

RUSK COUNTY AMBULANCE SERVICE

Administrative and Operations Manual

EMS Handbook

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CURRENTLY USED AS THE PERSONNEL HANDBOOK FOR AMBULANCE SERVICE EMPLOYEES
2/1/2014



Items in red or green are changes to policy that are being reviewed

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RUSK COUNTY AMBULANCE SERVICE ADMINISTRATION AND OPERATIONS POLICIES

I. MISSION STATEMENT

The Rusk County Ambulance Service is a partner in the Emergency Medical Services (EMS) System of Rusk County. It is our mission to provide excellence in pre-hospital emergency care to all persons who request our service.

Rusk County Ambulance Services provides its services without regard for age, race, creed, color, disability, marital status, sex, national origin, ancestry, sexual orientation, arrest record, conviction record, military service, use or nonuse of lawful products off the employer's premises during nonworking hours, or declining to attend a meeting or to participate in any communication about religious matters or political matters, substantially and adversely affects the general welfare of the state.

This Personnel Handbook is meant to be used by Ambulance Service Personnel. Although every effort has been made to make this Handbook as encompassing as possible, there may be times when the Rusk County Personnel Handbook may have to be used for certain issues that come up, until changes or updates can be made to this document. Any changes in State or Federal workforce Laws or Regulation will automatically be updated in this Handbook and the County Board will be notified of these changes.

II. STRUCTURE

A. Policy

The Rusk County Ambulance Service is a functional unit of the County of Rusk.

B. Over-All Operations

The day to day operations of the service shall be the responsibility of the Ambulance Director, appointed by the Rusk County Board of Supervisors, who shall report to the Emergency Services Committee. The Director may issue directives to address situations or issues which may arise and are not covered by these policies. Such directives shall be binding unless modified or canceled by the Emergency Services Committee.

C. Functional Division of Operations

1. Squads

The County shall be divided into various ambulance squads for the purpose of reduced response time. Each squad shall elect a Squad Leader, Assistant Squad Leader, and any other officers they deem necessary, who will be responsible for the operations of that squad. If a vacancy occurs in the Squad Leader position, the normal succession shall take place (Assistant Squad Leader would fill Squad Leader position) until the next regular election is held, if the Assistant declines the position, the Director shall appoint someone to fill the position. The Squad Leader will report to the Director on a regular basis. Each squad may adopt rules of operations so long as such rules are consistent with the Policies of the Rusk County Ambulance Service, and have been approved by the Director, and the Emergency Services Committee. Elections should be held every 2 years and every active member needs to have an opportunity to vote if at that meeting or not. Anyone running for office, voting in an election, or being an election official must be an “active” member of that squad. Results shall be reviewed by the Director.

Home base squad membership requirements

- a. Each Rusk County EMT is required to belong to a squad generally in the area they live in. This will be considered his/her home base squad
- b. An EMT can hold an elected position only in their home base squad and he/she must be active throughout the term.
- c. Advanced skills training will be done with the home squad when possible. If it is impossible, it must be approved by the Home Squad Leader to be done at another squad. The training documents need to be transferred to the Home Squad Leader and/or training officer.
- d. If training for Advanced Skills training is not completed within 30 days of the scheduled training, an EMT {EMR} cannot take call time or go on calls until the training is complete.
- e. **Attendance at Squad meetings:** It is strongly recommended that all EMT's attend each of the monthly squad meetings. If the EMT cannot attend a monthly meeting, they should contact the Squad Leader. Meetings are important for training and maintaining good communication among

the members. It is also a good way for EMT's to get know each other so they may work better as a team in the field.

2. Ambulance Crews

Each squad shall strive to have an ambulance crew on call at all times. Crew members shall live or stay within the response boundaries of the squad and (or) be within a 16 minute response time to the ambulance garage unless the ambulance is housed elsewhere as provided for in Section VI. (1).

a. Scheduling of crew

Each squad shall develop a schedule which indicates the time that each crew member's shift begins and ends. Squad members must ensure transfer of on-call status (if a member signs up for on-call time and later decides he/she cannot cover, it is his/her responsibility to find a replacement for that on-call time or he/she must cover it, and partner should be notified if possible), this does not apply to emergency situations which will be reviewed by Director on a case by case basis. An ambulance cannot be in-service without a legal crew on call.

b. Composition of crew

The crew shall be composed as required by statute and administrative rule and is decided by law, not the service. If a legal crew is not available, the ambulance is considered out of service and may not respond to calls.

D. Chain of Command

The Emergency Services Committee of the Rusk County Board of Supervisors provides oversight of the ambulance program and sets policy. The Ambulance Director reports to the Committee and supervises the Squad Leaders who supervise the individual members of each squad. Problems or concerns at any level are reported first to the supervisor of that level.

E. Medical Control

The Rusk County Ambulance Service shall have a Physician as a Medical Director who shall approve all medical guidelines for the service and shall be responsible for such other medical issues as may be required by various regulating agencies. The Medical Director has authority to initiate disciplinary action regarding medical guidelines and procedures.

F. First Responders/ Emergency Medical Responders

Rusk County First Responders are partners in the pre-hospital emergency medical care system and answer to the First Responder Squad Leader, Ambulance Director, and Committee. The purpose of First Responders is to respond directly to the scene of an accident or medical emergency and render any necessary immediate emergency care before the ambulance arrives. The appropriate Rusk County First Responders are dispatched by the Sheriff's Department as needed. Ambulance personnel may request the dispatch of First Responders. Rusk County EMS may also interact with out-of-county First Responder groups. First Responders/EMRs are considered "active" with the service as long as they respond to 911 calls on a regular basis and must provide documentation to the Director of those responses.

III. RESPONSE AREA AND LOCATION OF SQUADS

A. Response Areas

1. The primary response area for Rusk County Ambulance Service shall include most of Rusk County and such out-of-county areas as may be contracted for.
2. The response area is divided into squad response areas based on response time and distance. These are shown on the map in **Appendix A**.
3. The Rusk County Ambulance Service will respond to calls for mutual aid from areas outside the County providing that reasonable coverage within the County is maintained.
4. The ambulance shall not stop if an accident or other emergency is observed during patient transport; crews shall do a drive by scene assessment so accurate info can be given to authorities. The crew will attempt to notify local authorities using the radio and/or cell phone.
5. If not actively involved in a call, EMS should render whatever aid is needed. Care shall be turned over to the local responding ambulance provider unless that provider requests mutual aid.

B. Location and Identification of Units

1. The ambulance service presently consists of four primary response ambulance squads and one shared transfer ambulance located and identified as follows:

Bruce Ambulance	250
Ladysmith Ambulance	251
Hawkins Ambulance	252
Sheldon Ambulance	254
Transfer Ambulance	253

2. Each ambulance is housed in the corresponding community with the exception of the transfer unit which is kept at Rusk County Memorial Hospital.
3. First Responder areas correspond to the primary ambulance response areas and are identified as follows
Weyerhaeuser (Bruce) First Responders.
Ladysmith First Responders.
Hawkins First Responders.
Sheldon First Responders.
4. Individual members of each Ambulance identify themselves by their assigned EMS number. Rusk County employees are required to wear a name badge. (Per personnel handbook ratified by the County Board 12/11)

IV. PERSONNEL

In general, personnel of the Rusk County Ambulance Service are considered part time employees-at-will without benefits by Rusk County. They shall be subject to any regulations contained in the Ambulance Service A&O Handbook adopted by the Rusk County Board of Supervisors.

A. Professional Image

1. Our personnel are representing Rusk County when they are on a call or on call and at the ambulance garage. We are expected to project a professional image to the public. All personnel shall dress and act in a professional manner at all times while on duty. No shorts, halter tops or sandals are allowed while responding to a call. Exceptions may be made for events per Director. If the personnel have uniform clothing appropriate to the season, that clothing should be worn. Otherwise, appropriate dress would consist at minimum of long pants, a shirt and sturdy shoes. Non-uniform clothing should preferably be solid plain colors. Tasteful print scrubs are acceptable. In general, print clothing that projects anything other than a professional EMS image is not appropriate. (Wearing uniform clothing while in a public place and consuming alcohol is prohibited since it does not portray a professional image.)

B. Compatibility with Public Offices; see APPENDIX-B

C. Emergency Medical Technicians (and EMRs)

1. Licensure

All ambulance personnel must be currently licensed by the State of Wisconsin as an EMR, EMT-Basic, or as a Physician, Physician's Assistant or Registered Nurse. A photocopy of the employee's current **EMR/FR or** EMT Basic license or Training Permit or Physician, Physician's Assistant or Registered Nurse license must be on file with the Director.

2. Driver's License

All ambulance personnel must hold a valid Wisconsin Driver's License. A copy of the employee's driver's license must be on file with the Director.

3. CPR Certification

All ambulance personnel are required to hold current CPR certification at the Professional Rescuer or Healthcare Provider level as a condition of his/her licensure. A copy of the employee's current CPR certificate must be on file with Director.

4. Health

All ambulance personnel must be in good health and free of communicable diseases while actively on duty.

5. Injuries, Medical Condition and Scheduling

An employee who suffers an injury on or off duty, or medical condition which requires him/her to restrict his/her activities shall be removed from ambulance scheduling pending

release from a physician or other recognized medical practitioner to return to work. (see appendix F for the correct form to use. This policy on medical release is not intended to apply to ordinary illness such as colds, etc.

D. In the event of an illness or injury while on duty, which affects his or her ability to perform as an **EMR or EMT, the following protocol shall be followed:**

1. The **EMR or** EMT shall be evaluated at the Emergency Room and Workers Compensation packet shall be completed for all work injuries. Notice must be given to the EMT's immediate supervisor and/or the Director as soon as possible.
2. The **EMR or** EMT shall not return to work. A replacement for the **EMR or** EMT will be sought to cover whatever remains of that shift. If a replacement cannot be found, the ambulance will be Out of Service.
3. The **EMR or** EMT may not return to work until a follow-up evaluation is completed. A release to return to work with or without restrictions must be signed by a physician and be given to the Squad Leader and the Ambulance Director to receive approval to return to duty. It is preferred that the **EMR's or** EMT's regular physician does the follow-up evaluation and provides the release to return to work for full duty. (All medical paperwork will be kept on file at the Finance Department and nowhere else).

E. Physical Examination

All EMS personnel shall be required to submit to a physical examination and or drug testing if requested by the Director/Committee. All new employees will follow hiring practices for the Ambulance. The cost for any such examination and or tests shall be borne by the County.

F. Dress Code

See "professional image" above.

G. Intoxicants Prohibited

The use of alcohol or other intoxicating substances while on duty is strictly forbidden. Personnel must not take call or runs if they have used such substances during the eight hour period preceding being on call.

H. Smoking Prohibited in the Ambulance

Smoking shall not be permitted in the ambulance, or within 50 feet of the ambulance.

I. Other Prohibited Practices

1. Drinking or eating in the ambulance while a patient is being transferred.
2. Use of cell phones or other electronic devices for non-patient related conversations while transferring a patient.
3. It is illegal to text while driving and prohibited by the Service
4. The use of any handheld electronic device while driving is prohibited by the Ambulance Service. The Ambulance Service will follow all future Statutes on this subject.

J. First Responder Qualifications (EMR of FR can be interchanged as same term)

Rusk County requires the following minimum qualifications from each individual affiliated with Rusk County First Responders. First Responders are considered agents of the County when their services are requested.

1. Successful completion of an Emergency Medical Responder course with state certification.
2. EMTs who wish to function as First Responders should join the First Responder group
3. Biannual certification in CPR at the Professional rescuer or Healthcare provider level
4. Successful completion of the Medical Responder refresher course every 2 years.
5. Maintain Advance Skills certification if authorized by the Medical Director
6. An individual holding only an EMT-Basic Training Permit **CANNOT** function as a First Responder.

K. Response

First Responders, by definition, respond to calls where it is reasonable to assume that they will either arrive before the ambulance or in time to render assistance at the scene within their scope of practice. All traffic laws must be obeyed unless emergency vehicle use has been authorized by the head of the First Responder group and Ambulance Director. The Emergency Vehicle authorization must be carried in any vehicle equipped with lights and a siren with the person it is assigned to.

L. First Responder Interaction

1. First Responders at a scene communicate appropriate information regarding scene situation, number of patients, additional resources needed, etc.. First Responders will give a report to ambulance personnel that may consist of patient history, mechanism of injury, vital signs, summary of treatment rendered, etc...as appropriate. The report may be written and/or verbal. All written report copies shall be kept with the corresponding ambulance report copies.
2. EMR personnel assume responsibility for care of the patient(s) upon arrival at the scene.
3. First Responders may assist with additional help within the scope of their practice at the discretion of the EMT in charge.
4. An individual trained only to the First Responder level **can** take the place of one of the EMT's on the ambulance crew, **but they must drive or be accompanied by an EMT in the back of the ambulance..**

M. EMT's Responding in Service Area

An EMT responding to the scene for the ambulance service may render patient care up to the level of his/her training. Advanced skills may be used providing that the EMT has the required equipment and/or medications and voice communications with Medical Control.

N. Hiring Process

1. The Director Shall

- a. Recruit eligible applicants for the positions.
- b. Collect applications from those individuals he/she feels are employable, and meet the qualifications included in this handbook (within County policy).
- c. Conduct interview and communicate with references both listed on application and any other known acquaintances.
- d. Check provided paperwork to ensure applicant is licensable.
- e. Set up all testing with contractor for pre-employment, after offering employment.
- f. Provide over site committee with a list of new employees annually.
- g. Provide new employees with a copy of this handbook and the Medical Guidelines electronically.

2. Prospective employee shall

- a. Provide all requested paperwork.
- b. Take all required testing and skills verification.
- c. Participate in a ride along.
- d. Sign student fee payment agreement if requesting tuition assistance.
- e. Sign appendix E and adhere to all policies of Rusk County Ambulance Service.

V. TRAINING

A. Payment for training

Rusk County will pay for tuition costs of “active” EMT and First Responders continuing education training, EMT’s will be at the following rates.

1. Those EMT’s who average 200 hours of on-call per month will be eligible for \$400.00 worth of training per year.
2. Those EMT’s who average 150 hours of on-call per month will be eligible for \$300.00 worth of training per year.
3. Those EMT’s who average 100 hours of on-call per month will be eligible for \$200.00 worth of training per year.
4. Those EMT’s who average 50 hours of on-call time per month will be eligible for \$100.00 worth of training per year.

This does not include squad trainings or in house training cost; this is for conference type trainings.

5. Available funds that are not otherwise expended on EMT training can be requested by EMTs who may not qualify above. They will be dispersed by Director based on funds available and conference costs.

All of the above amounts are paid on a fiscal year basis (January 1 thru December 31). They will be paid directly to the conference provider, or reimbursed, and be contingent on available funds, this item will be reviewed for effectiveness yearly.

EMT and First Responder training will be paid for individuals who are active, and will be based on availability of funds and usefulness of training as determined by Squad Leader and Director. The amount of training paid for by the Ambulance Service will be directly associated to number of calls and meetings the EMT/First Responder documents for the year.

Travel, meals and related costs are the responsibility of the individual EMT or EMR. Room charges associated with an approved training course are also the responsibility of the individual EMT or EMR. But may be turned in for reimbursement if they are within current County policy.

B. Tuition Paid by Rusk County

Rusk County shall pay tuition costs for any required continuing education training for state licensure or required by County policy. Tuition costs shall be paid by the County for any other ambulance related continuing education courses attended, at the rates outlined in section V(A). Training, and provided that such training is approved for continuing education credit by the NREMT. Persons requesting that tuition be paid for continuing education are required to attend such course. If tuition is paid and individual does not attend, the individual shall reimburse the cost of tuition to the County.

C. CPR Training Required

All ambulance personnel must be certified in CPR at the Professional rescuer or Health Care Provider level every two (2) years with a skills refresher every year. Expiration of an employee’s CPR certification voids his/her First Responder or EMT License.

D. Advanced Skill Training Required for EMT's and EMRs (EMR)

Rusk County policy requires that advanced skills must be refreshed every six (6) months, and will pay the squad members 4 hours for that training at prevailing EMT wage. Each squad leader will give documentation to the Director certifying certification of advanced skills of each EMT-EMR in his/her squad. If the EMT-EMR has not updated their advanced skills as required in the six (6) month period, the EMT-EMR has one (1) month to seek a trainer to complete his/her update. If the EMT-EMR has not met the requirement in that time period, the Squad Leader will remove the EMT-EMR from the schedule and will refer the EMT-EMR to the Ambulance Director for review of approval to practice.

E. Refresher Training Required for EMT's and EMRs

All persons holding an EMT license or EMR certificate are required to complete a refresher course within their licensure period. A copy of each members current license, CPR card and DL must be on file with the Director. The Ambulance Service will pay EMTs an hourly rate (at the prevailing wage) for the required hours of the refresher. The Ambulance Service will pay FRs a rate per hour equal to the rate they receive for responding to a call.

F. National Registry Certification Endorsed

All EMT's and FR who are National Registered are encouraged to keep their National Registry current. The Ambulance Service will pay for the cost of that continued Certification. Squads may hold in-service training or practice on any subject(s) covered in the EMT curriculum. This may be done at their regular monthly squad meetings or at a separate training session. The Director shall issue letters of in-service credit hours providing that documentation is maintained by the squad leader and or training officer as to date, subject(s) covered and attendance. Training shall include proper use of the equipment carried on the ambulance: cot, stair chair, portable oxygen tanks, and main oxygen tank (including how to change empty tanks), suction, inverter, radio, etc...

G. Training Exercises-Participation Required

The ambulance service shall participate in County sponsored training exercises from time to time. The dates of such events shall be communicated through the Squad Leaders in advance in some cases.

H. Reimbursement for Expenses

Tuition related out-of-pocket expenses for the EMT Basic course (I.e. Books, skills review tuition, testing fees, etc.) and National Registry registration fees will be reimbursed after an employee becomes an "active" licensed member of the ambulance service. The repayment will follow the current EMT Student Fee Payment contract. (See appendix D)

VI. VEHICLES, EQUIPMENT and SUPPLIES, HOUSING

A. Vehicles

All ambulances shall comply with all applicable State and Federal requirements (I.e. Trans 309, KKK-A-822 or current version) for safety and quality.

B. Equipment and Supplies

1. Requirements

All ambulances shall be equipped and supplied to meet the minimum requirements of the State of Wisconsin Statutes and Administrative Rules. Additional equipment and/or supplies may be added as recommended and/or approved by the Director, Medical Director, or Committee.

2. Responsibility

It shall be the responsibility of each Squad Leader to see that their ambulance is stocked with all necessary equipment and supplies. It shall be the responsibility of the EMT's on call to see that all equipment used on a run is replaced on the ambulance and that all supplies used are restocked at the end of the run and that the ambulance is cleaned out and washed as needed. Disposable supplies used on patients must be restocked if possible after each run. Items which cannot be immediately restocked, or if there is any equipment malfunctions, they must be reported to the Squad Leader and Director as soon as possible.

3. Purchases

All purchases charged to Rusk County must have the Director's or Committee's prior approval, unless otherwise covered by County policy.

C. List of Equipment & Supplies

Each ambulance shall have on board an inventory list which shall detail what equipment and supplies are available on the ambulance and where these items are stored. It is the responsibility of the Squad Leaders Group. It is suggested that, where possible, these lists be coordinated between squads so that similar items are kept in the same place on all ambulances.

D. Housing

1. All ambulances must be housed in buildings which are adequately heated during cold weather. The current policy is that the service supplies the ambulance with crew and the community supplies the facility with utilities.
2. The following guidelines must be followed in the event that two EMTs from a squad take the ambulance to their residence or another site to keep the ambulance in service:
 - a. The site must be within the response area of the squad.
 - b. Prior approval from the squad leader or Director
 - c. The squad leader shall notify the Ambulance Director or designee and also the Sheriff's Dispatch Center
 - d. The ambulance must be plugged in while not in use to keep the batteries charged
 - e. The ambulance must be kept in a heated building during winter months
 - f. The EMTs must remain on the premises if the ambulance is kept at a residence
 - g. The ambulance must remain locked when not in use for a call
 - h. The ambulance cannot be used as a private vehicle
 - i. The ambulance must be returned to the station when the call time has ended

E. Emergency Vehicle Operations

1. The operator of an authorized emergency vehicle, when responding to an emergency call may:
 - a. Stop, stand or park irrespective of any provisions of any state or local rules of the road.
 - b. Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation.
 - c. Exceed the speed limit
 - 1). the posted speed limit may be exceeded by not more than ten (10) MPH within the limits of any Village or City or twenty (20) MPH outside those limits. These upper limits must be adjusted downwards as required by the weather or road conditions.
 - d. Disregard state or local regulations governing direction of movement or turning in specified directions.
2. The exemption to the rules of the road authorized in paragraph (1a) applies only when the operator of the vehicle is giving a visual signal by means of at least one flashing oscillating or rotating red light.
3. The exemption to the rules of the road authorized in paragraphs 1b, 1c, and 1d apply only when the operator of the emergency vehicle is giving both such visual signal required in paragraph 2 above, and also an audible signal by means of a siren or exhaust whistle.

4. The exemptions authorized in paragraph 1 above do not relieve an operator of an authorized emergency vehicle from the duty to drive or ride with due regard under the circumstances for the safety of all persons nor do they protect such operator from the consequences of his or her negligent or reckless disregard for the safety of others.
5. When exercising the exemption authorized in paragraph c, the operator of an authorized emergency vehicle shall consider among other factors, road conditions, density of population, and condition of the patient. In no event shall the operator of an authorized emergency vehicle exceed the posted speed limit by more than 20 MPH.
6. The rules of the road provide that the operator of an authorized emergency vehicle giving an audible signal by siren shall have the right of way to proceed unencumbered by other traffic on the roadway. The rules of the road do not relieve the operator of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons using the highway.

F. Emergency Operation of Private Vehicle

An EMT or First Responder employed by Rusk County Ambulance Service may be authorized to equip his/her private vehicle with a red light and siren at his/her own expense, and operate his/her private vehicle as an authorized emergency vehicle when responding to the ambulance garage as an EMT or to the scene of an emergency as a First Responder as provided in ss. 340.01(3) (dm), Wis. Stats. A letter of authorization issued annually by the Director and countersigned by the Squad Leader or the head of the First Responder group is required. The letter must be kept in the vehicle. It is the responsibility of the individual EMT or First Responder to meet all requirements of the Statutes pertaining to equipment and operation and must supply the Director with insurance documentation.

G. Reporting of Accidents or Problems

Occasionally accidents occur or problems are discovered involving either the ambulance or equipment on the ambulance.

It is very important that all accidents or observed problems be reported immediately, (within 24 hours). The normal line of reporting is to the Squad Leader and the Director. Any accidents also need to be reported to Dispatch, equipment failures that put a rig out of service also need to be reported to dispatch. Reports should be made by person or phone contact as appropriate. A written statement of the circumstances may be necessary for insurance purposes. It may be necessary to take the ambulance out of service depending on the specific problem.

Failure to report problems with the ambulance or with equipment has the potential to put our personnel and patients at serious risk for injury.

Intentionally failing to report an accident or an observed problem with equipment will result in suspension of the person(s) involved. The circumstances of the incident will be investigated and reviewed. Further disciplinary action may be initiated based on the result of such investigation and review up to and including termination.

Any Ambulance Service employee that is involved in any type of traffic accident, that meets the requirements of Statute 346.70 shall report within 4 hours of the accident for a urine test, and/or evaluation for injuries, at a local Medical Facility. This also applies to any accident that causes any personal injuries while driving county owned equipment, or an employee's own vehicle. (For example, while being paid by the county, thus an employee of the county at that time). Any other type of accident that causes damages to county property must be reported to the squad leader and director as soon as possible, but within 4 hours. The ambulance service reserves the right to apply the 4 hour requirement for urine test for any accident that causes any damage to county property, or other personal property. An employee who does not make themselves available for this test or refuses the test is subject to disciplinary action as if they had a positive test.

VII.COMMUNICATIONS

A. **Equipment Provided**

Each ambulance shall be provided with a mobile radio and {2 portable radios} for communications with the hospital, sheriff's department and other identified agencies. Each EMT shall be issued a pager or radio (dependent on available funding). Upon leaving employment all Rusk County or Squad owned equipment must be returned to the squad leader.

B. **Additional Equipment**

The squads may provide additional communications equipment at their own expense.

C. **Title to Equipment**

All equipment having transmission capability on frequencies other than allocated Citizens Band channels or frequencies licensed to the individual owner must be titled to Rusk County and must transmit only on frequencies approved for use by Rusk County Ambulance Service Director and the Sheriff.

D. **Maintenance**

Rusk County shall maintain all equipment titled to the County. Equipment owned by any other entity shall be maintained and insured by such entity.

E. **Radio Use**

The radio equipment is intended for necessary communication with hospitals and other pertinent agencies in the course of providing EMS services. It shall not be used for personal or frivolous purposes.

F. **Cell Phones**

Cell phones are provided and maintained by Rusk County for each ambulance. Personal use of such phones shall be limited. Personal cell phones must be turned off when transporting patients. While on standby, or at a lengthy scene, cell phone use does not portray a professional image and is not allowed, unless for ambulance business, or in the case of a personal emergency.

VIII. CALLS FOR SERVICE

A. Considerations Common to All Calls

1. Shift change and the paging of calls

Except as provided in VIII(C) (2) (b) Pre-arraigned Transfers, calls are handled by the crew on call at the time the transfer is scheduled for, unless other arrangements are made with another squad or squad member(s). If a call occurs close to or at shift change, an off-going crew member may pass to an on-coming crew member only if response to the patient is not delayed.

2. Obligation or Duty

When the ambulance is called for a patient, an obligation or duty to that patient exists until the care of the patient is accepted by a medical facility, the patient refuses transport, or it is determined that the patient has not been found.

3. Scope of Practice

Ambulance Service personnel shall perform no service or procedure which is beyond their scope of practice or beyond the scope of practice of the Ambulance Service.

4. Number of Patients

An ambulance may not transport more patients than can be properly managed. In general, this means ONE (1) seriously injured patient or TWO (2) patients with minor injuries. If patient numbers exceed these guidelines, additional ambulances should be requested. No patients are to be transported except in the patient compartment of the ambulance.

5. Persons in the Ambulance

Occupants in the ambulance are normally restricted to the ambulance crew and the patient(s).

6. Additional Help

Help from additional personnel or agencies may be requested at the discretion of the EMT in charge.

7. Transportation Guidelines

Patients should be transported to the nearest hospital. In the event the patient refuses to go to the closest facility and insists on going to another hospital, the rationale for going to the closest hospital must be explained to the patient and Medical Control must be contacted for advice. (If the patient insists on going to a hospital that is further away, they will be advised by the ambulance crew that they may be charged if their insurance or other provider will not pay.)

8. Responsibility for Patient(s)

The EMT in charge shall ride in the back of the ambulance with the patient at all times. The EMT in charge is primarily responsible for the patient unless a Nurse is sent by the Hospital on transfers. In such an event, the Nurse is responsible for the medical management of the patient and EMT in charge is responsible for the operation of the ambulance. The EMT in charge will render any requested assistance to the Nurse within the scope of practice of the Ambulance Service. (See inter-facility transfer plan)

9. Patient Safety

All straps and safety equipment must be properly secured during patient transport. The safety of the patient is the responsibility of the EMT in charge.

10. Termination of Legal Duty at the Receiving Hospital

The EMT's legal duty to the patient ends when the patient is received and accepted in the Emergency Room or hospital room and a report on the patient is given to the authorized medical personnel at that facility.

11. Compliance with Facility Guidelines

If a facility has guidelines for the conduct of ambulance personnel within that facility, Ambulance Service personnel shall honor those guidelines.

12. Assistance at the Hospital

Normal assistance at the hospital is limited to helping transfer the patient to the Emergency Room or hospital bed. Special situations may require the assistance, within their scope of practice, of Ambulance Service personnel at the Hospital for a more extended period of time. In such an event, the request shall be documented and attached to the patient run sheet. These requests may be reviewed by the Director and by the Director of Nursing.

13. Cleaning of Ambulance

It shall be the responsibility of the EMT's on call to see that the ambulance is cleaned after each run. Proper personal protective measures shall be used.

14. Ambulance Report Forms

The ambulance report form provided by the State or WARDS shall be used and filled out as completely as possible. It is important to note the EMT's observations and findings as well as the patients or bystanders impressions of the situation. Statements such as "I think, I'm having a heart attack" should be documented and treated as fact until the patient is examined by a doctor. The advanced skill sheet must be completed whenever an advanced skill is performed. The Medical Control Physician who issued the order must be documented on the advanced skill sheet. The receiving authorized personnel must sign both forms.

15. Distribution of Ambulance Report Forms

- a. **Patients Delivered to Hospitals** - The original Patient Care Worksheet or WARDS report shall be left at the receiving hospital. A copy of the report, along with medical necessity forms and patient information sheets (face sheet), shall be attached to the WARDS report. . Electronic copies shall be kept on file for seven (7) years or as Statue or County policy requires.
- b. **Patients Sent for Testing and Returned** - If the ambulance is used to transport a patient for appointments, testing (such as Cat Scans), etc., the original sheet shall be left at the originating hospital upon the patients return.
- c. **Patients Returned to a Residence** - If a patient is delivered to a residence from a hospital, the entire form shall be (sent to the Director) attached to WARDS) along with the medical necessity form.
- d. **Squad Copies of Ambulance Report Forms** - Squads may keep a copy of the completed reports for training use only, and will be maintained by the Squad Leader or designee, in a locked file. If a squad chooses to do this, all HIPAA regulations must be followed.

16. Immediate Return to Service

The primary purpose of each Squad is to be available in the event of a call within their area. Squads shall complete all required paperwork, re-stocking and cleaning of the ambulance, etc. and return to service as quickly as possible after delivering their patients(s).

17. Return of a Patient by Ambulance

The Ambulance should not be used to return a patient to their residence unless the Doctor completes the medical necessity form documenting that it is in fact medically necessary to transport the patient by this means.

B. Primary Response

All calls for ambulance response must be routed through the Rusk County Sheriffs Dispatch Center. Squads may respond to calls received direct, but they must relay all pertinent information to the Dispatch Center immediately upon going in service.

1. Consent

No patient may be transported without his/her consent unless consent is implied or such transport is ordered by a law enforcement official who accompanies the patient during transport. Consent is implied if the patient is unconscious, has an altered LOC, or if the patient is a minor child with a life threatening problem and it is not possible to contact the parents or a legal guardian. No person, other than the parent of a minor child or the legal guardian of an adult or a minor child, may give consent for another person.

2. Refusal and Release

The patient(s) is (are) the responsibility of the ambulance crew(s) paged for service. If Dispatch cancels an ambulance before it reaches the scene, there is no reason for a signed refusal form. If Dispatch informs the ambulance to continue non emergent, it will downgrade its response. Once the ambulance reaches the scene and begins care a refusal must be signed for each patient.

If a patient refuses transport, the EMT's must clearly explain to the patient and document that they have explained the possible consequences of not receiving care. If the patient still refuses transport, the patient should sign a release form, the EMT in charge may sign the form and state that the patient refuses transport and refuses to sign the release form, and have his or her signature witnessed by another individual. The WARDS report must be completed, documenting any patient care given.

3. Transportation of Minors

- a. A minor is a person under the age of 18.
- b. A minor cannot legally consent to medical treatment. Consent to medical treatment is legally implied in an emergency.
- c. In assessing whether there is an emergency an EMT must make a clinical assessment of the individual and an assessment of mechanism of injury.
- d. The EMT should document all facts and conclusions obtained from the assessment. The EMT should be careful to support all conclusions with the observed signs and symptoms which lead to the EMT's conclusion.

- e. If the EMT concludes from his or her assessment that the minor has an emergency medical or traumatic condition, or the potential for an emergency condition, the EMT shall promptly treat and transport the minor if a parent or legal guardian is not present to give consent for the treatment and transport.
- f. If the patient is a minor, the EMT shall comply with the decision of another person who has the capacity to make medical decisions, is reasonably available, and who the EMT, in good faith, believes to have legal authority to make the decision to consent to or refuse treatment or transport of the patient.
 - 1) The EMT may contact this person by phone.
 - 2) This person will often, but not always, be a parent or legal guardian of the patient. The EMT should ensure that the person understands why they are being called and their options, and to ensure they are willing to make the requested treatment or transport decisions for the patient.
- g. For minor patients who lack the capacity or legal authority to make medical decisions, if the minor's parent, guardian, or other person who appears to be authorized to make medical decisions for the patient is contacted by phone, the EMT should have a witness confirm the decision. If the decision is to refuse the recommended treatment or transport, the EMT should request the witness to sign the refusal form.
- h. A minor cannot refuse medical treatment or transport if suffering from an emergency medical condition or traumatic injury. In no event should an EMT honor a minor's refusal to submit to treatment or transport when the minor suffers from an emergency medical condition or traumatic injury.
- i. If an EMT has been summoned to the scene of a suspected illness or injury by a third party, who is not the parent or legal guardian of a minor, on behalf of a minor, and the minor denies injury or illness, and the minor has no apparent injury or illness when assessed by the EMT, the EMT shall:
 - 1) Assess the mechanism of injury or history of illness, patient symptoms, and assess the minor patient for corresponding signs of injury or illness.
 - 2) If the minor declines care, there is no evidence of injury or illness, and the minor has no signs or symptoms of injury or illness, the EMT has no further obligation to the minor.

- 3) If it does not hinder treatment or transportation of other injured or ill patients, the EMT must document the non-ill or non-injured minors.
 - i. Name
 - ii. History, confirming lack of significant symptoms
 - iii. Patient assessment, confirming lack of signs or findings consistent with illness or injury.

- 4) If serious mechanism of injury or symptoms of injury or illness, or physical exam findings are consistent with injury or illness, the minor should be treated and transported pursuant to protocols set forth above.

- j. An EMT should take all reasonable steps available under the circumstances to determine the age of a patient. These steps include but are not limited to:
 - 1) Ask the patient
 - 2) Review documentary evidence
 - 3) Ask bystanders or family members present

C. Transfer

1. Procedure

The hospital shall place a call to the Dispatch Center requesting an ambulance transfer and stating the patient's name and address of their residence, the time the transfer, the destination, and any necessary special requests. Transfers require a prompt response to the hospital however lights and siren should not be used unless you are instructed to do so by Dispatch...

2. Determination of Squad Assignment

a.. **Patient Preference** – A patient may request to be transferred by a particular squad. This request will be honored only if the requested ambulance is available AND the patient's doctor agrees to the time that would be required for that ambulance to respond to the hospital is acceptable. Requests for a specific crew { may}not be honored

b. **Transfer from Hospital to another Facility(request made by Hospital)** - If the patient is being transferred from the Emergency Room subsequent to a primary response ambulance call, the squad which brought the patient to the hospital shall be notified for the transfer. If the patient has been admitted to the Hospital or came to the Emergency Room by a means other than the Rusk County Ambulance Service, the squad servicing the area of the patient's residence shall be notified for the transfer. Addresses for communities in counties adjacent to Rusk County shall be assigned to the nearest squad area that would be entered using the highway system. If the patient resides beyond the adjacent counties, residence has not been determined, or time will be lost waiting for a determination of a crew, the transfer will be assigned at the discretion of the Dispatch Center.

c. **Considerations for Crew Changes** – Transfers are to be handled by the crew which is, or will be; on call at the time the patient is to leave the Hospital. Crews may switch between themselves and/or between crew members for their own convenience. The decision to do this rests with the individuals who would be scheduled for the transfer, or on-call time.

d. **Special Crew Specifications** - Special requests such as specific gender for personnel accompanying a transfer should be the responsibility of the requesting agency if the persons scheduled do not meet the requested specifications.

3. **Transfer Ambulance to be Used**

The purpose of the Transfer Ambulance is to allow the line ambulances to remain available for service in their respective areas. It should be used for all transfers if it is available and the transferring squad can provide a back-up crew. In the event that the transfer ambulance is not available, or if a squad is unable to provide backup coverage during the expected duration of the transfer, the squad's line ambulance should be used.

4. **Standby Coverage**

Once a Squad goes in service with the transfer ambulance, the squad's line ambulance is out of service unless or until standby crew coverage is arranged. It is the responsibility of the crew taking a transfer to arrange standby coverage for the squad ambulance. This is to be done by telephone if possible. If it is not possible to arrange coverage by telephone, then the Sheriff's Dispatcher may be asked to issue a call for standby coverage over the paging system. A crew that agrees to hold stand-by time during a transfer by another crew shall remain on duty until they are specifically relieved of duty.

5. **Pre Run/Post Run Checklist**

A checklist of essential equipment and supplies shall be completed by the crew assigned to a transfer both before and after the run. This is to be done specifically to prevent problems on the transfer due to faulty equipment or missing supplies. This checklist will be attached to the run sheet and the ambulance director is responsible for follow up on it.

6. **Meals While on Transfer**

EMT's on transfer assignment outside the county may be reimbursed for meals in accordance with policy established by the Rusk County Board of Supervisors, the Director and the E.S. Committee. Each squad is furnished with a current copy of this policy. You must pay for your own meal and be reimbursed by the county. The time required for the consumption of such meals should not exceed 20 minutes, for a 3 hour or less transfer and 45 minutes on anything over that.

D. **Centralizing of Ambulances**

Both Bruce (250) and Ladysmith (251) must be out of service to require centralization of another ambulance. Out of service is defined as being unavailable to respond to a page for ambulance service for any reason. In the event that both Ladysmith and Bruce ambulances are out of service, dispatch should consider centralizing another ambulance. Discretion should be used when making this consideration. Example: If Ladysmith is responding to a call in the city, and is expected to be back in service before another ambulance would arrive in the city, then dispatch may choose not to centralize. If Ladysmith is responding to Bruce area because 250 is down, then another ambulance should be centralized to cover Ladysmith. Every attempt should be made to keep the Ladysmith area covered, as that is where the majority of the calls are.

E. **Standby at Sporting and Other Events**

Occasionally the ambulance service contracts to provide coverage at sports events and other events. School athletic standbys are not considered calls and a flat wage is paid to the EMT's. The ambulance is considered available for regular local calls. A call generated by the event is

handled as a regular call including regular wage payment to the EMT's and the call is billed to the patient without affecting the contracted amount billed to the event sponsor or the flat wage paid to the EMT's for the event. Standby at other events must be approved by the Director and is paid at the prevailing call rate.

F. EMERGENCY DETENTION

Persons under Emergency Detention are being confined or restrained against their will. Ambulance personnel do not have legal authority to do this. Patients under Emergency Detention shall not be transported without a law enforcement officer present in the ambulance. The officer must be in the patient compartment with the patient.

IX. CONFIDENTIALITY OF PATIENT INFORMATION

We interact with people when they are most vulnerable. We are made privy to information about their lives and homes that they would not ordinarily share with strangers. We must protect not only their physical wellbeing, but also their dignity and their privacy to the best of our ability. When an individual receives services from Rusk County Ambulance Service, we assume and have an obligation to keep in confidence all information related to that individual's care.

A. Responsibility and Scope

Confidentiality is a responsibility shared by every person employed in any capacity by Rusk County Ambulance Service. Certain patient information is declared to be confidential by law. Rusk County considers ALL patient related information to be confidential. EMT's, and EMRs, are bound by HIPAA laws.

B. Casual Discussion Prohibited

Except as may be necessary during the provision of service to an individual, or as may be specifically required by law (such as the requirement to report suspected child abuse to law enforcement or social services), Ambulance service personnel will refrain from discussing confidential information with other patients, other employees or other individuals. To engage in such discussion is considered to a breach of HIPAA laws and may result in disciplinary action up to and including termination.

C. Public Record

Certain information such as a patients name and destination are considered by law to be confidential. It may be inappropriate to release any information before relatives are notified, etc... Any person asking questions of ambulance service personnel regarding an ambulance run or patient should be referred to the appropriate law enforcement agency, hospital administration or the ambulance Director.

D. Release of Patient Information

Transfer of patient information from ambulance service personnel to the staff of the receiving facility is a normal part of the provision of the ambulance service. No other release of patient information may be done except by the Director or billing Clerk with proper documentation.

X. BILLING OF PATIENTS

A. Services Separated From Billing

Rusk County ambulance service shall provide its services without regard to the billing process or the patient's payment history.

B. Fee Schedule

Fees are set by the Rusk County Board of Supervisors. The current fee schedule is available for public view at the Rusk County Clerk's Office.

C. Billing, Payment and Collection

Billing of patients is done by the Rusk County Ambulance Services Billing Clerk using the schedule of fees in effect at the time the services were rendered.

Payment is made to the county Treasurers office. Any collection efforts are handled by the Ambulance Billing Clerk. No EMT or other Ambulance Service employee shall solicit or accept money on behalf of a patient.

D. Exemption From Billing

1. Persons Calling on Behalf of Another

No person who calls the ambulance for another person will be held responsible for that person's ambulance bill.

2. Non billable Conditions

The Rusk County Board of Supervisors and the Emergency Services and former Ambulance Committee per Resolution 11-07, set certain conditions under which a bill will not be issued. The Director screens all run forms for these conditions. (That resolution reads as such)

WHEREAS, The Rusk County Board, through past practice has allowed for non-billable conditions

WHEREAS, The Board wishes to continue this practice as it is a benefit that has been given to personnel of the Ambulance service in the past
; and

WHEREAS, All billing would be made to the individuals insurance and or other payment options first
; and

WHEREAS, This would cover all Ambulance Service employees, including First Responders, and their immediate families. (Immediate families as described in the Rusk County Employee Handbook)
; and

WHEREAS, The Director will screen all runs for these conditions and work with the billing and Finance Departments to write off the unpaid portion of these bills
; and

NOW, THEREFORE, BE IT RESOLVED, that the Rusk County Board of Supervisor's does adopt this policy and that it shall be added to the A & O handbook for Ambulance Service personnel.

XI. INSURANCE

A. Liability

1. Rusk County provides liability insurance coverage from time of dispatch until a call is completed for all county vehicles and personnel.
2. Rusk County provides errors and omissions insurance coverage for Ambulance and First Responder personnel.

B. Worker's Compensation

All ambulance personnel are covered by Worker's Compensation insurance for injuries suffered during the performance of their duties. First Responders are also covered as agents of the County when their services are requested.

1. Injuries

An employee who suffers an injury on the job shall immediately report such injury to his/her partner. Injuries must be reported to his/her squad leader and the Director within 24 hours. The employee and the Director are responsible to file the employee's injury report. The injury report and all paperwork required must be completed and submitted to the County Finance Director. Medical attention shall be provided to the employee immediately.

- a. If you need to see a doctor, report your Physician's findings to your squad leader, Director, or Finance Director immediately following each visit.
- b. You are required to be under the care of a physician or chiropractor licensed in the State of Wisconsin in regards to all matters relating to disability. A physician's assistant or nurse practitioner may provide emergency treatment in the event of injury, but disability and return to work status must be determined by a licensed physician or Chiropractor. If this protocol is not followed, your employer may not be required to pay benefits to you.
- c. Your employer does not provide modified duty. You are obligated to inform your physician that your employer is not able to provide modified job duties.
- d. If you are unable to return to work, it is your responsibility to contact your employer after your visit. You must report to your next scheduled shift once the doctor has released you to work.
- e. If you are on restrictions:
 - i. Know your restrictions and be aware of them at all times
 - ii. The medical restrictions are in effect 24 hours per day. If you have hobbies or other outside interest, consult with your physician on possible conflicts.
 - iii. Conduct of activities which are inconsistent with medical restrictions and/or treatment patterns by an employee, whether on or off the job, may result in a suspension of worker's compensation benefits.

2. Blood Borne Pathogens Exposure

Exposure to Blood Borne pathogens is considered a worker's compensation injury. Exposure packets, containing all pertinent forms, are to be kept in each ambulance, at dispatch and at the EMT Station in the RCMH Emergency Room. The employee should complete all of his/her portions of the forms prior to seeing the ER physicians. Exposure forms are in addition to the workers compensation forms.

- a. The employee is to immediately wash any skin with soap and water and flush mucous membranes with water when such areas have had contact with blood or other potentially infectious material.
- b. All exposure incidents need to be evaluated prior to the completion of the shift on which they occurred. If an exposure occurs during a transfer, initiate the exposure protocol at the transferred facility.
- c. The exposed employee must register as an ER patient and see the ER physician for evaluation.
- d. The exposed employee must complete the "Exposure Incident Form", form 1-A.
- e. The employee and Emergency Room physician need to complete their portions of the "Determination of Exposure of Blood/Body Fluids" report - Form WKC-8165. After both parties have completed this form, the employee will receive copy #2 of this form for his/her records.
- f. If the exposure source patients ID is known, the ER staff will ask them to complete "Consent to Test for HIV" - form H495. The source patient has the right to refuse testing, and **No Blood will be drawn**, for testing without his/her consent. If the source patient refuses to consent, testing can be performed without his/her consent if blood is already available in the lab.
- g. If the source patient consents to testing, notify the lab to draw blood for testing. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- h. The Exposed employee must also have blood drawn for testing; however, no blood will be sent for testing without the consent of the employee.
 1. The employee needs to sign the "Consent to Test for HIV" prior to testing.
 2. If the employee does not want to have blood testing performed, the lab will freeze the serum. The serum will be saved for a minimum of ninety (90) days.
- i. The following tests should routinely be ordered:
 1. On the source patient: HIV, HBsAg (HAA), HCV (HCV AB)
 2. On the exposed EMT: HIV, HCV (HCV AB) and if vaccinated for Hepatitis B and no titer has been run, HbsAb. If not vaccinated for Hepatitis B then run HbsAg.

- j. When ordering the tests, indicate that the results are to be sent to Rusk County Public Health attention Health Officer or designee.
- k. If this is a high-risk exposure, the employee will receive additional counseling from the ER physician, including the possible use of HIV Post-exposure Prophylaxis. Follow-up testing at six (6) months may be recommended; however, this is at the discretion of the physician liaison to Public Health, who will perform the final evaluation following completion of all lab tests.
- l. The employee needs to return the complete consents, incident report, and Form WKC-8165 to the Rusk County Health Office or designee.
- m. The employee will be provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- n. The employee will be notified of the results of lab testing and receive recommendations for follow-up by the physician liaison with the Rusk County Public Health Services.
- o. A "Physician Evaluation of Exposure to Blood/Body Fluids" 1-B will be completed by the ER physician and in his/her absence by the Medical Director for all employees of Rusk County. The physician will inform the exposed employee of the results of the test routed to him with lab results. The completed form will be returned to Rusk County Public Health Services attention: Health Office or designee.
- p. Recommended follow-up testing is the responsibility of the employee and may be done at Rusk County Hospital or Rusk County Health Services and forwarded to the Hospital Emergency Room Director.

XII. WAGES AND TIME KEEPING

A. Call Time Sheets

Call time is paid 24 hours per day to the two EMT's EMS Personnel on call for each squad unless their ambulance is out of service.. Time Sheets must be turned in to the appointed person on each squad completed no later than the fifth day of the month. If the time sheet is not turned in by the specified time, they will have to wait until the next payroll to get paid. If an EMT EMS employee turns in their on call timesheet late, they will only be paid based on hours they claim that are still available according to the time keeper.

B. Run Time

Run time for EMT's is documented on the run log and verified on WARDS, by the Director. Each run has a two hour minimum. Any portion of an hour beyond two hours is considered to be a full hour. Only two EMT's staff are paid for a run unless the Squad leader agrees additional personnel were necessary, in which case the squad leader would review the run with the crew and initial by the run on the log sheet. An ambulance crew that is asked to centralize will be paid a straight wage equal to the normal run time wage rate plus run time for each call they respond to.

C. Meetings

A per diem is paid to personnel in attendance at squad meetings.

D. Required Training

Regular hourly wages are paid to active EMTs for attendance at training required by state law or county policy. The standard length of the course will determine the hours paid.

1. Definition of "active" EMT

The payment of hourly wages for attendance at training that is required in order for an EMT to keep his or her license (30 hour refresher, CPR, and advanced skills), is intended as a fringe benefit for "active" EMTs. (See appendix c for definitions.)

An EMT is considered "active" for the purpose of payment of wages to attend required training if, in the previous year prior to attendance at such training, the EMT has accumulated an average of one twelve hour shift (144 hours per year) of call time or one ambulance run per month. EMTs that have been licensed less than one year must have an average of one twelve hour shift of call time or one ambulance run per month over the period of their licensure for them to be considered "active".

E. Wage Scale

Wages paid for on call time, run time and meetings are set by the Rusk County Board of Supervisors. The current wage scale is available through the Director or the County Clerk. Wages are subject to review each year as part of the budgeting process.

F. Pay Day

Checks for ambulance wages are issued bimonthly for EMTs, and quarterly for FRs unless otherwise agreed upon by Director and Finance Department. There are a few members of the Ambulance service who through other jobs with the County or an accumulation of time have gained the benefit of prorated retirement benefits, as a rule there are no benefits, other than those listed, offered by the County for Ambulance Employees.

G. Holidays

EMTs will be paid time and one half (1.5 times pay) for all run or on call hours on the 10 Holidays listed below.

As stated in resolution #10-39 which affirmed the County Boards desire in resolution # 10- 02 that EMTs will be paid one and one half times the normal on-call pay on the following 10 holidays; New Year's Day, Easter Sunday, Memorial Day, July 4th, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve Day, Christmas Day, and New Year's Eve Day. The Ambulance Service will also pay time and one half for any run time that occurs on the same list of Holidays.

XIII: DISCIPLINARY ACTION

Section 1 Objective. The purpose of the Employee Corrective Action and Discipline Policy is to establish a clear, uniform and consistent approach to situations requiring employee corrective or disciplinary actions. Corrective and disciplinary steps are intended to correct employee behavior or performance issues.

Section 2 Policy. Rusk County may utilize corrective and progressive disciplinary principles when confronted with employee behaviors or performances requiring interventions. Corrective and disciplinary interventions will typically begin at the first level and progress through each level if performance expectation(s) and/or corrective action requirements have not been met. However, dependent upon the seriousness of employee conduct being reviewed, corrective and/or disciplinary intervention may be initiated at any level. This policy is not intended to displace the day-to-day interactions between management and staff relating to job performance. Rusk County encourages its management staff to be proactive in identifying problem areas and addressing those areas as issues arise.

Section 3 Procedure for Progressive Corrective and Discipline Levels.

Level I:

Level I is an informal meeting between the employee and his/her supervisor. The supervisor clearly specifies the nature of the concern for the employee's performance/conduct and why the supervisor feels expectations have not been met and/or why corrective action by the employee is necessary. The supervisor also clearly states the specific expectation(s)/corrective action(s) required and the time frames in which the expectation(s)/corrective action(s) must occur. The supervisor documents the meeting in writing, identifying the specific employee conduct/performance issues and the specific required expectation and/or corrective action plan. The supervisor maintains the documentation in his/her office, places a copy in the employee's personnel file and a copy is given to the employee.

Level II:

Level II is an oral warning. In consult with the Department Administrator, the supervisor clearly informs the employee that he/she is being orally warned. Verbally, the supervisor informs the employee of specifically what has been done wrong and the corrective action or expectation(s) required. The employee is also verbally informed that if corrective action is not taken or expectations not met, further corrective and/or disciplinary steps up to and including suspension and/or termination may occur. The oral warning is documented by the supervisor in writing which the employee must sign, acknowledging receipt of the written oral warning. A copy of the written oral warning must be provided

to the employee and the Personnel Committee with a copy placed in the employee's personnel file.

Level III.

Level III is a written warning. In conjunction with the Department Administrator, a written warning can be provided to an employee for whom there is a performance deficiency or conduct issue that needs to be corrected. The written warning must state specifically the conduct or performance deficiency that must be corrected. If applicable, a specific corrective action plan shall be outlined and a time frame at the end of which the corrective actions plan must be completed. The employee is informed that if the corrective action plan is not completed or adhered to, expectations are not met, or additional violations occur, further corrective and/or disciplinary steps may be taken up to and including suspension and/or termination. The employee must sign the written warning, acknowledging receipt. A copy of the written warning must be provided to the employee and the Personnel Committee and a copy placed in the employee's personnel file.

Level IV.

Level IV is a suspension with or without pay. A suspension is a serious step, since the next step may be dismissal if corrective action does not occur, expectations are not met or additional violations occur. The supervisor, in conjunction with the Department Administrator will issue the notice of suspension. The suspension notice will specifically identify the date the suspension begins and ends and the conduct or performance deficiency for which the suspension is being given. If applicable, the notice will also specifically describe the corrective action that is required of the employee to perform and the time frames for doing so. The employee must also be informed that if corrective action does not occur, or expectations are not met, further corrective and/or disciplinary action may be taken up to and including suspension and/or termination. The employee will sign the notice of suspension acknowledging receipt of the notice. A copy of the notice will be provided to the employee and the Personnel Committee and a copy is placed in the employee's file.

Level V.

Recommendations for dismissal or termination will be referred to the Personnel Committee through the Department Administrator for disposition.

Attached to this policy are forms developed for the purpose of providing guidance to management when issuing employee notices of corrective or disciplinary action.

XIV. GRIEVANCE PROCEDURE:

Section 1. Purpose and Applicability

This procedure provides an employee with the individual opportunity to address concerns regarding discipline, termination or workplace safety matters, to have those matters reviewed by an Impartial Hearing Officer and to appeal to the County Board, where appropriate as required by Wis. Stat. §66.0509. The County expects employees and management to exercise reasonable efforts to resolve any questions, problems, or misunderstandings prior to utilizing the Grievance Procedure.

If an employee is subject to a contractual grievance procedure, the contractual grievance procedure must be followed as applicable. This procedure does not replace or supersede any statutory provision which may be applicable to an employee's employment with the County. This Grievance Procedure does not create a legally binding contract or a contract of employment.

Section 2. Definitions

Definition of "Discipline": For purposes of this procedure, "discipline" means an employment action that result in disciplinary suspension or disciplinary demotion/reduction in rank. "Discipline" does not include any written or verbal notices, warnings, or reminders; verbal discipline will be documented, but not subject to the grievance procedure. The purpose of written and verbal notices, warnings, or reminders is to alert the employee that failure to correct the behavior may result in disciplinary suspension, termination, or disciplinary demotion/reduction in rank. "Discipline" does not include paid administrative leave pending an investigation.

Definition of "Termination": For purposes of this procedure, "termination" means a separation from employment by the employer for disciplinary or performance reasons. "Termination" does not include layoff, furlough or reduction in workforce, reduction in hours, job transfer or reassignment, or retirement.

Definition of "Employee" for Purposes of Discipline and Termination Grievances: For purposes of the Procedure for Grievances Concerning Employee Terminations and Employee Discipline, "employee" includes all regular full-time and regular part-time employees. The term "employee" excludes elected officials; individuals hired on a limited term, temporary, casual or seasonal basis; independent contractors; and employees within their introductory period.

Definition of "Workplace Safety": For purposes of this procedure, "workplace safety" includes any conditions of employment related to the physical health and safety of employees, including the safety of the physical work environment, the safe operation of workplace equipment and tools, provision of personal protective equipment, workplace violence and accident risks. "Workplace Safety" does not include conditions of employment unrelated to physical health and safety matters, including, but not limited to,

hours, overtime, and work schedules.

Definition of “Employee” for Purposes of Workplace Safety Grievances: For purposes of the Procedure for Grievances Concerning Workplace Safety, “employee” shall include all regular full-time and part-time employees, elected officials; and, individuals hired on a limited term, casual, or seasonal basis. The term “employee” excludes independent contractors.

Note: If an independent contractor identifies or is given information about a workplace safety issue within the control of Rusk County, the independent contractor is to report the incident to their employer and/or a Rusk County management employee.

Section 3. General Provisions

Role and Appointment of “Impartial Hearing Officer”: For purposes of this policy, the role of the “Impartial Hearing Officer” will be to define the issues, identifying areas of agreement between the parties and identifying the issues in dispute, and to hear the parties’ respective arguments.

The Hearing Officer may require the parties to submit documents and witness lists in advance of the hearing in order to expedite the hearing. The Hearing Officer will have the authority to administer oaths, issue subpoenas at the request of either party, and decide if a transcript is necessary. The Hearing Officer shall apply relaxed standards for the admission of evidence and may request oral or written arguments and replies.

The Impartial Hearing Officer shall be selected by the County Board Chair in conjunction with Corporation Counsel based upon the nature of the grievance involved.

Costs: Each party shall bear its own costs for witnesses and all other out-of-pocket expenses, including possible attorney fees, in investigating, preparing, presenting or defending a grievance. The fees of the Hearing Officer will be paid by the County.

Time Limits: The term “days” as used in this provision means calendar days. The employer and grievant may mutually agree to waive time limits, in writing. If the last day on which a grievance is to be filed or a decision is to be appealed is a Saturday, Sunday or day in which the courthouse is closed, the time limit is the next day which is not a Saturday, Sunday or day on which the courthouse is closed.

A grievance or decision or appeal is considered timely if received by the employer during normal business hours or if postmarked by 12:00 midnight on the due date.

The employer and grievant may mutually agree, in writing, to waive any step to facilitate or expedite resolution of the grievance.

If the grievance is not answered within the time limits, the grievant may proceed to the next available step within 7 days.

Any issues of timeliness shall be addressed by the Impartial Hearing Officer, or County Board, as applicable.

Scheduling: Grievance meetings and hearings will typically be held during normal business hours. Time spent in grievance meetings and hearings outside the Grievant's regularly scheduled work hours shall not be considered as compensable work time.

Representation: The grievant shall have the right to representation during the Grievance Procedure at the Grievant's expense.

Section 4. Procedure for Grievances Concerning Employee Terminations and Employee Discipline

Step 1: An earnest effort shall be made to settle the matter informally between the aggrieved employee and the employee's Department Head. If the grievance is not resolved informally, it shall be reduced to writing by the employee who shall submit it to the employee's Department Head, with a copy to the County Clerk.

The written grievance shall give a detailed statement concerning the subject of the grievance, the facts upon which the grievance is based, and indicate the specific relief being sought.

Time Limit: If the employee does not submit a written grievance within 14 days after the facts upon which the grievance is based first became known, or should have been known to the employee, the grievance will be deemed waived. The Department Head will reply in writing to the employee within 14 days after receipt of the written grievance.

Step 2: If the Grievance is not settled at Step 1, and the employee wishes to appeal the decision, the employee shall submit the grievance to the County Clerk to request a meeting with the Personnel Committee.

Time Limit: If the employee does not submit a written request within 14 days after receipt of the Department Head's reply, the grievance shall be deemed waived. If timely requested, a Personnel Committee meeting will normally be scheduled within 14 days of receipt of the request for the Department Head, employee and Personnel Committee to meet and discuss the grievance.

At the conclusion of the meeting, the Personnel Committee shall render a verbal or written decision indicating one of four decisions:

- 1) Sustaining the discipline/termination,
- 2) Modifying the discipline/termination,
- 3) Denying the discipline/termination, or
- 4) Recommending additional investigation prior to final determination.

In cases where the Personnel Committee recommends additional investigation, at the

conclusion of the additional investigation, a second, follow-up meeting shall be scheduled.

Step 3: If the grievance is not settled in Step 2, and the employee wishes to appeal the decision, the employee shall submit the written grievance to the County Clerk to request a hearing before an Impartial Hearing Officer.

Time Limit: If the employee does not submit a written grievance to the County Clerk requesting a hearing before an Impartial Hearing Officer within 14 days after receipt of the Personnel Committee's decision, the grievance will be deemed waived. If timely requested, the hearing will normally be scheduled within 30 days of receipt of the request for hearing.

If the Impartial Hearing Officer determines that the request for review was untimely, the Hearing Officer's written decision will affirm the decision by the Department Head and/or Personnel Committee as applicable.

If the Impartial Hearing Officer finds that the request for review was timely, the Impartial Hearing Officer shall proceed to hear evidence to determine whether the preponderance of the evidence supports the Department Head's decision.

At the conclusion of the hearing, the Hearing Officer shall render a written decision indicating the reasons for one of four decisions:

- 1) Sustaining the discipline/termination,
- 2) Modifying the discipline/termination,
- 3) Denying the discipline/termination, or
- 4) Recommending additional investigation prior to final determination.

In cases where the Hearing Officer recommends additional investigation, at the conclusion of the additional investigation, a second, follow-up hearing shall be scheduled. The Hearing Officer shall render a written decision to the employer and employee within 10 calendar days from the date of the hearing.

Step 4: The employer or employee may appeal the decision of the Hearing Officer to the County Board. The decision of the governing body shall be final and binding upon the parties.

Time Limit: The employee or employer may request a hearing before the County Board by filing a request with the County Clerk within 14 days of receipt of the written decision of the Hearing Officer. The request must set forth in detail the reasons for the appeal. The non-appealing party shall have 14 days to submit a reply to the detailed request. Once the request for hearing and reply are received, a hearing will be scheduled at the Board's next regularly scheduled meeting, or at a special meeting at the discretion of the County Board Chair. If not timely submitted by the grievant, the grievance can no longer be addressed in the grievance procedure.

Level of Review: If the County Board finds that the request for review was timely, the County Board shall review the written decision of the Hearing Officer as set forth below. If the County Board finds that the request for review was untimely, the Hearing Officer's written decision will be affirmed by the County Board without further review.

To review the written decision of the Hearing Officer, the County Board shall review the written decision of the Hearing Officer, the reasons for the appeal and the reply. The County Board may receive additional evidence or conduct a hearing only if an issue is raised under paragraph 2 below. The role of the County Board, in reviewing the decision of the Impartial Hearing Officer, is to address the following questions:

1. Did the Impartial Hearing Officer fail to follow a fair and impartial process such that the award should be rendered invalid?
2. Is there evidence of corruption, fraud or misconduct by the Impartial Hearing Officer such that the award should be rendered invalid?
3. Did the Impartial Hearing Officer make an error of fact and/or law which renders his/her award invalid?

If the answer to each of the above questions is, "No," the County Board will uphold the decision of the Impartial hearing Officer. If the answer to any of the questions above is, "Yes," the County Board shall reverse the decision of the Impartial Hearing Officer.

Section 5. Procedure for Grievances Concerning Employee Workplace Safety

Step 1: Any employee who personally identifies, or is given information about, a workplace safety issue or incident must notify his/her supervisor of the issue or incident as soon as reasonably practicable. All safety issues, no matter how insignificant the situation may appear to be, must be reported.

Time Limit: Any workplace safety incident or issue must be reported by an employee within 24 hours after the incident or issue was raised in order to be addressed as part of the grievance procedure.

A written report of the incident or issue, outlining the events that transpired and proposed resolution, if any, shall be signed by all concerned parties and submitted to the County Clerk within 7 days of the incident or issue for review and consideration by the Personnel Committee.

Step 2: After receipt of the written report, the Personnel Committee will conduct additional investigation, if required, and normally issue a final report on its findings and conclusions within 7 days of receipt of the written report. Copies of the Personnel Committee's final report will be given to the persons who signed the written report.

Step 3: The employee may appeal the findings and conclusions of the Personnel Committee and request a hearing before an Impartial Hearing Officer.

Time Limit: If the employee does not submit a written grievance to the County Clerk requesting a hearing before an impartial hearing officer within 7 days after receipt of the Personnel Committee's final report, the grievance can no longer be addressed in the grievance procedure. If timely requested, the hearing will normally be scheduled within 14 days of receipt of the request for hearing.

If the Impartial Hearing Officer determines that the request for review was untimely, the Hearing Officer's written decision will affirm the decision by the Personnel Committee.

If the Impartial Hearing Officer finds that the request for review was timely, the Impartial Hearing Officer shall proceed to hear evidence to determine whether the employee can show by a preponderance of the evidence that an unsafe workplace condition exists and that remedial action, or additional remedial action, is necessary.

At the conclusion of the hearing, the Hearing Officer shall record one of three outcomes:

1. Sustaining the conclusions of the Personnel Committee,
2. Denying the conclusions of the Personnel Committee and/or recommending additional or alternative remedial measures, if applicable, or
3. Recommending additional investigation prior to final determination. In cases where the Hearing Officer recommends additional investigation, at the conclusion of the additional investigation, a second, follow-up hearing shall be scheduled.

The Hearing Officer shall render a written decision to the employer and employee within 10 calendar days from the date of the hearing.

Step 4: The employer or employee may appeal the decision of the Hearing Officer to the County Board. The decision of the governing body shall be final and binding upon the parties.

The employee or employer may request a hearing before the County Board by filing a request with the County Clerk within 14 days of receipt of the written decision of the Hearing Officer. The request must set forth in detail the reasons for the appeal. The non-appealing party shall have 14 days to submit a reply to the detailed request. Once the request for hearing and reply are received, a hearing will be scheduled at the Board's next regularly scheduled meeting, or at a special meeting at the discretion of the County Board Chair. If not timely submitted by the grievant, the grievance can no longer be addressed in the grievance procedure.

Level of Review: If the County Board finds that the request for review was timely, the County Board shall review the written decision of the Hearing Officer as set forth below. If the County Board finds that the request for review was untimely, the Hearing Officer's written decision will be affirmed by the County Board without further review.

To review the written decision of the Hearing Officer, the County Board shall review the written decision of the Hearing Officer, the reasons for the appeal and the reply. The County Board may receive additional evidence or conduct a hearing only if an issue is raised under paragraph 2 below. The role of the County Board, in reviewing the decision of the Impartial Hearing Officer, is to address the following questions:

1. Did the Impartial Hearing Officer fail to follow a fair and impartial process such that the award should be rendered invalid?
2. Is there evidence of corruption, fraud or misconduct by the Impartial Hearing Officer such that the award should be rendered invalid?
3. Did the Impartial Hearing Officer make an error of fact and/or law which renders his/her award invalid?

If the answer to each of the above questions is, “No,” the County Board will uphold the decision of the Impartial hearing Officer. If the answer to any of the questions above is, “Yes,” the County Board shall reverse the decision of the Impartial Hearing Officer.

XV. PROVISION FOR VARIANCE

If any policy contained herein puts undue burden on one of the squads and good cause can be shown that a variance from such policy would be in the best interest of the County, the Emergency Services Committee may grant such squad a variance.

XVI. CONFORMITY WITH STATUTES AND ADMINISTRATIVE RULES

If any policy contained herein shall be in conflict with Statute, Administrative Rule, or County policy now in force or hereinafter adopted, such policy shall be considered modified to conform to the minimum requirements of such statute, rule or policy.

XVII. EFFECTIVE DATE

Revisions to this handbook shall have an effective date set by the Emergency Services Committee.

XVIII. RECORD OF CHANGES

Adopted by Emergency Government/Ambulance Committee 05/16/95
(Effective Date 08/01/95)
Updated 11/12/96
Updated 12/23/04
Updated 04/20/06
Revision accepted 05/09/06 (Effective Date 07/01/2006)
Updated 08/06
Updated 11/07
Updated 12/2010 Adopted and Effective 12/8/2010 by Emergency Services Committee
Updated 7/2012 Approved by ES Committee and County Board
Updated 2/2014 ES and Personnel Committee

Appendix B.

Compatibility with Public Office

It is not the intent of the Rusk County Ambulance Service, Emergency Services Committee or the Rusk County Board to control or prohibit anyone from holding Public Office. It is however their responsibility to protect the interests of the citizens of Rusk County and provide some assurance that no apparent or actual conflicts occur in the daily operations of the Rusk County Ambulance Service.

Statute 59.34-38 covers compatibility of the Medical Examiner or Coroner as to the duties of anyone holding those offices ability to volunteer as an EMT, First Responder, and or Fire Fighter.

Appendix C (Definitions)

A. Advanced Skills- the following are considered advanced skills for either EMTs or EMRs or both, and may vary by Scope of Practice.

- 1. Glucagon administration**
- 2. Advanced Airways**
- 3. Epi-Pen usage**
- 4. Aspirin and Patients Nitro**
- 5. Oral Glucose**
- 6. Longboarding-C collaring**
- 7. Glucometer use**
- 8. Albuterol**
- 9. Tourniquet**

EMT-Emergency Medical Technician

FR—Medical Responder (First Responder)

Appendix D

PAYMENT CONTRACT FOR EMT STUDENTS

IN AND FOR the following mutual considerations, the undersigned individual hereinafter referred to as Student, and the undersigned Ambulance Director, hereinafter referred to as Rusk County Ambulance, agree as follows:

WHEREAS, the Student wishes to enroll in an EMT-B class at a technical college and be employed by Rusk County as an EMT-B;

WHEREAS, Rusk County Ambulance will pay for a portion of the costs for the required books, tuition and testing fees at the beginning of the class in the amount of \$500.00,

IT IS AGREED, The Student will be responsible to make the balance of payments to the college for the books and tuition for the EMT-B class, and any additional testing fees. If the Student does not successfully finish the class, fails to pass any required licensing tests, or does not become “active” and work for the service for the required time, the Student will repay the Rusk County Ambulance the \$500 provided. The Student has 12 months after the completion of the class to finish required testing or they must repay the money provided by the Service. An extension may be requested.

Any student who is supported by this contract is bound by the rules included in the Ambulance Personnel Handbook (currently called the A&O) and the Rusk County Personnel Handbook.

IT IS AGREED, the Rusk County Ambulance will reimburse the Student for the remainder of the costs for books, tuition fees, testing fees, and other cost such as background checks and required shots, that are not reimbursed in any other way. This reimbursement will be made after 144 hours of on call time. (Proper documentation including receipts is required). The reimbursement will only happen if the Student passes the class, all required tests, and then works for Rusk County as an EMT-B after becoming licensed. All paperwork must be on file in Director’s office;

Dated the _____ day of _____, 20__.

Student Signature

Print Student name

Director Signature

Print Director name

Appendix E (signature sheet)

Record of Receipt

I hereby acknowledge that I have been furnished a copy of the Rusk County Ambulance Service Administrative & Operations Policies (updated 2/2014). I understand that it is my responsibility to read and be guided by these policies. If an issue is unclear, I understand that I may ask for clarification from my squad leader or the Ambulance Director.

I acknowledge that I am a part time, at Will, employee without benefits, in most cases, for the County of Rusk. My services may be with or without pay depending on my position.

Signed:

Employee

Date

Sign and date one copy of this receipt and return it to your Squad Leader to be placed on file in Directors office and in Personnel file.

FITNESS FOR DUTY / MEDICAL RELEASE AUTHORIZATION

EMPLOYEE:

Return completed form to employer prior to returning to work

EMPLOYEE INFORMATION AND INFORMED CONSENT FOR DISCLOSURE OF HEALTH CARE INFORMATION

Name:	Signature:
Address	
Telephone Number	

TO BE COMPLETED BY PHYSICIAN

After reviewing the attached job description

STATEMENT OF PHYSICIAN OR PRACTITIONER

Medical Facts Regarding Patient's Condition:

Date Condition Commenced:	Probable Duration of Condition:
Has patient reached the end of his/her healing <input type="checkbox"/> YES <input type="checkbox"/> NO	Is patient able to perform all of the functions of his/her regular job? <input type="checkbox"/> YES <input type="checkbox"/> NO If no complete next section

Check applicable boxes and provide limitations / restrictions

<input type="checkbox"/> Lifting (Max weight in lbs) _____ lbs.	<input type="checkbox"/> Walking _____ hours per day
<input type="checkbox"/> Repetitive Lifting _____ lbs.	<input type="checkbox"/> Standing _____ hours per day
<input type="checkbox"/> Carrying _____ lbs.	<input type="checkbox"/> Sitting _____ hours per day
<input type="checkbox"/> Pushing/Pulling _____ lbs.	<input type="checkbox"/> Crawling _____ hours per day
<input type="checkbox"/> Pinching/Gripping _____ lbs.	<input type="checkbox"/> Kneeling _____ hours per day
<input type="checkbox"/> Reaching over head	<input type="checkbox"/> Squatting _____ hours per day
<input type="checkbox"/> Reaching away from body	<input type="checkbox"/> Climbing _____ hours per day
<input type="checkbox"/> Repetitive Motion Restrictions:	

Other Restrictions:

These limitations/restrictions are:	<input type="checkbox"/> Temporary limitations/restrictions <input type="checkbox"/> Permanent Limitations/restrictions
Is the patient able to return to work without posing a significant risk or substantial harm to him/herself or others? <input type="checkbox"/> YES <input type="checkbox"/> NO	When can patient return to work? * Restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe what restrictions apply in comments.

Comments:*

Physician Signature	Date:
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PHYSICIAN OR PRACTITIONER INFORMATION

Physician Name		
Address		
City	State	Zip Code
Telephone		
Field of Specialty	License No.	

MAINTAIN THIS FORM IN FMLA CONFIDENTIAL FILE