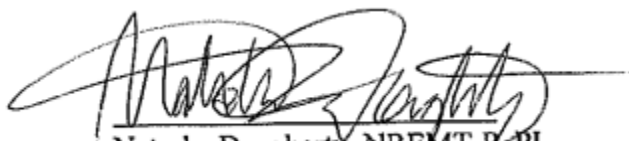


Pulaski County Emergency Medical Services Policies

Version: 7.25.1



Approved July 1, 2025


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Pulaski County SOPs (Standard Operating Procedures) are a guided outline to serve as a step-by-step guideline to perform tasks with consistency and efficiency.

All SOPs are to fall in alignment with the County Handbook released 12/9/2024. County Policy may supersede some SOPs.

Providers are reminded of the duty to act. This refers to a legal obligation requiring individuals to take reasonable action in situations where their failure to do so could cause harm to others. This concept is crucial in understanding nonfeasance, where the lack of action can lead to liability if a duty exists.

Each provider is expected to practice standards of care. Defined as “that degree of care which a reasonably prudent person should exercise under same or similar circumstances.”

All providers will act within the Code of Ethics as set forth by NAEMT. (Included on the next page)

Most importantly, all providers must practice the Gold Rule: “ABOVE ALL, DO NO HARM.”

Core Values:

1. We Take Ownership
2. We Show Up With Purpose
3. We Put the Patient First
4. We Treat Each Other With Respect
5. We Communicate Professionally
6. We Represent the Department
7. We Leave It Better
8. We Support Growth Through Accountability

Code of Ethics for EMS Practitioners

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.

To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.

To not use professional knowledge and skills in any enterprise detrimental to the public well-being.

To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.

To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.

To maintain professional competence, striving always for clinical excellence in the delivery of patient care.


To assume responsibility in upholding standards of professional practice and education.

To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.

To be aware of and participate in matters of legislation and regulation affecting EMS.

To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.

To refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner

 Operations Manual	Pulaski County EMS Standard Operating Procedure	301 – Policy Index	301.0.0
		Revised: June 1, 2025	

1. Daily Operations

301-01-01 Daily Duties and Assignments
301-01-02 Chain of Command
301-01-03 Uniforms and Employee Appearance
301-01-04 Cameras and Video Recorders
301-01-05 Fueling Ambulances
301-01-06 Shift Change
301-01-07 PTO and Timesheets
301-01-08 PRN Employees and Scheduling
301-01-09 Visitation Policy
301-01-10 Captain Responsibilities
301-01-11 Shift Trades, Giveaways, and Call Offs

2. Ambulance Operations

301-02-01 Vehicle Operator – Technician Responsibilities
301-02-02 Vehicle Operations
301-02-03 Vehicle Breakdown
301-02-04 Vehicle Collision/Crash Procedure
301-02-05 Involvement in Vehicle Collision/Crash
301-02-06 Family Riding With Patients
301-02-07 Transportation of Inmates or Detained Persons
301-02-08 Fire Coverage Standby
301-02-09 Reporting Requirements

3. Responding and Transporting

301-03-01 Rules of Operation for Ambulance Calls
301-03-02 Driver's Policy
301-03-03 Signature of Release
301-03-04 Non-Viable Patients
301-03-05 DNR and POST Forms
301-03-06 Transfer of Care to Receiving Facility
301-03-07 Intercepts with Other Agencies
301-03-08 Preservation of a Scene for the Coroner or Detective
301-03-09 Hospital Destinations

301-03-10 Inter-facility Transfers
301-03-11 Requesting a Helicopter
301-03-12 Use of Restraints
301-03-13 Patient Belongings
301-03-14 Bariatric Patients
301-03-15 Interfacility Transport Narrative

4. Training and Education

301-04-01 Certifications and Education Requirements
301-04-02 Education Compliance

5. Infection Control

301-05-01 Infection Control Policy

6. Safety


301-06-01 Fire Policy
301-06-02 Severe Weather Policy
301-06-03 Hazard Communication

7. Controlled Substances

301-07-01 Narcotic Accountability
301-07-02 Narcotic Exchange Accountability
301-07-03 Narcotic Handling and Wasting Procedure
301-07-04 Narcotic Discrepancy
301-07-05 Narcotic Acquisition and DEA Form 222

8 Department Compliance/Conduct

301-08-01 Obedience to Orders
301-08-02 Grievance and Resolution
301-08-03 Abandoned Infants
301-08-04 Ride Along Program
301-08-05 Implementing Changes
301-08-06 Management Rights
301-08-07 Productive Work Environment


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Daily Duties and Assignments	301.1.1
		301 – Daily Operations	
		Revised: June 1, 2025	

Purpose:

Every employee is responsible for the appearance and condition of the stations, vehicles and equipment.

Policy:

1. The stations will be cleaned on a daily basis. All floors, sinks, toilets, trash containers, furniture and the rooms shall be kept in a clean, neat manner. This includes laundry and keeping sidewalks clear in the winter. All station chores except for the ambulance shall be completed at night and not left for the morning in case a late call comes in. Excess overtime due to not completing chores in a timely manner can result in disciplinary action. A Station Duties form must be completed on Aladtec.
2. The ambulances will be kept clean and presentable. This may require spraying off the ambulance after calls when needed. At the end of the shift the ambulance will be washed and mopped (including floor mats and step wells) unless crew is unable to get it completed due to a late call.
3. Any issues with ambulances or equipment will have the proper form filled out on Aladtec and be taken out of service if necessary.
4. Medical equipment will be cleaned after each use and whenever additional cleaning is required. Compartments and containers (such as bags and monitor case) shall be emptied and wiped out routinely as needed.
5. The extra medical bags for the third truck should remain fully stocked and sealed with tags for emergency use (such as when a crew does not have time to properly restock from one call and another call comes in).
6. Bagged trash will be taken to the outside containers at both stations. The Francesville trash container is to be taken out to the curb Wednesday evening for pickup. Winamac trash must be taken to the curb Monday evening.
7. As the shift begins, the mileage log must be filled out right away and crew members will complete the required forms before 1200 noon every day. This includes the Daily Truck Inventory and the CS Substock Audit forms. EMT's are only allowed to perform the CS audits if a Paramedic is not available. (See the Controlled Substance Policy 301-07-02).
8. All items in the patient compartment shall be secured in position to prevent them from causing harm in an accident.
9. When at any hospital any PCEMS equipment shall be picked up and brought back to the ambulance stations for decontamination. Ex. Backboards, megamovers, splinting items, and/or etc.
10. Employees will fill out the Supply Order from on Aladtec with a list of supplies that are not able to be replaced and/or are low in quantity.
11. Beginning of the month checks
 - a. Expiration dates on all date-sensitive equipment and supplies must be checked by Employees. If month and year are only listed then the item expires at the end of that month. If a month, day and year are listed then the item expires at the end of that specific day. The first expiring item in the narc box is listed on the security tag.
 - b. All bags/cabinets must be opened and their contents checked for outdates.
 - c. Any supply item that expires mid month shall be replaced.
 - d. Glucometers will be QCed with low and high control solutions. Solutions shall be dated 90 days from opening.
 - e. Primary trucks will be inventories on the first day of the month, one reserve truck the second and the last reserve truck on the third of the month.
12. Employees must check the Aladtec schedule at the beginning of each shift worked for additional duties that may be assigned.
13. Captains (or designated employee if no captain is on duty) shall send out a shift report at the end of their shift summarizing the shift, truck updates and important information using the shift report template in outlook.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Chain of Command	301.1.2
		301 – Daily Operations	
		Revised: June 1, 2025	

Purpose:

This chain of command establishes the prioritized ranking for:

1. **Medical Control** – Determining authority for patient care and advanced life support procedures.
2. **On-Scene Medical Leadership** – Outlining who directs patient care.
3. **Procedural Oversight** – Identifying authority for daily operational decisions.
4. **Administrative Matters** – Handling discipline, complaints, and suggestions.

Medical Control (For Advanced Life Support Procedures)

Authority for medical decisions follows this order:

1. Written Protocol
2. Physician on duty at Pulaski Memorial Emergency Department
3. Medical Director

On-Scene Medical Leadership

The following ranking determines who leads patient care:

1. Initial Paramedic on Scene (unless care is transferred)
2. Other Paramedic(s)
3. AEMT
4. Initial EMT on Scene
5. Other EMT(s)

- If only one patient is present, the secondary crew provides assistance unless specifically asked to take over patient care.

Procedural Oversight (On-Duty Operations)

For day-to-day decisions, authority follows this order:

1. On-Duty Captain or Appointed Individual
2. Most Senior Employee (if Captain/Appointed Individual is unavailable)

Administrative Chain (Discipline, Complaints, & Suggestions)


For non-operational issues (e.g., complaints, disciplinary actions, or policy suggestions), follow this ranking:

1. Captain A / Captain B
2. EMS Director
3. County Attorney: Problem Solution Form (Form Q).
4. County Commissioners

- Captains gather and relay information up the chain as needed.
- Follow county policies for administrative concerns (See County Handbook page 114, Section 8: Problem Resolution)

Final Notes:

- This policy ensures clear leadership in medical, operational, and administrative matters.
- Always follow Pulaski County policies when applicable.
- Any immediate safety concerns may bypass the chain and be reported directly to leadership


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Uniform and Employee Appearance	301.1.3
		301 – Daily Operations	
		Revised: June 1, 2025	

PURPOSE:

The appearance of employees is an extremely important part of the Pulaski County Emergency Medical Services (PCEMS) image. PCEMS believes that a consistent and professional appearance communicates a sense of pride in ourselves and our department, which will in turn give a sense of confidence to the people we serve.

POLICY:

1. Employees are expected to arrive to work in full uniform and able to take a call if one is dispatched or a patient walks in. While on duty, Employees must be in full uniform from 0800-2200 in common areas, whenever away from the station, or in view of the public, including patients and visitors. Only the approved uniform items may be worn on duty. T-shirts, mocks, turtlenecks or any other visible under garments must be black or white in color.
2. All uniform components, whether furnished by the service or individual, must meet all standards contained in this section. Uniform logo's and photo ID's are the property of PCEMS and must be returned or destroyed upon request or at termination of employment. Uniforms must be kept in good repair and appropriate to the size of the individual. The security and maintenance of all uniform components is the responsibility of each individual employee.
3. Uniform Issuance and Purchasing
 - a. Full-time Associates will receive 1 T-shirt, 1 sweatshirt, 1 Jacket and 1 photo ID (optional). Full-time employees will also have a \$300/year allowance PCEMS. This will be provided in increments of \$150 in January and \$150 in July. Uniforms that need to be replaced must be turned back in for a replacement. All uniform requests will go through Aladtec.
 - b. Part-time associates will receive one (1) T-shirt and one (1) sweatshirt. Uniforms that need to be replaced must be turned back in for a replacement.
 - c. All shirts shall be purchased by PCEMS by making a request in Aladtec, pants and boots can be purchased from anywhere however, if not approved prior to purchase, will be purchased by the employee. Pants and boots shall be black in color.
 - d. Employee owned hats, head wraps and ball caps shall be black in color with the star of life or no logo. Any item with the PCEMS logo shall be turned in to PCEMS upon the departure of the employee.
 - e. Shorts, black in color, and cargo length style may be worn on duty.
4. Short sleeve and long sleeve shirts are approved for year around wear.
5. For full time Employees, only approved items may be worn as the outermost garment. For part time employees a plain jacket with no vulgar or offensive language may be worn. The uniform pants and shirt must be clean, without offensive odor, wrinkle free, and in good repair. If any part of the uniform is badly worn or inconsistent with our desired professional appearance, the employee will be required to replace the items. Boots and shoes must be clean and presentable.
6. ANSI 207-2006 high visibility vests are located in all ambulances. PCEMS employees are required to wear this vest any time you are in a public roadway. You are encouraged to also wear the vest any time a vehicle safety risk exists (parking lots, spotting for a backing ambulance, etc). You are responsible for maintaining the vest and insuring that you wear it every time you are in a public roadway. Failure to comply will result in severe penalties.
7. During extreme weather/temperature conditions, extra clothing may be worn such as a rain poncho, coveralls etc.
8. While off duty, the employee may not wear or use any part of the issued uniform while in an area that may reflect negatively on the agency such as bars, clubs, etc.
9. Good personal hygiene must be practiced as well as well kept hair and facial hair.
10. Those issued photo ID's must only use them while on duty with Pulaski County EMS


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Cameras and Video Recorders	301.1.4
		301 – Daily Operations	
		Revised: June 1, 2025	

Purpose:

In order to ensure that patient care remains our highest priority, the use of cameras and video recording devices by Emergency Medical Services (EMS) Employees is not permitted unless being utilized to send directly to flight/trauma team staff. Personnel may possess and use cameras only for official duties and as part of documenting pertinent evidence for investigations:

Policy:

1. No on-duty EMS Associate shall engage in or solicit photography or video recording of any EMS operation unless authorized by the main patient provider.
2. Any authorized photography at a scene or incident shall be performed by an employee or other person not engaged in patient care.
3. HIPAA requirements shall not be compromised.
4. Any photo or video recording made by an employee shall be sent to the proper receiving staff and/or attached to the patient care report and then deleted. Any unauthorized use, reproduction, sale, or transmission thereof is prohibited.
5. Personnel are encouraged to use only approved devices for capture of photography or video recordings. These devices include PCEMS Iphones, Ipads, and AirTraqs.
6. Intercept video calls may be made through the ambulance Iphones. Discussions about patient care should be private and transmitted through use of phone call rather than publicly on the EMS dispatch channel. M1 phone number is 574-242-4059. M2 phone number is 574-242-9982. These devices should remain charged. Anytime the ambulance crew members are out in public, this phone should be carried to reduce unnecessary public radio traffic.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Fueling Ambulances	301.1.5
		301 – Daily Operations	
		Revised: June 1, 2025	

Purpose:

Pulaski County Emergency Medical Services (PCEMS) employees shall ensure an adequate quantity of fuel at all times in all EMS vehicles. Vehicles shall not have less than ½ tank of fuel at any time.

Policy:

1. When refueling a vehicle, both crew members shall verify the proper choice of fuel prior to engaging the fuel pump.
2. An ambulance placed into reserve status or at shift change, should have no less than 3/4 of a tank full of fuel unless to fuel the truck, the crew would have to drive across the county due to the Medaryville store being closed. In this case (with the captains' permission) the next crew can get fuel locally instead of putting unnecessary miles and burning excess fuel.
3. Diesel ambulances shall be refueled at the Winamac EMS base.
4. Gas ambulances shall be refueled at the Good to Go in Winamac or Medaryville. Employees are to pay inside with a card that is stored at with the clerk and use the driver code that was given to you.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Shift Change	301.1.6
		301 – Daily Operations	
		Revised: June 1, 2025	

Purpose:

Each shift change shall be carried out in an orderly manner that promotes a timely exchange of crew members while consistently maintaining the mission of Pulaski County Emergency Medical Services (PCEMS)

Policy:

1. Ambulance personnel shall be in uniform and ready for duty at the start of their assigned shifts. Crews may not clock in more than 20 minutes before their shift.
2. At no time will an emergency response or patient care be interrupted for crew change or shift change. The crew members shall see an ambulance run through to completion unless arrangements are made to relieve an employee from the scene.
3. Employees shall remain with their duty assignment until relieved unless otherwise authorized by management. Crews shall change at the assigned station unless otherwise authorized by management. In the case of a call-off or no-show, Employees shall stay over until replacement coverage arrives, no longer than twenty four (24) hours. The shift captain shall be contacted in the event of a problem at shift change. During emergency situations (i.e., snowstorms, mass casualty incidents, etc.) employees may be held on duty at the discretion of management.
4. A station that is placed out of service due to staffing issues shall have all of the base chores done prior to the crew members leaving the station and it shall be left in a secured manner.
5. Crew members should all agree that everything is done prior to completing shift change. A station duty form must be completed prior to the off going crew leaving.
6. The off going crew shall relate the following information to the oncoming crew:
 - a) Road closures, construction zones and any obstacle that may cause a delay in response.
 - b) Mechanical malfunctions or radio problems on the ambulance.
 - c) Policies, procedures, directives or memorandums that were implemented during the previous shift.
 - d) Status of equipment and supplies used in the delivery of patient care.
 - e) Narcotics and inventory data.
7. The oncoming crew shall, at the beginning of shift, check equipment and supplies per policy 301.01.01 Daily Duties and Assignments. Any problems shall be written up using the proper form on the Aladtec website. If any malfunction exists that impedes the function of the vehicle or interferes with patient care or safety, the ambulance shall be taken out of service and the captain shall be notified immediately and appropriate forms filled out.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	PTO and Time Sheets	301.1.7
		301 – Daily Operations	
		Revised: June 1, 2025	

Purpose:

Employees are responsible for their own time sheets, Call Off's and requesting PTO using the proper channels.

Policy:

1. All employees will scan their finger to clock in and clock out or use the time fob if issued to record their hours worked.
2. In the event the time clock is not working, it is the employee's responsibility to document their times and reason they were unable to clock in on their timesheet in Precinct Manager
3. Employees are responsible for adding PTO requests on the proper websites. Time off requests must be done on the Aladtec website for scheduling reasons and Precinct Manager is used to document PTO for payroll.
4. It is the individual employee's responsibility to verify their own time sheet is correct in Precinct Manager and submit it for payroll. It is also the individual employee's responsibility to contact the auditor's office for username or password issues with Precinct Manager or Doculivity.
5. If an error is noticed on the time sheet, the employee must add a remark on their time sheet in Precinct Manager. If it is found after payroll is done, a time card discrepancy form must be filled out and turned in to the Auditor's office. The error would then be paid on the next payroll cycle.
6. PTO must be submitted by the 13th of the month to guarantee that it will be granted. PTO submitted after that time can still be granted however the employee will have to find their own coverage by submitting a trade or giveaway request through Aladtec.
7. PTO must be used hour for hour for the time taken off normal scheduled hours unless the hours are made up in the same pay period. Once PTO is down to 48 hours the employee may choose to take time off without pay as long as there is coverage and they have at least 36 hours per week.
8. PTO is approved on a first come, first serve basis.
9. PTO time is paid at the regular hourly wage so no overtime can be obtained for using these hours however multiple forms may be used to use extra PTO to make up for the lost overtime. Refer to the Precinct Manager Handbook for the procedure for claiming PTO and for more information on PTO time
10. Staff that is scheduled on blackout holidays will not be granted PTO unless the truck is full and coverage is found. Black out holidays are: New Years Eve, New Years Day, Fourth of July, Thanksgiving, Christmas Eve, and Christmas.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	PRN Employees and Scheduling	301.1.8
		301 – Daily Operations	
		Revised: June 1, 2025	

Purpose:

This policy shall be used to ensure that openings in the schedule are filled in the most effective manner.

Policy:

1. Part-time/PRN employees are expected to regularly check their email box for department correspondence.
2. Part-time/PRN employees shall turn in completed availability on the Aladtec website by the 13th of the month to be considered for the schedule. No availability will be accepted through phone, text, or email.
3. Full-time Employees must have their time off requests in by the 13th of the prior month.
4. Failure to submit availability or sign up for open shifts in 60 days may result in removal from Pulaski County sponsored subscriptions. Within 90 days termination of employment may occur. The employee will be contacted for reasoning and failure to respond to correspondence or update communication preferences can result in termination with Pulaski County Emergency Medical Services. The Director may allow exceptions on a case by case basis.
5. Part-time/PRN employees shall be paid for time spent attending meetings, mandatory education and skills competencies.
6. Part-time/PRN employees should monitor their email as set forth in department policies in order to learn of any department information that is distributed.
7. Part-time/PRN employees should make every effort to attend Audit and Review and department meetings.
8. The next month schedule will be released between the 16th and 19th of the month.
9. PRN employees will then have 72 hours to sign up for open shifts. After 72 hours they will be granted by need of level of care.
10. After the initial 72 hours the open shifts will be filled by any staff that signs up by need of level of care, and the order the request were made.
11. Exceptions can be made based on excessive overtime and supervisor discretion.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Visitation Policy	301.1.9
		301 – Daily Operations	
		Revised: June 1, 2025	

Purpose:

In order to ensure the highest level of security and uphold all confidentiality and Health Insurance Portability and Accountability Act (HIPAA) requirements, Pulaski County Emergency Medical Services (PCEMS) Employees must adhere to the following regarding station visitors.

Policy:

1. Visiting hours at all stations are between the hours of 0800 and 2000. All visitors must leave by 2000 unless approved by the crew and Shift Captain.
2. Visitors include off-duty PCEMS employees unless on station for official business.
3. Visits will be limited to a maximum of one hour in length unless approved by both crew members.
4. Visitors and employees will exhibit behavior which represents PCEMS in a professional manner. Children visiting the stations must be well behaved and must not be disturbing or distracting to employees or other visitors.
5. No visitor may remain in the Station unless PCEMS employees are present.
6. Visitors shall not display public affection in the station, parking lots and/or vehicles.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Captain Responsibilities	301.1.10
		301 – Daily Operations	
		Revised: June 1, 2025	

Purpose:

This policy is to outline the duties of the Captain. The captain runs the day to day operations when the EMS Director is not on duty. When a Captain is not going to be on duty for their shift they shall delegate someone on the shift to take their place or the on duty crew will delegate someone if no one was delegated previously.

Policy:

1. Complete and submit all reports/documents to billing in a timely manner per policies, procedures, and regulations. This includes verifying reports from other personnel on shift and ensuring proper documentation of critical interventions (e.g., Naloxone, IV, IO, airway management).
2. Send emergency transfer, STEMI, scene flight, pediatric, stroke, and intubation charts to the medical director for review.
3. Ensure daily and monthly checks, audits of all ambulances, and assigned chores are completed promptly and accurately.
4. Maintain and enforce confidentiality policies set by the agency and other governing bodies.
5. Coordinate staff scheduling: Find coverage during call-offs, complete associated forms, and communicate changes effectively.
6. Make informed decisions based on EMS and County policy manuals in the absence of the EMS Director.
7. Identify and forward potential policy or protocol violations to the EMS Director for evaluation.
8. Distribute shift reports with updated information, including truck status, training schedules, and departmental updates.
9. Participate in and contribute to organizational committees: Audit and Review, ER Committee, Quality Improvement, Field Training, and department meetings.
10. Track certification expirations and participating in performance reviews for staff on your shift and assigned part time staff.
11. Take on specialized roles as assigned, such as Training Officer, Safety Officer, Supply Management, Public Relations, or Ambulance Maintenance.
12. Foster a positive and collaborative work environment, demonstrating leadership that promotes teamwork and professionalism.
13. Mentor and coach junior staff, providing guidance to improve skills and operational readiness.
14. Develop and implement conflict resolution strategies to address interpersonal or operational challenges.
15. Provide emergency coverage to ensure minimum staffing levels are met.
16. Maintain professionalism in interactions with subordinates, peers, and the public.
17. Plan and participate in inter-agency disaster preparedness drills and ensure EMS readiness for emergency situations.
18. Organize or lead public education and outreach events, such as EMS demonstrations, first-aid training, or safety awareness programs.
19. Complete any additional assignments as directed by the EMS Director.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Shift Trades, Giveaways and Call Offs	301.1.11
		301 – Daily Operations	
		Revised: June 1, 2025	


Purpose:

This policy is designed to provide guidelines for Pulaski County Emergency Medical Services (PCEMS) employees in regards to amending their schedule when they need time off after the schedule has already been posted. This policy also gives PRN staff the opportunity to fill in and reduce excess overtime.

Policy:

1. Full time employees may choose to trade shifts with another employee or giveaway their shift to another employee. All trades and giveaways are to be done through the Aladtec website.
2. Trade requests are offers to swap another service member days. All scheduled working members should be offered the trade opportunity. Members should offer trades based on level as often as possible to prevent unbalanced staffing ratios. Trade request must be accepted by a service member and approved by a supervisor.
3. Giveaways are to be sent to all PRN employees to give everyone a fair chance to pick up shifts. If no PRN employees are available then the shift may be approved to giveaway to a full time employee.
4. Call off's shall be done as soon as possible or at least 2 hours prior to shift unless it is an emergent situation. This is done by calling the Winamac station.
5. If the call off is due to illness or injury, a physician statement will be required to classify the absence as excused.
6. A no call/no show for a scheduled shift is considered if there has not been any notification and can result in disciplinary action.
7. Once the schedule is posted, any time off is to be requested on the Aladtec website as a giveaway or trade request. Service members are responsible for finding their own coverage once the schedule has been released.
8. Excessive tardiness and absence shall be considered to be three (3) occurrences of unexcused absences in one year (1) period; or three (3) occurrences of tardiness in a six (6) month period; or any combination thereof.
9. An unexcused absence is defined as an absence for which the employee does not have the approval of the elected official/department head or designated supervisor.
10. Employees who are absent for two (2) consecutive workdays without notifying their elected official/department head shall be considered to have voluntarily resigned their position.

See County Handbook page 96, 7.2 Attendance and Puncuality


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Vehicle Operator/Technician Responsibilities	301.2.1
		301 – Ambulance Operations	
		Revised: June 1, 2025	

Purpose:

Only authorized drivers are permitted to operate a Pulaski County Emergency Medical Services (PCEMS) vehicle. Firefighters and Police Officers may operate PCEMS vehicles when in the best interest of patient care. PCEMS vehicles must never be operated in a manner that jeopardizes life or safety. The responsibilities of the Vehicle Operator differ from those of the Technician during response to an emergency and during transport of a patient. Vehicle Operator is the employee driving the vehicle; the Technician is the employee occupying the front cab passenger seat or the patient compartment.

Policy:

1. While en route to an emergency, the Vehicle Operator is responsible for the safe operation of the emergency vehicle, while the Technician is responsible for radio operation, siren and emergency lights operation, map reading and assisting the Vehicle Operator in clearing hazards or intersections. Crews shall respond emergent unless stated otherwise by dispatch.
2. While on the scene, both crew members are responsible for assisting, to the level of his or her training, in patient care.
3. During patient transport, the Vehicle Operator shall:
 - a. Operate the vehicle in a smooth, controlled manner, including braking, accelerating and negotiating turns. Operation of the vehicle should minimize further patient injury and maximize care provided by the Technician.
 - b. Relay information to the Technician regarding impending stops, turns, bumps, etc.
 - c. Operate the vehicle in the mode (Emergent or Non-emergent) and speed determined by the Technician.
 - d. Speed should be limited to a safe and controllable degree based on road conditions and weather.
 - e. Be responsible for tracking loaded mileage and documenting required response and transport times
 - f. Communicate with Dispatch upon departure from the scene and arrival at the receiving facility.
4. During patient transport, the Technician shall administer and document patient care, provide the receiving hospital with appropriate notification and verbal patient report and inform the Vehicle Operator of the most appropriate mode and speed for transport.
5. Seat belts shall be worn at all times unless seat belt is detrimental to patient care.
6. When there is only one crew member on the truck they will respond to calls as usual however the other full truck will dual respond to loan a crew member to assist. If the other truck is unable to respond then a fire department EMR can drive the ambulance in.
7. If only an EMR or non EMR fire department member is on the truck with an ALS provider then no ALS care can be provided per IDHS rules. This only applies for scheduling issues. If there are multiple patients then it is considered unforeseen and ALS care may be provided.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Vehicle Operations	301.2.2
		301 – Ambulance Operations	
		Revised: June 1, 2025	

Purpose:

A Pulaski County Emergency Medical Service (PCEMS) ambulance may be operated in either a Non emergent or an Emergent mode. While operating in either mode, the Vehicle Operator shall drive with due regard for others. Vehicle Operator is the Associate driving the vehicle; the Technician is the Associate occupying the front cab passenger seat or the patient compartment.

Policy:

1. Headlights shall be used whenever a PCEMS vehicle is in motion on a public roadway.
2. "Non-emergent mode" designates the operation of a PCEMS vehicle without the use of lights and siren. While operating in non-emergent mode, the Vehicle Operator shall:
 - a) Operate the vehicle in accordance with Indiana Traffic Acts (IC Codes).
 - b) Obey all the normal rules of traffic, including speed limits and traffic signals.
3. "Emergent mode" designates the operation of a PCEMS vehicle using emergency lights and sirens. Employees are authorized to operate an EMS vehicle in Emergent mode when one or more of the following conditions is met:
 - a) While responding to a 911 call unless stated otherwise by dispatch.
 - b) During transport when the Technician determines that a patient's condition is unstable based on the patient assessment or mechanism of injury.
 - c) When EMS management gives expressed authorization such as multiple calls pending and no mutual aid is available.
4. PCEMS employees operating an EMS vehicle under Emergent conditions may exercise privileges set forth in Indiana Traffic Codes, which include the rights to:
 - a) Park or stand in restricted areas.
 - b) Exceed the maximum speed limit operating with due regard so long as life and property are not endangered. No Vehicle Operator shall drive on a roadway at a speed greater than is reasonable under the conditions.
 - c) Disregard regulations governing the normal direction of movement or turning in a specified direction. PCEMS personnel are not authorized to drive against the traffic flow on a one-way street unless it is the only prudent way to get to an emergency scene.
5. All Vehicle Operators shall slow down and/or stop as necessary for safe operation prior to entering a negative right-of-way. Negative right-of-ways are defined as intersections where the right of way is governed by any traffic control device that requires stopping or yielding the right of way.
6. All PCEMS personnel shall utilize the practices and principles of safe driving as specified within the standards of an Emergency Vehicle Operations Course (EVOC) or Coaching the Emergency Vehicle Operator (CEVO).
7. Upon arrival at a call, the Vehicle Operator shall park the vehicle in such a manner as to allow for the most efficient egress and to protect the patient and crew from harm while not unnecessarily posing a hazard or impeding traffic.
 - a) In situations where traffic flow could endanger the safety of the patient and/or EMS personnel on scene it is appropriate to utilize the ambulance as a shield if no other option is available.
8. When necessary for safety reasons, emergency lights shall be left on after the vehicle arrives at the scene of an emergency.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Vehicle Operations Continued	301.2.2
		301 – Ambulance Operations	
		Revised: June 1, 2025	


9. When backing an ambulance is necessary, one person (preferably a PCEMS employee) shall station him- or herself in a position to spot for the Vehicle Operator. Vehicle Operator and the spotter must be in constant communication. If the EMS unit is involved in a collision while backing, both the Vehicle Operator and the spotter shall be held accountable.

10. Exceptions to this rule include situations in which a patient is in the back of the ambulance. In such cases, the Vehicle Operator should make a 360 degree walk around the unit prior to backing in order to ensure that there is adequate clearance to back the unit safely. When doing so does not compromise patient care, the Technician shall watch out of the rear window when the vehicle is backing up.

11. All PCEMS Associates shall enroll in and complete a full EVOC or CEVO course within two years of employment. Recertification courses or continuing education hours to maintain certification are required annually.

12. Any employee that receives a traffic violation while driving a PCEMS vehicle will be responsible for that infraction.

13. Cell phone usage such as text messaging, mapping, phone calling, etc. will not be tolerated unless radio equipment is down and you are communicating with the hospital or dispatch.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Vehicle Breakdown	301.2.3
		301 – Ambulance Operations	
		Revised: June 1, 2025	

Purpose:

Upon encountering vehicle problems while transporting a patient or responding to a call, all employees shall take measures to protect the vehicle and the passengers contained within.

Policy:

1. Stop the vehicle immediately and place the vehicle "out of service."
2. If responding to a call, notify Dispatch and request that another unit be dispatched to the initial location. If transporting a patient, request that another unit be dispatched to the location of the breakdown.
3. Attempt to move the vehicle to a safe place off of the roadway; if unable to do so, attempt to safely mark the vehicle by activating the emergency lights.
4. Maintain appropriate patient care.
5. Notify the on duty shift captain of your location and situation. Following initial notification of the situation communicate via ambulance cell phone as much as possible to minimize radio traffic.
6. If the ambulance must be towed, contact the EMS Director to get the destination and have dispatch send a tow truck. The tow truck must be a heavy rescue truck.
 - a) Once the ambulance is towed all equipment will have to be removed from the truck once a backup truck is placed in service.
7. For complete breakdowns or any minor maintenance request, an Ambulance Maintenance Request form must be filled out on Aladtec.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Vehicle Crash Procedure (Non Involvement)	301.2.4
		301 – Ambulance Operations	
		Revised: June 1, 2025	

Purpose:

Upon witnessing a collision or a crash, the ambulance crew shall take measures to report the incident and, if not responding to an emergency call, shall assist all patients involved.


Policy:

1. If a Pulaski County Emergency Medical Service (PEMS) employee witnesses a collision/crash while not responding to an emergency call, the crew:

- a) Shall report the incident to dispatch if the vehicle(s) involved is/are disrupting traffic flow or creating a traffic hazard or if reasonable suspicion of personal injury exists.
- b) Shall stop and assess all potential patients.
- c) Shall request additional assistance as required.

2. If a PEMS employee witnesses a collision/crash while responding to another emergency call or while transporting a patient, the crew:

- a) Shall report the incident to dispatch if the vehicle(s) involved is/are disrupting traffic flow or creating a traffic hazard or if reasonable suspicion of personal injury exists.
- b) Shall not stop at the scene.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Vehicle Crash (Involvement)	301.2.5
		301 – Ambulance Operations	
		Revised: June 1, 2025	

Purpose:

When a Pulaski County Emergency Medical Service (PCEMS) ambulance is involved in a collision or crash, the ambulance crew shall take measures to report the incident, remove the vehicle from service and assess all potential patients.

Policy:

1. All collisions/crashes involving PCEMS vehicles shall be immediately reported to dispatch and the EMS Director. The vehicle involved shall be immediately taken out of service by the crew.

a) If the collision/crash occurs while the vehicle is responding to a call, the crew shall notify dispatch and request that another ambulance be dispatched to the initial location.

b) The crew shall stop and assess all potential patients.

c) The crew shall request additional assistance as required.

2. The ambulance crew must complete the Ambulance Crash Report Form on the Aladtec website by end of shift.


3. A police report should be filed as soon as possible, the registration and proof of insurance is kept in the electrical cabinet/ or glovebox of each ambulance.

4. The ambulance crew shall document and report to EMS Administration any injuries as well as filling out the proper Workers Compensation paperwork.

5. The Vehicle Operator and Technician involved in the collision/crash shall refrain from making any statements to the investigating officer (or anyone else at the scene) regarding their opinions of the cause. The crew may report and/or answer questions regarding information observed or overheard.

6. The crew shall, under EMS Administration direction, utilize the ambulance cell phone or Ipad camera to take pictures of the scene for future reference.

7. Per the Pulaski County Handbook Section 5.7.1 (C) on page 84 an employee may be subject to drug testing.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Family Riding With Patient During Transport	301.2.6
		301 – Ambulance Operations	
		Revised: June 1, 2025	

Purpose:

Situations will arise in which the accompaniment of a patient's relatives/acquaintance is in the best interest of patient care.

Policy:

1. The decision to allow accompaniment by a relative/acquaintance shall be made by the crew transporting the patient.
2. It is preferred the relative/acquaintance shall ride in the cab of the ambulance. Exceptions to this guideline should be made in the best interest of patient care such as for pediatric patients or patients with mental disability.
3. The relative/acquaintance must wear a seatbelt.
4. The conduct of the relative/acquaintance must not interfere with patient care.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Transportation of Inmates/Detained Persons	301.2.7
		301 – Ambulance Operations	
		Revised: June 1, 2025	

Purpose:

Patients under arrest who require transportation to a medical facility may need to be accompanied by an on-duty law enforcement agent.

Policy:

1. A prisoner should not be transported while wearing hard restraints without a law enforcement officer present in the patient compartment of the ambulance. The officer accompanying the patient shall have in his/her possession a key to the hard restraints.
2. If the Pulaski County Emergency Medical Services (PCEMS) employee determines the patient is not considered violent, and is restrained with flex cuffs or none at all, the law enforcement agency may elect to have an officer follow the ambulance to the hospital.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Fire Standby Policy	301.2.8
		301 – Ambulance Operations	
		Revised: June 1, 2025	

Purpose:

Pulaski County Emergency Medical Service (PCEMS) is committed to supporting Police and Fire Departments in Pulaski County and dedicated to caring for responders and possible victims of such unfortunate incidents.

Policy:

1. Response - When dispatched to a potential incident coverage scene the responding units will travel emergent unless otherwise directed by dispatch. Responding unit(s) will monitor the Fire (or assigned OPS) channel while en route to the scene and throughout the duration of the standby.

Ops 1: Winamac Fire

Ops 2: Medaryville Fire

Ops3: Monterey Fire

Ops 4: Francesville Fire

Ops 5: Star City

2. Arrival - Upon arrival at the scene, perform a size-up of the scene to see if any other assistance is required. Stage the ambulance in a location where you will not block access to the scene by other responding agencies and position your ambulance in a location that does not impede egress from the scene.

3. Scene Responsibilities - Upon arrival, attempt to make personal contact with Incident Command to advise of your staging area and status.


4. Patient care is the primary responsibility of all EMS associates at any scene. If there are patients requiring care, immediately initiate treatment and request additional ambulance(s) to the scene for required transport(s). If critical patient(s) are encountered, (or in the best interest of patient welfare) you may transport from the scene prior to the arrival of additional ambulance.

5. Secondary responsibility is to provide a REHABILITATION SECTOR for responders. PCEMS employees will monitor and document vital signs of responders at the scene and attempt to provide cooling and warming areas and appropriate fluid resuscitation. If you are presented with a patient care scenario at any time, notify dispatch immediately and request a transport ambulance.

6. Availability Status - Unless you are directly involved in patient care, your unit should make every effort respond to other calls as required. If a critical call comes in close to where the crew is staging the crew can respond to the call and the second in crew will then stage at the first incident.

a) Each employee must remain in constant radio contact with their partner and dispatch. Updates should be provided over the EMS Frequency as needed for extended standby situations

b) All employees are to be focused on the situation and their responsibilities. Sleeping, reading, lounging on the stretcher, etc. is not permitted.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Reporting Requirements	301.2.9
		301 – Ambulance Operations	
		Revised: June 1, 2025	

Purpose:

All employees of Pulaski County Emergency Medical Services (PCEMS) are required to participate in the emergency medical service system review by collecting and reporting data elements for all emergency medical service provider organization runs. The data elements prescribed by the commission can be found in 836 IAC 1-1-5.

Policy:

1. A report will be completed for every ambulance request including disregards, sporting event coverage's, standbys, and public relation events. The reports are to be completed with a validity score of 100 percent.

Note: All PR events must have prior authorization from the supervisor. Any crew requesting to switch ambulance sides must be approved by supervision prior to switching. At no time should an ambulance be located outside of the designated service area without prior authorization. Allocation of resources and location of ambulances is necessary for supervision reports to the elected officials.

2. Signatures required are:

a. Patient – A patient signature is required for all charts that a patient was encountered. If the patient cannot sign a patient signature box is still required with the reason why the patient could not sign. A corresponding medical reason for patient being unable to sign must also be noted in the narrative.

b. Crew – All charts require a signature of the crew member providing the primary care for the patient.

c. Health Care Provider – All patient charts require a signature of a person that is accepting care of the patient.

d. Patient Representative – This signature is only accepted when the patient cannot sign for themselves such as being a minor, unresponsive or altered level of consciousness. Only a parent or guardian can sign for a minor and only a family member with Power of Attorney can sign for anyone else.

3. A run number will be assigned by the Captain or designated person on duty.

4. All charts shall be completed soon after restocking the truck or even eating a meal. Charts shall be completed before any extensive down time is taken. Overtime is not authorized to complete a chart unless it was a late call. According to Indiana Code Title 836 IAC 1-1-5(d) all charts are to be complete and available to the receiving facility within 24 hours.


5. If a call comes in right at the end of shift change and the crew completing the chart must leave, they are allowed to complete the chart from home however it will be on their own time. The chart must be completed as soon as possible and under no circumstances be later than 24 hours from the call. A supervisor must be notified prior to leaving a shift with an open chart.

6. Reports shall be locked and marked finalized so that the Captains know that they are ready to be audited and sent to billing.

7. Specialty transfers shall contain the name and credentials of the Nurse, Paramedic, or Respiratory Therapist providing care to the patient in the narrative of the chart as well as hospital staff listed in the crew section so they can be listed as giving care in the report.

8. Any critical chart (chest pain, stroke, cardiac arrest, scene flight, severe trauma or peds) shall be sent to the Medical Director for review. The Captain does this and it is done by email within ImageTrend. The crew members shall be included in the email so they can get feedback from the Medical Director.

9. Any Emergent Transfer will be sent to the Medical Director and EMS Director for review through ImageTrend.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Rules of Operation for Ambulance Calls	301.3.1
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

All Pulaski County Emergency Medical Services (PCEMS) employees shall respond to calls, provide care and interact with patients and other agencies as outlined in the following procedures

Policy:

1. Each PCEMS Employee is responsible for answering ambulance requests in a safe and expedient manner.
 - a. Emergency dispatches shall be acknowledged immediately via radio. Ambulance response should be according to the type of call. The responding crew should be out the door in three minutes or less.
 - b. The unit that can respond to the patient location quickest shall handle emergency dispatches. For example, if medic two is in Medic One's area and they are closer to the call they shall take the call.
 - c. An ambulance crew shall respond according to the type of conditions. A unit may downgrade their response in the best interest of safety, when road conditions are unsafe, scene safety is an issue, or when directed by EMS Administration or police agencies.
2. When on the scene of a motor vehicle accident, employees are required to don a reflective safety vest.
3. Upon arriving on a scene, the ambulance crew shall give a scene size-up when appropriate. The ambulance shall be parked in a manner that keeps exhaust fumes away from patients and that keeps the crew away from danger, particularly on the scenes of motor vehicle accidents, hazardous material incidents and structure fires.
4. If two or more patients require care and at least one patient is critical, a second ambulance shall be requested to respond to the scene.
5. Patients shall be transported according to their condition. If a patient is critical and rapid intervention outside the scope of the technician is required, the technician may make the decision to expedite transport by transporting in the emergency mode (emergency lights and siren activated). Emergency transport must always conform to the protocol established by the Medical Director.
6. PCEMS employees are to provide patient care needed while respecting the patients dignity without regard for nationality, age, sex, sexual orientations, race, financial status, or disability. Employees will also respect and hold private, all information in a confidential manner obtained in the course of providing care, unless required by law to divulge such information.
7. All PCEMS Associates shall wear seatbelts while in a moving vehicle. When providing essential patient care, the seatbelt may be removed for the time period required for essential intervention.
8. All items in the patient compartment must be secured while in movement to protect the patient and staff from the items in an accident. Cabinet doors and drawers should be closed prior to leaving the scene.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Driver's Policy	301.3.2
		301 – Responding and Transporting	
		Revised: June 1, 2025	


Purpose:

The insurance carrier for Pulaski County Emergency Medical Services (PCEMS) requires their approval of all PCEMS employees prior to this department allowing the employee to operate an ambulance. Employees that are prohibited from driving a PCEMS ambulance cannot fulfill one of their primary responsibilities for employment and therefore must immediately be suspended from work.

Policy:

In order to be in compliance with the guidelines set forth by the insurance company and PCEMS policies, the following "Driver's License Guidelines" are in effect:

1. Drivers should be not less than 18 years of age and must meet the standards of insurability.
2. Drivers meeting the standards above are acceptable unless they are refused by the insurance carrier for any reason.
3. Each employee must keep a current valid operator's driver's license. Anytime your license changes (address change, class, renewal) you must provide EMS administration with a new copy.
4. If an employee is driving a PCEMS vehicle and is in an accident that involves personal injury, vehicle damage, or property damage, that employee shall immediately contact the Captain on duty. The Captain will notify the EMS Director and investigate the accident. Management may require the employee to take a drug test (See Personnel Handbook page 84, 5.7.1 (c) Post-Accident) if the circumstances of the accident indicate that such a test is warranted to protect the employee or PCEMS.
5. Any employee who is found to have been under the influence of any drug that is not prescribed while operating a PCEMS vehicle is subject to immediate termination of employment per Pulaski County policy.
6. Any employee charged with any illegal activity involving a motor vehicle, either on or off duty, may be suspended immediately from work. The EMS Director (or Captain if the EMS Director is not available) must be notified of such information by the employee prior to the employee's next scheduled work day. The county attorney must also be notified in writing (see County Handbook page 103, Section 7.5 Commission of a Felony or Unlawful Act).


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Signature of Release	301.3.3
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

Each Pulaski County Emergency Medical Services (PCEMS) employee shall make a concerted effort to convince patients to accept transport to a hospital. Occasionally, patients will refuse to be treated or transported following contact with PCEMS Employees, when this occurs, Employees shall adhere to the following procedures when obtaining and documenting refusals.

Policy:

1. A refusal cannot be accepted from a patient with an altered level of consciousness. All patients suffering an altered level of consciousness shall be treated according to the protocol and transported to the hospital.
2. All PCEMS Employees may contact the Emergency Department physician when confronted with a patient who obviously requires medical intervention but insists on refusing transport to a hospital
3. Employees shall complete a computer generated patient care reports on mentally competent adult patients who refuse treatment. The same documentation is required for patients defined as a minor by Indiana Statute with the permission of the parent or legal guardian.
4. Employees shall complete a refusal form any time patient contact is made; this legal copy shall be properly documented and witnessed unless extenuating circumstances occur. In order to comply with the State Emergency Management Agency, Employees shall document all refusals in the charting software.
5. When a patient is under the age of 18 and the parent or legal guardian is present at the scene, a refusal may be secured with a parent or guardian's approval. The crew must secure the full name and address of the parent or guardian for billing purposes. A patient care report shall be entered into the computer via the charting software for any refusal secured on a minor.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Non-Viable Patients	301.3.4
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

Employees who encounter a patient, who is dead on arrival, shall adhere to the following.

Policy:

1. Evaluate the need for any further units and the priority of their response.
2. Request that the coroner be contacted through Dispatch
3. Complete the required Coroner's Report form (as applicable).
4. Cover the patient if the family prefers and treat the area as a crime scene.
5. Assist and support family members. Remain with them and provide care if needed.
6. Remain at the scene until release by proper authority.
7. Complete a run report on the deceased patient. Describe the scene of death and provide clinical determinants used to verify death. Include any medical history that is provided by family as well as the last time seen alive.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	DNR and Post Forms	301.3.5
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

Employees who encounter a patient, with a Do Not Resuscitate (DNR) or Physician Orders for Scope of Treatment (POST) form, shall adhere to the following. Pulaski County Emergency Medical Services (PCEMS) employees are encouraged to contact Medical Control for guidance on situations which need clarification.

Policy:

1. If someone on scene states the patient has a written Do Not Resuscitate (DNR) order signed by their physician, it must be produced for verification of authenticity. It must contain the signature of the patient's current physician. If this document cannot be located or produced, then resuscitative measurements will be initiated unless obvious signs of death are present.
2. If the document is produced after efforts have begun, contact Medical Control and read the DNR order word for word then proceed with Medical Control instructions. If the document is produced before efforts have begun, the documentation in the patient's care report is to reflect the decision to follow the DNR and the specific reasons why it was followed.
3. An alert and oriented patient may at any time revoke an out of hospital DNR by oral expression.
4. A patient's Power of Attorney may at any time revoke an out of hospital DNR by oral expression if the patient is incompetent.
5. If the crew believes in good faith that the DNR or Post Form must be disregarded to avoid verbal or physical confrontation at the scene, they may do so per IC16-36-5-19.
6. A DNR order is considered invalid if the following are seen:
 - a) The order appears to have been tampered with.
 - b) Any part of the order has been crossed out and not retyped.
 - c) Any part of the order has been erased.
 - d) The usage of white out is present.
 - e) Any part of the order has been rewritten in different ink, type, or font.
 - f) Any part of the order has been handwritten with the exception of authorized signatures.
7. POST Forms (Physician Orders for Scope of Treatment)
 - a) This form may be honored on scene even if form is a copy.
 - b) Section A and B are used as guides to patient care wishes.
 - c) Section E and F contain signatures of individuals authorizing the POST.
 - d) Signatures must be present in these sections to make the form valid.
 - e) Only a patient or the patient's authorized representative make revoke the POST form by:
 - f) Verbally stating that resuscitation efforts are warranted.
 - g) A written, signed, and dated form that occurred after the POST was signed.
 - h) The document cannot be produced or has been destroyed.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Transfer of Care to Receiving Facility	301.3.6
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

Upon arrival at a receiving facility, Employees shall transfer patient care to a registered nurse (RN) or other medically trained and authorized individual.

Policy:

1. The employee shall present him/herself and the patient(s) to the RN receiving the patient; s/he shall give a concise report of patient status and shall include any information pertinent to patient care or requested by receiving personnel.
2. If patient abuse or neglect is suspected, Employees shall report their suspicions to the Emergency Department (ED) charge nurse or physician.
3. Once care is transferred, employees shall make every effort to become available within ten (10) minutes unless supplies are severely depleted or the ambulance has major decontamination that cannot be cleaned on the hospital ramp.
4. Linens will be exchanged one for one or brought back to the base to be laundered.
5. Once available and the truck has been restocked, the appropriate crew member shall immediately complete the run report.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Intercepting With Other Agencies	301.3.7
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

During a paramedic intercept, another agency has a patient that needs paramedic care but is unable to provide it. This policy is to spell out how the intercept is handled.

Policy:

1. The patient shall remain in the other service's vehicle unless the other service is experiencing vehicle problems or the other service is transporting two or more patients and at least one patient is ALS.
2. Employees shall carry onto to the transport ambulance all items necessary for patient care.
3. The paramedic shall ride to the hospital in the other service's vehicle with the remaining employee following in nonemergency mode.
4. Transport shall not be delayed during the intercept process.
5. All intercepted patients shall be transported to the closest appropriate facility.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Preservation of Scene for Coroner/Detective	301.3.8
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

Employees shall take measures to preserve evidence at a scene for law enforcement and/or coroner analysis while continuing to provide optimal patient care.

Policy:

1. Do not conform to any guideline that compromises patient care.
2. Employees shall not touch or disturb any weapons on a scene.
3. Employees shall take in minimum equipment and walk in a single file if possible to avoid grossly contaminating the scene.
4. When removing a patient from a scene, employees shall attempt to avoid moving anything surrounding the patient. If objects must be moved to access the patient, employees shall move the article and notify law enforcement of the article's original position and the location to which it was moved.
5. Employees shall not remove a patient's wallet or any other personal effect for any purpose, including identification.
6. Employees may be required to sign in and out of a crime scene log.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Hospital Destinations	301.3.9
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

This policy is established as a guideline for Pulaski County Emergency Medical Services (PCEMS) employees to determine what hospital they can take a patient to.

Policy:

1. Patients shall be transported to the nearest appropriate facility.
 2. Severe Trauma patients should be flown to the nearest trauma center due to no trauma center within the 45 minute limit set in place by the state trauma protocol. If unable to fly then transport to the nearest hospital.
 3. For STEMI's the nearest cath lab is considered the nearest appropriate facility whether it is by air or ground if the patient is stable enough.
 4. Patients may be transported to the hospital of their choice if within reasonable distance. The patient must also be aware that they may be billed mileage that is not covered by their insurance due to bypassing the closest facility. Agreement for this acceptance of this statement must be mentioned in the narrative. The following are reasons that the patient's wishes could not be honored.
 - a. Transporting outside the closest facility would place an unacceptable burden on the PCEMS system
 - b. The transporting unit is the only ambulance or only paramedic available in the county (does not include transports to hospitals that are out of county but the same distance as PMH)
 5. If the patient is alert, fully oriented and competent, but is deemed unstable and still refuses transport to the closest facility the EMS crew must notify the patient of the consequences of refusing transport to the closest facility and have the patient sign the AMA worksheet in the ePCR prior to transporting to their hospital of choice.
 6. Thoroughly document why the patient was not taken to the closest facility, the discussion of the potential consequences, and informing of the additional mileage fees.
 7. When there is one ALS unit in the county, the goal is to transport to the closest appropriate facility. The best choice is PMH for stabilization, as it is in county. You may transport out of county if there is only one ALS unit if it is necessary for the patient. This is a case-to-case basis, and it must be the closest appropriate hospital. This does not include interfacility transfers (including emergent). If the patient would like to go to IU, IU White is the more appropriate choice. If the patient would like to go to Northwest Health, Starke/Porter would be the closest appropriate. Franciscan would be Rensselaer. In each of these cases, the patient must be informed that they may have to pay the difference in mileage out of pocket due to bypassing the closest appropriate hospital. This should be reflected in your narrative. If 2 ambulances arrive to the same scene for an intercept, one ambulance needs to remain in the county. Providers may need to switch to keep one full unit in the county. EMR drivers may need to be utilized in these situations also. There should be quick turnarounds at the out of county hospital.
- Note: Special cases if flight is unavailable may require longer transports to reach appropriate definitive levels of care.
8. A BLS unit may leave the county with patients so long as the patient has a condition that may be appropriately managed by the crew. If the condition warrants ALS care, the case should be treated like an AMA if the ALS unit is not available in county. The patient should be advised that medication administration will be limited enroute. The patient should be informed that an ALS ambulance may not be available for an intercept. Patients should be informed of possibilities up to and including death should the condition progress and no intercept be available.
 9. In the instance that only one unit is available in the county and a 911 call requests to be transported out of county, the provider may do what is in the best interest of the patient. Mutual Aid will be utilized if available to provide care in the county for pending calls.
 10. If the patient's condition deteriorates, divert to the closest facility


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Inter-facility Transfers	301.3.10
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

To establish guidelines regarding inter-facility transfers between the requesting facility and Pulaski County Emergency Services (PCEMS). PCEMS has a primary responsibility to provide 911 services to the residents of Pulaski County. Inter-facility transfers are a courtesy to help get residents to the level of care they need when available.

Policy:

1. PCEMS will transfer to hospitals within 100 mile radius of Winamac (psychiatric facilities not included), nursing homes in Pulaski or surrounding counties, or home if they reside within Pulaski County. PCEMS will also perform a wait and return to surrounding county hospitals for testing or imagery that is not available at PMH if the EMS system is not overwhelmed.
2. Ventilator/BiPap transfers may require a second provider in the patient compartment to help provide care to critical patients. If it is a hospital crew member then the name and credentials of the hospital employee must be listed in the narrative to bill for the specialty transfer. Transfers using the hospitals ventilator will require a Respiratory Technician to manage the hospitals ventilator. The crew will still document all care in their ePCR and monitor vitals. The name and credentials of the hospital employee must be listed in the narrative to bill for the specialty transfer.
3. Advanced Life Support transfers can be taken with a Basic Life Support crew if a nurse or paramedic from PMH rides along to provide the ALS care. The crew will still document all care in their ePCR and monitor vitals. The name and credentials of the hospital employee must be listed in the narrative to bill for the specialty transfer.
4. Non emergent transfers will stop from 2200-0800 for hospitals 65 miles away and over. Hospitals under 65 miles will stop from 0000-0800 unless both crew members are willing and able to take the transfer.
5. Only unstable emergent transfers will be taken between the hours of 2200-0800 to allow for a safe fresh crew. Unstable emergent is defined as immediate life or death and helicopter is unable to fly or the physician deems it time critical.
6. Any emergent transfer must be submitted to the EMS Director, EMS Medical Director and Hospital Medical Director for review.
7. Only unstable emergent transfers will be taken when there is no reserve truck that is available.
8. An emergent transfer requires a 3 minute out the door time with an emergent response to the hospital by whichever crew is up next unless the hospital is still finalizing the transfer.
9. Non emergent transfers unless scheduled can be pended for up to an hour to give the crew time to eat, finish up projects, etc.
10. The captain or appointed individual may reject a non emergent transfer if the crews have had an excessive volume of calls with little down time.
11. Any rejected transfer shall be sent to the EMS Director and EMS Medical Director for review.
12. When both ambulances are staffed with paramedics the Winamac crew will be up for the first transfer on even days and Francesville is first on odd days. The crews are encouraged to work together if one truck is up for transfers but has already had several calls.
13. A paramedic must remain available to provide 911 coverage for the residents of Pulaski County.
14. Paramedics can take any medication that they have been given education on by the transferring doctor.
15. In order to provide the obligated 911 coverage, transfers may be turned down during severe winter weather unless a third truck can be staffed to take them.
16. The transfer phone line is 574-946-0368. This is a recorded line and may be reviewed at the discretion of supervision for quality.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Requesting a Helicopter	301.3.11
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

Pulaski County Emergency Medical Services (PCEMS) employees may need to expedite patient transport to a facility that will require flight services. This policy is to establish a procedure for requesting and communicating with air ambulance support.

Policy:

1. Based on any of the following criteria, advanced life support intervention via air ambulance is warranted:

a. Motor vehicle collisions that involve:

- Rollover
- Ejection
- Death in same vehicle
- Prolonged extrication greater than 20 minutes
- Motorcycles, ATVs, dirt bikes, etc. especially if helmets were not worn
- Pedestrians

b. STEMIs or severe cardiac compromise

c. Respiratory compromise or arrest

d. Penetrating injury to head, neck, chest, abdomen

e. Partial thickness and or full thickness burns

f. Spinal injuries and or paralysis


g. Amputations or near amputations

h. Head injury with or without significant loss of consciousness

2. Notify dispatch that a helicopter is needed and the frequency will be A-MA4. Dispatch will also need an assigned ground contact.

3. A landing zone will need to be set up by EMS or Fire personnel.

4. A-MA4 will need to be monitored by both the ground contact and the ambulance crew for inbound aircraft request for landing zone and patient information.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Use of Restraints	301.3.12
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

This policy is designed to give Pulaski County EMS personnel basic guidelines for application of restraints when used on patients. It is also for a patient that is violent or has the potential to be violent and create a harmful situation to themselves and other individuals. Physical restraints are intended to minimize the risk of bodily harm to the patient and EMS personnel. Pre-hospital personnel must remember that aggressive or violent behavior may be a symptom of a medical condition such as head trauma, alcohol, drug related situations, metabolic disorders, psychiatric disorders, etc. These conditions must be considered and treated appropriately if applicable.

Policy:

1. All patients shall be secured to the stretcher by using all available straps attached to the stretcher.
2. For any further restraints the least restrictive means shall be employed.
3. EMS shall try and calm the patient down by validating the patient's feelings and respect their personal space. No threatening, intimidating behavior should be used by EMS staff.
4. If this does not work, soft cloth restraints and or cot straps shall be used. These are the only approved types of restraints to be used by EMS personnel.
5. The patient must be placed in either lateral or supine position.
6. The patient will never be placed in a prone position unless there is an impaled object that prevents the lateral or supine position. Special care will be given to monitor the airway to make sure it stays intact.
7. If a patient is placed in restraints, proper application and documentation must be completed.
8. Any patient must be continually monitored while in restraints.
9. Law enforcement may have the patient in handcuffs prior to arrival of EMS. If a patient is in handcuffs, an officer will have to accompany the patient to the destination or follow the ambulance and give the crew member a cuff key in case the restraints have to be removed.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Patient Belongings	301.3.13
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

This policy is to establish basic guidelines for the safe keeping and tracking of patient belongings, either during an emergency response or an inter-facility transfer.

Policy:

1. Whenever possible, the patient's belongings shall remain with the family. If no family is present, the belongings will be given to the patient.
2. Any belongings that require removal from the patient, by reason of their interference with a medical procedure or by virtue of their presenting a potential hazard to the patient and or EMS personnel shall be noted on the patient care report.
3. All patient belongings shall be noted with a brief generic description of the item(s) on the patient care report located within the patient belongings section of the ePCR.
4. Patient care belongings will be turned over to the patient, staff caring for the patient, or to family present at the destination facility.
5. The crew is to document the person's name on the patient care report that received the belongings and obtain the individual's signature utilizing the appropriate signature tab on the ePCR.
6. Any weapons removed from a patient shall be turned over to a Pulaski County Sheriffs officer and dispatch shall be notified so that it is logged in the call screen.
7. Such disposition shall be noted on patient care report to include general description, to whom it was turned over to, and signature obtained from person receiving the item(s) if it does not delay patient care.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Bariatric Patients	301.3.14
		301 – Responding and Transporting	
		Revised: June 1, 2025	


Purpose:

To establish guidelines regarding the transfer of bariatric patients by Pulaski County Emergency Services (PCEMS). PCEMS has a primary responsibility to provide safe transport to their patients. Bariatric patients sometimes require specialized equipment to transport them to their destination safely. When carrying out this policy all factors shall be considered such as the nature of the task, the working environment and the individual's ability to lift.

Policy:

1. If it is a 911 call and the patient does not fit in the straps the crew shall strap the patient in as well as possible to ensure the patient is as safe as they can be. As early as possible, field personnel will relay to the destination hospital that they are inbound with a bariatric patient. The communication will include the approximate weight of the patient.
2. If the patient is an inter-facility transfer and they exceed the weight limitations 650 lbs and/or cannot be properly strapped in utilizing all of the available straps then the transfer will not be accepted.
3. For inter-facility transfers, additional EMS or Hospital personnel may be required to accompany the patient in the patient care area during transport. The EMS crew will make this determination based on complexity of transport and interventions.
4. When moving bariatric patient that is not on the stretcher, staff shall utilize various tools that are available such as but not limited to a mega-mover, slip pad, and gait belt to make it easier to move the patient.
5. When a patient is properly secured on a stretcher they should be moved with the patient in the lowest setting, while allowing staff to move the stretcher in an upright position, to reduce the center of gravity. There shall be crew members on all 4 sides of the stretcher and the stretcher shall be moved long ways to prevent tipping of the patient.
6. Staff must be ready to lift should the powerload or power lift cot fail. At no time should a single provider be operating the powerload.
7. When loading the patient if a crew member cannot easily handle the patient themselves they shall get assistance as needed. This will be different weights for different people. It is preferred to have no less than one person handling the stretcher as intended and a person on each side of the stretcher to help prevent tipping from mismatched strengths. The Pt should be placed in a high fowler position to balance the weight evenly during loading.
8. At all times, the dignity of the patient will be preserved and considered a high priority for all personnel.

Note: Stryker cot/ powerload system will lift a 650 lb patient comfortably. The cot is rated for 700 lbs. When bariatric patients are considered, the following must also be calculated in the total weight place on the cot. Zoll monitor weighs 12 lbs. Each Baxter pump weighs 5 lbs.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Interfacility Transfer Narrative	301.3.15
		301 – Responding and Transporting	
		Revised: June 1, 2025	

Purpose:

To establish charting guidelines representative of current Centers for Medicare and Medicaid Services interfacility transfer regulations.

The CMS National Payment Policy is:

“Medicare covers ambulance services only if furnished to a beneficiary whose medical condition at the time of transport is such that transportation by any other means would endanger the patient’s health. A patient whose condition permits transport in any type of vehicle other than an ambulance does not qualify for Medicare payment. Medicare payment for ambulance transportation depends on the patient’s condition at the actual time of the transport, regardless of the patient’s diagnosis. To be deemed medically necessary for payment, the patient must require both the transportation and the level of service provided.”


Medical Necessity Defined:

“Ambulance transportation is covered when the patient’s condition required the vehicle itself and/or the specialized services of the trained ambulance personnel. A requirement of coverage is that the needed services of the ambulance personnel were provided and clear clinical documentation in the patient’s medical record validates their need and their provision. The patient’s condition, as well as changes in that condition and the treatment provided, must be in the record of the ambulance service (usually the run sheet).”

Policy:

All interfacility transfer chart narratives will include the following:

1. What was the patient in the hospital for?. I.E. “Patient treated at _____ for _____ and diagnosis of _____.”
2. What services are not available at the referring hospital that the patient requires being transported for? I.E. Patient is being transferred for _____ services that cannot be provided at _____ at this time.
3. Why does the patient require transportation in the ambulance? I.E. Patient requires being transported via ambulance due to _____ (insert all reason as stated on PCS) _____ due to diagnosis of _____.
4. If the patient is bed confined, it must be stated why the patient is bed confined. I.E. Patient is noted to be bed confined due to paralysis from previous CVA making the Pt unable to stand, sit or walk without significant assistance.”
5. How did the patient get from the bed to the cot? I.E. “Patient transferred to the cot by sheet lift.” “Patient able to stand and pivot.”

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Certification and Education Requirements	301.4.1
		301 – Training and Education	
		Revised: June 1, 2025	

Purpose:

According to Indiana code certain credentials are required to work on an ambulance. Failure to maintain required license or certification may result in termination of employment.


Policy:

1. **CERTIFICATIONS** - It is the responsibility of each Pulaski County Emergency Medical Services (PCEMS) employee to ensure that a current copy of all required certifications is on file with PCEMS Administration and the Provider Medical Director.

Evidence of current Indiana paramedic, Emergency Medical Technician (EMT), Indiana driver license, Advanced Cardiac Life Support (ACLS) certification (paramedic only), Pediatric advance life support (PALS) certification (paramedics only), BLS CPR, and Certified Emergency Vehicle Operation (CEVO) or Emergency Vehicle Operation Certification (EVOC) training must be provided to PCEMS and the Provider Medical Director prior to the expiration date indicated on the existing file copy.

2. **EDUCATION REQUIREMENTS** - It is the responsibility of each PCEMS employee to comply with the current requirements established by the State EMS Commission, Medical Director, and EMS Management within every calendar year. Failure to comply can result in removal from the schedule until proper licensing is renewed. This education can be from any provider but must be approved by the PCEMS training staff unless the instructor signed your Continuing Education form directly.

3. **DRIVERS LICENSE REQUIREMENTS** – It is the responsibility of each PCEMS employee to maintain their driver’s license and ensure that a current copy is on file with PCEMS administration.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Education Compliance	301.4.2
		301 – Training and Education	
		Revised: June 1, 2025	

Purpose:

All Emergency Medical Technicians (basic or advanced) and paramedics of Pulaski County Emergency Medical Service (PCEMS) are required to remain in compliance with the current education plan as outlined in the procedures listed below:

Policy:

1. All PCEMS EMT's and Paramedics must comply with the current education plan established by the Director and Training Officer.
2. The education plan for PCEMS must be approved by the Medical Director and the EMS Director.
3. It is the responsibility of each Paramedic and EMT to ensure that she/he is enrolled in and successfully complete all components of the approved education plan that are needed to recertify before the deadline(s) or expiration date(s) specified.
4. PCEMS employees who work for more than one affiliated provider service must satisfy the requirements for each service. The director of each affiliated provider service has discretion to accept or reject education credit obtained from the education plan of a different affiliated provider service. Individuals may be held accountable for educational costs not covered by their provider services.
5. Employees must give 30 days' notice for request for copies of hours. Requests less than 30 days may not be filled depending on the availability of the Training Officer or EMS Director.
6. Copies of your updated certification or license shall be delivered prior to expiration or you may be removed from the schedule until proof of a valid certification or license is shown.
7. An employee that attends an outside training opportunity must obtain proper documentation that they attended the training and give a copy to the Training Officer or EMS Director unless they obtained the instructors signature on their continuing education sheet.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Infection Control Policy	301.5.1
		301 – Infection Control Policy	
		Revised: June 1, 2025	

Purpose:

Pulaski County Emergency Medical Services (PCEMS) recognizes that communicable disease exposure is an occupation health hazard. Communicable disease transmission is possible during any aspect of an emergency response, including in station operations. The health and welfare of each employee is a joint concern of this agency. While each member is ultimately responsible for his or her health, this department recognizes its responsibility to provide a safe workplace as possible.

Policy:

1) ON SCENE CLEAN-UP:

- a. No contaminated equipment is to be left at any scene. It is to be bagged in a red bio bag and disposed of at the hospital or EMS base. This includes convenience bags which should be used for emesis and sputum. Bags for regulated waste must have biohazard symbol.
- b. All sharp objects are to be disposed of, capped, in the appropriate containers.
- c. Spills or other contamination by blood or body fluid in public areas shall be treated, covered, or identified to other agencies on scene prior to leaving the scene.
- d. Immediate disinfection of skin can be accomplished using skin disinfectant provided on the ambulances. This is to be followed by proper washing at the earliest opportunity.

2) OUTSIDE HEALTH CARE FACILITIES:

- a. Crews responding to healthcare facilities will observe normal standard, transmission-based precautions on routine ambulance calls.
- b. For patients requiring extra precautions, crews will stop outside the patient room and consult with facility personnel regarding patient condition and precautions to be followed. Rooms should be plainly marked with the necessary PPE placed outside. In such cases, once the patient has been isolated for body substances, crews will discard protective PPE before leaving the patient room and utilize receptacle provided.
- c. For patients on which complete standard, transmission-based precautions cannot be maintained, crews will remain in protective PPE for the duration of the ambulance call.

3) SUSPECTED TUBERCULOSIS:

- a. Crews shall utilize an N95 mask immediately upon indication or suspicion of a tuberculosis infected patient.
- b. The mask shall be worn for the duration of patient contact.
- c. Masks shall be disposed of after each use.
- d. Rear-mounted exhaust fans shall be in operation while the patient is in the ambulance.

4) POST-TRANSPORT:

- a. Linen will be changed after each patient. It shall be disposed of in the manner prescribed by the facility to which the patient is transported and exchange linens taken from the hospital.
- b. Ambulances shall be inspected for soiling after each run and cleaned using detergent and water or disinfectant solution if contaminated. Spills of blood or body fluid are to be treated, prior to mopping, with paper towel and disposed of. Doors of the patient compartments should be opened while on station to allow for air circulation.

- c. Equipment (all non-disposable) is to be cleaned with disinfectant if it has come into patient contact or has been contaminated. It should then be allowed to air dry. All contaminated equipment returned to the station to be decontaminated.
- d. Technicians (crew members) shall thoroughly wash their hands upon de-gloving.
- e. Employee uniform (2 square inches or less) which has been contaminated maybe cleaned with blood solvent, disinfectant, soap and water. If larger areas are involved, clothing is to be changed immediately, bagged for washing. Clothing shall be washed in accordance with manufacturer's instructions.

5) BIOHAZARD DISPOSAL:

- a. Contaminated disposables are to be placed in the proper receptacle located in the Emergency Department.
- b. Human waste is to be flushed or otherwise disposed of in accordance with procedures at the receiving hospital.
- c. Under no circumstances are sharp objects or contaminated disposables to be left at any scene, lying outside approved containers, or in the regular trash in any facility or ambulance.

6) REPORTING OF INCIDENTS:


- a. Any employee that has had an exposure shall notify the EMS Director Immediately for directions on necessary treatment.
- b. PERCUTANEOUS OR PERMUCOSALEXPOSURE: Any employee receiving percutaneous or permucosal exposure (e.g., needle stick) should cleanse and irrigate the affected area and notify the Emergency Department and follow their recommendations for immediate cleansing and/or treatment. Employees will then follow the appropriate procedure as stated in the Pulaski County Safety Manual and submit a Blood Exposure and Workers Compensation form to the EMS Director prior to the end of the employees shift.

7) EXPOSURES AND RECOMMENDED TREATMENTS:

- a. Massive exposure classification includes a large volume of blood, blood products or body fluids greater than one milliliter. Treatment is strongly recommended.
- b. Definite parenteral exposure classification includes intramuscular injury with blood and or body fluids contaminated needle, the injection of blood and or body fluids, lacerations or similar wounds which cause bleeding produced by a visibly contaminated instrument including human bites, and a fresh type of wound inoculated with blood and or body fluids. Treatment is recommended.
- c. Possible parenteral exposure included subcutaneous injury with blood or body fluid contaminated instrument such as a needle, a wound cause by a potentially contaminated instrument that does not cause visible bleeding, an open wound or skin lesion contaminated with blood or body fluids, and mucus membrane inoculation such as a splash to mouth or eyes. Not routinely recommended treatment but may be indicated depending on situation.
- d. Doubtful parenteral exposure includes wounds caused by urine or saliva body fluid contaminated instrument that does not cause visible bleeding, a healed wound or skin lesion, or a mucous membrane inoculation contaminated with such mentioned fluids. Treatment is not recommended.

8) DECONTAMINATION PROCEDURES:

- a. Routine cleaning and disinfecting shall be done to all patient care equipment including ambulances
- b. Current chemicals available are Bleach, Virustat, and HiPine 64

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Fire Policy	301.6.1
		301 – Safety	
		Revised: June 1, 2025	

Purpose:

To inform Pulaski County Emergency Medical Services (PCEMS) Employees of the procedure when smoke or fire is detected or a smoke alarm is activated in one of the EMS bases.

Policy:


1. SMOKE ALARM ACTIVATED:

- a. Search for source; including building exterior.
- b. If source is located and smoke, fire or odor is detected, go to Smoke or Fire Detection.
- c. If source cannot be found, advise Administration.

2. SMOKE OR FIRE DETECTION:

- a. Evacuate the building, notify dispatch then contact the EMS Director.
- b. If fire is small (i.e.: chair or waste basket size) you may attempt to fight it with extinguisher.
- c. If the smoke is heavy, the fire too large to handle or unable to locate, exit the building, closing all interior doors on the way out.
- d. If possible remove ambulances, leaving the bay doors open.
- e. All PCEMS Associates are to gather and make sure everyone is accounted for. Winamac will gather across the street in the grassy lot on the South of the building. Francesville will gather across the street on the East side of the building.
- f. If all persons are not accounted for, advise the Fire Department. Conduct a perimeter search of the building exterior.
- g. DO NOT RE-ENTER THE BUILDING

3. Every employee shall make note that the smoke detectors are in place and functional. If one is removed due to cooking, it must be put back in service as soon as possible.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Severe Weather Policy	301.6.2
		301 – Safety	
		Revised: June 1, 2025	

Purpose:

Upon receipt of a severe weather warning from an appropriate authority, Dispatch will issue an advisory to all units and station via radio. Pulaski County Emergency Medical Services (PCEMS) Employees are to take appropriate action based on the type of severe weather.

Policy:

1. Tornado Watch, which is defined as; weather conditions are favorable and may endanger Pulaski County. This requires employees to monitor weather conditions until the tornado watch expires.
2. Tornado Warning, which is defined as; when a developing tornado had been detected by the National Weather Service Doppler radar or a reliable report of a tornado had been reported endangering Pulaski County. This requires all employees to return to the nearest station if outside and not assigned to a call. Employees will continue to monitor weather conditions and station radios. Employees must close all bay doors and all windows. If a hit to a station appears imminent, crews should take portable radios and move to the designated area. In Winamac the designated area is the washer room with the bathroom and supply room doors closed. In Francesville the bathroom is the designated room. When the storm clears, advise management of any damage or injuries incurred.
3. Severe Thunderstorms including heavy rain, strong winds, hail, or dangerous lightning requires employees to monitor weather conditions. Employees must close all bay doors and all windows. No unnecessary travel until the storm clears. When the storm clears, advise management of any damage or injuries incurred.
4. Winter Storms including heavy, blowing or drifting snow, sleet, or freezing rain requires Employees to monitor changing conditions and report to EMS management as necessary. No unnecessary travel until the conditions clear. If blizzard conditions occur at shift change and relief is unable to make it in, off-going shift must remain on duty until EMS management approves release.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Hazard Communication	301.6.3
		301 – Safety	
		Revised: June 1, 2025	

Purpose:

This policy will outline the procedure for ensuring information on various hazardous substances used at Pulaski County Emergency Medical Services (PCEMS) is known to all employees and is based on the requirements of OSHA Hazard Communication Standards 29 CFR 1910.1200.

Policy:

1. Most of the hazardous substances that employees will encounter are common household substances.
2. All potential hazardous materials will remain in their original manufactured containers unless properly labeled with safety information.
3. There is a folder on the one drive that contains the Material Safety Data Sheets (MSDS) for all available chemicals used in this agency at each station. These sheets contain general first aid guidelines for exposure.
4. Any new chemicals introduced into Pulaski County EMS must contain a MSDS sheet from the manufacturer and all employees shall be notified and instructed on the new chemical prior to the chemical being placed in operations.
5. All MSDS sheets will be contained in a folder if that chemical is no longer used at the agency. These will remain on file according to OSHA standards for retention.
6. It is the responsibility of the Captains and the EMS Director to keep this policy current. It will be reviewed at least annually or more as needed.
7. New individuals to this agency will be in serviced on this policy.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Narcotic Accountability	301.7.1
		301 – Controlled Substances	
		Revised: June 1, 2025	

Purpose:

To establish generalized guidance on the use and handling of Narcotic/DEA scheduled substances at Pulaski County Emergency Medical Services (PCEMS). PCEMS is an Indiana certified Advanced Life Support provider. This level of care requires the administration of narcotics and other Drug Enforcement Agency (DEA) scheduled substances. Doing so requires the agency to carry narcotic medications on the ambulances at all times to meet protocol requirements as required by our EMS Medical Director. A core responsibility of practicing at the paramedic level working on an ALS apparatus is the continuous accountability of our narcotics. This responsibility is also enforced by the Indiana Department of Homeland Security Emergency Medical Services, Indiana EMS Commission and the EMS Medical Director.

Policy:

1. All PCEMS employees are to respect the sensitive nature of handling, administering, wasting, exchanging, and acquiring narcotic substances and must follow all narcotic policies, which were developed in accordance with the law.
2. In all PCEMS ambulances, narcotics are to be stored under 'double lock,' which is accomplished via:
 - a. Digital safe (Knox MedVault) that uses individual credentials (PIN Number) that provides real-time access logs through the Knox access log. The MedVault system is physically mounted within the ambulance and has a back-up battery and synchronizes after all transactions.
 - b. A locked box with a numbered tag within the safe that contains the medications. This box requires a key to gain access. The key to the inner box shall be maintained in the possession of the on-duty PCEMS paramedic at all times. If there is no paramedic on duty they key will be stored in the keybox that requires a pin to get into.
3. Primary Stock (Bulk supply) that is used to resupply controlled substances to ambulances is located at PCEMS (606 W Summit Street, Winamac, Indiana 46996) and is secured inside the station in a medication vault that requires individual PIN access. Any time the primary stock is accessed, a perpetual inventory of narcotics shall be completed. Any discrepancy shall be reported in accordance with policy 301-07-04.
4. All Narcotics shall be maintained between 68 and 77 degrees Fahrenheit. The wireless temperature monitor logs the temperature automatically and the EMS Director or the Captains will transfer this data to the monthly temperature log.
All employees are to help keep the controlled substances within these temperature ranges.
5. Narcotics that are administered to patients shall be documented in the Electronic Patient Care Report (ePCR). This documentation shall be added not only to the Medications section, but also the Controlled Substance section of the Vitals and Treatments tab in ImageTrend. In the Controlled Substance section it shall include the name of the controlled substance administered, amount taken from the kit, amount administered to the patient, amount wasted (if any) the old tag number of the security seal and the tag number of the new security seal. It should then be signed by both crew members. The report page with this information should then be printed and placed in the mailbox with the empty vial and tag. The run number should be written on the bag.
6. Responsibility: PCEMS employees are expected to understand and comply with all elements of this policy at all times. Employees, Captains and acting Captains are expected to enforce all procedures contained in this policy at all times. This policy is not subject to interpretation and must be followed exactly as written.
7. All crew members share equal responsibility if this SOP is violated. Potential consequences of violating this SOP include:
 - a. Suspension without pay
 - b. Termination for cause
 - c. Revocation of medical direction as a paramedic provider
 - d. Referral to the Indiana EMS Commission for license suspension or revocation
 - e. Referral to the Indiana State Board of Pharmacy


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Narcotic Exchange Accountability	301.7.2
		301 – Controlled Substances	
		Revised: June 1, 2025	

Purpose:

To establish specific guidelines for the accurate exchange and accountability for narcotics at shift change. PCEMS is an Indiana certified Advanced Life support Provider. This level of care requires the administration of narcotics and other Drug Enforcement Agency (DEA) scheduled substances. Doing so requires the agency to carry Narcotic medications on the ambulances at all times to meet protocol requirements as required by our EMS Medical Director. A core responsibility of practicing at the paramedic level working on an ALS apparatus is the continuous accountability of our Narcotics. This responsibility is also enforced by the Indiana Department of Homeland Security Emergency Medical Services, Indiana EMS Commission and the EMS Medical Director.

Policy:

1. All Narcotic hand-offs at the end and beginning of shifts between Paramedic providers will be done with both providers doing a face-to-face hand-off and checking of Narcotics and to be signed off on using the CS Substock Audit form on Aladtec.
2. A Narcotic audit must be completed at the minimum of every 24 hours. If a Paramedic is staffing an ambulance for any duration over 24 hours, they must perform an “audit” via the Aladtec form with another PCEMS employee (EMT or Paramedic).
3. This policy is being put in place to insure the correct accountability of our Narcotics on the ambulances at all times and to prevent any possible Narcotic discrepancies. This will also help to ensure that any Narcotic discrepancies that are found between both parties are to be dealt with at the beginning of every shift immediately.
4. If there is no relieving Paramedic then the off-going Paramedic will audit the Substock and have the Aladtec form witnessed by one of the on-coming EMT’s. If there is no Paramedic several days in a row then a new EMT will continue to audit the Substock every 24 hours with a witness from the following shift.
5. If the on-coming crew is assigned a run immediately as they are coming on shift and have not had the opportunity to check the Narcotics at the beginning of the shift. At which point, when the new crew is finished with their run, the Paramedic (or EMT if there is no Paramedic) will do his/her narcotic count ASAP and report any discrepancies ASAP. This audit should be witnessed by the crew members’ partner and recorded via the Aladtec form.
6. PCEMS employees are expected to understand and comply with all elements of this policy at all times. Employees, Captains and acting Captains are expected to enforce all procedures contained in this policy at all times. This policy is not subject to interpretation and must be followed exactly as written.
7. All crew members share equal responsibility if this SOP is violated. Potential consequences of violating this SOP include:
 - a. suspension without pay
 - b. termination for cause
 - c. revocation of medical direction as a paramedic provider
 - d. referral to the Indiana EMS Commission for licensure suspension or revocation
 - e. referral to the Indiana State Board of Pharmacy.

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Narcotic Handling and Wasting Procedure	301.7.3
		301 – Controlled Substances	
		Revised: June 25, 2025	

Purpose:

To establish generalized guidance on the use and handling of narcotic/DEA scheduled substances at Pulaski County Emergency Medical Services (PCEMS). This policy describes the required procedure for properly wasting and documenting such waste on narcotic accountability log forms. PCEMS is an Indiana certified advanced life support provider. This level of care requires the administration of narcotics and other Drug Enforcement Agency (DEA) scheduled substances. Doing so requires the agency to carry narcotic medications on the ambulances at all times to meet protocol requirements as required by our EMS Medical Director. A core responsibility of practicing at the paramedic level working on an ALS apparatus is the continuous accountability of our narcotics. This responsibility is also enforced by the Indiana Department of Homeland Security Emergency Medical Services, Indiana EMS Commission and our EMS Medical Director.

Policy:

1. If the cap of a narcotic container is opened for any reason, the appropriate amount of the medication is to be administered and any waste is to be witnessed and documented in accordance with the following procedure:

2. Narcotic Waste after Administration of Portion of Medication (With or Without Transport to the Hospital) – Any patient receiving narcotic medication should be transported to an appropriate receiving hospital facility. Any exception to this requires orders from online medical direction. Any additional scheduled/controlled substance (i.e. Fentanyl, Ketamine, Midazolam, etc.) should be wasted with a witness who is employed by Pulaski County EMS and is certified as a licensed Paramedic or an EMT if no other ALS crew is available. The medication waste should be wasted in the RX Destroyer container that results in the substance being irreversibly destroyed and irretrievable. Under no circumstance should narcotics be wasted by disposing of the medication into the external environment surrounding the ambulance. The witness to the wasting should be shown the vial and the accurate quantity/volume of medication being wasted. Along with adding the controlled substance to the medications tab, it must also be added to the Controlled Substance section in ImageTrend under the Vitals and Treatments tab:

- a. The quantity taken from the kit must be documented.
- b. The quantity administered to the patient must be documented.
- c. The quantity wasted must be documented.
- d. This wasting must be witnessed by a PCEMS employee who must ‘verify’ the quantity wasted and both crew members must sign the chart in the controlled substance section.
- e. The page showing the administration and wastage shall be placed in the mailbox located at each station. The used vial and numbered tag shall be placed in a plastic zip bag. The run number shall be written on the bag.

3. Narcotic Waste with no Administration of Medication (With or without Transport to the Hospital) - If a narcotic container has the cap removed but the clinical provider does not administer any of the medication, the entire volume of the container must be wasted and documented in accordance with the guidelines above for when a portion of the medication is administered under the Controlled Substance section.

4. Narcotic Waste with Accidental Opening of Medication Container - If the narcotic/controlled substance container is accidentally opened during routine ambulance operations, i.e. during restock of controlled substances, the CS Accidental Opening form on Aladtec must be filled out which will automatically notify the Captains and the EMS Director. If the narcotic/controlled substance container is accidentally opened during a patient encounter, follow the above procedures for documentation in the Controlled Substance section in addition to filling out the CS Accidental Opening form. The tag shall be placed in the narcotic brown box.

5. Narcotic Waste if Medication Container is Destroyed - In the event a narcotic/scheduled medication container is inadvertently destroyed/damaged/deemed unusable, the employee must promptly contact their captain or EMS Director. The employee should take a picture of the damaged container for documentation purposes and attach this image to their incident report. An incident report must be filed electronically via e-mail to the EMS Director. The emailed report filed will be placed in the employee’s personnel file. PCEMS administration must complete DEA Form 106 and file with the Indiana Board of Pharmacy. This container shall be safely collected, bagged,

and placed in the brown narc box.

6. At no time should individual MedVault PINs be shared amongst employees. These numbers are individually assigned and only individual employees are aware of their unique PIN. Narcotic wasting that is not witnessed (and signed) by an individual licensed by a PCEMS employee will be treated as a Narcotic discrepancy and the employee will be subject to disciplinary action up to and including termination. Any narcotic administration that is neither witnessed nor reported via Aladtec will also be treated as a discrepancy.


7. If a narcotic must be 'wasted' after a transport and a PCEMS employee is not available to witness the wasting of a DEA scheduled substance, the employee can have a nurse from the receiving facility witness.

8. If a security seal is accidentally broken the CS Accidental Opening form must be filled out, and witnessed by another employee.

9. Any time a seal is broken all controlled substances should be verified to have secure caps that still spin to ensure that none have been tampered with and are still factory sealed. Tags should be placed accordingly in the brown narc box.

10. PCEMS employees are expected to understand and comply with all elements of this policy at all times. Employees, Captains and acting Captains are expected to enforce all procedures contained in this policy at all times. This policy is not subject to interpretation and must be followed exactly as written. Potential consequences of violating this SOP include:

- a. suspension without pay
- b. termination for cause
- c. revocation of medical direction as a paramedic provider
- d. referral to the Indiana EMS Commission for licensure suspension or revocation
- e. referral to the Indiana State Board of Pharmacy


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Narcotic Discrepancy	301.7.4
		301 – Controlled Substances	
		Revised: June 1, 2025	

Purpose:

Pulaski County Emergency Medical Services (PCEMS) is an Indiana certified advanced life support provider. This level of care requires the administration of narcotics and other Drug Enforcement Agency (DEA) scheduled substances. Doing so requires the agency to carry narcotic medications on the ambulances at all times to meet protocol requirements as required by our EMS Medical Director. A core responsibility of practicing at the paramedic level working on an ALS apparatus is the continuous accountability of our narcotics. This responsibility is also enforced by the Indiana Department of Homeland Security Emergency Medical Services, Indiana EMS Commission and the EMS Medical Director. This policy is to establish generalized guidance on the procedure if a Narcotic discrepancy is identified.

Policy:

1. In accordance with PCEMS policy 301.07.02, all providers are required to perform a face-to-face handoff of Narcotics (when able to) with the on-coming provider and off-going provider counting the narcotics together and submitting a CS Substock Audit Form in Aladtec.
2. In the event a Narcotics discrepancy is identified, it must be immediately reported to the Captain. The Captain must then immediately report the discrepancy to the EMS Director; the EMS Director will then initiate the investigation process, which will also include the Medical Director. Any involved employee/s will be required to submit an incident report via email describing the events surrounding the identification of a possible discrepancy.
3. The investigative process involves interviewing the off-going crew and analyzing the electronically submitted CS Forms. The EMS Director will also be responsible for analyzing electronic patient care reports to identify if a Narcotic was administered that was not documented properly.
4. If the initial investigation identifies that there is a true discrepancy (i.e. Narcotic medications that do not have any record of being administered and cannot be located), the EMS Director is obligated to notify PCEMS's medical director and/or their liaison), Indiana State Department of Homeland Security, and any other body required by law.
5. Any associated incident report or investigation findings will be added to the respective employee's personnel file.
6. PCEMS employees are expected to understand and comply with all elements of this policy at all times. Employees, Captains and acting Captains are expected to enforce all procedures contained in this policy at all times. This policy is not subject to interpretation and must be followed exactly as written.
7. Potential consequences of violating this SOP include:
 - a. Suspension without pay
 - b. Termination for cause
 - c. Revocation of medical direction as a paramedic provider
 - d. Referral to the Indiana EMS Commission for licensure suspension or revocation
 - e. Referral to the Indiana State Board of Pharmacy
 - f. Criminal prosecution

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Narcotic Acquisition and DEA Form 222	301.7.5
		301 – Controlled Substances	
		Revised: June 1, 2025	

Purpose:

To establish generalized guidance on the acquisition of narcotics for ambulance operations at Pulaski County Emergency Medical Services (PCEMS). After issuance of Indiana Controlled Substance Registration and subsequent licensure from the United States Drug Enforcement Agency to Pulaski County EMS (PCEMS), PCEMS will acquire controlled substances using the issued DEA Forms 222 for schedule II substances and the controlled substances drug transfer form for schedules III-V. Only those controlled substances required for pre-hospital intervention as authorized by the agency medical direction may be ordered. These controlled substances include fentanyl citrate, ketamine HCl, and midazolam. The quantities of specific controlled substances shall be maintained at the quantity approved by the Indiana Board of Pharmacy found on page 2 of PCEMS's Application for Indiana Controlled Substances Registration for Non-Practitioners.


Policy:

1. Narcotic Acquisition -The Paramedic EMS Director and Paramedic Captain are the only PCEMS employees authorized to acquire scheduled medications. The individual primarily responsible for ordering and receiving controlled substances on behalf of PCEMS is the EMS Director. Approved personnel shall fulfill this role in the absence of the EMS Director.
2. DEA Form 222 Security (Executed and Unexecuted) - Upon issuance of Forms 222 from the US DEA, PCEMS shall be responsible for all DEA Forms 222 issued and shall maintain record of each DEA Form serial number. The EMS Director is primarily responsible for compiling a list of the unique serial number for each issued Forms 222. This log shall also include the date that each Form 222 was received as well as record of the date that the Form 222 was executed. Executed and unexecuted forms issued to the registrant (PCEMS) shall be stored in a secure area under the minimum of two physical locking mechanisms. The Forms 222 provided to the registrant (PCEMS) shall be treated with the same sensitivity as a prescription pad and shall always remain secure. The registrant (PCEMS) shall retain DEA Forms 222 for no shorter duration than 7 years as ordered by the DEA.
3. Executing DEA Form 222 - Any Form 222 executed on behalf of the registrant (PCEMS) shall be completed in the following manner:
 - a. Complete the name and address information at the top of the Form 222 using ONLY the address listed on the DEA certificate.
 - b. Enter name, size, and quantity of controlled substance(s). Enter the National Drug Code (NDC) as required by the distributor.
 - c. Enter the last line completed.
 - d. The DEA Form 222 shall be primarily signed by the EMS Director (approved personnel shall sign in the absence of the EMS Director). The form shall be appropriately signed and dated.
 - e. A copy of the completed DEA Form 222 shall be retained by the registrant (PCEMS) and secured as previously described. The original DEA Form 222 shall be provided to the supplier.
4. Agency Receipt of Controlled Substances - Upon receipt of controlled substances from a supplier, the registrant (PCEMS) shall record on its copy of the DEA Form 222 the number of commercial or bulk containers furnished on each item and the dates in which the containers are received by the purchaser/registrant (PCEMS). These records shall be stored in two ways: (1) The physical copy of the DEA Form 222 shall be secured as previously outlined; (2) An electronic copy shall be scanned and stored on the PCEMS Agency Server in the volume titled "Annual Narcotics Records." The received quantity shall be confirmed to be correct with no signs of tampering or damage to any container (i.e. vial, carpujet, etc.) that should contain any ordered controlled substance. In the event of any discrepancy between the original DEA Form 222 (or electronic version) used to order the controlled substances, the EMS Director and the vendor shall immediately be notified.
5. Only the EMS Director is authorized to destroy medications due to expiration. These medications must be destroyed in accordance with federal and state guidelines for irretrievable destruction and PCEMS will use a commercial medication neutralizer.
6. The EMS Director, or approved personnel in the Directors absence, can fill the substock kits from the primary vault. They must fill the perpetual inventory sheets and sign their name for any controlled medications taken from the primary vault. When the kit is refilled the date of the soonest expiring item in the kit must be written on the security tag.

7. PCEMS employees are expected to understand and comply with all elements of this policy at all times. Employees, Captains and acting Captains are expected to enforce all procedures contained in this policy at all times. This policy is not subject to interpretation and must be followed exactly as written.

8. All crew members share equal responsibility if this SOP is violated. Potential consequences of violating this SOP include:

- a. suspension without pay
- b. termination for cause
- c. revocation of medical direction as a paramedic provider
- d. referral to the Indiana EMS Commission for licensure suspension or revocation
- e. referral to the Indiana State Board of Pharmacy.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Obedience to Orders	301.8.1
		301 – Department Compliance/Conduct	
		Revised: June 1, 2025	

Purpose:

Orders are issued for the purpose of achieving goals and objectives of Pulaski County Emergency Medical Services (PCEMS). They may be issued to ensure that the agency remains safe, non-discriminatory, non-threatening, and professional.

Policy:

1. Employees shall not challenge a lawful order or instruction issued by a captain or the EMS Director.
2. No PCEMS employee is required to obey an order that violates a Federal, State, or local law or ordinance.
3. In the event these individuals are not present, employees shall follow Policy 301-01-02 Chain of Command
4. If an employee disagrees with or the order conflicts with a previously issued order, policy, SOP, protocol, etc. the employee receiving that order may respectfully point out the conflict. If the chain of command continues to direct the employee to proceed, the employee shall follow that order to the best of his or her ability unless it is detrimental to someone's well-being or safety and thoroughly document the incident and submit to the EMS Director.
5. The responsibility of that order lies with the individual giving such order. Refusal to obey an order is strictly the employee's responsibility.
6. If the refusal to follow an issued order is found to be unjustified, the employee may face disciplinary action.
7. A refusal, failure to follow, and or delay in responding to 9-1-1 dispatches, emergent, non emergent transfers, county coverage and or special events may be considered a failure to respond and without justification for the failure to respond, disciplinary action may likely occur.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Grievance and Resolution	301.8.2
		301 – Department Compliance/Conduct	
		Revised: June 1, 2025	

Purpose:

Any personnel in Pulaski County EMS may submit a grievance and shall be assured freedom from discrimination, coercion, restraint or reprisal in presenting the grievance. A grievance is defined as a complaint or dispute by an employee relating to his or her employment, disciplinary actions, personnel policies, procedures, rules, discrimination, acts of retaliation, etc.

Policy:

1. A member of PCEMS must have a personal stake in the matter because the employee has been adversely affected by the complaint in order to file a grievance.
2. An employee must submit a written grievance in a timely manner to EMS Management whether by email or documentation submitted in person.
3. If the employee feels the final decision is not satisfactory after receiving a response from EMS management, they may proceed with the guidelines outlined in the Pulaski County Personnel Handbook Section 7 on page 96.
4. The decision reached during this process will be final.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Abandoned Infants	301.8.3
		301 – Department Compliance/Conduct	
		Revised: June 1, 2025	

Purpose:

This policy is established to set guidelines for an abandoned infant situation that Pulaski County Emergency Medical Services (PCEMS) employees may encounter. On July 1, 2000 Indiana law IC-31-34-2.5 made provisions for the emergency care providers to assume custody of an abandoned infant until Child Protective Services can arrange to take custody of the infant(s). Emergency care providers may be paramedics, Advanced EMTs, Basic EMTs, hospital emergency personnel, law enforcement, or firefighters.

Policy:

1. Emergency care providers shall, without a court order, take custody of the child who is, or appears to be, not more than forty- five (45) days of age if the child is left voluntarily by the child's parent(s) and the parent(s) does not express intent to return for the child.
2. The parent(s) does not have to release name(s) of either themselves or the child.
3. Emergency care providers who assume custody of the abandoned infant shall perform any act necessary to protect the child's physical health and or safety during the time frame the provider has custody of the child.
4. Providers should completely and factually document the situation in which they assumed care of the child including filling out the Safe Haven Medical Questionnaire that can be found on the one drive. This questionnaire gets vital medical history about the parents that may be vital to the child. This questionnaire does not ask any identifying information.
5. Providers should factually document the condition of the infant.
6. Providers should notify CPS by contacting Pulaski County dispatch.
7. All emergency care providers will not at any time disrespect, belittle, or interrogate the person(s) that have turned over the child to the providers.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Ride Along Program	301.8.4
		301 – Department Compliance/Conduct	
		Revised: June 1, 2025	

Purpose:

This policy outlines the procedures for allowing outside individuals whether students, healthcare professionals, or any other acceptable observer that wishes to ride along with Pulaski County Emergency Medical Service (PCEMS) employees.

Policy:

1. Individuals that wish to ride with PCEMS must be at least 18 years of age. If the student/observer is enrolled in a high school job exploration class an age exception will be made of 17 years of age with parental consent.
2. Students involved in pre-hospital education classes sponsored by Pulaski County EMS Training Center or within a mutual agreement for clinical time will be allowed to ride.
3. Other individuals may ride with PCEMS based on individual circumstances and only after obtaining approval from the EMS Director.
4. Requests for ride along must be submitted two weeks prior to requested date to the EMS Director and receive approval prior to riding with crews.
5. All ride along personnel shall abide by the Pulaski County EMS confidentiality agreement and all policies and procedures governed by Federal, State, and or Local laws.
6. All personnel not affiliated with a PCEMS educational class or not covered by mutual agreement for clinical hours must sign a liability waiver. These forms will be kept on file.
7. Ride times will be from 0800 to 2000. At no time will any ride along personnel be allowed to spend overnight hours at a station. The ride along may stay past time if crews are busy and with consent from the crew on duty.
8. Ride along personnel shall follow the direction of the on duty crew at all times and are prohibited from interfering with EMS personnel.
9. Ride along personnel shall dress in dark pants and plain dark shirt with closed toe shoes. Clothing should be clean, neat and free of holes or stains. Participant shall have a clean and presentable appearance.
10. Use of ANSI 207-2006 high visibility vests are to be worn when outside of the ambulance on or near a roadway.
11. Ride along students will be allowed to perform approved skills based on level of certification/training and will be under the authority of PCEMS personnel of equal or higher certification.
12. The patient will be notified of the ride along and has the right to object to any ride along personnel participating or observing their treatment. Should this occur, the ride along personnel will ride in the front seat.
13. Cell phones will be set on silent or turned off while participating in the ride along program.
14. All ride along personnel will remain with the on duty crew during scheduled ride time.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Implementing Changes	301.8.5
		301 – Department Compliance/Conduct	
		Revised: June 1, 2025	

Purpose:

This policy is designed to establish guidelines for proposing, amending, and or implementing policies, protocols or supply inventory.

Policy:

1. A proposal for new or existing policies, procedures for supply inventory will be considered from any employee of Pulaski County Emergency Medical Services (PCEMS).
2. An employee shall submit a complete description of the request including advantages, disadvantages, etc. in written form to the EMS Director for review.
3. If necessary, the proposal may be distributed to additional appropriate agencies for further review and comments.
4. The EMS Director of PCEMS or designee will have the ultimate decision on the proposal for Policies and supply inventories. The Medical Director will have the ultimate decision for Protocol changes.
5. The employees of PCEMS will be notified prior to implementation date of the approved change or addition.


 Operations Manual	Pulaski County EMS Standard Operating Procedure	Management Rights	301.8.6
		301 – Department Compliance/Conduct	
		Revised: July 1, 2025	

Purpose:

The Pulaski County EMS Director retains the responsibility and authority to manage and direct on behalf of the public the operations and activities of the County to the full extent authorized by law. Often referred to as the Home Rule. The law states that unless otherwise delegated by statute, the County Executive maintains authority to manage the county department and employees. Such responsibility and authority shall include but not be limited to:

1. The right to direct the work of its employees;
2. The right to establish policy;
3. The right to maintain the efficiency of public operations;
4. The right to design and implement safety programs for employees;
5. The right to design and implement job training for employees;
6. The right to determine what services shall be rendered to the public;
7. The right to determine job content and job descriptions;
8. The right to determine and implement objectives and goals of the County;
9. The right to establish, allocate, schedule, assign, modify, change, and discontinue County operations, work shifts, and working hours;
10. The right to establish, change, and discontinue work standards;
11. The right to hire, examine, classify, train, transfer, assign, and retain employees; suspend, discharge, or take other disciplinary action against employees in accordance with applicable law and to relieve employees from duties due to disciplinary reasons or other legitimate reasons; and make promotions and demotions;
12. The right to change, modify, and alter the composition of the work force;
13. The right to determine, establish, and implement policies for the selection, training, and promotion of employees in accordance with applicable law;
14. The right to establish, implement, modify, and change procedures and policies for the safety, health, and protection of County property and personnel;
15. The right to adopt, modify, change, enforce, or discontinue any existing rules, regulations, procedures, and policies;
16. The right to establish, select, modify, change, or discontinue equipment, materials, and the layout and arrangement of equipment;
17. The right to determine the size and character of inventories and their disposal;
18. The right to control the use of property, machinery, inventories, and equipment owned, leased, or borrowed by the County;
19. The right to determine the location, establishment, and organization of new departments, divisions, subdivisions, or facilities thereof, and the relocations of departments, subdivisions, locations, and the closing and discontinuance of same; and
20. The above enumeration of management rights is not inclusive of all such rights and all rights granted the County by constitution, statute, charter, ordinance, or in any manner are retained by the County.

(See County Handbook page 9, 1.6 Management Rights)

 Operations Manual	Pulaski County EMS Standard Operating Procedure	Productive Work Environment	301.8.7
		301 – Department Compliance/Conduct	
		Revised: July 1, 2025	

Propose:

This policy establishes Pulaski County EMS's commitment to cultivating a professional, respectful, and cohesive workplace. In addition to compliance with all existing county and departmental policies, employees are expected to conduct themselves in a manner that supports unit trust, operational readiness, and a constructive workplace culture.

This policy addresses toxic workplace behaviors—those patterns of communication or conduct that may not qualify as insubordination or harassment, but which erode morale, disrupt teamwork, or subtly undermine leadership and policy.

Definition of Toxic Workplace Behavior:

“Toxic workplace behavior” is defined as ongoing or patterned behavior that, intentionally or not, causes interpersonal friction, undermines leadership or policy, or damages team cohesion.

Examples include but are not limited to:

- Gossiping or spreading unverified negative claims about coworkers or leadership.
- Passive-aggressive statements or behavior (e.g., sarcasm, feigned ignorance, “just joking” defiance).
- Openly or subtly encouraging coworkers to question or ignore directives or policies.
- Creating or reinforcing cliques that exclude others, encourage dissent, or divide the team.
- Using communication tools (e.g., radio, text, email) to provoke conflict, spread resentment, or “test” leadership decisions.
- Performing tasks in technically correct but obviously retaliatory or disruptive ways.

Policy:

1. Speak Up, Not Around

Concerns about policies, procedures, or leadership must be directed through the chain of command, the Problem Resolution process, or appropriate county channels—not aired to coworkers, subordinates, or the public.

2. Intent and Impact Matter

“I didn’t mean it that way” does not automatically exempt an employee from corrective action. If the impact of behavior is disruptive or morale-damaging, it may be considered a policy violation regardless of intent.

3. Behavioral Patterns Are Actionable

A single offhand comment is not a violation. However, documented patterns of toxic or disruptive behavior—especially after coaching—will trigger progressive discipline.

4. Not a Gag Order

This policy is not intended to suppress concerns or silence criticism. Employees are encouraged to speak up, offer ideas, and raise legitimate problems. However, doing so in ways that damage morale or create distrust (e.g., publicly questioning policy, pitting peers against supervisors) is not acceptable.

5. Constructive Feedback Channels

Employees with concerns are encouraged to use the following:

- Direct supervisors
- PCEMS Captain or Director
- Pulaski County Problem Resolution Form (Form Q)
- County HR or legal representation if necessary

6. Communication Tone and Timing

Use of internal communication tools (e.g., text, email, radio) should always reflect professionalism. Misusing these tools to insert unrelated commentary, sarcasm, or to bait leadership decisions will result in a warning or escalation.

Progressive Discipline:

Violations of this policy will be handled under existing county and department progressive discipline policies.

Depending on severity and recurrence, consequences may include:

- Informal counseling
- Written warnings
- Suspension
- Termination (in cases of repeated or egregious behavior)

See County Handbook Policies 1.7 Productive Work Environment and 7.1 Employee Conduct