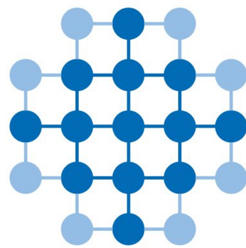
EMS Officer Orientation Guide



UB|MD
EMERGENCY MEDICINE
EMS DIVISION

Prepared By

UBMD Emergency Medicine

EMS Division

EMS Officer Orientation Guide

Welcome to the Position!

Congratulations on your acceptance of a position as an EMS Officer within your agency! To assist in getting you up to speed, the UBMD EMS Division has created this program as a way to orient you with your responsibilities and duties as an officer. We will do our best to orient you regarding State and Regional responsibilities, but keep in mind that your Agency or District may have additional guidelines.

One of the best ways to start as an officer, in addition to reviewing this Orientation Guide, is to visit the UBMD EMS Division website and sign up for our email listserv. We use this email list ONLY to send out training, and other important EMS related news to the local EMS community, and it's a great way to keep up to date!

As always, if you have any questions or concerns that aren't addressed in this Guide, please don't hesitate to contact us!

UBMD EMS Division

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Job Responsibilities

EMS Officer

The term “EMS Officer” may mean very different things to different agencies, organizations, districts or regions. We intend to view an EMS Officer as anyone providing more than rank-and-file patient care within your agency. This may include such positions as Shift Supervisor, Training Officer, EMS Captain, EMS Lieutenant, Assistant Chief or Director of Operations, etc.

For this reason, the specific role(s) of EMS Officer, as well as the specific responsibilities associated with it, will most likely be defined by the By-Laws, Policies, Standard Operating Procedures, or similar documents within your individual agency or district.

Although not all EMS Officers bare the same title or responsibilities, the following are some general similarities between most EMS Officer positions with which you should become familiar:

- Responds to EMS calls and performs EMS activities in compliance with the agency’s SOPs and directives.
- Functions as Incident commander or scene officer.
- Assesses and coordinates resources and personnel to facilitate safety.
- Assists with patient care protocol revisions.
- Assists in the agency’s quality assurance program through program development, critiques, debriefings, and audits.
- Performs inspections or review of inspection forms for equipment and disposable supplies.
- Develops and reviews related standard operating procedures (SOPs) or similar.
- Participate and instruct in the agency’s training program.
- Attend extra training and staff meetings.
- Ensure that assigned apparatus is inspected and properly stocked.
- Issue verbal and/or written warnings when appropriate per departmental disciplinary procedures.

Who's Who?

Medical Director

- Your Medical Director is the physician who oversees any part of your agency's EMS operations that affect patient care delivery. He or she will need to sign documents periodically and should have regular interaction with your members or officers.

Program Agency

www.UBMDEMS.com
716-829-5500

- The UBMD EMS Division is one of 18 Program Agencies across the State of New York. It is our job to foster the growth and coordination of EMS services across Erie, Wyoming, Niagara, Orleans, and Genesee Counties.

Regional EMS Council (REMSCO)

www.werems.org / www.biglakesremsco.org

- The Wyoming-Erie Regional Emergency Medical Services Council is the body that oversees the administration of EMS for Erie and Wyoming Counties. Big Lakes Regional Emergency Medical Services Council oversees the administration of EMS in Niagara, Orleans, and Genesee Counties.
- The council meetings are scheduled differently from one another; however, both meet on Wednesdays in the **Odd** months. These are public meetings, and anyone can attend.

Regional Emergency Medical Advisory Committee (REMAC)

www.wremac.com

- The Western Regional Emergency Medical Advisory Committee (or WREMAC for short) is the group of physicians that develops advanced protocols for the local region as well as other directives for the treatment and transport of patients.
- The WREMAC meets on the **third Wednesday** of January, March, May, June, September, and November. Typically, the meeting is at 1:00PM and the location tends to move around. If you would like to sign-up for meeting communications, please e-mail your request to: UBMDEMS@buffalo.edu

State Health Department

www.health.ny.gov/professionals/ems
Buffalo Office - 716-847-4391

- The New York State Department of Health Bureau of EMS and Trauma is responsible for enforcing the Public Health Law (Article 30, 30-A, 30-B and 30-C) and NY Codes, Rules and Regulations as they pertain to EMS (10NYCRR, Part 800, Part 80 and Part 18). Their website is a great place to start for your EMS related questions, updates on EMS Policy Statements, protocols.

Agency Administration

EMS Operating Certificates

Your operating certificate is issued by the New York State Department of Health. All ambulance services and ALS first response (ALS FR) services must have an operating certificate. BLS first response services (BLS FR) do not have an operating certificate; however, they do require renewal every two years.

Your operating certificate must be renewed every two years. Typically, a renewal application is sent to your agency from the Department of Health 90 days prior to your operating certificate's expiration date. Completed renewal packets are due to the Bureau no less than 30 days prior to expiration.

Department of Health Inspections

The DOH Bureau of EMS and Trauma conducts regular inspections of EMS agencies. Full-service inspections occurred historically once every six years for volunteer agencies and once every two years for higher-volume services (typically commercial services). These inspections are scheduled in advance by the Department of Health. The UBMD EMS Division offers to perform a pre-inspection at no cost to best prepare your agency for the DOH inspection. The pre-inspection gives you a chance to correct deficiencies prior to the DOH inspection.

In addition to scheduled full-service inspections, spot inspections of any certified ambulance, ALS FR or emergency service vehicle may occur at any time by a DOH field representative.

Medical director involvement

Every EMS Agency delivering patient care with an AED (or higher) must have a Medical Director. You should know who your Medical Director is and how to contact him/her. Depending on your services level of care usually determines how much interaction you have with the doctor or his/her designee.

Personnel Files

EMS agencies are required to maintain, and keep confidential, personnel files for all members of the EMS agency. Specific content may be dictated by your agency; however, certain minimum requirements are spelled out in Part 800:

- Personnel files must include, at minimum:
  - Qualifications of member
    - e.g., driver license, CPR card, application for membership, etc.
  - Must be reviewed at least annually
- Training files must include, at minimum:
  - Copy of state certification
  - Records of any additional or special training (ie, CPR, ACLS, PALS, Trauma, etc.)
  - Records of in-services or continuing education courses
- HEALTH RECORDS MUST BE MAINTAINED <u>SEPARATELY</u>!

Personnel Health Files

- Health files must be maintained SEPARATELY from personnel or training records
    - Must include immunization status
    - Hepatitis B Vaccine proof or waiver
    - Should include any required physical, health and immunization requirements included in your personnel policy
    - Must be reviewed at least biennially (every 2 years)

Other Required Elements

- Maintain a record of each ambulance call
    - All patient care paper items must be maintained in a secure location with access limited to essential personnel
    - This includes immediately after the call, as well as long-term storage
- Adequate and safe storage facilities
    - Consider developing a weekly or monthly (or both) safety inspection form
    - Clean supplies should be stored in a clean area
    - Soiled linen or other dirty and biohazardous materials must be stored appropriately
- Medical director authorization forms for the following, if applicable:
    - Epinephrine auto-injector (EpiPen)
    - Nebulized albuterol administration
    - Blood glucose testing (CLIA License Required)
    - Syringe Epinephrine (Check and Inject)
    - BLS 12 lead
    - CPAP

Required Policies and Procedures

Your agency Policy and Procedure manual, sometimes referred to as a set of Standard Operating Policies (SOPs) or Standard Operating Guidelines (SOGs), should be routinely reviewed and updated to reflect current practices in your agency. Although the content of this document will be highly specific to the way your agency operates, Part 800 includes several required policies that all agencies must address.
All agencies must have and enforce written policies concerning:

- Mutual aid
    - Including required signed authorizations and agreements
    - Request the response of the nearest, appropriate, EMS service(s)
    - Must consider incident location and access, location of the mutual aid agency, primary service territory, authorized level of service, staff available, and any other pertinent information
- Coverage of the ambulance service's response area when unable to respond

- Maximum call receipt interval for all emergency calls, except for MCI or disaster situations
- Actions to be taken if the maximum call receipt interval (above) is exceeded and an ambulance has not yet started toward the incident location
- Authorization and protocols for a central dispatch agency to send a mutual aid service when the service does not or cannot respond
- Minimum qualifications and job descriptions for all patient care providers, drivers, and (if applicable) EMS dispatchers
- Physical, health and immunization requirements for all patient care providers and drivers, including provisions for biennial review and updating of such requirements
- Preventive maintenance requirements for all authorized EMS response vehicles and patient care equipment
- Cleaning and decontamination of EMS vehicles and equipment
- Equipping and inspection of all authorized EMS response vehicles
- Reporting by the agency of suspected:
  - crimes
  - child abuse
  - patient abuse
  - domestic violence, including any directed toward elderly persons
- Responsibilities of patient care providers when:
  - a patient cannot be located
  - entry can not be gained to the scene of an incident
  - a patient judged to be in need of medical assistance refuses treatment and/or transportation
  - patients seek transportation to a hospital outside the area in which the service ordinarily transports patients
  - a receiving hospital requests that a patient be transported to another facility before arrival at the hospital
  - treating minors
  - treating or transporting patients with reported psychiatric problems
  - confronted with an unattended death.
- Infection control practices and a system for reporting, managing and tracking exposures and ensuring the confidentiality of all information that is in compliance with all applicable requirements
- Response plan for hazardous material incidents.
  - *Participation in a county or regional plan will meet this requirement*
- Response plan for multiple casualty incidents.
  - *Participation in a county or regional MCI plan will meet this requirement*

Equipment

Stocking your emergency vehicle

- Every emergency response vehicle should be inspected on a regular basis to ensure adequate stock of supplies, and to verify that the Department of Health minimum standards are met.
- Part 800 lists **minimum** requirements for ambulances and other certified vehicles, but your agency is encouraged to expand upon them as you see fit.
- The WREMAC maintains a list of **minimum** requirements for ALS supplies and medications at all levels.
- You will need to have replacement stock for your disposable medical supplies. The amount of replacement correlates to your operating budget. You should have a log for equipment used and replaced from your stock.

Inspecting and maintaining your equipment and supplies

- Your vehicle must also be maintained mechanically. You should perform the mechanical check when the supplies are checked. This also needs to be documented. Your department might already have a format or schedule that your Policies or SOPs define.
- Your vehicle warning systems, communication (radio/portable/cellular) heating/cooling systems must be functional. The vehicles tires and body must be without damage. You must have a reporting system if a problem does occur.
- Some equipment requires routine maintenance. For instance, your cardiac monitor, AED, stretcher, or stairchair may need to be serviced per the manufacturer's recommendation. Check all mechanical equipment to see if they have maintenance recommendations. You should keep some form of log recording preventive maintenance, inspections, or servicing of your equipment.
- After a response for service the vehicle needs to be put back in-service. This means making sure any supplies used are replaced, the vehicle is clean, has fuel and is in working order. Some departments utilize a check list to make sure all these items have been addressed.

Cleaning your vehicle and equipment

- Your vehicles and equipment need to be cleaned and disinfected on a regular basis. If your equipment is exposed to a bio-hazard it must be cleaned and disinfected prior to going back into service.
- Your staff also needs to have their personal effects (clothing/equipment) taken care of if the items have been exposed. If you do not have a SOP written for this type of occurrence, one should be created and distributed.

Education, Training, and Drills

EMS Education

- There are currently 5 levels of EMS training within New York State:
    - Certified First Responder (CFR)
    - Emergency Medical Technician – Basic (EMT-B)
    - Advanced Emergency Medical Technician (AEMT)
    - Advanced Emergency Medical Technician – Critical Care (AEMT-CC) (CME Program only)
    - Advanced Emergency Medical Technician – Paramedic (AEMT-P)
- Information regarding certification, continuing education, recertification, and levels of care may be found on the State DOH website.
- EMS providers enrolled in CME-based recertification courses have different requirements than those enrolled in traditional refresher classes. In general:
    - The Agency must be enrolled in a CME-Recert program
    - The Agency must be aligned with an approved CME course sponsor, or must have a CIC overseeing the program at their highest level of care.
    - The EMS Provider must attend a minimum amount of "core" content that is ***arranged through the Agency's approved course sponsor, or CIC***.
    - The EMS Provider must provide proof of additional CME activity
    - The EMS Provider must be in *continuous practice* with an EMS Agency
    - All continuing education hours, including in-house drills or trainings, must be logged and maintained by the Agency's CME coordinator.
    - Agencies may offer 100% online CME Recertification through with the approval from the Bureau of EMS and Trauma Systems using an approved vendor.
    - The CME Program manual can be found on the NYS BEMS website.

EMS Drills

- As EMS officer, it may be your responsibility to conduct regular drills or training with your members. A great source of ideas for drill topics is your own experience. Think back about calls that you may have taken, or as an officer, PCRs that you may have reviewed for topics that could be covered.
- Most successful drills involve a combination of didactic ("lecture") material as well as practical ("hands on") time. Providers should have the ability to learn new material or refresh their knowledge of existing practices, and then put that knowledge into practical application. We understand that not all topics can be covered this way but try to keep your training interesting and stimulating.
- Online and print sources, such as JEMS or EMS Magazine, also offer drill ideas on a regular basis.

New Member Orientation

- You may also be involved in the orientation process for new members or, at the very least, new EMS providers.
- New EMS providers should be offered an opportunity to learn how to use the equipment specific to your agency. Ideally, they should also be afforded some time with a preceptor or senior EMS provider within your agency to become comfortable functioning at their new level of care or within their new agency.
- If your agency doesn't have a formal orientation or preceptorship program in place, consider implementing one. Develop review forms to document your new member's progress and provide proof of competency using your equipment.
- Similarly, there should be a formal process in place to credential and review emergency vehicle driver privileges.

Medical Direction and Credentialing

- In previous years, EMS providers were required to complete a skill competency twice a year (semi-annual skills). These are the same skills that were required as "quarterly" skills before that…
- This policy was revised by the WREMAC in September 2019. EMS providers now complete these skills (with some modifications) only ONCE per year.
    - Skills may be completed through actual patient care, via simulation with an approved preceptor, or through a medical director approved training program.
- In 2013, the WREMAC also implemented a requirement that all EMS providers be registered with their program agency and apply for Medical Direction privileges. All certified providers, from CFR through Paramedic, must submit a form to their respective program agency by June 30th of each year.
- To remain "online" and able to practice with your agency, each certified provider must do the following:
    - Submit the annual application for medical director privileges
    - Complete a skills demonstration
    - Maintain current CPR and any other required cards (e.g., ACLS, PALS, etc.) without allowing them to expire. There is no "grace period".
- All records pertaining to credentialing are maintained in the UBMDEMS Portal. It is the responsibility of the agency to ensure that all records are up-to-date.

Infection Control

Exposure control plan

Due to our risk of occupational exposure, all EMS agencies must develop an exposure control plan unique to their agency's practices and equipment. Each agency should designate one member as the Exposure Control Officer. The outline of this plan is dictated by OSHA Standard, 29 CFR 1910.1030(c):

- The exposure determination including:
    - A list of all job classifications in which all employees in those job classifications have occupational exposure
    - A list of job classifications in which some employees have occupational exposure
    - A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed
    - This exposure determination shall be made without regard to the use of personal protective equipment
- The schedule and method of implementation for:
    - Methods of Compliance, including:
        - Use of universal precautions
        - Use of engineering and work practice controls, including handwashing facilities
        - Personal protective equipment requirements
        - Housekeeping policies
        - Disposal of regulated waste
    - Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up
    - Communication of Hazards to Employees, including:
        - Labels & signs
        - Mandatory training at least annually
    - Recordkeeping, including:
        - Instances of occupational exposure to infectious materials
        - Sharps injury log
        - Training
- The procedure for the evaluation of circumstances surrounding exposure incidents

The Exposure Control Plan must be readily accessible to all members, and is required to be reviewed and updated annually, including input and feedback from all members responsible for direct patient care.

For more specific information, OSHA Standards can be viewed online at:
http://www.osha.gov/law-regs.html

Quality Assurance & Quality Improvement

Intro to QI/QA

- Quality assurance and quality improvement (QA/QI) are integral part of the EMS System. This task can be a large undertaking. It requires a working knowledge of the protocols at which your agency operates. The purpose of QI/QA is to see where we are, where we need to go and how to get there.

QI/QA Requirements

- It is required by New York State Public Health law Article 30 Section 3006 that all **ambulance service** and **ALS first response** service shall establish or participate in a quality improvement program, which shall be an ongoing system to monitor and evaluate the quality and appropriateness of the medical care provided by the ambulance or ALS-FR service.
- The QA/QI program may be conducted independently or in collaboration with other services, the regional council, an EMS program agency, a hospital, or another appropriate organization approved by the DOH.
- The QA Committee must include at least five members, at least three of whom do not participate in the provision of care by the service. At least one member must be a physician, and the others may be nurses, EMTs, AEMTs, or other appropriately qualified allied health personnel.
- The quality improvement committee shall have the following responsibilities:
    - review the care rendered by the service, as documented in prehospital care reports and other materials
    - periodically review the credentials and performance of all persons providing emergency medical care on behalf of the service
    - periodically review information concerning compliance with standard of care procedures and protocols, grievances filed with the service by patients or their families, and the occurrence of incidents injurious or potentially injurious to patients
    - provision of continuing education programs to address areas in which compliance with procedures and protocols is most deficient and to inform personnel of changes in procedures and protocols
    - present data to the regional medical advisory committee and to participate in system-wide evaluation
- Materials collected for QA/QI purposes must be kept confidential.

Patient Care Records

Acquiring Patient Care Reports (PCRs)

PCRs, formally known as Paper PCRs, are extremely limited in use within NYS. If you are apart of the CME program, you are required to document all charts through a “State acceptable” ePCR software vendor. Prior to entering into any contract consult with the program agency ahead of time to ensure that the vendor is allowed to provide services in NYS. If you are not in the CME, you may use Paper PCRs, however submission of those must go through the State approved Paper PCR portal. Contact UBMD for more information.

Submitting PCRs

- PCRs are submitted to the state either through the ePCR vendor that you are contracted with, or for the limited few using the “Paper PCR” route you will submit using the Paper PCR portal. Every agency has an assigned “PCR Coordinator” and generally they are the best resource for more information. If this is a part of your newly assigned role and you still have questions, please contact us at UBMD and we will help guide you. Agencies are required to notify the state anytime the role of “ePCR coordinator” changes at your agency. This is to ensure that this person receives any updates related to changes in the standards at the State level.

Retention of PCRs

- Federal Law (HIPPA) requires that medical records be retained for Six Years. If the call involves the treatment of persons under age 18, the PCR must be retained for three years after the child reaches age 18. Those that had transitioned from paper to electronic, you must maintain all the paper PCRs in the same manner until such time as you exceed the records retention requirement. These records must be **secured** at all times.

Electronic PCR (ePCR)

- It is important to ensure the data from the ePCR system is submitted to the hospital and exported to NYS as required by the Department of Health.
- The following information regarding ePCR use comes directly from NYS DOH:
  - EMS services are required to leave a paper copy or transfer the electronic PCR information to the hospital prior to the EMS service leaving the hospital. This document must minimally include:
    - Patient demographics
    - Presenting problem
    - Assessment findings
    - Vital signs
    - Treatment rendered
  - Failure to leave patient information with the emergency department upon the delivery of the patient may compromise medical treatment and interrupt the continuity of patient care.
  - All electronic patient records should be completed and closed prior to the end of the shift during which the patient was treated. There should be no access to patient records on personally owned computers. Agencies should have policies restricting the use of personally owned computers for completing ePCRs.
  - As per the Bureau's policy 21-04 entitled "Submission of Patient Care Reports as of July 1st, 2021" you are required to do the following, "All patient care records are to be submitted to the state within 4 hours of the completion of the call at least 90% of charts". For other questions pertaining to what is required please refer to the above policy.

Notes

Notes