duties
3. Any loss, damage, theft, mishandling, irregularity, inventory discrepancy, or unusual / unexpected circumstance related to controlled substances or failure to follow this policy in any degree or manner MUST be reported to the on duty supervisor immediately. This includes, but is not limited to: missing keys; damaged container, box or safe; broken seals on containers; damaged controlled substances, including missing or non-intact caps; broken locking mechanisms; missing, incomplete, irregular or suspected falsification of logs / documentation; suspected tampering; narcotics not checked in or out properly; discrepancy between documented and expected / present amounts; expired narcotics; container / box with less than minimum levels, or any other discrepancy or failure to follow this policy. Failure to do so may result in disciplinary action up to and including termination.
4. No individual shall *in any circumstance* access a safe by themselves.

5. The chain of responsibility must be recorded by two signatures at each step of use and/or transfer of controlled substances
6. Any form of vandalism, tampering with, falsifying or defacing of a controlled substance or controlled substance box, locker, safe or other container, or any of the controlled substance records or logs, will be subject to immediate disciplinary action up to and including termination.
7. All controlled substances will be protected from light and will be maintained within the manufacturer's suggested temperature range to the fullest extent possible
8. All narcotic logs must be completed legibly in ink. Any correction made to any log must be initialed by the individual making the correction. These initials must be dated clearly and must legibly reflect the first and last initial of the individual making the correction, followed by either a paramedic license number or AMR employee ID number. No correction fluid / tape may be used on the narcotic logs / documentation
9. Logs and other forms must be completed immediately following the inspection, issuance, restocking, administration or other procedure / process to which the log refers. Such documentation may NOT be deferred for any reason unless specifically authorized in writing by the Operations Manager. Such documentation also may not be completed prior to the inspection or process actually occurring and if occurs, will be considered to be falsification and dealt with accordingly. As every step of use / transfer / verification must be documented by two signatures, the logs must be completed by both individuals simultaneously.

CONTROLLED SUBSTANCES TYPE / QUANTITIES

1. Approved Controlled Substances include:
    A. Midazolam (Versed)
    B. Fentanyl
    C. Ketamine
2. ALS / CCT units shall contain the following minimum level quantities of controlled substances in order to go into service at the start of the shift:
    1. Two (2) 100 mcg vials Fentanyl (total of 200 mcg)
    2. Two (2) 10 mg vials Midazolam (total of 20 mg)
    3. Two (2) 500mg vials of Ketamine (total of 1,000mg)

USAGE / ADMINISTRATION PROCEDURES

1. AMR personnel shall not administer a controlled substance they did not personally draw up
2. AMR personnel shall not restock a fire department, air provider, or any other agency's controlled substances. There will be NO exceptions to this.
3. AMR personnel shall not receive controlled substances, in any form, from fire department, air, or other provider.
4. Patient Care Reports must be complete in order to thoroughly document the use of a controlled substance, and should be clear regarding the following:
    a. The patient assessment must justify the administration of a controlled substance according to the ICEMA Policy, Procedure and Protocol Manual currently in effect at the time of use.
    b. The base hospital order must be clearly documented (if applicable).
    c. The amount of controlled substance actually administered to the patient and time(s) of administration.
    d. The amount of controlled substance wasted during the incident.
    e. The patient's vital signs before and after each administration of the controlled substance
    f. The name, signature and paramedic/RN license number of the individual administering the controlled substance.
    g. The name and signature of the individual witnessing the wasting of the controlled substance(s)

h. Personnel administering controlled substances will waste the controlled substance in this manner:
    1) Draw up the controlled substance and administer correct dose to the patient.
    2) Upon arrival at the receiving facility, the paramedic / RN will present the vial and syringe (if any remaining controlled substance is present in the syringe) to the receiving RN and will waste any remaining controlled substance in his/her presence.
    3) If the entire contents of the vial were administered to the patient, the empty vial will be presented and the receiving RN will witnessed a wasted amount of "0"
    4) The receiving RN who witnessed the waste will sign his her name on the PCR
    5) The name of the receiving RN must be clearly documented in the PCR.
    6) Wasting must occur before the unit returns to service
    7) In the event that a receiving RN is not able or willing to perform this function, the function may then be performed by another in-service AMR paramedic / RN or the administering paramedic / RN's EMT partner.
    8) If the event that the patient is transferred to another provider (another ALS unit, air ambulance provider, etc.) witnessing waste may be performed by the receiving paramedic or RN. If they are unable or unwilling to perform this function, the paramedic's EMT partner may perform this function. If the patient is transferred to another AMR unit, however, the receiving AMR paramedic may not refuse to witness waste
    9) Empty vials should be disposed of in an appropriate sharps container immediately after wasting / witnessing has been completed. They will not be saved for restock.
    10) Administration must be thoroughly documented in the Administration Log before returning to service.

CHECK-IN / CHECK-OUT PROCEDURES – OUTSTATIONS

1. The oncoming paramedic will receive the narcotic locking cabinet key from the off-going paramedic and both will access the controlled substances box simultaneously.

2. In the presence of the off-going paramedic, the oncoming paramedic will visually inspect the controlled substances box for an intact numbered seal, the integrity of the container, and the following contents:
   - Four (4) 100 mcg vials of Fentanyl (400 mcg)
   - Four (4) 10 mg vials of midazolam (40 mg)

3. If the seal is not intact (due to controlled substance administration since the sealed box was placed into service), both paramedics will open the controlled substances box and will count the amounts of controlled substances, and verify each vial / unit for integrity, including the cap, clarity of solution, expiration date, and **AMR minimum levels (200 mcg of Fentanyl and 20 mg of midazolam)**
4. After ensuring all of the above are correct, intact, and current, and that the box number corresponds with the controlled substances box number in the log, the off-going and oncoming paramedic will complete and sign the Controlled Substances Log. All fields on the log must be completed; the only exception is that the amounts of controlled substances will be left blank if the box is still sealed. The off-going and oncoming EMT's will also complete the log while in the presence of the paramedics.
5. The verification procedures described above MUST occur in a face to face manner with both individuals performing the checks simultaneously so as to ensure accuracy. It is not acceptable for one individual to perform the checks, leave, and then the second individual to perform theirs.
    a. The same process will occur at the end of the shift.
    b. In the event that a corresponding off-going and/or ongoing paramedic is not present due to call-offs, a shift being shut down early, an extra unit being placed into service, etc., the above

verification functions will be performed with no less than 3 outstation crew members unless otherwise authorized by a supervisor.

c. If an irregularity or discrepancy is found in a sealed or unsealed controlled substance box at any time , including during the inspection process (for example, broken or damaged container or box, missing or broken seals on controlled substance boxes that is not substantiated by controlled substance administration, broken / missing caps or seals on vials or containers, controlled substances past their expiration date, any discrepancy between the amount of controlled substances found in the controlled substance box and the amount entered in the daily log,) the on duty supervisor must be notified immediately.
d. For the Controlled Substances Logs and Administration Logs, each day of the month is to have at least one entry, if only to document that the controlled substance box / ambulance was "out of service" that day and/or "None" in the administration log
e. Interns or other persons not employed by AMR are not authorized to inspect, count, or sign for Controlled Substances.
f. In the event there is a crew change or the ambulance is reassigned to another crew, the new paramedic and an authorized witness will follow these verification procedures as described above.

CHECK-OUT PROCEDURES – MAIN DEPLOYMENT CENTER

1. All check out / check in procedures at the main deployment center will take place in plain view of the narcotic surveillance camera.
2. The company issues one key/code to the VST and their supervisor, and issues the other key/code to the Paramedic and their supervisor.
3. The VST will not issue more than one (1) controlled substances box per paramedic. No paramedic shall have in his / her possession more than one (1) controlled substances box.
4. A paramedic may exchange his/her controlled substance box for the purpose of maintaining appropriate levels of controlled substances.
5. The paramedic and the VST will open the safe together and the paramedic will retrieve a controlled substances box from the safe, selecting a sealed box.
6. In the presence of the VST, the oncoming paramedic will visually inspect the controlled substances box for an intact numbered seal, the integrity of the container, and the following contents:
   Four (4) 100 mcg vials of Fentanyl (400 mcg)

   Four (4) 10 mg vials of Midazolam (total of 40 mg)

7. If a sealed box is not available, the Paramedic, in the presence of the VST, will open the selected controlled substances box and will count the amounts of controlled substances, and verify each vial / unit for integrity, including the cap, clarity of solution, and expiration date and AMR minimum levels (200 mcg of Fentanyl and 20 mg of midazolam).
8. If the controlled substances box contains less than AMR minimum levels, it will be placed back into the safe, marked with a rubber band and "OUT OF SERVICE" tag, an alternate box will be selected, and the process repeated
9. After ensuring all of the above are correct, intact, and current, the Paramedic and the VST will complete and sign the Controlled Substances Log. All fields on the log must be completed. The only exception is that the amounts of controlled substances will be left blank if the box is still sealed.
10. The verification procedures described above MUST occur in a face to face manner with both individuals performing the checks simultaneously so as to ensure accuracy. It is not acceptable for one individual to perform the checks, leave, and then the second individual to perform theirs.
11. The Paramedic who completed the Controlled Substance Log is solely responsible for the controlled substances until the controlled substance box is transferred to the narcotics safe. The completion of the transfer is documented by the Paramedic's completion of Controlled Substance Log, inclusive of a

Paramedic and VST's initials upon completion. The absence of any information on the log is considered to be a non-compliant transfer of a controlled substance box and justification for corrective action up to and including termination.

12. The Paramedic who has taken possession of the narcotics from the controlled substance safe is solely responsible for the controlled substances throughout the duration of the shift.
13. Upon completion of the check-out procedure, the Paramedic will immediately take their narcotics box to the ambulance and lock it into the designated narcotic locking cabinet.
14. If an irregularity or discrepancy is found in a sealed or unsealed controlled substance box at any time , including during the check in / check out process or at any other time, (for example, broken or damaged container or box, missing or broken seals on controlled substance boxes that is not substantiated by controlled substance administration, broken / missing caps or seals on vials or containers, controlled substances past their expiration date, any discrepancy between the amount of controlled substances found in the controlled substance box and the amount entered in the daily log,) the on duty supervisor must be notified immediately.
15. For the Controlled Substances Logs and Administration Logs, each day of the month is to have at least one entry, if only to document that the controlled substance box / ambulance was "out of service" that day and/or "None" in the administration log
16. Interns or other persons not employed by AMR are not authorized to inspect, count, or sign for controlled substances.
17. In the event there is a crew change or the ambulance is reassigned to another crew, the new paramedic and an authorized witness will follow these verification procedures as described above.

CHECK-IN PROCEDURES – MAIN DEPLOYMENT CENTER

If controlled substances are NOT administered during the shift:

1. At the end of the shift, if the paramedic has not administered narcotics during the course of their shift, they will take the narcotics box from the designated locking cabinet and take it directly to the main deployment center for the check-in procedure.
2. The paramedic and the VST will complete the Controlled Substances Log simultaneously and the box returned to the controlled substances safe.
3. A controlled substances box may only be handed from an off going paramedic to an oncoming paramedic in the presence of the VST and in full view of the security camera.

If controlled substances are administered during the shift:

1. The Paramedic *must* notify the Operations Supervisor prior to the end of their shift to restock any narcotics used during the course of their shift.
2. The Paramedic is required to complete the Controlled Substance Administration Log.
3. The supervisor will restock the narcotic box
4. The paramedic and the VST will complete the Controlled Substances Log together and the narcotic box will be returned to the Controlled Substances safe.
5. If the Operations Supervisor is unable to restock the narcotic box prior to the end of the paramedic's shift, the paramedic will copy the PCR and attach it around the narcotic box, or place the PCR inside the box. This procedure will ONLY be done at the direction of the supervisor. The box will be then be returned to the safe, restocked at a later time.

VST RESPONSIBILITIES:

1. Ensure that the controlled substance safe is always secured and only opened briefly at the time of exchange.
2. Keep the Controlled Substance Log readily available in the deployment area for use.
3. Visually inspect controlled substance box with the Paramedic for:

    - Intact box and numbered seal (If sealed)
    - If unsealed:
    - Correct amounts of controlled substances
    - Integrity of the container
    - Clarity of the solution
    - Expiration date

4. Facilitate the checking-in /checking-out of controlled substances.
5. Ensure that the Controlled Substance Log is filled out correctly, and immediately notify management of any discrepancy.
6. Assist (witness) the Supervisor with restock of narcotics.
7. Assist (witness) management with the daily inventory count of narcotic boxes.
8. Immediately notify the Supervisor of any suspected mishandling of a controlled substance, narcotic box, or the Controlled Substance Log Book.
9. Immediately notify the Supervisor of any broken or damaged controlled substances.
10. The VST is entrusted with one key/code to the controlled substance safe. At NO time should he/she share, loan, or borrow any key /code from another employee.
11. VSTs will properly document the exchange of the shift key by completing the proper shift change check-out form.
12. A VST must never leave their key unattended.
13. The VST must immediately present the shift key for verification when requested by management.
14. If at any time the VST has lost, misplaced or believes the shift key /code has been stolen, they are to immediately notify a Supervisor and follow their directions.
15. The VST is required to notify their Supervisor any time a co-worker is attempting to conduct a controlled substance exchange without use of their assigned key.
16. A VST is not authorized to access the controlled substance safe for any purpose other than to issue a controlled substance box to a Paramedic for the purposes of executing their duties, or at the direction of a Supervisor or Manager.
17. A VST that is directed to open the controlled substance safe by a Supervisor or Manager will remain for the duration of the period in which the safe is open to act as a witness.

CHECK-OUT/IN PROCEDURE FOR MULE/BIKE TEAMS

1. Management shall stock and place into inventory at the main deployment center a narcotic box or box labeled “BIKE TEAM” or “MULE TEAM” which is to be assigned to Paramedics working Special Events as part of a BIKE or MULE team.

2. Paramedics assigned to work as BIKE TEAM/MULE Medics shall check-out one of the designated narcotic boxes or box following the same procedures listed above for check-out/in at the main deployment centers.

3. The narcotic box shall be secured inside the ambulance narcotic locking cabinet while en route to and from the event.

4. At the event the BIKE TEAM/MULE Medics must keep their narcotic boxes on their person, or in the ALS bag which is in the presence of the Paramedic at all times.

5. Upon completion of the event the narcotic box is to be secured inside the ambulance narcotic locking cabinet and transported back to the deployment center.

6. Check-in procedures will be the same as listed above for check in/out at the main deployment centers.

CHECK-OUT/IN/ PROCEDURE AT THE SPEEDWAY

Check -Out Procedure

1. Two PIN codes are required to open the controlled substance safe.
2. The Company will issue one PIN to each Speedway trained Paramedic and will issue one PIN to each Speedway trained EMT. PIN codes are confidential and specific to the employee that they were issued to, and must not be shared with anyone.
3. Both PIN codes must be entered in order to access the controlled substance safe.
    - 1 Paramedic & 1 EMT
    - 2 Paramedics
4. At no time should 2 EMTs have access to the controlled substance safe.
5. There are four (4) narcotic boxes located inside the controlled substance safe numbered 401-404. Additional shifts shall report to Rancho Ops (unless other arrangements have been made).
6. Once access has been made to the controlled substance safe, the Paramedic and EMT must both verify the count for each of the four (4) narcotic boxes located inside the safe. The count of each box should be 400 mcg of Fentanyl and 20 mg of Versed.
7. The narcotic boxes will be inspected for the following to assure they are an accurate reflection of:

    - Proper controlled substances
    - Correct amount of controlled substances
    - Integrity of the container
    - Clarity of the solution
    - Expiration date

8. This procedure must be witnessed by both employees, and the Controlled Substance and Equipment Log must be completed.
9. At the beginning of the shift, the Paramedic shall retrieve their assigned box and return the remaining boxes to the controlled substance safe.
10. The Paramedic and EMT will then complete the Controlled Substance and Equipment Log check-out form.
11. The narcotic box must be placed inside the ambulance narcotic locking cabinet.

Check-In Procedure

1. At the completion of each shift, the narcotic box shall be removed from the narcotic locking cabinet and returned to the controlled substance safe.
   Two employees (1 Paramedic and 1 EMT or 2 Paramedics) are required to access the controlled substance safe at all times.

2. Both employees shall enter their PIN codes in order to access the safe.
3. Both employees will verify the count for any and all narcotic boxes located in the controlled substance safe at the time it is opened.
4. Both employees shall document the count and confirm the accurate reflection of the narcotic boxes as stated above in #7 under the check-out procedure.
5. Both employees will complete Controlled Substance and Equipment Log.
6. Both employees will return the narcotic box assigned to their shift to the controlled substance safe and complete the Controlled Substance and Equipment Log.
7. If any narcotics were administered during the course of the shift, the IFT Supervisor must be contacted as soon as possible prior to the end of the shift.
8. A copy of the patient care report must be left with the box from which the narcotics were administered.
9. The Supervisor will utilize their assigned controlled substance supply to restock units while in the field.
10. The Supervisor will provide one for one exchange of a used controlled substance. Usage documentation for restock supply will be used as chain of custody for controlled substances.
11. The Supervisor will bring the controlled substance usage documentation back to the operation where they will restock their own controlled substances supply utilizing the field unit's documentation.

PARAMEDIC SECURITY HANDLING PROCEDURES

1. Paramedics will not store the controlled substance boxes in their ALS bags during their shifts unless immediately taking it into the scene of a call. At the conclusion of the call, the box will be immediately secured back in the narcotics locking cabinet.
2. The key for the controlled substances unit lock box will remain on each paramedic / RN's person throughout the shift. This key will be secured on each respective paramedic / RN's person at all times, and will not be left in or on any other area e.g. HT, cup holder in the unit, etc. At no time will the key be left unattended.
3. At no time may a key be shared, loaned, or borrowed from one individual to another.

SECURING CONTROLLED SUBSTANCES
FOLLOWING A VEHICLE BREAKDOWN OR COLLISION

1. Vehicle breakdown
    a. If the ambulance breaks down in the field, the controlled substances box will remain secured in the vehicle until a replacement unit is delivered to the crew.
    b. If the ambulance requires towing and the crew will be accompanying the tow truck back to the deployment center, the paramedic / RN must observe the loading of the vehicle onto the tow truck and ensure the controlled substances box remains secured in the ambulance
    c. If the ambulance is being towed and the crew is not accompanying the tow truck back to the deployment center, the paramedic / RN must remove the controlled substances box from the ambulance and keep it in his/her physical possession at all times.
    d. Upon return to the main deployment center, the paramedic / RN will then secure the controlled substances box in the replacement vehicle
2. Vehicle collision
    a. In the event of a vehicle collision in which the crew is not injured, the above procedures will be followed.
    b. In the event of a vehicle collision in which the paramedic / RN is transported to the hospital, the EMT will remain with the vehicle until such time as a supervisor or manager arrives on scene and takes control of the controlled substances box.
    c. If both / all crew members are transported to the hospital, the controlled substances box will remain locked inside the vehicle until a supervisor is able to retrieve it and return it to

the deployment center and secure it in the Controlled Substances North or South Main Safe. The supervisor will fill out the Daily Log for that box / unit

SECURING CONTROLLED SUBSTANCES FOLLOWING A SUDDEN ILLNESS / INJURY OF AN ON-DUTY PARAMEDIC

If the paramedic becomes otherwise injured / ill during the shift, or must leave the shift for any reason, he/she will make every effort to return the controlled substances to the controlled substances safe, or in the case of an unit based at an outstation, the on duty supervisor will take possession of the narcotics and return them to the safe.

REPORTING AND INVESTIGATION OF SUSPECTED POLICY VIOLATIONS, INCLUDING TAMPERING AND DIVERSION

1. Drug inventories are subject to inspection by Inspectors of the California State Board of Pharmacy, Agents of the Bureau of Narcotic Enforcement of the CA State Justice Department and the Federal Drug Enforcement Administration
2. Controlled substance drug testing will result from and according to the applicable company OGL's, policies, and procedures and/or the current Employee Handbook
3. Strict adherence to this policy will prevent discrepancies. Any discrepancy involving controlled substances (see #4 under General Policies) shall result in the immediate, mandatory notification of the on-duty Operations Supervisor.
    a. The employee(s) discovering any discrepancy shall immediately notify the on-duty supervisor, who will notify the CES Specialist immediately
    b. Under no circumstances may any employee involved in a controlled substances discrepancy be released from duty until all necessary information has been obtained and the on duty Operations Supervisor approves such release
    c. All evidence must be retained for the on duty Operations Supervisor and CES Specialist's inspection
    d. Involved personnel must complete incident reports. On duty and/or off-going personnel must submit all PCRs and Controlled Substance Log(s) / Administration Logs for the current shift as well as the entire shift prior to the discovery of the discrepancy.
    e. If tampering, theft, or diversion is suspected and/ or substantiated per discrepancy reporting or other methods (i.e. anonymous reporting) the on duty Operations Supervisor will be notified immediately, who will then notify the CES Specialist, CES Manager, Operations Manager, and Medical Director. An investigation into the incident will be conducted. The controlled substances will be tested using a drug testing facility to determine the contents. All OGL's, policies and company guidelines regarding theft and Substance Abuse (including Reasonable Suspicion thereof) will be followed and the appropriate notifications (ICEMA, DEA, local law enforcement, etc.) will be made.

Definition:

Bariatric Response is **a**ny response that requires the use of specialty equipment such as the Bariatric vehicle **(BV)** and/or gurney. Bariatric equipment can be utilized for any patient that exceeds the weight and or size limits of the standard gurney and/or type II ambulance. Utilization of Bariatric equipment will be considered for patients that exceed 182 kg/ 500 lbs. or exceed the maximum width of the standard gurney.

If the patient's height and weight does not exceed the limits of the standard gurney, but additional personnel are required to safely move the patient, the crew shall contact the Communications Center to make the request. Please refer to AMR Patient Handling Policy located in the AMR Health and Safety Manual for more information on assistance requests. Both the Bariatric and standard gurney's can be operated with the side rails in the down position. **WHEN OPERATING THE GURNEY WITH THE RAILS IN THE DOWN POSITION, THE PATIENT MUST BE SECURED TO THE GURNEY WITH 5 POINT RESTRAINTS AT A MINIMUM.**

Non-Emergency Responses:

The primary mission of the Bariatric equipment is to provide safe and effective transportation to patients in the non-emergency setting. When a crew is dispatched to a non-emergency call and upon arrival determines the Bariatric equipment is necessary for the safe transportation of their patient, they are to contact the Communication Center. The Bariatric vehicle will be dispatched to the location; the driver/crew responding in the BV will be responsible for driving the BV. The original dispatched patient care giver will maintain patient care throughout the transport. The other crew member will follow the Bariatric vehicle to their destination and once the transport is completed return to their regularly assigned vehicle.

Emergency Responses:

Bariatric services are available for limited use on emergent responses. The responsibility of the determination to utilize a Bariatric vehicle is at the sole discretion of the **AMR** crew on scene. The first responder agency is not responsible for making this determination.

Always take in to consideration that the Bariatric vehicle may not be available for a timely response. The patient must be stable and meet the guidelines listed above. Requests for service must go through the AMR San Bernardino County Communications Center.

Patient care will be maintained by the first responding unit with the assistance of assigned driver of the BV. The other member of the team will follow up in their assigned unit to the destination.

It is recommended that you use the equipment available on scene to safely transport the patient if the Bariatric equipment is not available. You may also request a second AMR unit to respond to assist with manpower either at the scene or to the receiving hospital.

Process for unit assignment:

The Bariatric vehicle crew member will be identified as follows:

Rancho: 1189

Redlands: 2389

Victorville: 7789

The Bariatric vehicle numbers are as follows:

Rancho: 5069

Redlands: 9065

Victorville: 4876

The responding crew will be reassigned to one of the unit numbers listed above and must use that unit number on all patient care documentation. Their unit number and vehicle number will be changed in the CAD to reflect the Bariatric unit and vehicle. This will allow Patient Billing Services to identify and bill Bariatric responses correctly. Upon completion of the transport the responding crew will be reassigned back to their original unit/vehicle number. When the Bariatric vehicle is not staffed a second unit will be dispatched to pick up the vehicle and respond to the call. The same procedure will be used for assignment of the transporting crew.

Capacity:

Bariatric Gurney - The manufacturer's recommended weight capacity for the Bariatric gurney is listed at 725 kg/1600 lbs. in the lowered position and 385 kg/850 lbs. in the raised position.

MX-Pro Gurney - The manufacturer's recommended weight capacity for the MX Pro Gurney is 272 kg/600 lbs.

Power Pro Gurney - The manufacturer's recommended weight capacity for the Power Pro Gurney is 317 kg/700 lbs.

Whenever possible the gurney will be sent with the vehicle and not sent separate unless the vehicle is unavailable. This will ensure that both the crew and the patient are provided with the safest environment possible to complete the transport. Employees assigned to staff the Bariatric unit are not to be used to staff openings on other units.

Professional conduct shall be adhered to at all times when transporting bariatric patients. The crew shall make every effort to be sensitive to the patient's feelings and avoid any situation or comment which may be potentially embarrassing to the patient.

San Bernardino County

Operational Guideline #3500: Crime Scene Management

Revised 02/15/11

Applicable Departments: *All*

When responding to the scene of a crime in progress, the crew will ensure that the police are en route or on scene and will obey all instructions given by the police or Communications. The crew must act prudently to avoid endangering themselves or hampering police in performing their duties. Crews may be directed to wait a designated staging area for the arrival of the law enforcement agency prior to entering the scene. Once the scene has been secured and Communications Center has been notified, the Dispatcher shall advise the crew that the scene is secure.

When responding to the scene of a crime or a scene which potentially could bear evidence of a crime, the crew will:

1. Take command of medical aspects of the scene, unless higher medical authority is present.

2. Obey all instructions of law enforcement officers on the scene not pertaining to patient care.

3. Request that police respond if not already en route or on the scene.

4. Limit to a minimum the number of people on the scene.

5. Mentally note pertinent features of the scene.

6. Minimize unnecessary changes to the scene that would result from moving or touching objects, or by leaving behind foreign materials: i.e., supply wrappings, etc.

7. Avoid moving, covering up, or otherwise disturbing obviously dead bodies.

8. Mentally note any changes in the scene which occur after arrival of the unit and draw them to the attention of the investigating officer(s).

9. If the patient is declared deceased on scene, a paper copy of the Patient Care Report (PCR) must be completed and left on scene for the Coroner.

San Bernardino County

Operational Guideline #3600: Station Visitors

Revised 02/15/11

Applicable Departments: *All*

While we recognize the necessity of having friends and loved ones able to visit during the time that crews are on duty, our greater priorities must be the timely provision of emergency services, station security, and consideration of both crew members' needs and wishes. We invite crewmembers to have friends and loved ones visit with them when they are on duty, but require that the visits be kept within reason and the following guidelines be adhered to so as to avoid conflicts with the above considerations.

Visitors are considered friends and relatives and exclude sales persons and/or solicitors. Solicitations or attempts to sell materials or services to employees while on duty is expressly forbidden.

Visitors at the stations are permitted as follows:

Monday through Friday	1700 hrs. - 2300 hrs.
Saturday, Sunday, and Holidays	1200 hrs. - 2300 hrs.

The following individuals are permitted to visit ambulance stations at any time: government officials, fire inspectors, utility employees (gas, electric, etc.), students/ride-along (with prior approval from management). Immediate notification must be made to the Operations Supervisor upon visit of any government official/utility employee.

Visitors are allowed to be at the station only if all on-duty employees agree. No visitors may remain at the station while the crew is out of the station.

Crew members are not to arrive at their station more than one (1) hour prior to the beginning of their shift.

Crew members who have been relieved by the on-coming crew are not to remain at the station longer than one (1) hour after the end of their shift.

Visitors should park in appropriate areas around the stations. It is the crew members' responsibility to ensure that their visitors do not park in customer parking, handicap spaces, along red curbs, or in any other space that is designated for other tenants.

San Bernardino County

Operational Guideline #3700
Station/Vehicle Security

Revised 02/15/11

Applicable Departments: *All*

Ambulances, by nature, are sensitive pieces of equipment, and contain thousands of dollars' worth of equipment that must function every time it is needed. The performance of the equipment will often affect a patient's outcome. Therefore, unauthorized parties should not gain access to a unit through carelessness by the crew.

In addition, ambulances are often allowed into high security areas (i.e., power plants, police stations, military installations) with minimal scrutiny; thus making them highly desirable targets for theft.

The ambulance has potential value to many people, thereby requiring a high awareness of security. To minimize theft, the crew shall keep the keys with them at all times. The crew shall routinely lock the unit when unattended. A crew member must accompany a ride-along or other visitors whenever they are present. A ride-along or visitor must never be left alone in the unit or the station.

A secure station will discourage unauthorized entry. Whenever the last crew member leaves a station, that person is responsible for closing and locking all windows and doors and turning off all unnecessary electronic equipment or appliances. Personal or company equipment should be returned to its proper place after use and secured. To prevent loss or theft, all cleaning supplies, (e.g., water hoses, wash buckets, long-handled scrub brushes) should be secured before leaving the station.

San Bernardino County

Operational Guideline #3800
Transportation and Return of Public Safety Personnel

Revised 02/15/11

Applicable Departments: *All*

The purpose of this policy is to help efficiently facilitate the return of Fire Department personnel to their respective fire stations utilizing all available AMR resources.

The primary return policy as outlined by operations management is to use (1) the crew, (2) any on-duty Operations Supervisor.

When a member of a local fire department is in need of transportation to return to their respective fire station, the following procedures should be followed.

SUMMARY: The Communications Center shall begin arranging return transportation when the crew leaves the scene en route to a hospital outside of our normal service area. The dispatcher is to determine if 1) the crew or 2) on-duty Operations Supervisor will return the public safety personnel.

CREW RETURN: The crew is to return the fire department personnel when their turnaround time at the hospital is anticipated to be under 20 minutes.

OPERATIONS SUPERVISOR: If the crew anticipates an extended clean up period, then the Operations Supervisor is to be dispatched to the destination.

San Bernardino County

Operational Guideline #3900 Outside Employment/Conflict of Interest

Revised 02/15/11

Applicable Departments: *All*

While the company does not encourage regular full-time employees to hold more than one job, it recognizes that certain circumstances may make it necessary for an employee to have outside employment. However, the employee's employment in his/her off hours must be balanced against the need for that employee to be productive and effective during his/her on-duty time with AMR. AMR must be considered the employee's primary employer.

Outside employment with a competing organization, or a position that may pose a conflict of interest, is strictly prohibited and may result in corrective action, up to and including termination.

An employee should not accept a job that involves any of the following:

1. Requires personal attention or work during the employee's scheduled work hours at AMR.

2. Use of information obtained from AMR in any manner.

3. Use of AMR's equipment, supplies or facilities.

Outside employment will not be accepted as an excuse for poor job performance, tardiness or absenteeism.

Operational Guideline #4000: Disaster Plan

Revised 02/15/11

Applicable Departments: *All*

AMR Southern California maintains a deep commitment to the safety of our employees. EMS is by its very nature a risky and sometimes hazardous occupational field. In situations where wide scale destruction of property occurs and/or large numbers of casualties are created by natural disasters, civil unrest, etc., the element of danger can increase dramatically. The following procedure is intended to provide a general framework to assist in meeting the needs of the EMS system while maintaining the safety and security of our personnel. It should be kept in mind at all times that this plan is intended to be modified using up-to-date intelligence and basic common sense to suit the specific situation in order to optimize the safety of the personnel involved.

AUTHORITY

The authority to declare a "State of Emergency" rests with the local city, county or national government officials. It is assumed that such a declaration will be timely and appropriate and based upon advice from the on-site incident commanders, police officials, etc. Once properly notified, the Communications center shall notify the Director of Operations, Operations Manager, Communications Manager, Safety Manager, Support Services Supervisor and Fleet Manager. The on-duty Operations Supervisor shall be responsible for the immediate response to a declared State of Emergency to ensure that the safety of the crew members in the affected area is maintained to the greatest extent possible. The Operations Manager shall be responsible for directing the response of specific departments as appropriate once communication is established. The Operations Manager shall delegate authority to the on-scene management representative appropriately so as to allow for quick decision making and optimal crew safety. Additionally, the Operations Supervisor shall maintain close contact with local officials and other sources of intelligence as well as AMR Southern California company officers to ensure that they are kept apprised of current issues.

RESOURCES

In the event that prior warning of the impending disaster is received, all available field personnel, Operations Supervisors, and other ancillary personnel shall be contacted to determine their location and availability. Drafting of these personnel into immediate service may occur if it is determined to be a disaster impacting the local area. In the event that personnel are drafted, they may be directed to assemble at casualty collection points or hospitals near their homes, or they may be directed to assemble at Operations for the purpose of staffing available ambulances, contacting the family members of on-duty crews, delivering materials to crews, etc.

We realize that many personnel may have families in impacted areas and that those crew members may have to be excused temporarily to determine/provide for the safety of their family members. In the event that this is necessary, we would ask that all personnel keep in mind the responsibility that we, as emergency medical professionals, have to the communities we serve. At no time shall any crew member depart his/her assigned duty post without making prior notification to the Communications center. Providing disaster preparations for the family before an incident and limiting departures from the workplace during an incident will help keep the EMS system functioning for the benefit of the citizens we serve. AMR Southern California shall do everything possible to relay information to the on-duty crew members regarding the status of their families and vice versa.

Following notification of a declared "State of Emergency," the on-duty Operations Supervisor shall direct the Courier or other appropriate personnel to pick up disposable medical supplies at Operations and deliver them to on-duty crews (if possible) in order to maximize on-board medical supplies to the greatest extent possible. Medical supplies shall be maintained at Operations for distribution as necessary to field crews.

DEPLOYMENT STRATEGIES

The Operations Manager shall maintain open communications with the Director of Operations, Communications Manager, Director of Government Relations, Operations Supervisors, local government representatives, and public safety officials. Based upon the situation reports received, input from the specific division's management team, requests from local governments, etc., the Operations Manager shall determine the security level of the response areas and publish operational directives to field and communications personnel. Additionally, Operations Supervisors shall be in close contact with on-duty crews to assess their safety concerns and provide a constant flow of information regarding operational concerns/directives. Procedures for "standing down" from a higher security level shall be the same as for escalating the levels. The security levels and specific actions to be taken by all concerned are outlined below:

Level 1

Scenario - Usual level of security for day-to-day operations when no extraordinary threat exists.

Required Security Precautions - All company vehicles and facilities are to be locked. Ride outs are not permitted at company facilities without a crew member being present.

Management Team Assignments - Usual positions

Special Considerations - None

Level 2

Scenario - Heightened sense of security awareness due to an isolated incident with a limited impact area.

Required Security Precautions - Includes all measures specified above or as amended. Crew members are not permitted to be outside of company facilities except when going to or from the ambulance as dispatched. Ambulance is locked at all times except when entering or exiting the cab or patient compartment. No ride-outs are permitted. Ambulance travel via surface streets and freeways within impacted areas shall be with police escort only. Travel via certain surface streets and freeways may not be permitted. Delivery of patients and pick up of patients from hospitals in impacted areas may not be permitted. All vehicles are to be returned to Operations at the end of their shift and all doors locked.

Management Team Assignments - Additional Operations Supervisors are staffed to maintain a minimum of two per 24-hour shift. Operations Supervisors are to maintain a high profile with the crews operating within impacted areas and surrounding locales. The Operations Manager shall report to Operations to coordinate field response, or to the Zone Communications Center, or to the County EOC as appropriate. The Director of Operations, Operations Supervisors, Operations Manager, Communications Manager, and Safety Manager shall meet every morning to discuss the events of the previous 24 hours and determine whether or not the Level 2 advisement is to be modified. The Operations Manager shall brief the Director of Operations on the status of field operations in the impacted area and any new intelligence that has been acquired.

Special Considerations - Level 2 security precautions may be implemented in the impacted area and surrounding locales (as determined by the Operations Manager) while unimpacted areas remain at Level 1. Non-emergency ambulance transportation shall be suspended during Level 3 operations.

Paid time off for Operations Management team personnel shall be suspended immediately upon advisement of Level 2 and extra shifts may be required to maintain minimum staffing levels.

Crews located in any impacted area shall be relocated to a neighboring posting location or local fire/police station.

All off-duty crew members shall be contacted to determine their availability and to advise them of a possible recall. Off-duty crew members shall also be directed to ensure that preparations for their family's safety have been accomplished and to maintain a full tank of fuel in their personal auto. Additionally, crew members reporting for work under Level 2 security alerts shall bring two (2) days provisions (food and drink) with them and be prepared to work a 48-hour shift if necessary.

All company vehicles shall be rotated through the various fuel points and topped off. In-service units shall top off when 3/4 of the first tank has been depleted (maintain one full tank at all times). The fleet manager shall be notified immediately, and may be brought in at the discretion of the Operations Manager. In turn, the fleet manager shall notify his staff and have them report to duty.

Requests for mutual aid responses to neighboring districts shall be evaluated on a case-by-case basis with consultation between the Operations Manager and Communications Manager. Under no circumstances will mutual aid units be sent out of their primary response area (PRA) without the express consent of both managers.

Level 3

Scenario - Crews move to and operate out of secured facilities such as fire stations or police stations due to more widespread security risks.

Required Security Precautions - Includes all measures specified above or as amended. Crews are reassigned to local fire stations, crews respond to calls only in designated task forces (police/fire/EMS), crew members are not permitted to be outside of the fire station except when going to or from the ambulance as dispatched. Crew members and Operations Supervisors are to wear street clothes when traveling to/from work or when parked at the company facilities. Administrative offices shall remain locked or may be closed entirely.

Management Team Assignments - Additional Operations Supervisors are staffed to maintain a minimum of one per area designated as Level 3 plus one for administrative assignment. The Operations Manager shall be present and immediately available 24 hours until Level 3 operations have ceased.

The Operations Supervisor shall occupy a position within the impacted city's EOC (if applicable) or the city's deployment center. The Operations Supervisor shall serve as the specific operation's representative for EMS medical transportation to the city's Emergency Operations staff and, when appropriate, channel requests for ambulance resources to the Zone Communications Center and/or county EOC. The Operations Supervisor is also responsible for maintaining close communications with the crews in his/her assigned area and relaying information to and from Operations. The Operations Supervisor may function as the Ambulance Transportation Coordinator as defined by the ICS plan when operating from a deployment center. A Operations Supervisor may be assigned to the Zone Communications Center to coordinate efforts between the Operations Supervisors and Operations.

The Operations Manager shall remain at the Operations Center to coordinate equipment and supply procurement/distribution (in conjunction with the Support Services Supervisor), call back and staffing efforts, unit assignment, reserve ambulance staging operations, and oversight of family/crew communications. The Operations Manager may be assigned as the Operation's representative to the Zone Communications Center.

In addition to performing tasks at the Operations Center, the Operations Manager continues to be responsible for maintaining close communications with the city EOC's in the impacted area (if applicable), police/fire representatives in the impacted areas, as well as the Operations Supervisors, Safety Manager and Communications

Manager. The Operations Manager shall brief the Director of Operations on the status of field operations in the impacted area and any new intelligence that has been acquired on a frequent basis.

Special Considerations - If/when Level 3 security precautions are implemented in the impacted area, unimpacted areas shall go to Level 2 automatically (except that there will not be police escorts in unimpacted areas).

At no time will crews respond to calls in the impacted area unless escorted by fire and/or police personnel. In the event that a crew is on scene with fire and/or police escort and a higher priority request for police/fire is received which requires fire/police personnel to withdraw from the scene, the crew shall immediately depart if security risks are suspected or apparent. At no time shall any crew remain on scene without police/fire escorts in this scenario.

During Level 3 field operations, crews shall respond to/from each point in the impacted area Code 3. Response to the scene, to the hospital, back to the staging area, etc., shall be Code 3. Units shall remain in motion as much as possible to prevent a stationary target.

Crews operating in impacted areas may be augmented with an additional crew member to bring the staffing level to three (3) per unit. Optimal staffing levels will be achieved by drafting/holding over field personnel as necessary. Office staff may be drafted as necessary to fill administration positions at Operations. The Fleet Manager along with his staff shall report to duty at this time.

Depending on the severity of the incident, non-ambulance vehicles may be deployed with field personnel to function as "field ambulances." "Field ambulances" are courier vehicles, administrative vehicles, etc., equipped with BLS medical supplies and EMT /P staff capable of rendering basic first-aid and rapid transportation.

In the event that the "State of Emergency" protocol is enacted by the County Health Officer, the specified provisions shall be adhered to by all field personnel.

A multiple casualty incident triage tag shall be utilized to document chief complaint pertinent findings, and patient care rendered. A corner of the triage tag shall be retained by the crew and submitted along with the crew's run log. Each crew shall be responsible for maintaining a record of the task force his/her unit is assigned to, the date/time of every dispatch for the task force, chief complaint of persons transported, destination patient transported to, and any other information that is reasonably available that will assist AMR Southern California in billing/accounting for the transport. Each crew shall report their departure from and return to the deployment center, staging location, etc., with Communications. All other radio traffic shall be kept to a minimum to prevent compromise of the task force's position and movements.

Patients shall not be treated at the site where they are picked up unless absolutely necessary. In nearly all cases, the patient shall be moved to a secured area, casualty collection point (if established), or to the hospital with treatment rendered en route.

Level 4

Scenario - Crews continue to operate in task force elements from staging centers or from secure municipal sites due to widespread security risks. As local resources become overwhelmed, mutual aid resources from outside the County are requested by the County Medical Director and are staged at the zone "Mobilization Center."

Required Security Precautions - Includes all measures specified above or as amended. Crews may be reassigned to regional staging centers or zone "Mobilization Centers," crews respond to calls only in designated task forces (police or CHP escort/fire/EMS), crew members are not permitted to be outside of the secured staging facility except as dispatched, administrative offices are closed.

Management Team Assignments - All Operations Supervisors, management staff, Communications Manager, Fleet Services Manager, Support Services Supervisor and the Director of Operations shall be present and immediately available (in their respective positions as outlined in Level 3) until Level 4 operations have ceased.

The Operations Manager may report to the county EOC to assist if requested by the County Health Officer. In addition to assisting at the county EOC, the Operations Manager continues to be responsible for maintaining close communications with the Operations Supervisors, Safety Manager, and Communications Manager. The Operations Manager shall brief the Director of Operations on the status of field operations in the impacted area and any new intelligence that has been acquired on a frequent basis.

Special Considerations - If/when Level 4 security precautions are implemented in the impacted area, unimpacted areas shall remain at Level 2 (except that there will not be police escorts in unimpacted areas).

All other special considerations are the same as for Level 3 alerts.

In the event of a situation where there is a notable or potential psychological effect on our employee(s), there may be a critical incident stress debriefing session at the first available opportunity. This is to include notification of the Operations Managers and Supervisors. The MHN portion of the Employee Assistance Program (EAP) may be utilized for these purposes. (1-800-967-WARM)

San Bernardino County

Operational Guideline #4100: Mandatory Training

Revised 8/1/2014

Applicable Departments: *All*

Periodically it is necessary for the Company to require mandatory attendance to company training. By the very nature and title of this operating guideline, such sessions are considered "required" for specified employees. Management will make every effort to notify the appropriate/specific employee population required to attend such training with as much notice as possible. Additionally, management will offer such sessions with as many opportunities to attend as is practical.

Should any problems arise wherein an employee is unable, (for any reason whatsoever) to attend/complete mandatory training, it is the employee's responsibility to notify his/her supervisor in advance. Employees scheduled for time off for vacations, jury duty, or unable to attend for any reason whatsoever, etc., shall notify the Operations Manager of their intentions prior to the meetings so that individualized make-up plans can be worked out. An employee who misses a mandatory training session due to approved time off shall be counted as having an excused absence and not be subject to disciplinary action for the missed meeting, provided that the employee makes prior arrangements with his/her supervisor and follows up as mutually decided. Unless pre-approved by the Operations Manager, an employee failing to attend a mandatory meeting (or a scheduled make-up meeting if applicable) or failure to complete mandatory training will make the employee subject to corrective action up to and including termination. Employees who fail to attend mandatory meetings or training may be subject to removal from their shift until such time as they are able to make up the missed training.

San Bernardino County

Operational Guideline #4200: Unit Status
State of Readiness

Revised 03/01/14

Applicable Departments: *All*

In this profession, it is our duty to respond to both emergency and non-emergency requests for service. We must be prepared to respond at any time to deliver the highest level of care and customer service. Prior to responding to any call, we must ensure that our equipment, crew and units are in a "State of Readiness", which is defined as: prepared mentally or physically for some experience or action with proper equipment in hand. Each respective unit must be kept in a state of readiness to respond for requests for service by the assigned crew during each shift. Once a crew completes a call, the unit should be immediately returned to a state of readiness through the following actions. The list includes, but is not limited to:

Any time a unit reaches a half of a tank (1/2 tank) of fuel, the crew should refuel the unit as soon as possible. ***Each crew must fill their unit up with the appropriate fuel type at the end of each shift, prior to returning to the deployment center.***

Once the patient is offloaded at the destination, the gurney and vehicle should be immediately made and be ready for another patient. The floor of the unit should be swept out after each call, and wiped down at the end of each shift.

Any gear from any ALS/BLS bag should be restocked from the unit after each call.

While en route to, or upon arrival at, each destination, the crew needs to advise their respective System Status Controller (SSC) of the need for any supplies or equipment that is going to prevent them from returning to service after the call is completed.

Each SSC will make appropriate notifications to supervision of the crew's need for the supplies and equipment.

According to OGL # 2400, each crew has 10 minutes at the start of your shift which allows time to ensure that GO-SAM equipment is available and ready for use.

Equipment includes, but is not limited to **G**urney, **O**xygen, **S**pecial equipment, **A**LS/ BLS medical bag, ECG **M**onitor. **(GO-SAM).**

Anytime you respond to a call and utilize any equipment from your unit, it is your duty to visually inspect that all the equipment has been replaced back into the ambulance prior to responding to another call. If for any reason you feel any of your equipment is non-operational or unavailable, it is your responsibility to immediately contact dispatch to advise them of the situation and if you are out of service and unable to handle a call.

A big part of being in a State of Readiness comes in the form of communication between you and your partner. You should always keep open lines of communication especially when leaving a scene where

equipment was used. Make sure you communicate to your partner as soon as possible informing your partner of any reason you would not be available in a State of Readiness.

On calls where we do not transport and where equipment is removed from your ambulance, crew members should make a quick visual check that all equipment has been returned to the ambulance prior to leaving the scene.

In our business it is important that we all stay in a State of Readiness, if for any reason any crew member fails to follow The State of Readiness procedures policy and or leave equipment on scene all crew members will be in violation of this OGL, and may be subject to corrective action up to and including termination.

San Bernardino County

Operational Guideline #4300 Patient Care Reporting

Revised: 03/01/14

Applicable Departments: *All*

Employees of San Bernardino County AMR Operations will complete patient care reports (PCRs) in electronic form using Toughbook laptop computers. This is a requirement by the Inland Counties Emergency Medical Agency (ICEMA), our local Emergency Medical Services (EMS) authority.(Reference ICEMA policy 2010, 2120) All ePCR's must be completed in accordance with AMR San Bernardino County and ICEMA standards.

Start of Shift

At the start of every shift, a Toughbook will be issued to the crew with the rest of the gear. The Toughbook will be signed out by the crew in a manner consistent with the established check out procedure. Crews will perform a SYNC ALL at start of shift.

During the Shift

- At the completion of each call, an ePCR will be completed electronically using the Toughbook and posted to the server.
- All ePCR's must be completed in accordance with AMR and ICEMA standards.
- An ePCR must be completed for all responses even if you do not make it on scene.
- If patient contact is made and there is no transport, an AMA must be completed following the PFCA standards.
- If a crew is required to complete a paper PCR for any reason, the PCR must be entered into the Toughbook and posted to the server prior to the end of the shift.

End of Shift

At the end of every shift the crew will ensure that all runs have been posted to the server prior to clocking out.

Additional Information

The crew will be held responsible for the safety and security of each Toughbook. An incident report must be completed for any computer issues and any noted damage must be reported to the on-duty supervisor prior to going into service.

Failure* to *properly document information and ensure the proper submission of patient care documentation* at *the end of each shift may result in corrective action up to and including termination of employment.

San Bernardino County

Operational Guideline #4400: Patient Care Transfers Between Ambulance Crews

Revised 02/15/11

Applicable Departments: *All*

There are times when patient care and/or transport has been initiated by one crew and then such responsibility must be turned over to another crew for completion of the patient care assignment. Such transfer of patient care and/or transportation should be conducted in a prompt and courteous manner keeping continued patient care and *ease* of patient transfer between the crews as the primary objectives. If this situation occurs when involving transfer of such responsibilities between our own personnel and resources, the following *general guidelines* should be followed:

1. Patient care and/or transport responsibilities should only be passed between personnel of equal levels of training certification or to a higher trained entity. (Example: An EMT-1 can pass care and/or transport to an EMT-P but an EMT-P should not pass patient care and/or transport to an EMT-1). [***Note: Passing patient care and/or transport to a lower certified level care giver may be acceptable in some circumstances such as multi-casualty events or disaster situations. These guidelines are not intended to preclude such special circumstances.] (Refer to ICEMA protocol #9030)***

2. The initial crew rendering patient care and/or transportation should provide, as a minimum, a brief verbal report to the crew taking over such care and/or transportation. This verbal report should identify the definitive care which may have already been rendered as well as any other pertinent medical information necessary to facilitate continuance of proper patient care.

3. If the primary crew has already "packaged" the patient, (which may include being placed on the gurney) the patient should be transferred from one unit to the other in the original packaging including the gurney. Re-packaging patients and unnecessary patient movements from one gurney to another should be avoided.

4. In the case of unit breakdown, (or other reason rendering the unit "out of service") one of the two options listed below are to be followed.

    a. The primary crew may continue patient care by utilizing the subsequent responding crew's unit with their concurrence. In such cases, the secondary crew will remain with the vehicle experiencing the mechanical failure.
    b. The secondary crew members take over all patient care and/or transportation entirely. (Crews are not to be split or mixed with each other and must either go jointly with the patient or turn patient care and/or transportation entirely over to another crew team).

[Note: In cases of patient care and/or transportation transfers between AMR and another "outside" agency, crews should facilitate the transfer of patient responsibility in the most efficient and professional manner as possible without releasing or exchanging non-disposable equipment, (i.e.., gurney).} [Exchange or replacement of certain non-disposable equipment between varying agency providers may be required in some circumstances within the County Local EMS Agency system. For further clarification check Local EMS Agency protocols.]

San Bernardino County

Operational Guideline #4500: Shift Bids

Revised 03/01/14

Applicable Departments: *Non Union Field Employees*

Union employees please refer to the process outlined in your Collective Bargaining Agreement

In keeping with AMR's Vision and Guiding Principles to be responsive to each other, our patients, customers, communities, and the changing health care environment, it is necessary to conduct shift bids twice annually. This provides operations the ability to develop work schedules that more closely meet the continually changing health care demand and fine tune the system status plan with as minimal impact to employees as possible. In addition, shift bids provide employees with the opportunity to change work schedules seasonally to accommodate their continually changing personal schedules. **However, the Operations Manager reserves the right to conduct or postpone the shift bid based on operational needs.**

Shift bids are typically conducted in June for July implementation and again in December for January implementation. The criteria for establishing seniority for shift bidding is based upon each month, (or any portion thereof) of full time employment calculated from the employee's most recent hire date with the Company.

Each employee is given a point value of **two (2) points** for each month of **full time** employment in the operating unit. Employees who have transferred from another AMR operating unit and/or other department will be given a point value of **one (1) point** for each month of **full time** employment in their prior AMR operating unit(s) location(s) and/or department(s). Employees may transfer between 911 and IFT operations with no loss of points provided that they remain in the same deployment location.

Employees who have been terminated, separated or voluntarily resign from the Company and are subsequently rehired will not retain prior employment history credit toward establishing shift bid seniority. Seniority for the purpose of shift bidding will begin from the most recent hire date of **full time** employment.

San Bernardino County

Operational Guideline #4600: Anti-Hazing

Revised 02/15/11

Applicable Departments: *All*

American Medical Response prohibits hazing of any employee, new hire, trainee, paramedic or emergency medical technician, or student participating in a ride along. This also includes paramedic students doing their clinical field time with a paramedic preceptor that is employed by American Medical Response. American Medical Response will not tolerate any employee engaging in behavior that could be construed as hazing.

This policy applies to all employees of American Medical Response.

Such specific response and levels of care standards are of utmost importance to the Company and the patients we serve. To this end, AMR has established specific response criteria and levels of care as listed below for the "Bike Medic Program."

Staffing and Levels of Care

"Bike Medic" teams shall consist of a minimum of one (1) ICEMA accredited EMT-P and one (1) certified EMT-1. All care and handling of patients is to be conducted in accordance with all current and applicable protocols as set forth by ICEMA and other regulatory agencies, as applicable.

Equipment and Supplies

See attached Standard Bicycle Team Drug and Equipment List.

Appropriate Usage and Scheduling

The "Bike Medic" Program is intended to enhance services available to organizers of "special events," such as; community fairs, walk/run marathons, festivals, "market nights," parades, and other events where large crowds are expected in relatively geographically small area with limited vehicle access. This list is intended to provide examples only and is not intended to encompass all situations where the "Bike Medic" Program would be beneficial.

Scheduling of the "Bike Medics" for a special event, demonstration, and/or stand-by will be done only with the approval of a Community Services/Business Development representative and the Operations Manager.

Once approval is obtained the scheduler will contact all "qualified" "Bike Medic" team members in order to fulfill scheduling request. "Qualified" team members are those that have; completed the AMR Basic "Bike Medic" course, attended all AMR required continuing education classes as related to the program, and maintained all appropriate certifications, licenses, and accreditations.

Deployment

Once on site for an event the "Bike Medic" team may receive their request for response via event organizers, local EMS personnel, AMR Communications Center, and/or bystanders.

Once request is made for response, the EMT will immediately advise the AMR Communication Center of their response. Included in this notification will be; the location of the incident, nature of the incident, and any other incident information available at the time of response.

The AMR Communications Center will notify the appropriate Public Safety Communications Center to respond local EMS personnel as appropriate. Determination of response of local EMS personnel will be at the sole discretion of the Public Safety Communications Center. The AMR Communications Center will also immediately deploy an appropriately staffed AMR ambulance to the incident.

Upon patient contact, the “Bike Medic” team will notify the AMR Communications Center of their “on scene” status and update the communications center with any available information of the status of the patient.

As appropriate, the “Bike Medic” paramedic will turnover patient care to the transporting paramedic in compliance with Operating Guideline #4900 “Patient Care Transfers Between Ambulance Crews.” At no time will the “Bike Medic” paramedic or EMT leave the event without appropriate coverage by other personnel (i.e., appropriately trained paramedic or EMT). Appropriate coverage must be maintained at the event at all times.

The “Bike Medic” Program will prove to be an asset to the overall EMS system if we maintain the professionalism expected of AMR employees and follow this and all applicable operating guidelines while deployed at special events, demonstrations, and standbys.

Intravenous (IV) fluids requiring room temperature storage are housed in storage cabinets and drug boxes, in the stations and ambulances.

If a medication reaches its expiration date it is considered denatured. Likewise, should a medication be exposed to extreme temperatures as evidenced by a change of appearance or packaging, the medication will also be considered denatured and disposed of. It is then replenished at the supply room or at support services. The discarded medications are disposed of in an appropriate container, per OSHA regulations. All employees are responsible for maintaining these standards and are to contact Support Services for manufacturer's specifications when necessary.

San Bernardino County

Operational Guideline #4900: HIPAA Privacy Policy

Revised 02-15-11

Applicable Departments: *All*

All field employees must ensure that every patient receives a copy of AMR's Notice of Privacy Practices at the time of treatment. These forms are located in every ambulance and deployment center (refer to your local management as to the exact location).

"HIPAA regulations require that we must make a "good faith" effort to obtain the patient's written acknowledgement that they have received the Notice of Privacy Practices. So we are required by the regulations to have the patient sign for receipt of the Notice."

This signature is obtained on the "Master Signature Statement"

"HIPAA regulations also require that AMA patients also receive this form."

This signature is obtained when the patient signs the "Refusal of Services Release"

It is the employee's responsibility to read and understand all HIPAA regulations and that you adhere to AMR's operational guidelines for this policy. Should you have any questions regarding this policy please contact a supervisor or your local Manager.

San Bernardino County

Operational Guideline #5000: Repetitive Patients

Revised: 02/15/11

Applicable Departments: *All*

PURPOSE:

To outline the procedure for Repetitive Patients as required by AMR Corporate Ethics and Compliance Department. This procedure is intended to ensure that AMR bills Medicare and other government programs for repetitive transports only for those patients who meet medical justification/necessity requirements,

Definition:

"Repetitive transports" means transports are required three (3) or more times during a ten day period for treatment for the same condition.

NOTIFICATION PROCESS

Communications Call-Taker

Any request for service requiring three (3) or more transports in a ten day period will require a delay code using the "REP" code. A copy of the CAD card for each transport must be provided to the Transport Coordinator. The Call-taker will notify the patient and Requesting Party that a medically trained employee of AMR will conduct a site survey to further document the patient's condition.

Communications Transport Coordinator

The Transport Coordinator's responsibility is to immediately notify the IFT Administrative Supervisor via email of the need -for a "medical necessity" assessment.

ASSESSMENT PROCESS

IFT Operations Supervisor

The Administrative Supervisor will assign the appropriate IFT Operations Supervisor the task of conducting a site survey, which includes the completion of a patient evaluation form. Supervisors will need to refer to Patient Evaluation form for instructions on completion. This evaluation must be completed 7 days prior to the first trip whenever possible, with subsequent visits conducted every 60 days to assess any changes in the patient's condition. The patient evaluation form must be returned to the Transport Coordinator immediately upon completion.

Communications Transport Coordinator

The Transport Coordinator will be responsible for maintaining a computerized spreadsheet of all Repetitive Patients. It will require the first date of service, origin/destination, modifiers (Medicare patients), primary and secondary insurance, date of most recent Physician Certification Statement "PCS" and/or Certificate of Medical Necessity "CMS", date of most recent site visit and last date transported, as applicable. This will ensure

that follow up site surveys are requested and received every 90 days. The evaluation documentation will be inserted in to the patient's files.

When a repetitive patient is determined not to meet the medical necessity requirements, the Transport Coordinator will immediately contact the patient or facility representative (Social Worker) and advise them the transport will not be covered and have them make arrangements for another mode of transportation.

TRANSPORT PROCESS

Crew Members

Crew members shall perform the following tasks regarding repetitive patients:

1. Clearly and completely document the patient's condition during each transport; e.g. upon arrival patient is ambulating or is **in** a wheelchair.

2. Notify the Communications Center of changes in the patient's condition which contraindicate ambulance transportation, prior to loading the patient.

San Bernardino County

Operational Guideline #5100: End of Shift Procedures

Revised 03/01/14

Applicable Departments: *All*

The purpose of this guideline is to provide a process for both field crews and System Status Controllers to follow when time is approaching for crews to shut down their units at the end of their respective shifts. Please note that this is a guideline and will be followed so long as system levels permit. Crews are required to maintain their units in a state of readiness until they are cleared for end of shift by the SSC.

As requests for service and system levels permit, the following should take place.

1. Based on system levels and requests for service, the SSC will attempt to post move the crew to a post for coverage that is in close proximity to their respective deployment center approximately forty five (45) prior to a crew's clock out time.

2. Based on system levels and requests for *service,* the SSC should then post *move* the crew to fuel their unit approximately thirty (30) minutes prior to clock out time. Crews are responsible for returning their unit with a full fuel tank at the end of their shifts.

3. The SSC should then post *move* the crew to their deployment center when fueling is complete. The crew must treat this as a post *move* and must acknowledge their arrival. The unit will stay in service and maintained in a state of readiness until they are officially cleared for end of shift by the SSC.

4. Once the SSC has cleared the crew for end of shift, the unit will be placed out of service and all gear shall be turned in to the VSTs. All appropriate equipment logs will be filled out completely at the time the equipment is turned in.

5. The SSC will then *remove* the unit from the CAD once the crew has clocked out.

All SSC's will advise the Communications Supervisor, and respective Operations Supervisor, anytime a crew is going to be held over past their end of shift time due to system demands.

San Bernardino County

Operational Guideline #5200 Riders Accompanying Patients

Effective Date: 02/15/11
Applicable Departments: *All*

The purpose of this OGL is to provide guidance for riders who accompany patients in our units. This is an issue that surfaces from time to time. When this situation occurs, we need to remember that we should always look for a positive outcome for all involved, and the following will assist in that decision.

The guideline to follow is that it is preferable for any friend or family member of a patient to go in their privately owned vehicle so that there may be available transportation for them at a later time, and to prevent unnecessary people from being on-board the unit should a T/C occur while transporting. However, it may be very appropriate at times for a patient's family member, translator, parent, elderly spouse, caretaker, etc. to accompany the patient in our unit. These are just some examples, and it is up to you to determine if allowing a rider is in *the best interests of your patient and customer service*.

The following should be considered when making a decision on accepting a rider:

You must decide if the given person who will accompany the patient is going to:

A) Hinder the driver's performance;

B) Hinder patient care; or

C) Will be an issue for anyone on-board.

D) Impact crew and/or Patient safety

Refer to the AMR health and Safety Manual for further guidance and direction on acceptable riders and conditions.

San Bernardino County

Operational Guideline # 5300 Vehicle Fueling

Effective Date: 03/04/11
Applicable Departments: *All*

The purpose of this OGL is to clearly define the responsibilities of all employees with regards to fueling Company vehicles, and maintaining the unit readiness.

At the beginning of the shift, the unit's fuel status should be at a full tank. Throughout the shift, the unit should be above a half tank at all times. Once the fuel level drops to a quarter tank, the crew shall advise their dispatcher that they need to be out of service and refuel immediately. At the conclusion of the shift, the tank must be topped off prior to returning to the main for end of shift procedures. The fuel card is then to be signed in at the end of shift.

All crews are issued a fuel card that must be signed out at the beginning of the shift. This card should be used for all fuel purchases. If the card doesn't work, an Operations Supervisor should be notified immediately. No individual should purchase fuel with their own money without prior authorization from the Operations Supervisor.

When fueling, diesel fuel should be used only in vehicles that require diesel. When in a vehicle that uses unleaded, only regular unleaded shall be used. Special attention to the type of fuel being placed in tank should be used to avoid the wrong fuel or increased expense of premium fuels.

At no time shall the company fuel card be used for purchases other than fuel for company vehicles.

Employees have the ability to make themselves available for shifts online via Telestaff. Once the employee is granted the shift for which they have stated they are available for, they may be advised via email, text message, page or phone call. It is each employee's responsibility to confirm whether or not they have been placed on the schedule for that shift **prior to the shift date and time,** even if they did not receive an electronic notification of being awarded the shift. Once an employee has been placed on the shift, the employee is responsible for that shift. Failure to report for duty for any shift will be considered a no call/no show and will be addressed accordingly.

San Bernardino County

Operational Guideline #5500: Sick Leave

Revised 09/17/15

Applicable Departments: All *Employees*

Eligibility

This policy is designed to allow for paid time off for employees in accordance with the California Healthy Workplaces, Healthy Families Act of 2014. As a healthcare provider, the Company values and recognizes the importance of maintaining the health and well-being of all employees.

Any employee who has worked at least thirty (30) days within one (1) year of employment is entitled to paid sick leave as set forth in this policy, unless they accrue paid time off (PTO) pursuant to an applicable policy in the Employee Handbook or a CBA. Accrued paid sick leave time may be used beginning ninety (90) days after employment.

In order for an employee to be eligible to use paid sick leave, they must have sufficient sick leave hours or PTO hours available to cover the amount of time off requested.

PTO eligible employees must use their accrued PTO balance for paid sick leave time, up to a maximum of 3 shifts per year of paid sick leave time.

Non-PTO eligible employees must use their accrued sick leave hours for paid sick leave time.

Sick Leave Accrual

Regularly scheduled full time employees will accumulate PTO in accordance with existing policies. **Union employees please refer to the policy and process outlined in your Collective Bargaining Agreement.**

All non-PTO eligible employees shall accrue sick leave at the rate of one (1) hour for every thirty (30) hours worked, up to a maximum of six (6) shifts.

Sick Leave Usage

The maximum number of sick leave hours that can be used per year will be as follows:

- Twenty-four (24) hours or three (3) shifts for employees who are regularly scheduled to work an eight (8) hour shift.
- Thirty-six (36) hours or three (3) shifts for employees who are regularly scheduled to work a twelve (12) hour shift.
- Seventy-two (72) hours or three (3) shifts for employees who are regularly scheduled to work a twenty-four (24) hour shift.
- The use of sick leave for casual part time employees shall be limited to three (3) shifts.

An employee may use accrued paid sick leave time upon reasonable oral or written request for themselves or a family member for the diagnosis, care or treatment of an existing health condition or for preventative care, or for specified purposes for an employee who is a victim of domestic violence, sexual assault or stalking.

"Family members" include the employee's parent, child, spouse, registered domestic partner, grandparent, grandchild, and sibling. Preventive care would include annual physicals or flu shots.

Employees are required to use a minimum of two (2) hours of accrued sick leave time for each use of paid sick leave. If an employee goes home early due to illness, any accrued sick leave hours may be deducted for the balance of the shift.

Accrued sick leave may be deducted for absences where the employee reports to their Supervisor that they are sick or for any of the other circumstances described above.

Sick leave shall be paid at the employee's regular rate of pay for that day, and all sick leave hours will be paid as straight-time only, and will not be counted as hours worked for purposes of calculating overtime pay.

Sick Leave Carryover

Accrued and unused sick leave hours may be carried over to the following calendar year.

Sick Leave/Attendance

An employee's absence will be considered excused if covered by this sick leave policy. An employee's absence will be deemed unexcused when an employee: (a) fails to call in or give any notice; (b) fails to give advance notice for an absence that could be anticipated; (c) does not have sufficient paid sick leave/PTO; or (d) exceeds the number of allowed absences or hours as defined by the sick leave policy. Unexcused absences not covered by the sick leave policy shall subject an employee to corrective action up to and including termination as defined in OGL 300 and applicable CBA Articles.

All accrual, usage, and carryover will be tracked based on the calendar year, January 1 – December 31.

Termination/Rehire

An employee who accrues paid sick time under this policy will not have any accrued unused sick hours cashed out at the time of separation or at any other time. Employees that are rehired within one year of separation will have any accrued unused sick leave balances reinstated at the time of rehire if they completed 90 days of employment prior to separation. If the employee did not previously complete 90 days of employment, then any sick leave balance will be reinstated upon completion of a cumulative 90 days of employment (including the period of employment prior to separation).

Retaliation Prohibited

Retaliation or discrimination against an employee who requests paid sick days or uses paid sick days is strictly prohibited.

Scene Safety

American Medical Response is committed to providing a safe working environment for all its employees, although it is important to note that safety is everyone's responsibility and it is imperative that employees stay alert and familiarize themselves with their surroundings. Providing emergency medical care and transportation services can involve occupational exposure to head and hand injuries while working on emergency scenes. These scenes include but are not limited to traffic accidents, helicopter transports, construction and manufacturing sites. This care and service can expose individuals to hazards, such as being struck by falling or flying objects/debris; striking head on hard, rough, pointed or sharp objects; eye injuries and limited visibility to traffic on roadways/freeways and aircraft. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations. It would be next to impossible to list all the dangers one can encounter, so employees are asked to use sound judgment whenever there is a possibility that their safety or that of their partner and/or patient is at risk. Employees are never to knowingly put themselves in a situation that can pose a danger to their safety. These may include but in no way are limited to the following:

- Entering a Hot Zone of a hazardous materials incident
- Entering confined spaces
- Engaging in hazardous over the side incidents
- Entering a house or vehicle fire
- Unsecured vehicle extrications
- Water Rescues
- Confronting violent or combative patients in the absence of law enforcement

Prior to entering any scene, it is both the Paramedic and EMT's responsibility to properly evaluate the scene for potential dangers. Crews are to position themselves and their equipment, including the ambulance, in a safe position that enables them the ability to evacuate or leave the scene without being blocked.

AMR also provides its employees with the tools necessary to protect them should they find themselves in a situation that has the potential to be dangerous. Employees should know how to properly use and/or operate the safety equipment issued to them or at their disposal. This can include but again is not limited to the following:

- Gloves (Nitrile and leather)
- Particulate Masks
- N95 Mask
- P100 Mask

- Protective clothing (Tyvek suits, Gowns, ANSI Class II Barrier Jacket, Protective Boot Covers
- Eye protection (Glasses and Goggles)
- Safety restraints
- Helmet
- Fire Extinguishers
- Safety boots
- Approved Hi Visibility Garment

Worker Visibility

In order to provide the safest work environment, employees are always encouraged to wear their company approved high-visibility safety apparel; however, all employees **are required** to wear their high visibility apparel while on scene of all incidents within the roadway's right of way. High visibility safety apparel is personal protective safety clothing intended to provide conspicuity during both daytime and nighttime usage.

Head Protection

Helmets must be worn:

- Anytime deemed necessary by an incident commander, public safety official, supervisor, or County EMS.
- On roadway or freeway incidents.
- Anywhere there is a residual risk of injury from falling objects or where people might bump their heads.
- On construction sites where required by the Main Contractor.
- Working with aircraft (air ambulances).

Goggles must be worn:

- Anywhere there is residual risk of flying objects/debris or eye hazards from sharp/pointed objects exist.
- Working with aircraft (air ambulances).

Inspection

Shell:

- Shall be inspected daily for dents, cracks, nicks, gouges and any damage due to impact, penetration, abrasions, rough treatment or wear that might reduce the degree of protection originally provided. Inspect for degradation of material, such as stiff, brittle, faded, dull color or chalky appearance. Report damage to your Supervisor or Manager to evaluate need for replacement.

- Shells may be tested by compressing the shell inward from the sides about 1" (2.5 cm) with both hands and then release the pressure without dropping the shell. The shell should quickly return to its original shape, exhibiting elasticity. Compare the elasticity of the helmet with that of a new shell. If the helmet does not exhibit elasticity like that of a new shell, or if it cracks due to brittleness, it should be replaced immediately.

Suspension:

- Suspensions shall be inspected daily for cracks, frayed or cut crown straps, torn headband or size adjustment slots, loss of pliability or other signs of wear. Report damage to your Supervisor or Manager to evaluate need for replacement.

Goggles:

- Goggles, lenses and straps shall be inspected daily for cracks, frayed or cut straps, loss of elasticity, damage causing visual impairment or other signs of wear. Report damage to your Supervisor or Manager to evaluate need for replacement.

Care and Maintenance

- Scrub the shell and suspension with a mild detergent to remove dirt and stains. Rinse thoroughly with clean, warm water, not to exceed 120ºF. After rinsing, wipe dry and once again carefully inspect for any signs of damage.
- The helmet provides limited protection by reducing the force of falling objects or striking the top of the shell. It is not designed to provide front, side or rear impact or penetration protection.
- The helmet's shell or suspension shall not be altered, modified or painted.
- Helmets should not be carried on the rear window shelf of an automobile or stored in direct sunlight. Exposure to extreme sunlight over time may cause degradation which can affect the degree of protection originally provided.
- If the helmet has been struck by a forcible blow of any magnitude, both the helmet shell and suspension report it to your Supervisor or Manager, even if no damage is visible.
- Because helmets can be damaged, they should not be abused. They should be kept free of abrasions, scrapes and nicks and should not be dropped, thrown or used as supports. Do not sit on a helmet.
- Wearers should never carry or wear anything inside their helmet. A clearance must be maintained between the shell and head for the protection system to work properly.

San Bernardino County Operations

Operational Guideline

Guide #: 5700 **Effective Date: August 1, 2019**

APPLICABLE TO DEPARTMENTS: All

Christopher Gordon, Regional Director

Geoff Arai, Operations Manager, (Rancho Cucamonga)

Dave Molloy, Operations Manager, (Redlands)

Micheal Romo, Operations Manager, (Victorville)

Chris Valentin, Operations Manager, (I.F.T.)

Rhonda Brown, Communications Manager

Meal and Rest Periods

ELIGIBILITY

The Company provides and affords all non-exempt employees with meal periods and rest periods in accordance with California law. Non-field employees who work more than 5 hours in a workday are provided an opportunity to take an uninterrupted, minimum 30-minute meal period, which shall begin no later than the end of the fifth hour of work. For non-field employees, the company also provides and affords a second uninterrupted, minimum 30-minute meal period when an employee works more than 10 hours in a workday. This second meal period shall begin no later than the end of the 10th hour of work.

Non-field employees may have a meal period greater than 30 minutes but not to exceed 1 hour, as determined and established by the department leader.

Field personnel shall be entitled to at least 2 paid meal periods of at least 30 minutes each during each 12-hour shift, and at least 3 paid meal periods of at least 30 minutes each during each 24-hour shift. Field employees are required to take their meal periods during periods of inactivity during their shift.

The Company authorizes and permits all non-exempt employees to take their rest periods in accordance with California law. Rest periods are counted as time worked and employees are paid for such rest periods. All non-field employees should take a rest period of at least net 10 consecutive minutes for each 4-hour work period, or major fraction thereof, and should take their rest periods in the middle of each such work period insofar as practical. Field personnel are expected to take their rest periods during periods of inactivity during their shift.

Emergency medical technicians ("EMTs"), dispatchers, paramedics and other licensed or certified ambulance transport personnel who contribute to the delivery of ambulance services are considered "emergency ambulance employees" for purposes of California Labor Code sections 880 through 890, which are known as the "Emergency Ambulance Employee Safety and Preparedness Act." In order to maximize protection of public health and safety, the Emergency Ambulance Employee Safety and Preparedness Act requires that emergency ambulance employees must carry a portable communications device and remain "reachable" throughout the entirety of each work shift, including during meal and rest periods.

Due to the nature of the Company's medical transportation business, certain designated employees may be authorized for a paid on-duty meal period in accordance with California law. Employees in the following identified job classifications, which are subject to change in the Company's discretion, will be permitted to take on-duty meal periods provided they sign the required on-duty meal period agreement:

- EMT
- Paramedic
- Nurse
- Dispatcher

PROCEDURES

All employees must record the beginning and ending time of their meal periods. Employees who have not entered into on-duty meal period agreements should record the beginning and ending time of their meal periods in the Company's time-keeping system every workday.

Employees are not required to record their rest periods.

Meal periods may only be waived in the limited circumstances discussed below.

ALL NON-FIELD PERSONNEL

The department leader may identify a meal period schedule for employees in order to accommodate the Company's needs. If no meal period schedule is established by the department leader, employees must notify their direct leader immediately when they begin their meal period.

Employees should notify their leader immediately if a meal period is interrupted for a work-related reason, so that arrangements can be made to reschedule the meal period during the same work shift. However, except for dispatchers and other licensed or certified ambulance transport personnel who contribute to the delivery of ambulance services, non-field personnel are not required to remain reachable during their meal periods.

Any requests for changes in a meal period schedule must be submitted to the leader in advance and be preapproved before the change occurs. A request for a meal period schedule change is considered an exception and may not be granted. Employees may not substitute or reduce a meal period in order to leave their scheduled end of shift early or for any other reason.

Non-field employees who have entered into on-duty meal period agreements are required to remain on premises during their meal periods and will be paid for all time during their meal periods. Non-field employees who are approved to leave the premises during their meal periods will be provided off-duty, unpaid meal periods. Although non-field employees may be permitted to leave the premises during their meal periods, EMTs, dispatchers, paramedics and other licensed or certified ambulance transport personnel who contribute to the delivery of ambulance services must remain reachable by a portable communications device throughout the entirety of their work shift, including meal periods. Regardless of whether a meal period is paid or unpaid, all non-field personnel are required to record the beginning and ending time of their meal periods in the Company's time-keeping system every workday. Employees are not required to record their rest periods.

Reporting of Missed Meal or Rest Periods by Non-Field Personnel

Employees are required to identify in writing on a missed meal period form any meal or rest period that they have missed in a particular pay period, and are requested to do so no later than 48 hours after the shift in which the claimed missed meal or rest period occurred. The missed meal period form must be provided to the employee's department designee. Submitted documentation will be reviewed and employees will receive 1 additional hour of pay at the employee's regular rate of pay for each workday in which they do not receive all their required meal periods. Similarly, submitted documentation will be reviewed and employees will receive 1 additional hour of pay at the employee's regular rate of pay for each workday in which they do not receive all their required rest periods.

FIELD PERSONNEL

Field employees shall be required to take their on-duty meal periods during times of non-activity. For purposes of this policy, "non-activity" means the times when the employees are not responding to a call, performing patient care or completing documentation, and are not traveling to or from a post location.

Reporting of Missed Meal or Rest Periods for Field Personnel

Employees are required to identify in writing on a missed meal period form any meal or rest period that they have missed in a particular pay period, and are requested to do so no later than 48 hours after the shift in which the claimed missed meal or rest period occurred. The missed meal period form must be provided to their department designee. Submitted documentation and other records such as CAD records and unit activity reports will be reviewed, and employees will receive 1 additional hour of pay at the employee's regular rate of compensation for each workday in which they do not receive all their required meal periods. Similarly, submitted documentation and other records such as CAD records and unit activity reports will be reviewed and employees will receive 1 additional hour of pay at the employee's regular rate of compensation for each workday in which they do not receive all of their required rest periods.

To the extent CAD records, unit activity reports or other records show that an employee requesting the additional 1 hour of pay had sufficient periods of non-activity greater than 30 minutes in which to obtain

timely meal periods, the request for the additional 1 hour of pay may be denied on the basis that the employee received all required meal periods. Similarly, to the extent CAD records, unit activity reports or other records show that an employee requesting the additional 1 hour of pay had sufficient periods of non-activity of at least 10 net minutes in which to obtain timely rest periods, the request for the additional 1 hour of pay may be denied on the basis that the employee received all required rest periods. The Company shall exclude the first hour and last hour of an employee's shift for purposes of determining periods of non-activity for meal periods. Employees shall not be required to take a meal period during the first or last hour of a work shift. In addition, each meal period must be separated by at least two hours.

WAIVERS OF MEAL PERIODS – ALL PERSONNEL

Employees may waive their initial meal period only when they will complete their workday in six hours or less. If employees work more than 10 hours in a workday, they may waive their second meal period only if they take their first meal period *and* they do not work more than 12 hours that workday.

Employees wishing to waive a meal period are required to submit a completed and signed meal period waiver form to their department leader or designee. Employees who choose to voluntarily waive a meal period on a day must have preapproved authorization from their direct leader.

OTHER – ALL PERSONNEL

At no time may any non-exempt employee perform off-the-clock work or otherwise alter, falsify or manipulate any aspect of their time-keeping records to inaccurately reflect or hide meal periods taken or time spent working during meal periods. If the Company determines an employee is in violation of this policy, the employee will be subject to corrective action up to and including termination of employment.

If there is any incomplete and/or missing information on a missed meal period form submitted by an employee for a missed or rest meal period, the request for a missed meal or rest period payment may be denied.

For employees who are represented by a labor organization or union, please refer to your Collective Bargaining Agreement for information and procedures regarding meal and rest periods.