

Table of Contents

Section 1 General Procedures

- 1.1 Introduction
- 1.2 Maintenance and Revision of SOR's
- 1.3 Organizational and Rank Structure
- 1.4 Chain of Command
- 1.5 General Rules of Conduct
- 1.6 Uniforms, Equipment and Appearance
- 1.7 Uniform Issuance and Replacement

Section 2 Command Structure and Responsibilities

- 2.1 Command Staff Responsibilities
- 2.2 Supervisory Staff Responsibilities
- 2.3 Member Responsibilities

Section 3 Daily Operations

- 3.1 Staffing of Stations and Apparatus
 - 3.1a Junior SOR
- 3.2 General Ambulance Operations
- 3.3 Transport Destination of Emergency Patients.
- 3.4 Staffing of Standby's, Competition Teams, and PR Events

Section 3 Daily Operations (cont.)

3.5 Drug and Alcohol policy

3.6 Photos and Video images at EMS responses

3.7 Drug Box Security and Control (Pending OMD Review & Release)

Section 4 Training

4.1 Ambulance Personnel Training

4.2 Driver Training

4.3 General Vehicle Operations

Section 5 Quality Assurance

5.1 Quality Assurance Program

5.2 Continuous Quality Improvement Program

5.3 Clinical Incident Review Policy

5.4 OMD Consultation

Section 6 Infectious Control

6.1 Infectious Exposure Policy

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: INTRODUCTION

S.O.R. # 1.1

Revised: 02/02/2021

Replaces: 01/01/2010

Purpose: To provide an introduction to the standard operating rules of the Bensley-Bermuda Volunteer Rescue Squad.

Definitions:

SORs: Standard Operating Rules.

Squad: Bensley-Bermuda Volunteer Rescue Squad, Inc.

Officers: Those members of the Squad who are either elected or appointed into operational leadership roles. The By-Laws and these SORs provide clarification of Officer positions.

Chief: The Chief of Operations of the Squad.

Policy/Procedure:

1. Nothing in these SORs is developed to be inconsistent with the by-laws or with the Charter of the Squad. In any case where there is a discrepancy, the order of precedence will be the Charter, the By-Laws and these SORs. Discrepancies will be posted by the Chief of Operations to negate member responsibility for adherence to the rules and will be resolved in a rapid fashion.
2. Whenever people gather to achieve goals, some rules of conduct are needed to help everyone work together efficiently, effectively, and harmoniously. The purpose of these rules is not to restrict member's rights, but rather to be certain that every member understands what conduct is expected and necessary.
3. Nothing in these SORs is to be construed as creating any rights to continued membership or any cause of action against the Squad, its Officers, or its members. These SORs may be modified, amended, or canceled at any time as outlined in Section XII of the By-Laws.

4. From time to time it becomes necessary for the Chief of Operations to set policies and or procedures he or she deems necessary to effectively achieve the goals set forth, in the most professional manner possible. These policies are considered temporary rules and will remain in effect for no more than the duration of the issuing Chief's term unless repealed by the chief prior to that time or adopted and continued by the incoming Chief.
5. Violation of the Standard Operating Rules may be sufficient cause for suspension by the Chief of Operations, Deputy Chief Officers and/or disciplinary action by the Board of Directors as outlined in Article XIV of the By-Laws of the Squad.
6. Any member charged with a felony or any crime involving moral turpitude shall immediately report the same to the Chief and will be automatically suspended by the Chief effective the time of arrest and/or indictment. Squad property shall be returned to the Chief pending resolution of the charge. The Chief will report with all due haste this matter to the Board of Directors, and the member may receive disciplinary action taken by the Board of Directors as outlined in Article XIV of the By-Laws of the Squad.
7. Drivers must report any conviction constituting a moving violation to the Chief and Training Officer. Any driver charged with 'Driving Under the Influence' or 'Reckless Driving' shall not drive any Squad Vehicle pending resolution of the charge or action by the Safety Committee. Drivers who have been convicted of moving violations may have their driving status reviewed and changed by the Chief of Operations.
8. Drivers must report any suspension or revocation of driver's license for any reason to the Chief of Operations and Training Officer. Any driver whose license is suspended or revoked shall not drive any Squad vehicle pending reinstatement of driving privileges.
9. Rescue incidents are dynamic in nature and it is impossible to plan for every contingency. Therefore, all members are empowered to undertake courses of action they deem necessary to mitigate an incident, Standard Operating Rules notwithstanding, AS LONG AS THOSE ACTIONS ARE:
 - Safe
 - Respectful and considerate regarding First Responders, other members, and other agencies
 - In the best interests of the patient and/or the patient's family
 - Medically appropriate
 - Reasonable within the confines of your training and experience
 - Ethical
 - Fair
 - Honest

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: MAINTENANCE AND REVISION OF SORs

S.O.R. # 1.2

Revised: 02/02/2021

Replaces: 01/01/2010

Purpose: To set forth the location where the current SORs will be posted, the accepted method of revising the SORs, and the way revisions to SORs will be communicated to members.

Definitions: None.

Policy/Procedure:

1. An up-to-date copy of the SORs shall be maintained on the Squad website.
2. Excepting in cases of emergency, proposed changes shall be made in accordance with Article XII, Operational Rules and Regulations of the By-Laws.
3. Proposed changes and/or additions will be reviewed by the membership at the monthly meeting.
4. Adopted changes will be posted with the existing SORs on the web site.
5. Revisions to existing SORs will be reflected at the top of the SOR for historical and tracking purpose.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: Organizational and Rank Structure

S.O.R. # 1.3

Revised: 02/02/2021

Replaces: 02/01/2011

Purpose: To provide members with the guidelines for determining the organizational structure and the delineation of different staff types and their overall responsibility

Definitions: None.

Policy/Procedure:

1. Command Staff

a. Chief of Operations: The responsibilities and functions of the Chief of Operations are set forth in Article IV of the By-Laws of the Squad. The Chief of Operations is ultimately responsible for the overall operation and function of the Squad. The Chief of Operations holds the rank of Colonel and reports to the Board of Directors.

b. Deputy Chief of Operations: The responsibilities and functions of the Deputy Chief of Operations are set forth in Article IV of the By-Laws of the Squad. The Deputy Chief of Operations holds the rank of EMS Deputy Chief and reports to the Chief of Operations.

c. Deputy Chief of Administration: The responsibilities and functions of the Deputy Chief of Administration are set forth in Article IV of the By-Laws of the Squad. The Deputy Chief of Administration holds the rank of EMS Deputy Chief and reports to the Chief of Operations.

2. Supervisory Staff:

a. On-Shift Captain/Squad Leader: Responsible for the staffing of ambulances, operation, and actions of personnel for a specific shift. The On-Shift Captain is appointed by the EMS Deputy Chief of Operations with approval by the Chief of Operations. The On-Shift Captain reports to the EMS Deputy Chief of Operations.

b. On-Shift Lieutenant/AIC: Responsible for operation and actions of personnel for a specific crew. The On-Shift Lieutenant reports to the On-Shift Captain or to the Command Staff overseeing their function involving actions of the personnel for a specific crew. The On-Shift Lieutenant is also responsible for all aspects of patient care on scene and during transport and reports to the Operations Officer, Training Officer, and ALS Supervisor, if appropriate, on any issues involving patient care. The On-Shift Lieutenant is responsible for on-scene command until such time that command is relinquished to another on scene unit. The AIC is responsible for the functions as specified by the Virginia Department of Health (VDH) Office of Emergency Medical Services (OEMS).

3. Functional Staff:

a. The responsibilities and functions of the following functional staff are set forth in Article IV of the Organization By-Laws.

b. Each of the Functional Staff is appointed by the Chief of Operations, except for the ALS Supervisor who is voted on by ALS providers, and holds the rank of Captain.

c. All individuals of the Functional Staff report to the Deputy Chief of Operations except for the Training Officer and the Equipment Officer. The ALS Supervisor also has direct oversight by the Operational Medical Director.

d. The Functional Staff is comprised of:

- Transportation Officer
- Training Officer
- Equipment Officer
- Logistics Officer
- ALS Supervisor
- Compliance Officer

4. Members:

a. The responsibilities and function of the Members are set forth in Article II of the Organization By-Laws and further clarified in these SORs. Members make up all positions in the chain of command and vote to elect many of the key leadership positions. As such, members at all levels are bound to the chain of command.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: CHAIN OF COMMAND

S.O.R. # 1.4

Revised: 02/02/2021

Replaces: 02/01/2011

Purpose: To provide members with an articulated chain of command to follow for operations and general issues.

Definitions: None.

Policy/Procedure:

1. Chain of Command

The chain of command delineating overall authority is as follows:

- a. Chief of Operations, who is senior to the
- b. EMS Deputy Chief of Operations Officer, who is senior to the
- c. EMS Deputy Chief of Administration Officer, who is senior to the
- d. The Functional Staff, who is senior to the
- e. On-shift Captain, who is senior to the
- f. On-shift Lieutenant, who is senior to the
- g. Driver, who is senior to the
- h. Member, who is senior to the
- i. Junior member.

2. General Procedure

- a. Members not in the chain of command shall not give unauthorized orders or directions unless an unsafe situation warrants immediate action.
- b. No person shall give an order relating to patient care outside of the direction of senior medical personnel on-scene, medical standing orders, and/or medical control.
- c. Members receiving questions from the public regarding Squad policy or procedure shall refer questions to the Chief of Operations.
- d. All concerns regarding squad operations, policy, problems on calls, and problems with members, associated agencies or the public are to be handled as follows:
 - Members will document the problem in detail and report same to the On-shift Captain. The On-shift Captain will report same to the EMS Deputy Chief, who will determine any necessary action and confer with the Chief of Operations. If the problem is with the on-shift Captain, the member may report the situation directly to the EMS Deputy Chief or Chief of Operations.
 - Any concerns which may result in disciplinary actions will be immediately investigated by the investigating officer appointed by the Chief of Operations and reported to the Chief of Operations for review. The EMS Deputy Chief and the Chief of Operations will then determine the appropriate action. This is to ensure fair and consistent treatment of all members.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: GENERAL RULES OF CONDUCT

S.O.R. # 1.5

Revised: 02/02/2021

Replaces: 01/01/2012

Purpose: To identify rules and regulations regarding the conduct of members.

Definitions: None

Policy/Procedure:

Whenever people gather together to achieve goals, some rules of conduct are needed to help everyone work together efficiently, effectively and harmoniously. The purpose of these rules is not to restrict member's rights, but rather to be certain that every member understands what conduct is expected and necessary. Rules and regulations are designed to guide behavior within an organization. They are not intended to cover every case that may arise, additionally policies may be issued by the Chief of Operations to further clarify expectations and help establish a base, by which individuals will make acceptable decisions in areas that may not be specifically addressed.

1. Obedience to orders:

- Members will obey any order lawfully issued by a supervisor or commander.
- Not commit any act that constitutes a violation of any Squad rules, regulations, procedures, responsibilities, instructions or written directive,
- Not aid, abet, or incite another in the violations of rules, duties, orders, policies, or procedures
- Not violate or conspire to violate county resolutions, state, or federal laws.
- In the event of improper action or breach of discipline, it is presumed that the member was familiar with the rules, policies, procedures, responsibilities, instructions, and/or orders.

2. Abuse of authority:

- Members will not use their Squad-related authority for personal gain, nor shall they use their position or status to avoid prosecution for any criminal activity, to include traffic violations.

3. Reporting violations:

- Members shall, upon observing or otherwise becoming aware of another's violation as specified above in (a), will report such violations to their supervisor.

4. Performance of duty:

- Members will faithfully perform their duties to the best of their knowledge, skills, or abilities at all times.
- Members will not engage in personal activities or business while on duty, which would cause them to neglect or be inattentive to duty.
- Members shall be punctual in reporting for duty, or any other time there is a specified report time.

5. Seat belt requirement:

- Members and their passengers (including patients and family members) shall wear seat belts while in a Squad vehicle. The only exception to this will be those times when patient care dictates the need to be unrestrained in the back of the ambulance.

6. Respect for command staff, supervisory staff, other employees and citizens:

- Members will treat supervisors and command personnel with the respect and courtesy due their rank.
- Members will treat other members with the respect and courtesy due them as fellow employees or members.
- Members will be courteous to the public at all times while in uniform whether on or off duty.
- Members will control their tempers and not engage in argumentative discussion. They will not use coarse, violent, profane, insolent or insubordinate language.

7. Loitering:

- Between the hours of 10 PM and 8 AM, members will not linger, or loiter in or about any office or structure of the Squad or other building associated with the Squad unless their duty requires it, or with the approval of the on-duty Lieutenant or Command Staff.
- At all other times, members are welcome to visit the on-duty crew or conduct squad business at any of the stations, subject to restriction by the On-duty Lieutenant, or Command Staff.
- While on duty, members will not loiter in or about any public or private place unless their specific presence is required.
- No crew member will be present in the bunk rooms past 0900 hours from the previous shift unless they are continuing their duty to the next shift or have notified the Command Staff.

8. Departing from the truth:

- Members will not willfully or knowingly depart from the truth in any manner, to include completing patient care reports and providing verbal care reports to medical or supervisory staff, or in connection with official duties except in the lawful performance of their assigned duties.
- Upon order of superior, members shall truthfully answer all questions specifically, directly, and narrowly related to their scope of employment and operation of the Squad that may be asked of them.
- Members will not make a false report either verbally or in writing.

9. Appearance in uniform:

- Members in uniform will strive to always maintain a clean neat and professional appearance, giving proper attention to personal hygiene and maintenance of the uniform so as not to bring discredit upon the Squad.
- Employees or members will follow prescribed regulations for uniform and personal appearance.

10. Use of alcoholic beverages:

- Members will not drink alcoholic beverages while on duty, either in or out of uniform.
- Members will not drink alcoholic beverages while on Squad property.
- Members will not drink alcoholic beverages while off duty to an extent that renders them unfit to report for scheduled duty or results in the commission of an obnoxious or offensive act that might tend to bring discredit upon the Squad.

11. Conduct unbecoming:

- Members will conduct themselves both on and off duty in a manner that reflects most favorably on the Squad.
- Members will engage in conduct conducive to good order and discipline.
- Members will not participate in any immoral, indecent, defamatory, lewd or disorderly conduct.
- Members will not utter any disrespectful, discriminatory, or abusive language toward another member, or citizen.

12. Impartial attitude:

- Members will maintain a strictly impartial attitude toward patients, family members of patients and the citizenry.
- Members will always consider it to be their duty to be of service to anyone regardless of race, color, age, creed, sexual orientation or gender.

13. Appropriating property:

- Members will not appropriate any lost, found, or Squad property for their own use.

14. Failure to make reports:

- Members will not fail to document information, nor will they alter or destroy information, relating to official business or the provision of patient care.
- Members will not fail to document information, nor will they alter or destroy information, relating to damage of Squad property. Members will not remove or destroy Squad records or reports without proper authority.
- Members will not fail to notify the appropriate officers or functional staff, within a timely manner, of any pertinent incident that occurs while on duty or on squad property.

15. Uniform restriction while off duty:

- Members will wear their uniform only when required for duty or decorum.
- Members may wear their uniform in transit to and from duty or while attending other official functions that require the uniform.
- Off duty members who are in uniform will conduct themselves as if they were on duty.

16. Use of telephones while driving:

- Members will not use telephones (for conversations, sending/receiving messages, checking email, surfing the web or any other function of telephone or other enhanced telephone service) while driving a Squad vehicle.

17. Adherence to quiet time:

- Members will respect a quiet time between the hours of 2200 and 0800.
- Members may place the radio into "night" mode and will refrain from excessive noise to provide a quiet sleeping environment.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: UNIFORMS, EQUIPMENT, AND APPEARANCE

S.O.R. # 1.6

Revised: 02/02/2021

Replaces 02/01/2011

Purpose: To provide guidelines for the appropriate wear and appearance of the Bensley-Bermuda Volunteer Rescue Squad uniform. It also serves as a guide regarding authorized equipment and personal appearance.

Definitions: None

Policy/Procedure:

Items purchased for use as part of the uniform will meet specifications set for by the Squad. Unauthorized equipment, alterations or modifications to the authorized uniform or equipment are not allowed. Clean pressed uniform or civilian attire for observers is essential to the professional image of the Squad. Any member reporting for duty in an unauthorized uniform will be required to immediately correct the deficiency. Failure to correct the deficiency may result in immediate disciplinary action up to and including suspension for that shift.

1. CLASS A UNIFORM:

- a. The Class A uniform for all personnel will be worn to all official functions such as funerals, awards presentations or when directed by the Chief of Operations or his/her designee.
- b. The Class A uniform consists of the white button-down shirt, tie, trousers, black leather belt and black shoes as described herein.
- c. Shirt (White Button down):
 - The shirt will be white with button down flap pockets, military creases, and epaulets.

- The shirt will be worn with all buttons buttoned, except the top button when worn without a tie. Sleeves will not be turned under or rolled up.
- The shirt will be worn with the Bensley-Bermuda Volunteer Rescue Squad shoulder patch, one (1) on the left sleeve. The patch will be centered and sewn ½ inch from the top of the seam.
- The shirt will be worn with an appropriate certification shoulder patch, one (1) on the right sleeve. The patch will be centered and sewn ½ inch from the top of the seam. No member will wear an unearned or otherwise incorrect certification patch.
- The shirt will be worn with an American Flag patch, one (1) on the right breast. The patch will be centered and sewn above the right pocket, aligned at the top edge of the seam.
- The shirt will be worn with the insignia of rank, badge, and nameplate.
- Personnel in the rank of lieutenant and above will wear their respective rank on both collars of the shirt.
- The nameplate will be worn centered on the pocket flap of the right shirt pocket of the uniform shirt, aligned with the top edge of the seam, and centered. The nameplate will measure 2 ½ inches by ½ inch and include standard size Roman letters. The nameplate will display the member's full first name (or initial, if full first name will not fit) and full last name. Personnel in the rank of major or above will wear the nameplate in gold.
- The badge will be worn above the left breast pocket.

d. Trousers (plain): The trousers will be navy blue with no leg striping. Trousers will be serviceable at all times, i.e., no missing buttons or holes. The trousers may be either polyester or poly/wool blend.

2. DUTY UNIFORM:

- a. Shirt (t-shirt): Navy blue t-shirt provided by the Squad with approved logo and lettering only. The t-shirt will be in serviceable condition, not faded, stained, or wrinkled. All lettering will be in good condition not cracked worn or faded.
- b. Shirt (polo): Navy blue polo shirt provided by the Squad with approved logo and lettering only. The polo shirt will be in serviceable condition, not faded, stained, or wrinkled.

- c. Sweatshirt: Navy blue crew neck sweatshirt which can be purchased by the member with approved logo and lettering only. The sweatshirt will be in serviceable condition, not faded, stained, or wrinkled. All lettering will be in good condition not cracked worn or faded.
- d. Trousers (plain): Navy blue trousers are authorized for wear with the duty uniform.
- e. Trousers (cargo): Navy blue cargo trousers are authorized for wear with the duty uniform.
- f. Baseball cap: Navy blue baseball cap provided by the Squad with approved logo and lettering only. The cap will be in serviceable condition, not faded or stained.
- g. No rank will be worn on the standard duty uniform.
- h. Belt: A black belt will be worn. Belt must be plain leather or woven material. Buckles must be plain without ornamentation and silver or black in color.

3. OTHER ITEMS AUTHORIZED FOR WEAR:

- a. Undershirt, white: A plain white undershirt is authorized for wear with the Class A uniform. The undershirt neck will present a snug appearance.
- b. Undershirt, blue: A plain blue undershirt is authorized for wear with the blue polo shirt in the duty uniform. The undershirt neck will present a snug appearance.
- c. Turtleneck, white: A plain white turtleneck is authorized for wear under the Class A uniform shirt.
- d. Turtleneck, blue: A plain blue turtleneck is authorized for wear under the blue polo shirt and navy blue sweatshirt in the duty uniform.
- e. Fleece Jackets: Navy blue pullover or zipper front jacket can be purchased by members with authorized logo. The fleece jacket will be in serviceable condition, not faded, stained, or wrinkled.
- f. Coat: Navy blue or High Visibility yellow jacket provided by the Squad with approved logo and lettering only. The jacket will be in serviceable condition, not faded, stained, or wrinkled.
- g. Footwear: Personnel may wear either shoes or boots at their option. The shoes or boots will be black in color and of primarily leather material, will be hard soled and is recommended to have a steel toe. All footwear will be polished and worn with the trousers over the top, not tucked into the boots. Socks shall be black or dark in color when worn with low quarter shoes.

h. Gloves: Gloves are permitted but must not restrict the ability to safely conduct operations.

i. Raincoat: The raincoat must be an authorized safety colored coat and may be either full or hip length.

j. Other: Those items provided at the stations and on the apparatus (raincoats, traffic vests) are authorized for wear in the cases where their wear is applicable. No turnout gear is authorized for wear.

k. No member shall wear or display, at any time, logos with certifications above their level.

4. WAIST GEAR:

a. All waist gear will be contained to the regular uniform belt. All carry cases will be the same color as the belt.

5. PERSONAL APPEARANCE:

a. While in uniform, personnel will ensure that their uniform is neat, clean, in serviceable condition and pressed. Footwear and leather gear worn will be polished. Members will present themselves in a manner as to always reflect credit upon themselves and the Squad.

b. While in uniform, personnel will ensure that their hygiene is maintained at a high level.

c. While in uniform or on duty, a single, non-distracting nose stud is permissible. All other facial piercings must be maintained with clear inserts or "keepers".

d. Hair for male personnel will be clean and neatly trimmed at all times. Hair for female personnel will be clean, neat and, if longer than six inches from the bottom of the collar, must be secured to the back of the head with a conservative navy blue or black tie no other colors are authorized.

e. Cosmetics will present a professional appearance and not be worn to excess.

f. Colognes, perfumes, and strongly scented deodorant will not be worn as they present a respiratory hazard to some patients we will encounter.

- g. Wearing of jewelry while in uniform is limited to the following: wristwatch, a maximum of two rings (a wedding band and engagement ring shall be considered one ring).
- h. Personnel may wear earrings, not to exceed three (3) in each ear. Earrings may not measure more than ½ inch in diameter.
- i. Members seeking exceptions to any of the personal appearance and uniform standards on the grounds of religious beliefs or medical conditions must submit a request in writing through the Chief of Operations. Exceptions will only be granted on a case-by-case basis upon review of the merits of the request and any applicable safety considerations.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: UNIFORM ISSUANCE AND REPLACEMENT

S.O.R. # 1.7

Revised: 02/02/2021

Replaces: 08/01/2016

Purpose: To provide guidelines for the issuance and replacement of the Bensley-Bermuda Volunteer Rescue Squad uniform.

Definitions: None

Policy/Procedure:

Items purchased for use as part of the uniform will meet specifications set forth by the Squad. Unauthorized equipment, alterations or modifications to the authorized uniform or equipment are not allowed. A clean, serviceable uniform is essential to the professional image of the Squad.

1. PROBATIONARY MEMBERSHIP:

- a. A uniform deposit is not required for new members to receive their initial issuance of clothing. Clothing issued to any member is considered to be the property of BBVRS and shall be returned to the Uniform Officer upon their request or upon the member's termination of service to the Rescue Squad.
- b. Initial clothing issued will consist of:
 - One pair EMT Pants (cargo or plain).
 - One duty uniform recruit shirt (t-shirt).
 - One duty Sweatshirt (winter issue only).

2. FULL MEMBERSHIP:

- a. A uniform deposit is not required for full members to receive any additional issuance of clothing. Clothing issued to any full member is the property of BBVRS and shall be returned to the Uniform Officer upon their request or upon the member's termination of service to the Rescue Squad.
- b. Equipment issued will consist of:
 - One duty polo shirt (short Sleeve)
 - One job shirt.

3. ADDITIONAL UNIFORM ITEMS:

- a. The Uniform Officer may issue any additional uniform item not specifically listed in this SOR to any member as necessary for the execution of squad duties. This may include but is not limited to items such as dress shirts, dress pants, badges, rank, headgear, or any other appropriate uniform item.

4. ISSUANCE CHECKLIST/DUTY TO RETURN:

- a. Upon issuance of equipment, members will sign a checklist detailing the items received. This checklist will be co-signed by the issuing authority and maintained by the Uniform Officer.
- b. Uniform documentation will include a declaration that all items issued to the member are the property of BBVRS. Documentation will also reflect the approximate value of the uniform items issued to a member. Failure to return any items issued upon the request of the Uniform Officer may result in a fee assessment to the member at the Uniform Officer's discretion.
- c. The Uniform Officer is authorized to assess reasonable fees for a member's failure to return issued items, for excessive wear and tear or for damage caused to items that are not consistent with regular duty activities. Members (including members that may have already separated from service at the time the fee is assessed) have the right to appeal any fee assessment to the Board of Directors. If the right to appeal is exercised, the Board's disposition of the appeal is final.
- d. The Uniform Officer retains the authority to decommission issued uniform items as necessary to ensure that the highest standards of professionalism and appearance are always maintained. Items decommissioned in this manner may be retained by the member permanently (gifted to the member) or returned and destroyed at the Uniform Officer's discretion.

5. REPLACEMENT PROGRAM:

- a. A member may request replacement of a uniform item for any reason which makes the issued item unserviceable. The Uniform Officer will review the circumstances of the replacement request and will approve such requests when they deem replacement to be appropriate.
- b. Alterations to uniform items beyond initial fitting will be made at the member's expense, unless the Uniform Officer determines that the alteration should be covered with squad funds.
- c. The Uniform Officer has the right to request a visual inspection of all issued items at any time. Failure to comply with an inspection request may result in a replacement request being denied or a replacement fee being assessed. Any item that is considered unsafe to handle (i.e., bodily fluids etc.), shall be placed in a bag and tagged as such.

- e. Reasonable accommodations shall be made by the Uniform Officer to allow pregnant members to continue their participation in squad activities for as long as they are capable of service. Temporary uniform accommodations shall be made in addition to the member's currently issued items (members are not required to turn in their current uniform items to receive appropriately fitting accommodations).
- f. Weight related changes resulting in the necessity of a uniform change will be handled on a case-by-case basis and accommodations may be made at the discretion of the Uniform Officer based on the circumstances of the individual member.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: COMMAND STAFF RESPONSIBILITIES

S.O.R. # 2.1

Revised: 03/02/21

Replaces: 01/01/10

Purpose: To set forth responsibilities of Command Staff, and to guide interaction between officers and members.

Definitions: None

Policy/Procedure:

1. Command Staff will be committed to total quality management. Officers will strive to assist Supervisory and Functional Staff and members in any way necessary to provide the highest quality service to the community.

2. Command Staff will endeavor to set the example in the following areas:
 - Commitment to quality service to the community.
 - Training.
 - Provision of patient care.
 - Public relations.
 - Assistance to members.
 - Fairness and discretion.
 - Appearance.

3. Command Staff will strive to resolve all complaints and problems in the following priority:

- Correct system problems to ensure the highest quality public service.
- Correct individual behaviors.

NOTE: This does not mean individuals may act with impunity – it means that problem resolution and continual quality improvement is of higher priority.

4. Open Door Policy.

- Members are encouraged to share their concerns, seek information, provide input, and resolve problems/issues through their on-duty Captain and as appropriate, consult with any Officer toward these ends.
- Captains and Officers are expected to listen to member concerns, to encourage their input, and to seek resolution to their problems/issues.

5. Suggestions

Any member with suggestions or ideas they feel would benefit the Squad or public is encouraged to tell us about them. We are always looking for suggestions, ways to reduce costs or errors, and ways to benefit the Squad, its members, and the public we serve.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: SUPERVISORY STAFF RESPONSIBILITIES

S.O.R. # 2.2

Revised: 03/02/21

Replaces: 01/01/12

Purpose: To set forth responsibilities of Supervisory Staff, and to guide interaction between officers and members.

Definitions: None

Policy/Procedure:

1. The supervisory staff encompasses the On-Shift Captain and the On-Shift Lieutenant(s). The supervisory staff is to be a knowledgeable resource and ensure crew compliance with:

- SOR's and By-Laws.
- Incident command system.
- Radio frequencies/communications methods.
- ODEMSA protocols.
- CFEMS protocols.

2. On-Shift Captain is responsible to supervise the immediate operations of the on-duty crew(s) to include the following:

- Make crew assignments for the shift.
- Ensures each crew has a released driver and AIC.
- Ensures all assigned chores are completed and the building is kept clean.
- Ensure crew members are up to date on memos, notices, and changes.
- Stay apprised of each crew members' status (released driver, AIC...).

- Works directly with the Command Staff on duty, keeping him/her apprised of all issues and incidents, and seeking their assistance in completing the above responsibilities.

3. On-Shift Lieutenant is responsible to supervise the immediate operations of the on-duty crew to which they are assigned, their responsibilities are as follows:

- Ensure all apparatus are clean, properly stocked, checked and in service.
- Informed of each crew members certification and classification levels.
- Coordinate with the Training Officer for new members
- Ensure crew members are familiar with equipment and supplies.
- Conduct sufficient safety training with members to preclude an individual being placed in harm's way.
- Ensure guidelines for observers have been followed as described herein.
- Report and direct any special incidents that occur during the shift to the On-shift Captain or Deputy Chief of Operations who will in turn notify the Chief of Operations. Incidents to include the following:
 - Injuries to members.
 - Accidents involving apparatus.
 - Exposures (needle sticks).
 - Citizen and hospital complaints directly related to the on-duty crew.
 - Media inquiries.
- Make report to following Functional Staff regarding:
 - Condition of vehicles and building.
 - Any out of service vehicles or equipment.
 - Any unusual situation or information pertinent to daily operations.

4. The supervisory staff shall ensure the following guidelines are met with regards to observers:

- No individual (excluding EMS students) will ride more than 48 hours in an observer status unless they have an application pending with the appropriate membership committee.
- Due to squad liability, permission for observers to ride must be obtained by the Chief of Operations and/or President. Approval must also be obtained from the Deputy Chief of Operations. There may be instances where training or crew size will limit the ability of an observer to ride on a requested shift. However, observers should be given every opportunity to ride when feasible.
- The observer shall sign a release of liability form and two full members (one being the AIC) shall sign as witnesses. This form shall be turned over to the Chief upon completion and must be signed prior to the observer getting on the apparatus.
- Observers under the age of 18 must have written parental or guardian consent to ride.
- The full name of the observer shall be reported on the scheduling software for that shift.

5. Authority:

Supervisory Staff has the authority to recommend suspension of an on-duty member for the remainder of the shift and direct that member to leave the squad property. The Chief of Operations or Deputy Chief of Operations Officer may direct any member to leave squad property.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: MEMBER RESPONSIBILITIES

S.O.R. # 2.3

Revised: 03/02/21

Replaces: SOR 2.4 01/01/2010

Purpose: To set forth responsibilities of members, and to guide interaction between officers and members.

Definitions: None

Policy/Procedure:

Members are expected to:

1. Report for duty and remain on duty the assigned time period or obtain a replacement, preferably of equal training and ability and have notified On-Shift Captain and/or On-Shift Lieutenant of such; or have been excused by the crew Captain.
2. Participate in crew duties as directed by On-Shift Captain and/or On-Shift Lieutenant, including:
 - Check all trucks for medical and mechanical readiness.
 - Wash trucks and clean interiors, weather permitting.
 - Complete assigned crew chores.
 - Ensure building is clean prior to conclusion of the shift.
3. Conform to the By-laws and these Standard Operating Rules, with special emphasis on the general rules of conduct contained in these SORs.
4. Act in accordance with the General Rules of Conduct set out in these SORs.
5. Practice in accordance with the rules and regulations of the Operational Medical Director, the Old Dominion Emergency Medical Services Council, and Chesterfield Fire and EMS protocols and standing orders.

6. File an incident report with the appropriate Functional, Operational, or Administrative Officer in the following circumstances:

- Accident involving squad vehicle or equipment.
- Injury to member.
- Exposure to infectious disease.
- Problems relating to emergency medical dispatch.
- Conflict on scene with patients, family, bystanders, healthcare providers, or other public safety personnel.
- Inability to respond to a dispatched call.
- Notes regarding crime scenes or statements you wish to record in the event of a complaint involving squad performance or future court proceedings.
- Misplaced patient belongings.
- Violation of SORs by another member, which shall be reported within twenty-four (24) hours of the occurrence.
- Any other event or situation which needs resolution by the Functional, Operational, or Administrative officers.

7. Deliver any personal property acquired on a call to the Attendant in Charge who shall attempt to return it to the owner or law enforcement officer on scene.

8. Maintain a tabulation of your hours and confirming hours were properly recorded within 7 days of them being posted.

9. Provide the Chief with notice of any hospitalization requiring admission and any surgical procedure (either in-patient or out-patient.) and provide the Chief of Operations with a medical release upon request.

10. Return all Squad issued property and identification to the appropriate Officer upon resignation or dismissal.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: STAFFING STATIONS AND APPARATUS

S.O.R. # 3.1

Revised: 11/03/20

Replaces: SOR 3.1 11/01/16

Purpose: To provide members with the guidelines for determining the order of station and apparatus staffing, and to provide guidance on the management of exceptions.

Definitions:

ALS Provider: A member possessing the sufficient certifications and approved by the Organizational Medical Director, or his/her designee, to provide patient care at the advanced life support level (EMT-I or EMT-P).

BLS Provider: A member possessing the sufficient certifications and approved by the Organizational Medical Director, or his/her designee, to provide patient care at the basic life support level (EMT-B).

Driver: A member possessing the sufficient certifications and approved by the Chief of Operations, or his/her designee, to drive any squad apparatus being used. Such apparatus types shall be taken from the Virginia Association of Volunteer Rescue Squads (VAVRS) Emergency Vehicle Operators Course (EVOC) textbook and handouts, or other OEMS approved program.

Junior Member: Any member under the age of 18

Policy/Procedure:

1. Staffing of Apparatus

a. Minimum Unit Staffing

➤ **Basic Life Support Ambulance:** The Basic Life Support Ambulance shall minimally be staffed in accordance with OEMS Regulations, as amended. Per 12VAC5-31-1230 and 12VAC5-31-1240 as of the writing of these Rules, one BLS Provider and one Driver shall constitute minimum staffing.

➤ **Advanced Life Support Ambulance:** The Advanced Life Support Ambulance shall be staffed in accordance with OEMS Regulations, as amended. Per 12VAC5-31-

1250 as of the writing of these Rules, one ALS Provider and one BLS Provider/Driver shall constitute minimum staffing. In the event the BLS Provider is not a Driver, a Driver shall be added to the minimum staffing.

➤ Quick Response Vehicle: The Quick Response Vehicle is designed for the rapid transport of ALS personnel and supplies to the scene of an emergency, and to provide Command Staff a means to manage Squad resources through mobile command per 12VAC5-31-1210.

b. Maximum Unit Staffing

➤ Ambulance: There shall be no more than 4 members staffing an ambulance at any time. The 4th person shall be an authorized observer, preceptee, a person in training (a new EMT or EMT student) or an ALS person. The appropriate Operations Officer will be notified prior to the shift.

➤ Quick Response Vehicle: There shall be no more than 1 member staffing a Quick Response Vehicle at any time *and MUST BE certified and cleared at the ALS level. No QRV/FRV will be staffed at any time with two cleared members of the squad without the preapproval of the chief of operations.*

c. Staffing of Stations

➤ South Station (RB3) shall always be staffed first, except as noted below.

➤ Main Base (RB1) shall always be staffed second.

➤ North Station (RB2) shall always be staffed third.

➤ Exception: Monday through Friday day shifts only, Main (RB1) may be staffed first however South station (RB3) will always have first consideration, North station will always be staffed last and only after the other stations have been fully staffed. Unless otherwise authorized by the chief of operations

d. Staffing Algorithm:

➤ Crew make-up is essential to ensure maximum coverage of all of our areas. At no time shall one *ambulance exceed maximum staffing with* personnel that could make an additional crew. *In that event the* crew shall be broken down and staffed at the next available *unit or* station.

➤ When multiple crews are available, South Station *WILL* utilize the first available ALS Provider. Additional ALS Providers are to be utilized at Main and then on the second unit out Exceptions will be at the discretion of the chief of operations and only when it benefits the operational needs of the squad's districts.

- Personnel working 24 hour shifts should be staffed at South Station to the maximum extent possible.
- When multiple crews are available and only one crew is pulling the entire shift, the 12 hour crew will man South Station.
- Staff movement and *ambulance* movement should be kept to a minimum.
- Prohibition regarding self-assignment: No member will add themselves, nor will they add another member, without first obtaining the approval of the appropriate operations officer.
- *No member or members will staff a vacant shift at any station without first obtaining the approval of the appropriate operations officer or chief of operations.*

e. Use of the Quick Response Vehicle:

- The Quick Response Vehicle may be used by an ALS Provider only when *the staffing algorithm has been satisfied and there is sufficient staffing for two or more ALS Ambulances and the chief of operations has approved its use.*
- At no point should *the* use of the Quick Response Vehicle prevent the assignment of additional Advanced Life Support Ambulance.
- The Quick Response Vehicle shall not be used when only one Basic Life Support Ambulance is available *at maximum staffing*. It is expected the ALS Provider is to be on the first out Ambulance *to ensure compliance with Chesterfield County compliance policies. In the event the ambulance is at maximum staffing the 3rd will be removed from the ambulance and replaced by the ALS provider.*
- Command Staff, as defined in these SORs, may make use of the Quick Response Vehicle as a means to provide command and manage the operational duties as set forth by policy and practice, *only when the staffing algorithm has been satisfied or when specific activities dictate, with the approval of and at the discretion of the Chief of Operations.*

2. Standby / Transport / Other:

- Any one apparatus may conduct standby, transport or other undertaking distinct from the provision of emergency response in the primary areas of the Organization only after minimum staffing has been met at *South Station (RB3)*.
- No more than two standby units will be utilized without both Main and South Stations having minimum coverage.

➤ ALS Providers *Will* be assigned to the provision of emergency response in the primary area of the Organization *before being assigned to standby activities*.

3. Maximum shift:

- A high level of attention and manual dexterity is needed to provide for patient care, operate an emergency vehicle and interact with the public.
- No member will work more than 36 consecutive duty-hours without having at least an eight (8) hour break prior to their next scheduled shift.
- Any member abusing this policy may be subject to disciplinary action.
- Exceptions to this policy will be rare and only at the discretion of the Chief. All options shall be taken prior to requesting the exception. Exceptions must be requested by the Duty Operations Officer in writing to the chief. The Chief will ensure the requested action is in the best interest of the Bensley-Bermuda Rescue Squad and the last available option to maintain staffing.

4. Gender and age considerations:

- a) Junior members may staff during overnight hours only when a Senior Member of the same sex is on the same crew WITHOUT EXCEPTION.
- b) Junior members in high school will not staff apparatus past 2200 hours immediately preceding a school day for their respective localities.
- c) In the case that a junior is under 18 and graduated from high school, an exception may be made by the on-duty Squad Leader or on duty Operations Officer providing the requirements of section "a" above are met.
- d) Juniors that have been cleared as an AIC, and have graduated from High School, will be authorized to remain on duty past the 2200-hour requirement. Providing the above requirements can be met.

5. Handling of exceptions:

The Chief of Operations may make any exceptions as he/she deems necessary, *in the best interest of the Bensley-Bermuda Rescue Squad and the last available option to maintain staffing*.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: JUNIOR MEMBERS

S. O. R # 3.1a

Purpose: To provide guidance for interactions and specialized guidelines for dealing with Junior members of BBVRS.

Definition: Junior members are any members under the age of 18.

Policy/Procedures:

1. After the Junior member has completed and passed the county consent and pre-application process, they will be presented and follow the same process as all other applicants to become a member of BBVRS.
2. The applicant's parents/guardians are invited to attend the Board of Directors meeting with the prospective member. They are required to participate in the application and orientation process. This ensures that expectations and limitations are well defined.
3. Once the applicant has been accepted for membership, they will be required to obtain juvenile protection training as determined by the Training Officer of BBVRS. Their parents or guardians are also encouraged to obtain this training, so they are aware of what has been presented. Juvenile protection and sexual harassment training are also required for all members and supervisors.
4. Any planned or intentional one on one interaction between an adult and a juvenile is prohibited. Exceptions can be made for immediate family members.
5. The President of BBVRS will appoint a Junior Advisor to act as an intermediary between the Junior and any other supervisory individuals of the squad. This is provided to give the Junior someone to advise and guide them during their membership.
6. In the case that members are required to travel out of the area for squad related meetings or training, a Participation Agreement form is required that is signed by their parents or legal guardian. If an overnight stay is required, the junior is to room with junior members of the same sex.
7. All observers on the ambulance must be at least 16 years of age and are required to complete and sign a release form prior to riding on a shift. Observers under the age of 18 must have a parent or legal guardian sign the form. The Chief of Operations, or his/her designee, shall sign the form before the observation period.
8. The Junior is expected to stay in the appropriate same sex bunkroom during overnight duty shifts. All members are required to wear appropriate uniform or sleeping attire at the station.
9. These SORs are in addition to all other requirements found in the By-laws or elsewhere in the SORs.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: GENERAL AMBULANCE OPERATIONS

S.O.R. # 3.2

Revised: 01/01/2010

Replaces: SOR 3.1 08/30/06

Purpose: To provide a guideline for day-to-day ambulance operations of the Bensley-Bermuda Volunteer Rescue Squad.

Definitions:

ECC: Chesterfield County Emergency Communications Center

Policy/Procedure:

1. Scene Safety:

- a. All personnel will adhere to general scene safety procedures at all times.
- b. When responding to a call where police units have been dispatched or are on scene, personnel shall clarify the need for staging with dispatch.
- c. All personnel will utilize personal protection standards consistent with those medical guidelines collectively referred to as Body Substance Isolation.
- d. All personnel will know the location of and use of all personal protective equipment on the apparatus.

2. Ambulance Check-out: Prior to apparatus being marked as available for service, the following will be completed. Deviation from this expectation must be reported to the On-Shift Captain, and an incident report will be completed by the crew.

a. Operator is responsible for:

- Checking and topping off vehicle fluids (including fuel).
- Checking emergency lighting and warning device(s).
- Checking non-emergency lighting.
- Stocking of emergency vests sufficient for number of people assigned to apparatus.

- Checking and stocking flares and hand tools, as needed.
- Checking for backboards, head blocks, straps (spider), C-collars, KED Devices (2), Reeves stretcher, pediatric safety chair and backboard.
- Checking and replace as needed the main O2 tank. O2 tanks are not to be replaced until they reach 300 psi or less
- Completion of vehicle check sheet.

b. AIC is responsible for:

- Checking ambulance supplies (in both interior and exterior compartments) and ensuring adequate stock as required by OEMS regulations.
- Marking the apparatus as available for service with the ECC at the completion of all check out tasks.

c. Third and/or observer is responsible for:

- Providing support between Operator and AIC check outs
- Completion of a task by a third and/or observer does not alleviate responsibility from the stated positions.

3. Unit Cleanliness: After marked as available for service, the apparatus will be brought to a high state of cleanliness as befits a professional organization.

a. Operator is responsible for:

- Washing exterior of apparatus, including windows.
- Hand sweeping and organizing of interior of apparatus cab.
- Removal of trash from patient compartment.

b. AIC is responsible for:

- Cleaning counters, seats and floor of patient compartment.
- Organizing compartments such that equipment is maintained neatly.

c. Third and/or observer is responsible for:

- Providing support between Operator and AIC responsibilities
- Completion of a task by a third and/or observer does not alleviate responsibility from the stated positions.

4. Emergency Response Operations: During emergency response, regardless of priority, the crew will maintain a high state of alertness and communication.

a. Operator is responsible for:

- Primary operator responsibility is the safe conveyance of apparatus and crew from the point of origin to the scene.
- Operator will use warning devices and air horn in compliance with State law and Squad policy.
- Operator will maintain a high situational awareness of surrounding traffic and road conditions.

b. AIC is responsible for:

- Primary AIC responsibility is navigation and support of operator tasks
- AIC will provide directions to scene using either or both a map book and MDC.
- AIC will provide traffic information pertaining to the AIC side of apparatus as apparatus enters and clears intersection (i.e., "clear on the right" or "not clear on the right").
- Communication between the apparatus, ECC and other responding apparatus (including both radio and MDC traffic).
- Communication of relevant information to crew.
- Preparation for patient care.

c. Third and/or observer is responsible for gathering necessary equipment for the call as specified by the AIC.

5. Emergency Scene Size-Up: As the apparatus nears the scene, both operator and AIC will conduct a scene survey directed at ensuring safe scene operations. A high level of communication is expected.

a. Operator is responsible for:

- Safe parking of apparatus to ensure crew safety and patient safety.
- Scene control Use of cones, flares, or other scene safety devices as needed Traffic control to ensure crew safety until otherwise relieved by law enforcement or additional fire unit.

b. AIC is responsible for:

- Identifying apparatus status to ECC ○ Marking on scene Assuming command if first unit to arrive on scene
- Ensuring appropriate levels of PPE are in place for all responders

6. Emergency Scene Operations: While on-scene, the operator will assume command. The AIC will have primary responsibility for patient care.

a. Operator is responsible for:

- Command of scene. Command tasks may require little to no time (as is the case with medical scenes), some time (as is the case with minor MVCs) or considerable time (as is the case with major MVCs or MCI incidents). Due attention will be paid to supporting patient care!

Communication with ECC and other responding apparatus.

Full scene size-up.

Deployment of resources.

Management of need for additional resources.

Those NIMS tasks specifically required of Incident Commanders.

- Support of patient care including

Initial vital signs.

Oxygen administration as directed.

Support in patient moves and lifts.

Assist in documentation during AIC Assessment

b. AIC is responsible for:

- Maintaining a high situational awareness as regards scene safety
- Determining the scene is Under Control – there are enough resources on scene to handle the situation at hand
- Patient care

c. Third and/or observer is responsible for:

- Providing support to the Operator and AIC
- Third and/or observer will preferably perform support of patient care as described in 6a herein.
- Completion of a task by a third and/or observer does not alleviate responsibility from the stated positions.

7. After-Action Operations: At the conclusion of a call and prior to departure from the point of call completion the apparatus shall be returned to a ready state except as stated below.

a. Under normal operating conditions the Operator is responsible for:

- Disinfection and linen change of stretcher
- Cleaning back of apparatus to include emptying the trash.
- Stocking apparatus with supplies used.
- Checking for squad supplies in the stock rooms

b. AIC is responsible for:

- Clearing the call with ECC and returning to service
- Completion of Patient Care Report into the FRMS system.
- Support in cleaning and stocking of apparatus, as possible.

c. Third and/or observer is responsible for:

- Providing support to the Operator in returning to a ready state
- Completion of a task by a third and/or observer does not alleviate responsibility from the stated positions.

d. When decontamination, disinfection, cleaning and stocking of the unit will take an excessive amount of time (greater than 30 minutes), the Operator shall notify ECC the unit is out of service for decontamination and provide an estimated downtime.

- The apparatus will be returned to quarters for decontamination unless it is a safety issue for crew members.
- At no time will an apparatus block any hospital entrance for excessive decontamination.
- ECC shall be notified at the earliest possible moment that the unit is available to be placed back in service.

e. All crew members are expected to aid in the excessive decontamination process.

8. Ambulance Check-in: At the conclusion of a shift, apparatus is marked as unavailable for service and the following will be completed. Deviation from this expectation must be reported to the On-Shift Captain, and an incident report will be completed by the crew.

a. Operator is responsible for:

- Checking and topping off vehicle fluids (including fuel).
- Checking emergency lighting and warning device(s).
- Checking non-emergency lighting.
- Stocking of emergency vests sufficient for number of people assigned to apparatus.
- Checking and stocking flares and hand tools, as needed.

b. AIC is responsible for:

- Checking ambulance supplies (interior and exterior compartments)
- Ensuring adequate stock as required by OEMS regulations.

c. Third and/or observer is responsible for:

- Providing support between Operation and AIC responsibilities
- Completion of a task by a third and/or observer does not alleviate responsibility from the stated positions.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

Topic: Transport Destination of Emergency Patients

S. O. R. # 3.3

Effective 11/01/2011

Replaces: SOR 3.3 01/01/10

Purpose: As prehospital care becomes more sophisticated and hospital care more specialized, it is important to clarify the responsibilities of the ambulance services to transport their patients to the appropriate medical facility destination. EMS services are required by either state or regional EMS protocols to transport patients to hospitals with special designations. Although Public Health Law defines ambulance service, it does not require ambulances to transport patients to specific hospital destinations, however; the national standard of care has set the following as standards for Emergency Medical Services transporting emergency patients:

- a) All ambulance patients can expect to be informed of the need to be taken to a medical facility capable of providing appropriate emergency medical care.
- b) The triage and transport of out of hospital patients must be based upon established principles of emergency medical practice, including pre-established state and regional medical protocols and guidelines. For any given patient, the appropriateness of the receiving facility to provide emergency care is a medical decision. Therefore, the direction or redirection of a transporting vehicle cannot be made without medical approval based upon established Regional Emergency Medical Services protocols.

Additional the national standards of care for Basic Life Support require, all Emergency Medical Technicians to ensure the following criteria is met:

- a) Major Trauma – If the patient meets any one of the criteria delineated in the Protocols for trauma, they must be transported to a regional trauma center
- b) Stroke or other suspected Neurological event. – Transport the patient to the closest designated Stroke Center if the total prehospital time is less than two hours.
- c) Cardiac Event – If the patient is experiencing, or has experienced a cardiac event, transport the patient to the closest designated cardiac center.

Definitions:

- a) ONLINE Medical Control – The direction and advice provided through a communications device to on-site and in-transit EMS personnel from a medical care facility (Hospital ER) staffed by appropriate personnel and operating under direct physicians supervision.
- b) Health Care Facility – (As defined by 32.1-102.1 of the Code of Virginia) Any institution, Place, Building, or Agency, whether licensed or required to be licensed by the Department of Health.

- c) Emergency Ambulance – Any vehicle permitted by the Office of EMS, that is equipped, maintained, and operated to provide emergency care to patients who are sick, injured, wounded, or otherwise incapacitated or helpless.

Policy/Procedure: When operating an Emergency Ambulance at the BLS level the transport destination WILL be based on the mechanism of injury, assessment findings, treatment and Regional protocol, a patient, in need of emergency medical care will be taken to the nearest appropriate health care facility capable of treating the illness, disability or injury of the patient. Ambulance personnel are under no obligation to transport patients to medical facilities not licensed under Public Health Law. It is expected that the EMS provider will consult with ONLINE medical control, should there be questions of protocol, policies, procedures and transport destinations. In non-emergency situations, ambulance personnel may make transports to free standing emergency clinics. However, the ambulance crew must be aware of the emergency care capabilities of such facilities, the time the unit will be unavailable and the current staffing level of the system at the time of the patient request.

When operating an Emergency Ambulance at the ALS level the transport destination shall be based on the mechanism of injury, assessment findings, treatment and Regional protocol. A patient's choice of hospital or other facility should be considered and if possible complied with unless contraindicated by state or regional protocol, or the assessment by a certified EMS provider shows that complying with the patient's request could be injurious or cause further harm to the patient. Patient transfer can be arranged following emergency care and stabilization. In such cases, the EMS provider WILL fully document the patient's request and the reasons for the alternate destination decision, including any medical control consultation.

HOSPITAL DIVERSION REQUESTS

A hospital may notify the EMS system of a temporary inability to provide care in the emergency department (ED) and request ambulances divert patients to an alternate hospital facility. A request to divert to another facility may be honored by EMS providers. A diversion request does not mean the hospital ED is closed, but usually means the current emergency patient load exceeds the Emergency Department's ability to treat additional patients promptly. If the patient's condition is unstable and the hospital requesting diversion is the closest appropriate hospital, ambulance service personnel should notify the hospital of the patient's condition and to expect the patient's arrival. This procedure should also be followed when a patient demands transport to a facility on diversion. The hospital may not refuse care for a patient presented. Should an issue arise, the EMS provider should consult with a medical control physician and the chief of operations.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: STAFFING OF STANDBYS, COMPETITION TEAMS AND PR EVENTS

S.O.R. # 3.4

Revised: 1/01/2012

Replaces: SOR 3.3 05/21/10

Purpose: To provide guidelines for staffing of standby's, competition teams, and Public Relation Events.

Definitions: None

Policy/Procedure:

1. South Station will be staffed in order to participate in any Standby or Public Relation Event. The only exception is when an event only requires one member to attend the event to represent the squad.
2. A standby will only be staffed by members who are in good standing and have met the minimum *DUTY* hour's requirement for the previous month. The Transportation Officer will assign members to the respective crews and ensure the above requirements are met.
3. Year 2010, ALS/BLS/EVOC Competition Teams Members will be in good standing and have met the minimum hour's requirement for the previous month. When Squad funds are utilized, i.e. Convention, the minimum *DUTY* hour's requirement for participation will encompass the previous three months and *will not* include Administration hours. Hours counted toward this requirement will include duty hours, training hours, meeting attendance and a maximum of 8 hours for attending a standby.
4. Members of the Team will be required to participate in all scheduled practices set up by the Competition Team Coordinator. Exceptions may be granted on a case by case basis.
5. Effective *1 January* 2011, All ALS/BLS/EVOC Convention Competition Team members must meet their *DUTY* hours requirement as outlined in paragraph 3 and have participated in a minimum of two (2) District Meeting Competitions and scheduled practices by the Competition Team Coordinator.
6. No Operations Officers will be authorized to participate in any of the above events if that event falls on their shift and *the minimum ALS staffing requirements* at Main Base *have not been met*.

7. One unit from the Standby will be required to stay back and staff South Station when more than one unit is participating and coverage for South Station cannot be found. *The unit staffed at the ALS level will remain to cover the main base. In the event both units are staffed at the ALS level the selection of this unit will be done by a drawing.* The on duty Operations Officer must verify to the Chief of Operation in writing at least 48 hours prior to the event that he/she has exhausted all avenues to obtain a crew. This shall include the calling of all cleared drivers and AICs of the squad. The on call roster will be kept on file with the Chief of Operations. By signing the sign-up sheet for these events you agree to the drawing and if selected to remain back to staff the South Station.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: DRUG AND ALCOHOL POLICY

S.O.R # 3.5

Revised: 01/01/2012

Replaces: SOR 3.5 12/08/10

Purpose: To provide an alcohol and drug free workplace with BBVRS policy and procedures regarding Drug and Alcohol use and testing and disciplinary procedures related to drug and alcohol use.

Definitions: None

Policy/Procedure:

1. All members are responsible for ensuring that the squad's work environment is alcohol and drug free. No member shall do any of the following while on squad premises or while conducting squad business:
 - a. Use, sell, dispense, possess, or manufacture alcohol or illegal drugs;
 - b. Be under the influence of alcohol or illegal drugs;
 - c. Have alcohol or illegal drugs present in their body.
 - d. In addition, no member shall commit an alcohol or drug related crime, whether or not the crime was committed while on squad premises or while conducting squad business.
2. For the purposes of this policy the term 'illegal drugs' shall include all controlled substances set forth in the Virginia Drug Control Act, Section 54.1-3400, Code of Virginia, 1950, as amended, except when such controlled substance is used or possessed pursuant to a valid medical prescription.
3. Drug testing may be required by the county prior to volunteering. BBVRS members will be placed in a volunteer pool by the County's Drug and Alcohol Testing Coordinator (County Policy 6-19, Part IV, 7/15/2010). These volunteers shall submit to unannounced random drug and alcohol testing. The volunteer's supervisor shall arrange for the volunteer to immediately proceed to the collection site. Volunteers subject to random testing will be selected for testing by a computer generated program using a random sampling method. As a condition of membership, all members are deemed to have consented to the drug and alcohol testing that is required under this policy.
4. **Testing for Drug and/or Alcohol Based on Reasonable Suspicion.** Members shall submit to drug and alcohol testing when, in the opinion of the supervisor, there is a reasonable suspicion that the member is using, is under the influence of, or has present in his/her body, illegal drugs or alcohol. Reasonable suspicion is a suspicion based on observable behaviors that a member may be using, or is under the influence of alcohol or

illegal drugs. By way of example, and without limitation, any of the following conditions or circumstances, alone or in combination, may create reasonable suspicion:

- a. Unexplained inability to perform normal job functions;
 - b. Slurred speech;
 - c. The smell of alcohol or drugs on the breath or body;
 - d. Any unusual lack of physical coordination or loss of equilibrium;
 - e. Unexplained hyperactivity, depression or withdrawal;
 - f. Unexplained inability to think or reason at normal levels;
 - g. Bizarre behavior or thinking;
 - h. Information that a member is using alcohol or illegal drugs in violation of squad policy, when obtained from a reliable person with personal knowledge of facts that support the allegation;
 - i. Involvement in an avoidable accident that caused, or had the potential to cause, personal injury or property damage;
 - j. Unexplained change in affect or mood;
 - k. Unexplained shortness of temper;
 - l. Unexplained response or violence to daily problems.
5. Members shall be tested for drugs and alcohol immediately after a motor vehicle accident which occurred while they were operating a squad vehicle if:
- a. A person was killed in the accident;
 - b. Member received a moving vehicle traffic citation for the accident;
 - c. A vehicle was towed from the scene because of property damage sustained;
 - d. A person was transported from the accident to receive medical treatment;
 - e. Damage to squad vehicle estimated to be over \$1,000;
 - f. In the opinion of the *operations officer or chief of operations* there is reasonable suspicion that the member was using or under the influence of drugs or alcohol.

6. Procedures for Drug and Alcohol Testing (Chesterfield County Policy 6-19, Part III).

1. *The chief of operations will be notified by the county volunteer coordinator with the names of the individuals requiring random drug testing. At that time the chief will notify the health and safety officer of the names of the members selected so that testing may be scheduled.*
2. *The health and safety officer will notify the selected members that they are required to report for testing on or by their next scheduled shift and furnish the member with the appropriate documentation for the completion of testing.*
3. *Upon completion of the required testing, the member will return the completed signed **ORIGINAL** form to the Health and safety officer for processing.*

- a. Standards for Testing.** All drug tests will take place at a facility certified for drug testing by the National Institute for Drug Abuse(NIDA) in accordance with drug testing standards promulgated by NIDA that ensure accurate testing and minimum

intrusion into the privacy of members. All alcohol tests shall be administered in accordance with normal standards for alcohol breath analysis. When the laboratory reports that the specimen was dilute, the next time a member is selected for any drug test, the squad may require the specimen to be collected under direct observation. When the Drug and Alcohol Testing Coordinator or designee receives notification indicating that the member's specimen was unsuitable for testing or rejected for testing, the member will be directed to immediately provide a new specimen under direct observation. The collector will note on the chain of custody the same reason for collection as the original sample.

- b. What Constitutes a Positive Test.?** Members who are tested for controlled substances will receive an Immunoassay Test, or 'drug screen' of their urine. The organization reserves the right to test for any of the following substances:

amphetamines, barbiturates, cocaine, cannabinoids, methaqualone, opiates, oxycodone, phencyclidine(PCP) or benzodiazepines. If the 'drug screen' detects the presence of any of these substances in the member's urine, a gas chromatography/mass spectrometry 'confirmation test' will be conducted on the same urine sample. If the confirming test confirms the presence of any of the above listed substances in the member's urine, the member shall be deemed to have tested positive for drugs and to have drugs present in his/her body, subject to the split specimen test described in this policy. Members who are tested for alcohol will receive an alcohol breath analysis test. If the breath analysis test determines that the member's blood alcohol content is at a level of .04% or higher, the member shall be deemed to have tested positive and to have alcohol present in his/her body. A member whose alcohol test results are 0.02% or greater but less than 0.04% is not considered 'positive'; however, the member cannot perform safety-sensitive functions within 24 hours after the test. Thus, if the squad has a non-safety sensitive job

available for the member to perform, he/she may remain at the workplace; otherwise, he/she must leave the premise. If a member's alcohol results are 0.02% or greater, the member will be required to take a breath alcohol test in which the result is 0.000% before he/she is able to return to duty. This test is to be performed at least 24 hours after the initial test.

c. Split Specimen. All drug testing shall be conducted un split-sample collection procedures. The squad shall use the contracted Chesterfield County Medical Review Officer(MRO) responsible for analyzing results of drug tests and contacting the member if results are positive. Members may, within 72 hours after they are notified of a positive test, request in writing to the MRO, a test of the split specimen and designate a certified laboratory to test the split specimen. If a member does not request a split specimen test or designate a certified laboratory to test the split specimen within the 72 hour period, the member shall have waived the opportunity for a split specimen test and the member shall be deemed to have tested positive for drugs. The member may not request a reanalysis of the primary sample. If the analysis of the split specimen does not reconfirm the presence of the drug(s) or drug metabolite(s) found in the primary specimen, or if the split specimen is unavailable, inadequate for testing or untestable, the member shall be deemed to not have tested positive for drugs, irrespective of the outcome of the original test. The member shall pay the cost of testing the split specimen. The squad will reimburse the member for the cost if the analysis of the split specimen does not reconfirm the presence of drugs, irrespective of the outcome of the original test.

d. Refusal to Test. Refusal to submit to an alcohol or controlled substance test means a member, after he/she has received notice of the requirement for testing;(1) fails to provide adequate breath for testing without a valid medical explanation,(2) fails to provide adequate urine for controlled substance testing without a valid medical explanation, (3) engages in conduct that clearly obstructs the testing process, (4) refuses to federal required testing, (5) fails to drink fluids as directed by the collector following a failure to provide a sufficient amount of urine, (6) fails to undergo an additional medical examination as part of a 'shy bladder' procedure, (7) if specimen has been found to have been adulterated or substituted, or (8) if the member leaves the collection site before the collection process is completed. REFUSAL TO TEST WILL BE CONSIDERED THE SAME AS A POSITIVE TEST RESULT.

7. Disciplinary Action for Violation of Policy. The status of the member, other than when selected for random testing, shall be to serve administrative leave until the results of the drug/alcohol test is received by the Operations Chief. Violations of Section 1 of this policy or if the results of drug/alcohol testing come back positive the Operations Chief shall recommend dismissal from the squad to the Board of Directors. The Board of Directors shall review the information and process and make the final decision pursuant to this policy to ensure that it is consistent with the Squad's goal of an alcohol and drug free work place. The member shall have the right to present his/her side to the Board before a final decision is rendered.

8. Disciplinary Action for Refusing to Sign Acknowledgement of Policy. In the event that a member refuses to sign the Acknowledgement of Conditions statement. That Operations Chief will immediately place the member on thirty (30) days administrative suspension to reconsider their decision. If at the end of the thirty (30) day suspension the member still refuses to sign, the member will immediately be dismissed from the Bensley-Bermuda Rescue Squad by the Board of Directors.

- A. At any time during the thirty (30) day suspension a member may reverse their decision not to sign, at which time they may contact the Operations Chief with notification of their decision and be returned to duty status as follows;
 - a. The Operations Chief will return the member to duty status within 48 hours of the receipt of the signed Acknowledgement of Conditions, providing seven (7) calendar days has not elapsed.
 - b. In the event more than seven (7) but less than fourteen (14) calendar days have elapsed the member will be returned to duty on the fifteenth (15th) day provided the Operations Chief has received the signed Acknowledgement of Conditions.
 - c. Beyond the fourteenth (14th) day the member will be returned to duty on the thirty-first (31st) calendar day provided, the Operations Chief has received the signed Acknowledgement of Conditions.
 - d. Should a member notify the Operations chief that they have reversed their decision but fails to provide the Operations Chief the signed Acknowledgement of Conditions by the thirtieth (30th) calendar day, the member will remain on suspension and be referred to the Board of Directors for further disciplinary action.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

Topic: Photos and Video images at EMS responses

S. O. R. # 3.6

Revised: 10/01/2011

Replaces: SOR 3.5 02/01/11

Purpose: To provide guidance and procedures for the use of cameras, video cameras, and camera cell phones while on EMS responses to comply with the HIPPA security rule on Protected Health Information (PHI).

The Chesterfield County EMS Advisory Board met on October 19, 2010 met to discuss the use of photos and video images on emergency incident scenes and the numerous legal opportunities and liability they present to EMS agencies.

Definitions: None

Policy/Procedure:

Cameras, video cameras, and camera cell phone devices shall not be used while on any EMS responses under Chesterfield County Operations except for the specific purposes as approved, in writing, by the Chief of Operations. **Members shall use only BBVRS issued devices for these purposes.** Furthermore, no resulting images taken of EMS responses , unless approved by the Chief of Operations shall be printed, copied, scanned, emailed, posted, shared, reproduced or distributed or used in any manner . All image files obtained with the devices issued are the sole property of Bensley-Bermuda Volunteer Rescue Squad.

The Chief of Operations authorize the AIC, in the event of a motor vehicle accident(MVA) in which damage to the vehicle may, as determined by the AIC, assist in emergency room treatment, use only the BBVRS phone camera to take such pictures of the vehicle and patient to share only with the emergency room Doctor. These visual images must then be deleted before leaving the ER. The AIC is responsible for documenting the sharing and deletion and the number of images in the PPCR paper and the narrative section of the computer generated report.

PHI-containing images shall be stored and transmitted only as needed for the specific task, and storage shall be on a secure Chesterfield County Network Drive. Violations of this directive will result in the member being personally liable for HIPPA violation consequences, including fines, and may result in disciplinary action being taken.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: AMBULANCE PERSONNEL TRAINING

S.O.R. # 4.1

Revised: 11/6/18

Replaces: SOR 4.1 02/01/11

Purpose: To provide a standard policy for training members to conduct themselves in a safe environment and to provide superior patient care.

Definitions: None

Policy/Procedure:

I. Third Training

- a. All new personnel are expected to complete on-line training on the first shifts of duty.
- b. Provide to the Training Officer copies of the following documents:
 - Attend a one day - squad provided orientation class
 - Valid CPR card for the Healthcare Professional
 - Certificate of completion of a NIMS 100 course
 - Certificate of completion of the NIMS 200 course
 - Certificate of completion of the NIMS 700 course
 - Certificate of completion of the NIMS 800 course

- Form attesting to completion of the Adult Abuse Reporting Presentation
- Form attesting to completion of the Privacy Presentation
- Proof of Hepatitis B Vaccination or declination of the vaccination

c. Preceptor for third training will be the AIC and Driver on duty for that shift.

d. Steps to complete the training

- In every step of this process the trainee must operate in the principal role for which they will be responsible. At no time will the trainee provide patient care outside their scope of practice or outside the boundaries of patient management set by the Operational Medical Director.

e. Objectives: trainees are required to obtain, *demonstrate understanding and working knowledge*:

Knowledge of Bylaws

Knowledge of Standard Operating Rules

Knowledge of Operations and Administration staff

Safety on scene

On-duty chores to include cleaning apparatus and building, laundry, etc.

Where equipment is located on the truck and how it works

Changing linen, decontamination, and acquiring supplies at the hospital

Vital signs to include Blood Pressure, Pulse, Respirations, Pulse Oximetry, and Glucose checks

How to properly test equipment to assist AIC in preparing the apparatus for service

Documentation assistance

- After all objectives are completed and the preceptor approves advancement, the trainee will meet with the Training Officer and will conduct a final review of documentation and should include review with preceptor who provided the training.
- Upon release by the Training Officer, the member shall be considered a released third.

2. BLS AIC Training

- a. All condition of Section 1b above must be met and have been cleared as a released third prior to perception for AIC. *Seasoned BLS Providers requesting modification of this process must be a released BLS provider for one year and a member in good standing in their previous organization. Written recommendations from their previous Training Officer, OMD and Chief of Operations as to their competency and quality of care must be provided before entering this process.*
- b. Provide copies of the following additional documents:
 - Copy of a valid and current Virginia Emergency Medical Technician Certification
 - Provide copies of certification from a Trauma class for the BLS Provider – ITLS or PHTLS
 - Certifications can be obtained within one year of receiving BLS certification. Failure to receive these certifications may result in the suspension of BLS privileges. Exceptions will be reviewed on a case by case basis and will only be approved by the Chief of Operations.
- c. Preceptor must be a designated BLS AIC or higher that is a cleared preceptor. A list of current BLS preceptors can be obtained from the Training Division.
- d. Candidates must be evaluated by a minimum of three (3) separate preceptors.
- e. Steps to complete the training
 - Must be a member in good standing
 - Must be at least 18 years of age.
 - Request permission from the Training Officer to enter the training program and receive the necessary training materials, including authorized preception documentation packet.

- In every step of this process, AIC candidate must operate in the principal role for which they will be responsible. At no time will the AIC candidate provide patient care outside their scope of practice or outside the boundaries of patient management as set by the Operational Medical Director.
- Candidates are required to complete twelve, 12-hour shifts (or 144 hours equivalent) with an approved AIC preceptor, during which they will be operating in the role for which they are precepting. AIC preception shifts must be completed on a 911 unit and may not be completed on standbys or special event shifts. Candidates must be able to show proficiency in:

knowledge *and practice of* regional and local patient care protocols

knowledge *and practice of* regional and local operations protocols

knowledge *and practice of* BLS equipment and care

working knowledge of ALS equipment and procedures, including a demonstrated understanding of if/when ALS care is needed

map reading capabilities, MDC usage, proper radio communication

Documentation and patient turnover

- During preception, the candidate must be able to operate efficiently in all patient care and operational roles for which they will be responsible as a cleared provider. Candidates must complete a call review form for each incident to which they were dispatched. This form must be reviewed, commented, and signed by the authorized preceptor for the shift. A copy of the call review form may be obtained from the Training Division and should be included in the AIC preception documentation packet.
- Candidates must complete a protocol review during their twelve shift preception period, to include all patient care and operational protocols. Each protocol must be either discussed or observed, and subsequently signed off by the authorized preceptor for that shift. A copy of the protocol review form may be obtained from the Training Division and should be included in the AIC preception documentation packet.
- If, after completion of the twelve shift preception period, a candidate fails to gain the experience or proficiency to be a cleared provider, a preceptor or Training Officer may make a recommendation to the Training Division to extend the candidate's preception period. This will be reviewed and approved by the Training Division on a case-by-case basis in consultation with the candidate, preceptors, Training Officer, Chief, and/or OMD.
- After all objectives are completed and the preceptor approves advancement, AIC candidate will meet with the Training Officer who will conduct a final review of documentation and proficiency in the role for which he or she is precepting.

- Upon release by the Training Officer in conjunction with the Chief of Operations, the member shall be considered a released BLS AIC.

f. Exceptions to this section can be reviewed on a case by case basis providing the requirements of sec. 1b have been met and the training officer recommends the exception. Exceptions will only be approved by the Chief of Operations.

3. ALS AIC Training

a. All condition of Section 1b above must be met prior to perception for ALS AIC.

b. Provide copies of the following additional documents:

- Copy of a valid and current Virginia Emergency Medical Technician Certification; EMT-A, EMT-I, or EMT-P
- Provide a copy of certification for current ACLS for EMT-I and EMT-P Candidates.
- Provide copies of certification from a Trauma class for the ALS Provider – ITLS or PHTLS
- Provide a copy of certification from a Pediatric class for the ALS Provider – PALS, EPC, or PEEP
- PHTLS, and PALS certifications can be obtained within one year of clearance. Failure to receive these certifications may result in the suspension of ALS privileges. Exceptions will be reviewed on a case by case basis and will only be approved by the Chief of Operations.

c. Preceptor must be a designated ALS AIC at the Candidate's level or higher that is a cleared preceptor. A list of current ALS preceptors can be obtained from the Training Division.

d. Candidates must be evaluated by a minimum of three (3) separate preceptors.

- Request permission from the Training Officer to enter the training program and receive the necessary training materials, including authorized preception documentation packet.
- In every step of this process, AIC candidate must operate in the principal role for which they will be responsible. At no time will the AIC candidate provide patient care outside their scope of practice or outside the boundaries of patient management as set by the Operational Medical Director.
- Candidates are required to complete twenty, 12-hour shifts, (or 240-hour equivalent) with an approved AIC preceptor, during which they will be operating in the role for which they are precepting. AIC preception shifts must be completed on a 911 unit and may not be completed on standbys or special event shifts. Candidates must be able to show proficiency in:

knowledge *and practice of* regional and local patient care protocols

knowledge *and practice of* regional and local operations protocols

knowledge *and practice* of ALS equipment and supplies

knowledge *and practice* ACLS protocol, including being able to independently run a cardiac arrest scenario set up by the Training Division

independently running ALS medical and ALS trauma cases

map reading capabilities, MDC usage, proper radio communication

Documentation and patient turnover

- During preception, the candidate must be able to operate efficiently in all patient care and operational roles for which they will be responsible as a cleared provider. Candidates must complete a call review form for each incident to which they were dispatched. This form must be reviewed, commented, and signed by the authorized preceptor for the shift. A copy of the call review form may be obtained from the Training Division and should be included in the AIC preception documentation packet.
 - Candidates must complete a protocol review during their twenty shift preception period, to include all patient care and operational protocols. Each protocol **must** be either **discussed** or **observed**, and subsequently signed off by the authorized preceptor for that shift. A copy of the protocol review form may be obtained from the Training Division and should be included in the AIC preception documentation packet.
 - If, after completion of the twenty shift preception period, a candidate fails to gain the experience or proficiency to be a cleared provider, a preceptor or Training Officer may make a recommendation to the Training Division to extend the candidate's preception period. This will be reviewed and approved by the Training Division on a case-by-case basis in consultation with the candidate, preceptors, Training Officer, Chief, and/or OMD.
- e. Recommendation from preceptors and OMD is required for release. Training officer will coordinate with OMD.
- f. After all objectives are completed and the preceptor approves advancement, AIC candidate will meet with the Training Officer who will conduct a final review of documentation and proficiency in the role for which he or she is precepting.
- g. Upon release by the Training Officer in conjunction with the Chief of Operations and the OMD, the member shall be considered a released ALS AIC.
- h. Exceptions to this section can be reviewed on a case by case basis providing the Requirements of sec.1b have been met and the training officer recommends the exception. Exceptions will only be approved by the Chief of Operations.*

4. Conditions for removal of AIC cleared status

- Clearance shall automatically be revoked if the member does not operate as they are designated for a period of six consecutive months. The member will be notified by the Training Division should clearance be revoked. This action is neither punitive nor disciplinary, and the member is welcome to re-enter into the process for clearance as described above.

- Clearance shall automatically and immediately be revoked if the member loses or otherwise fails to maintain certifications as required in this SOR. The member will be notified by the Training Division should clearance be revoked. This action is neither punitive nor disciplinary, and the member is welcome to reenter into the process for clearance as described above once the certification(s) have been updated and confirmed.
- The Chief and Training Officer are provided discretion to revoke the release of any provider based on information gathered regarding the provision of patient care, conduct during duty, or any other conditions as the Chief shall deem fit. The member will be notified by the Training Division or the Chief should clearance be revoked.
- The Chief and Training Officer shall provide the member with corrective measures necessary to return to cleared status, or alternatively shall provide the member with corrective measures necessary to re-enter into the process for clearance as described above.

5. AIC Preceptor clearance:

- a. The Chief and Training Officer will promulgate a list of preceptors, who in *their* opinion provide excellent resource as a provider of excellent customer service, care and *educator and mentoring qualities*.
 - b. Preceptors will be responsible for providing coaching, guidance, and correction to AIC candidates.
 - c. Bias in training is strictly prohibited. No spouse, immediate family member, or boy/girlfriend will provide training for a third or AIC trainee, nor will they lobby for circumvention of these SORs.
 - d. Steps to become an AIC preceptor
 - Must be a member in good standing
 - Must maintain monthly hours requirement. Failure to maintain hours requirements may revoke the clearance of preceptor status.
 - No disciplinary actions within the past 12 months
 - Have been a released AIC for a minimum of one year.
 - Good working knowledge of protocols
 - Written request to the Training Officer for Preceptor clearance
 - Meet with the Training Division
- Exceptions to this section can be reviewed on a case by case basis given that the provider is certified at or above the level for which they are requesting preceptor status and the training officer recommends the exception. Exceptions will only be approved by the Chief of Operations.

6. Conditions for removal from preceptor status:

a. Revocation of AIC clearance.

b. Bias towards or unfair treatment of a trainee during the training processes, excessive length of perception without adequate documentation of the trainee's deficiencies, continued disregard of the training outline or behavior patterns not conducive to a successful training program.

c. Intentional disregard for section 5b.

d. Intentional disregard for section 5d.

e. The member will be notified by the Training Division should preceptor status be revoked.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: DRIVER TRAINING

S.O.R. # 4.2

Revised: 11/06/18

Replaces: SOR 4.2 09/20/17

Purpose: To provide a standard policy for training members to drive and operate ambulance apparatus and other squad vehicles

Definitions: None

Policy/Procedure:

1. Requirements for entry:
 - a. Must be 19 years of age
 - b. Must have at least 3 years of verified driving experience, at least 2 of which must be as a licensed driver.
 - c. Driving Record from DMV must show minimum +2 points and DMV transcript must be dated 30 days or less at time of submission.
 - d. Copy of current driver's license must be on file.
 - e. Copy of current EVOC Certification must be on file.
 - f. Provide above documentation to Training Officer and request permission to enter the perception process. The Training Officer will supply a list of driver preceptors as well as the authorized perception documentation packet.
2. Steps to complete the driver training program:
 - a. In every step of this process, driver candidate must operate the vehicle. At no time will the driver candidate operate the vehicle without a driver preceptor in the front passenger seat.
 - b. Driver candidate will make every effort to provide the opinion of at least 3 separate driver preceptors.

- c. Driver candidate are required to have 6 hours of driving time with a driver preceptor during which there are no patients on-board. This training will involve driving to each of the following hospitals as a minimum: John Randolph Hospital, TriCities Stand-Alone ED, Southside Regional Hospital, Southside Regional Stand-Alone ED, Chippenham Hospital, Johnston Willis Hospital, St. Francis' Hospital, St. Mary's Hospital, VCU Medical Center, McGuire's Veterans Hospital, and any other hospitals as deemed necessary by the preceptor.
- d. In every step of this process, driver candidate must operate in the principal role for which they will be responsible. At no time will the driver candidate operate the vehicle outside of the condition set forth in Virginia Code 46.2-920 and SOR 4.3.
- e. Driver candidates must complete ten calls with an approved driver preceptor. Driver candidates must be able to show proficiency in:
 - knowledge and practice of regional and local operations protocols
 - knowledge and practice of patient care within their scope of practice
 - map reading capabilities, MDC usage, proper radio communication
 - Documentation and unit turnover
- f. Driver candidates are prohibited from driving emergency calls without first completing three non-emergency calls. Once, the three non-emergency calls have been completed, the driver candidate may drive for all remaining calls of preception, regardless of priority. A driver candidate must also have completed at least three emergency responses during the preception process.
- g. During preception, the candidate must be able to operate efficiently in all patient care and operational roles for which they will be responsible as a cleared driver. Candidates must complete a call review form for each incident to which they were dispatched. This form must be reviewed, commented, and signed by the authorized preceptor for the shift. A copy of the call review form may be obtained from the Training Division and should be included in the driver preception documentation packet.
- h. If, after completion of the ten call preception period, a candidate fails to gain the experience or proficiency to be a cleared provider, a preceptor or Training Officer may make a recommendation to the Training Division to extend the candidate's preception period. This will be reviewed and approved by the Training Division on a case-by-case basis in consultation with the candidate, preceptors, Training Officer, Equipment Officer, and/or Chief.
- i. After all objectives are completed and the preceptor approves advancement, Driver candidate will meet with the Training Officer who will conduct a final review of documentation and proficiency in the role for which he or she is precepting.
- j. Upon release by the Training Officer in conjunction with the Chief of Operations, the member shall be considered a released driver.

3. Non-emergency driving/familiarization with apparatus:
 - a. With approval from the Training Officer, members are provided opportunities to familiarize themselves with operation of apparatus in controlled settings. This is done primarily to provide access to emergency vehicles prior to taking EVOG.
 - b. A driver preceptor must be present during familiarization training.
 - c. Apparatus familiarization shall only be conducted in open parking lots or at the stations. At no time shall familiarization take place on the open highways.
4. Conditions for removal of Driver cleared status:
 - Clearance shall automatically be revoked if the member does not operate as they are designated for a period of six consecutive months. The member will be notified by the Training Division should clearance be revoked. This action is neither punitive nor disciplinary, and the member is welcome to re-enter into the process for clearance as described above.
 - Clearance shall automatically and immediately be revoked if the member loses or otherwise fails to maintain certifications as required in this SOR. The member will be notified by the Training Division should clearance be revoked. This action is neither punitive nor disciplinary, and the member is welcome to reenter into the process for clearance as described above once the certification(s) have been updated and confirmed.
 - The Chief and Training Officer are provided discretion to revoke the release of any provider based on information gathered regarding the provision of patient care, conduct during duty, or any other conditions as the Chief shall deem fit. The member will be notified by the Training Division or the Chief should clearance be revoked.
 - The Chief and Training Officer shall provide the member with corrective measures necessary to return to cleared status, or alternatively shall provide the member with corrective measures necessary to re-enter into the process for clearance as described above.
5. Driver Preceptor clearance:
 - a. The Chief or Training Officer will promulgate a list of driver preceptors who, in the opinion of the Chief, provide an excellent resource as both a prudent driver and an educator.
 - b. Driver preceptors will be responsible for providing coaching, guidance, and correction to driver candidates.
 - c. Bias in training is strictly prohibited. No spouse, immediate family member, or boy/girlfriend will provide training for a driver trainee, nor will they lobby for circumvention of these SORs.
 - d. Steps to become a Driver preceptor
 - Must be a member in good standing

- Must maintain monthly hours requirement. Failure to maintain hours requirements may revoke the clearance of preceptor status.
- No disciplinary actions within the past 12 months
- Have been a released Driver for a minimum of one year.
- Good working knowledge of operations protocols
- Written request to the Training Officer for Preceptor clearance
- Meet with the Training Division.
- Exceptions to this section can be reviewed on a case by case basis given that the provider is certified at or above the level for which they are requesting preceptor status and the training officer recommends the exception. Exceptions will only be approved by the Chief of Operations.

6. *Conditions for removal from preceptor status:*

- a. Revocation of Driver clearance.*
- b. Bias towards or unfair treatment of a trainee during the training processes, excessive length of perception without adequate documentation of the trainee's deficiencies.*
- c. Continued disregard of the training outline or behavior patterns not conducive to a successful training program.*
- d. Intentional disregard for section 14b.*
- e. Intentional disregard for section 14d.*
- f. The member will be notified by the Training Division should preceptor status be revoked.*

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: GENERAL VEHICLE OPERATIONS

S.O.R. # 4.3

Revised: 09/20/17

Replaces: SOR 4.3 02/01/11

Purpose: To provide a guideline for day-to-day vehicle operations of the Bensley-Bermuda Volunteer Rescue Squad.

Definitions:

DMV: The Virginia Department of Motor Vehicles.

EVOC: Emergency Vehicle Operators Course, as defined and approved by Virginia Department of Emergency Medical Services.

ECC: Chesterfield County Emergency Communications Center.

AIC: Attendant-in-Charge, as defined in these SORs.

Opticom: A 3M technology enabling the pre-emption of traffic control devices to provide favorable driving conditions for emergency vehicles operating in emergency circumstances.

Policy/Procedure:

1. Prompt response to emergencies is essential. No emergency is so great that the lives of others should be endangered by those responding to the emergency. All responses must be tempered with good judgment, a keen sense of safety awareness, and due regard.

2. General Qualifications For Driving:

a. All drivers shall be at least 19 years of age and possess a valid operator's license issued by their state of residence.

b. All drivers must have at least three years of verified driving experience, at least two of which must be as a licensed driver.

c. All drivers will be familiar with the provisions of the Virginia Motor Vehicle Code and familiar with other pertinent information regarding their privileges and responsibilities as operators of Squad automotive equipment.

d. All drivers will have their driving record reviewed upon initial driving request and annually thereafter. Drivers must maintain a minimum of +2 points on their driving record in order to maintain driver status. DMV records will be reviewed by the Chief or his/her designee to determine eligibility.

e. All drivers will hold a valid EVOC certification for the class of vehicle they are operating.

f. All drivers shall be trained on the proper radio procedures.

3. General Operations:

a. The Equipment Officer is responsible for and has the authority to direct the location, condition, and availability of all vehicles and equipment.

b. The Equipment Officer and the Supervisory Staff will be notified when a vehicle is taken out-of-service for any mechanical reason.

➤ The ECC shall be notified of the status of the on duty vehicle and notified upon its return to service or change in vehicle.

➤ The driver shall ensure that all automotive supplies used are restocked including gas and oil.

➤ The driver of the vehicle is responsible for making an on-scene inspection to ensure no equipment is missing before leaving the scene.

➤ The AIC of the vehicle will ensure that all medical supplies used are restocked.

c. All *forms of* tobacco products are prohibited from being used in any squad vehicle at any time.

d. Seat belts will be worn by all front seat occupants in the vehicle at all times while the vehicle is in motion. Seat belts will be worn by patient care providers when the use of seatbelts does not interfere with patient care.

e. Use of cellular phones, or other electronic devices, by the vehicle operator while driving is prohibited.

f. Squad vehicles will be used only for official business.

g. The driver and AIC are responsible for any apparatus while operating in reverse. A spotter shall be used while backing to the maximum extent possible. Any exceptions to this must be documented and provided to the On-Duty Captain. Any accident occurring when a spotter is not in use will be grounds for immediate suspension.

h. Due regard for the safety of persons and property must be observed by the driver of the emergency vehicle at all times.

i. The vehicle is not to be set in motion, while a patient is on board, until the driver receives verbal approval from the AIC and it is safe to do so.

- j. When, in the discretion of the AIC, a patient appears stable after examination and in consideration of the mechanism of injury, transport to a medical facility will be non-emergency.
- k. Any complaints made by private citizens or public officials about improper driving in squad vehicles, or private vehicles displaying squad identification, while responding to a call will be investigated by the Chief and/or their designee
- l. No member will respond to any call, at any time, from a personal vehicle under normal or emergency conditions.
- m. The activation and use of the Optic-com is permitted only while the vehicle is operating under emergency conditions.

4. Operation under Emergency Conditions: Virginia Code 46.2-920

- a. Emergency Conditions are those in which the responding apparatus has the authority to respond with warning lights and an audible siren.
- b. Responses to calls:
 - Priority 1: all responding apparatus will respond under emergency conditions.
 - Priority 2: only the responding apparatus nearest to the incident will operate under emergency conditions. All other apparatus will respond with the flow of traffic and without lights and sirens, following all the laws of the state for normal vehicular traffic.
 - Priority 3: all responding apparatus will respond with the flow of traffic and without lights and sirens, following all the laws of the state for normal vehicular traffic.
- c. Virginia law permits certain exemptions from regulations only while operating under emergency conditions. These exemptions shall have due regard to the safety of persons and property foremost and include:
 - Disregarding the speed limits; however, squad policy limits the speed to 10 MPH over the posted speed.
 - Proceed past any steady or flashing red signal, traffic light, stop sign, or device indicating moving traffic shall stop if the speed of the vehicle is sufficiently reduced to enable it to pass safely. Note: All Squad vehicles SHALL stop prior to proceeding through any stop sign or red lights.
 - Park or stand on the roadway
 - Disregard signs regulating turning in certain directions, i.e., NO LEFT TURN

- Pass another vehicle at an intersection
- Pass or overtake another slow moving vehicle, by going off the paved or main traveled portion of the roadway on the right. Sirens in this instance are not required and not recommended.

d. Such exemptions shall not protect the operator from criminal prosecution for conduct constituting reckless disregard of the safety of persons or property; nor shall it release the operator of any such vehicle from civil liability for failure to use reasonable care in such operation.

e. Virginia law requires drivers of vehicles approached by emergency vehicles sounding their siren and displaying warning lights to, as quickly as traffic and other highway conditions permit, drive to the nearest edge of the roadway, clear of any intersection, and stop until the emergency vehicle passes.

f. Nothing in Virginia law exempts the driver of an emergency vehicle from prosecution for passing a stopped school bus while the school bus lights are flashing.

5. Vehicle Damaged Or Involved In Accident

a. An accident is defined as any occurrence in which there is discernible damage to a Squad vehicle and/or damage to other property and/or personal injury, as determined by Supervisory Staff.

b. Any other occurrence involving contact between a Squad vehicle and another vehicle or structure with no damage or personal injury is defined as a driving incident.

c. In the event of a question as to whether an occurrence is an accident or incident, Supervisory Staff will consult with the Equipment Officer and/or the Chief and make a determination.

d. The following procedure shall be followed any time a squad vehicle is involved in an accident or incident:

- Do not continue your response or move the vehicle unless you have a priority one patient on-board. Notify ECC immediately.
- Assess for injuries and hazards and have the appropriate agencies respond.
- Notify ECC to place the unit out-of-service and to send another unit to continue transport or response.
- Notify the On-Duty Captain to respond to the scene of the incident. If the On-Duty Captain is unable to respond notify the appropriate Operations Officer to respond.
- Notify the Equipment Officer if there is a question as to whether the damage makes driving the vehicle unsafe.

- Under no circumstances admit guilt or make accusations of blame.
- Have a driver not involved in the accident/incident return the vehicle to quarters or towed at the discretion of the On-Duty Captain and/or Equipment Officer to an appropriate location.
- Have all involved personnel write a written statement as to the events that occurred. These written statements shall be provided to the Operations Officer and a report submitted to the Chief of Operations and the Vice President.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: Quality Assurance Program

S.O.R. # 5.1

Revised: 01/01/2012

Replaces: SOR 5.1 01/01/10

Purpose: To ensure quality patient care a Quality Assurance (QA) program is required. This guideline describes the implementation of the QA process.

Definitions: None

Policy/Procedure:

1. In general the QA process is designed to maintain quality patient care rather than educate or train new providers. The process is not designed to be punitive or unnecessarily negative. It is expected that the vast majority of call sheets will have no or minor QA issues.
2. Occasionally there may be a patient care issue discovered in QA that requires immediate action by the department. In these cases the QA *committee* will provide details *of the incident along with possible training deficiencies and recommendations for correction*, to the training officer. The training officer will *review* the findings *with the Training team and make any changes to the training program deemed necessary*. The discussion to suspend a provider may be undertaken by the Chief or the OMD and may be done in consultation or independently.
3. It is expected that a minimum of *10%* of call sheets for any calendar month will be reviewed (*5% BLS, 5% ALS*). Certain types of call sheets will automatically be included for QA *and not counted as part of the 10%*. These will include:
 - Deaths or ROSC in the field
 - EZ-IO attempts
 - Advanced Airways (Adult & Pediatric Intubations, etc.)
 - Other topics as requested by the OMD/Training Officer
4. An electronic log of call sheets that have been selected for QA shall be maintained by the Records Officer. This log will contain the QA Report number, incident number, the date, the provider, and the outcome of the QA (Reviewed without issue, Sent to provider, or Referred to OMD).

5. Call sheets will *be* provided to the QA *Committee* with all patient identification, call location identification, and provider identifications removed.
6. If the QA *Committee* finds an issue with a call sheet a QA form will be sent to the provider. The QA *Committee* will attach a copy of the call sheet. The QA *Committee* will write the issues on the QA form and return the form and call sheet to the AIC. The AIC will return the *completed* form within a timely manner (two weeks). No original copies of a PPCR should be distributed during the QA process.
7. At no time will the QA *Committee* know the identity of the provider for the call sheets they are reviewing until such time that an issue is presented. It is expected that *due to Committee diversity* no conflict *in* reviewing the gross majority of call sheets will *exist*.
8. No QA *Committee member* will *have input on the review of* a call *on which* they were AIC.
9. Completed Quality Assurance Forms shall be maintained by the Records Officer for a minimum of five years.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: Continuous Quality Improvement Program

S.O.R. # 5.2

Revised: 01/01/2012

Replaces: SOR 5.2 01/01/10

Purpose: The purpose of this policy is to establish a Continuous Quality Improvement (CQI) Program to promote, enhance, and ensure the quality of pre-hospital emergency medical care delivered by EMS providers practicing at the Bensley Bermuda Rescue Squad (BBVRS)

Definitions: None

Policy/Procedure:

BBVRS shall participate in a Continuous Quality Improvement program in compliance with the Virginia Office of Emergency Medical Services Regulation 12 VAC 5-31-600 (Quality Management) .

Procedure:

1. BBVRS shall promote prospective initiatives designed to train its providers to deliver quality and efficient pre-hospital care through education:
 - Orient members to organization policies and procedures.
 - Participate in continuing education courses.
 - Develop educational goals to meet deficiencies observed during training *or QA Committee review.*
 - Participate in bi-annual regional skills competencies.
2. BBVRS shall promote concurrent initiatives designed to identify problems during patient care utilizing an established collection process that allows a senior EMS provider the opportunity to directly observe and supervise junior providers' utilization of established protocols.
3. BBVRS shall provide retrospective analysis of critical clinical events, monthly selective incidents, and infrequent skills performed.
 - Evaluate agency providers for retrospective analysis of pre-hospital care.
 - Evaluate identified trends in the quality of pre-hospital care delivered within the agency.

- Monitor and evaluate the Clinical Incident Review Process.
- Take appropriate action with agency providers that do not follow established guidelines for delivering care.

4. BBVRS shall report its review findings to its providers.

- Evaluate clinical incident reports that are submitted from agency/regional providers.
- Provide feedback to providers after a quality improvement incident has been reviewed.
- Review agency's clinical policies and procedures to reflect best practices in pre-hospital care based on regional system analysis.
- Recognize and reinforce exemplary performance of agency providers

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: Clinical Incident Review Policy

S.O.R. # 5.3

Revised: 01/01/12

Replaces: SOR 5.3 01/01/10

Purpose: To establish guidelines for reporting, reviewing, and resolving clinical incidents related to clinical skills performance of members of the Bensley-Bermuda Volunteer Rescue Squad Inc.

Definitions:

- *The QA Committee* consists of designated ~~active~~-squad ALS and BLS providers, *a training team member*, the Chief of Operations, and any other designated personnel selected to carry out assigned duties which fall within the scope of this *SOR*.
- **Critical Event** – A case where the alleged action or lack of action on the part of a provider raises concerns about the individual's ability to function adequately as an emergency medical care provider. This can include cases where allegations of significant negligence are present.
- **Informal Medical Review** - A review of patient care where minor deviations from established patient care standards may have occurred. These deviations shall have had no known impact on patient outcome.
- **Investigating Officer** – The officer assigned to conduct a formal and/or informal review of a medical care complaint/concern *usually the Chief of Operations*.
- **Formal Medical Review** - A review of patient care where serious deviations from the standard of care may have occurred. Examples of such concerns include:
 - Repeated minor deviations from the standard of care resistant to improvement
 - Deviations with a potential for negative impact on patient outcome
 - Deviations which had a negative impact on patient outcome.
- **Operational Medical Director (OMD)** is the medical doctor responsible for the oversight of all medical practices adhering to the established protocols as set forth by the Virginia Office of EMS, the OMD letter of agreement, and any other specific policies of training established by Bensley-Bermuda Volunteer Rescue Squad Inc. under his/her guidance.

- Provider – The individual who acts in the capacity of an emergency medical care provider.
- Temporary Suspension to Practice – A non-punitive suspension of the provider's ability to function as an emergency medical care provider at the Bensley- Bermuda Volunteer Rescue Squad.
- Training Officer– EMS officer appointed by the Chief of Operations as the point of contact and coordinator for, quality improvement, and training opportunities.

Policy/Procedure:

1. BACKGROUND:

Incident reviews are important tools for providing quality customer service to the community. They are designed to be teaching and learning experiences and are rarely punitive in nature. All parties are encouraged to participate with that approach in mind. Most concerns can be resolved at a low level. Individuals are encouraged to address matters face-to-face whenever possible.

2. PROCEDURE:

- a. Any member can report patient care concerns regarding incidents, in which they are involved, where possible inappropriate medical care or conduct has occurred. This can include patients, hospital staff, firefighters, rescue squad members, citizens, etc.
- b. Concerns will be made in writing
- c. The OMD can require that unusual patient care events or infrequent/high risk technician skills (i.e. rapid sequence induction) be automatically included in the review process.
- d. Concerns received from external customers, citizens or hospital staff, will be reported to the Chief of Operations. The Chief of Operations will then contact the *QA Committee* after making initial contact with the complainant *and conducting an initial investigation*.
- e. Concerns regarding actions of Bensley or CF&EMS personnel will be reported via the Clinical Incident Report. Staff is to utilize the Chain of Command to report any incidents. Additional informal preliminary fact-finding may be conducted at this time and can include personal interviews and data collection.
- f. The *QA Committee*, will determine whether the concern is a medical review matter. The *Chief of Operations* will then initiate an informal or formal review when the matter has been deemed medical in nature.
- g. If the investigating officer feels at any time that a serious violation has occurred, more formal procedures shall be implemented and the OMD shall be notified of the ongoing investigation.

h. Should a critical event occur, the Chief of Operations might find it necessary to issue an immediate temporary suspension to practice until the matter can be fully reviewed by the OMD. All available information about the incident and input from the *QA committee and the Training team* will be considered when making this decision.

i. Complaints of a non-medical nature will be referred to the appropriate Operations Officer for resolution.

3. Informal Medical Review

a. *In the absence of the Chief of Operations* an investigating officer with the appropriate knowledge level and experience to effectively review the case will conduct the informal review. The investigating officer will contact the provider and/or other providers involved with the incident for fact finding.

b. The reviewing officer will complete his/her investigation and report the findings to the *QA committee* in a timely fashion not to exceed two weeks (*14 days*).

c. Recommendations for follow-up *or* remedial actions, if any, will be provided in the findings report to the *QA committee*. *The QA committee will then review all findings. The QA committee will then identify possible training deficiencies and possible corrective actions to the Training officer and the OMD (if applicable) for review, development and implementation of further training as part of continued quality improvement.*

d. It is expected that the *Training officer* will conduct any appropriate *remediation upon completion of review*.

e. A record of informal reviews will be routinely briefed to the OMD. Trends will be reported to the Chief of Operations and a training resolution will be devised for the agency *as part of continued quality improvement*.

4. FORMAL QUALITY REVIEW:

a. *In the absence of the Chief of Operations* an investigating officer with the appropriate knowledge level and experience to effectively review the case will conduct the informal review. The investigating officer will contact the provider and/or other providers involved with the incident for fact finding.

b. Research may include interviews, patient follow-up, documentation review, and any other information pertinent to the patient outcome. All information collected will be provided to the OMD.

c. The reviewing officer will complete his/her investigation and report the findings to the *QA committee* in a timely fashion, not to exceed two weeks, except in situations where patient outcome has yet to be determined. *The QA committee will review all findings, identify possible training deficiencies and will report to the OMD for further review and or action.*

d. Based on the findings of the investigation, the OMD has the option to downgrade the matter to an informal review or arrange for a formal meeting with the provider to resolve the matter.

e. A meeting of the provider, the investigating officer, and the OMD shall conclude formal review. The OMD shall review all facts of the case and discuss the incident with the provider. The OMD at his/her discretion will determine the severity of the incident. If the concerns are determined to be unfounded, the case will be closed. All determinations by the OMD are final and not subject to appeal.

f. If the complaint has been found with merit, the OMD will recommend appropriate follow-up action based on the severity of the incident and *the findings of the QA committee*. These actions can include, but are not limited to, the following:

- Counseling
- Skills remediation, including additional field internship time
- Classes related to deficient area
- Assigned research project in deficient area
- Temporary or permanent suspension to practice as an emergency medical care provider for BBVRS
- Formal report to the Virginia Office of EMS for possible suspension/revocation of certification

5. DISCIPLINARY ACTION:

a. No disciplinary action will be given to providers in relationship to having deficient skills provided they comply with remediation. However, this does not prevent disciplinary action due to negligent care.

b. In accordance with established BBVRS By-Laws, Standard Operating Rules, and the Commonwealth of Virginia Office of EMS regulations, the Chief of Operations and/or the OMD may remove a member's authorization to practice as an emergency medical care provider anytime he/she feels it necessary.

c. The investigating officer will document the outcome of the review. The provider will be notified of the findings in writing within two weeks, except in those rare occasions that patient outcome must be followed and documented.

d. The training officer will ensure that the provider completes any assigned actions.

e. Chief of Operations will report to the Board of Directors on any disciplinary action taken.

f. The Board of Directors shall review all cases involving reports to the Virginia Office of EMS prior to notification.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: OMD Consultation

S.O.R. # 5.4

Revised: 01/01/2010

Replaces: N/A

Purpose: To provide guidelines for consulting with the agency's Operations Medical Director

Definitions: None

Policy/Procedure:

1. The OMD is the oversight for all medical direction at Bensley Bermuda Volunteer Rescue Squad.
2. Any member with a concern shall use internal Chain of Command to resolve at the lowest level possible.
3. All re-certifications shall be handled through the Training Division. The Training Officer will consult with the OMD to obtain the necessary documents for recertification procedures. It is the member's responsibility to allow ample time to process documents.
4. No member will consult the OMD directly concerning becoming a cleared provider.
5. All means of the internal structure will be exhausted prior to requesting a meeting with the OMD.
6. When a meeting with the OMD is required, the coordination shall be made through the Training Officer or the Chief of Operations.
7. The OMD, at any time, may request a meeting with a provider. The provider is to make every effort to meet with the OMD at the requested time.

Bensley-Bermuda Volunteer Rescue Squad

Standard Operating Rule

TOPIC: Infection Exposure Policy

S.O.R. # 6.1

Revised: 01/01/2010

Replaces: N/A

Purpose: To provide members with guidance regarding attention in the event of exposure to an infectious substance.

Definitions: None

Procedure:

1. All individuals that have an exposure to a patient's blood will go with the patient to the hospital.
2. Exposed individual will contact the Charge Nurse on duty at receiving hospital, inform nurse of blood exposure, and request to have source patient's blood tested.
3. Complete any documentation required by the hospital. *Exposed person should request a copy of all documentation required by the hospital.*
4. Complete Bensley-Bermuda Volunteer Rescue Squad SPECIAL INCIDENT REPORT.
 - a. Contact the Safety/Health Officer and notify them of the incident and action taken.
 - b. Notify the On-Duty Captain and the appropriate Operations Officer.
5. Safety/Health Officer will follow up with the receiving hospital to receive results from testing of source patient and notify the provider of the results.
6. Safety/Health Officer will maintain records of all blood exposures.