

EMS SYSTEM PLAN



EMERGENCY MEDICAL SYSTEM
GREENE COUNTY, NORTH CAROLINA

STATEMENT OF APPROVAL

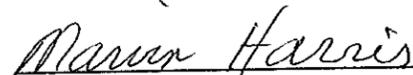
The undersigned have approved the Greene County EMS System Plan.



EM Director

01-07-2003

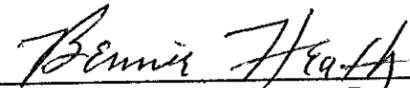
Date



EMS Coordinator

01-07-2003

Date



Chairman, Greene County Board of Commissioners

5-30-03

Date



County Manager

5-30-03

Date

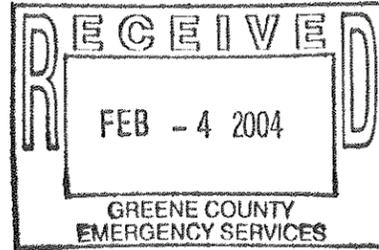


North Carolina Department of Health and Human Services
Division of Facility Services
Office of Emergency Medical Services
2707 Mail Service Center ■ Raleigh, North Carolina 27699-2707
Internet www.ncems.org

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Drexdal R. Pratt, Chief
Phone: 919-855-3935
FAX: 919-733-7021

January 23, 2004



Mr. E. Lee Worsley, Jr.
Greene County Manager
229 Kingold Blvd., Suite D
Snow Hill, NC 28580

Dear Mr. Worsley:

We have completed our review of the EMS System proposal for Greene County. I am happy to inform you that all documentation for EMS system approval is in place and that Greene County is hereby approved as a North Carolina EMS System. Our staff will be happy to make a formal presentation of the EMS System Certificate, or we can simply mail it to you, as you desire.

We appreciate the effort of all persons in Greene County who developed the EMS system application. It represents a great deal of work and you all are to be congratulated on a job well done. If you have questions or need assistance, please contact Mr. Jeremy Beal, the OEMS Regional Systems Specialist for your area, at 252-355-9026 or jeremy.beal@ncmail.net.

Sincerely,

Drexdal Pratt, Chief
Office of Emergency Medical Services

Cc: Mr. Dickie Hill
Mr. Keith Harris
Mr. Jeremy Beal



**EMERGENCY MEDICAL SYSTEM
GREENE COUNTY, NORTH CAROLINA**

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- Section III:** Medical Oversight
- Section IV:** Vehicles, Equipment and Supplies
- Section V:** Personnel
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- Section VII:** Education

Greene County EMS System Plan

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EMERGENCY MEDICAL SYSTEM GREENE COUNTY, NORTH CAROLINA

SECTION I: SYSTEM OVERVIEWS

Greene County is located in the East Central section of the state. It is bound on the east by Pitt County, on the south by Lenoir County, on the north by Wilson County and on the west by Wayne County.

There are three municipalities within the county, Hookerton, Snow Hill and Walstonburg. The 2010 census estimates are 21,362 within the 267 square mile land area covered by the County EMS system.

Greene County's EMS System has 6 licensed providers:

Greene County EMS	EMT-I	24-hour 7 day service – Paid EMS staff to entire 267 square miles. Primary provider with 2 Full Time EMS Units at EMT-I level. Support all EMS Providers.
Fort Run Fire & EMS	Basic	24-hour coverage by volunteer contract (Approx. 42.02 square miles) all volunteer providers.
Hookerton Fire & EMS	EMT-I	24-hour coverage by volunteer contract (Approx. 41.38 square miles)
Maury Fire and EMS	EMT-I	24-hour coverage by volunteer contract (Approx. 51.92 square miles)
Snow Hill EMS	EMT-I	24-hour coverage by volunteer contract With Paid Providers 8am through 8pm 7 days a week (Approx. 49.94 square miles)
Walstonburg EMS	Basic	24-hour coverage by volunteer contract (Approx. 51.47 square miles)

The Greene County Sheriff's Department will respond to unknown and unresponsive calls when available.

An EMT-B can cancel the EMT-I following written protocols established by the EMS system plan and approved by the system medical director.

Attachment B – Protocol for Cancellation of ALS by EMT-B

Organizations in the EMS system that will or could be a part of the response would be local Fire Departments and First Responders and Law Enforcement.

All EMS system resources are dispatched by Greene County 911 Communications Center. The response is coordinated by the lead EMS provider. (Greene County EMS)

Specialty Care Transport Programs used in the Greene County EMS system included East Care Air and/or Ground Ambulances and Lenoir County Paramedics, Wayne County Paramedics, Wilson & Pitt County Paramedic services is called upon for advanced care when patient's condition dictates the need for these services.

Patient transfers and 911 scene responses could both be used dependent upon patient assessment and medical need.

When SCTP (**Specialty Care Transport Program**) are used the EMS Incident Commander will assess patient needs and will call County Communications to request SCTP. The IC may contact the SCTP by cell phone or radio direct, but is to inform Communications of the request.

Attachment C – Specialty Care Transport Program

Personnel in hospitals and other medical facilities that receive our patients will be notified regarding EMS operations and related issues by written updates to a Nurse liaison at the medical facility upon request. This includes Treatment Protocols, Scope of Practice changes and any other changes to the systems operations and will be transmitted to the liaison by the County EMS Coordinator.

Non-Emergency providers:

Johnson Ambulance Service

JAS will operate within Greene County and under franchise in Greene County with EMT- B unit's and will function under the protocols, polices, procedures and CE program set forth by this EMS System Plan for all calls starting and/or ending in Greene County. JAS will operate under the direction of Dr. Ribeiro, Greene County Medical Director. JAS will adhere to all other guidelines set forth in the Greene County System Plan.

Elite Medical Transport

Elite Medical Transport will operate a station within Greene County and under franchise in Greene County with EMT- B and EMT-I unit's and will function under the protocols, polices, procedures and CE program set forth by this EMS System Plan for all calls starting and/or ending in Greene County in regards to Non-emergency and Emergency back up to the county at the request of the Director of Emergency Services, the EMS Coordinator or their Designee. Elite Medical Transport will operate under the direction of Dr. Ribeiro, Greene County Medical Director. Elite Medical Transport will adhere to all other guidelines set forth in the Greene County System Plan.

Medex Medical Transport

Medex Medical Transport will operate a station within Greene County and under franchise in Greene County with EMT- B unit's and will function under the protocols, polices, procedures and CE program set forth by this EMS System Plan for all calls starting and/or ending in Greene County in regards to Non-emergency and Emergency back up to the county at the request of the Director of Emergency Services, the EMS Coordinator or their Designee. Medex Medical Transport will operate under the direction of Dr. Ribeiro, Greene County Medical Director. Medex Medical Transport will adhere to all other guidelines set forth in the Greene County System Plan.

Attachment A - District Maps

Attachment A-1 – Agreement for Medical Control

Greene County EMS will be dispatched to all calls simultaneously with the ambulance provider to ensure EMT-I coverage countywide.

The County EMS System will provide ALS permitted ambulances to ensure coverage throughout the coverage area. The system will use a combination of paid/volunteer EMT-I credentialed personnel to provide EMT-I scope of practice on a 24/7, 365 basis.



**GREENE COUNTY DEPARTMENT
OF EMERGENCY SERVICES**

201 MARTIN L. KING, JR PARKWAY
SNOW HILL, NC 28580

Emergency Services - 252-747-2544
Fax - 252-747-4222

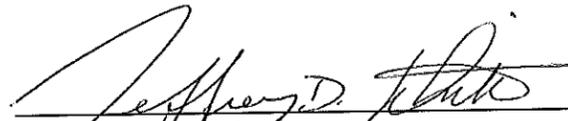
Berry Anderson
EM Director

Herman Warrick
EMS Coordinator

Greene County System Plan Agreement

Medex Medical Transport

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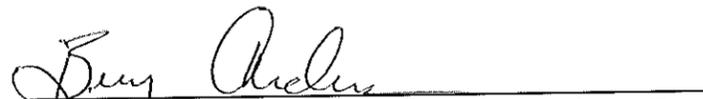
Jeff White - CFO

Date 2-1-2016



Herman Warrick - EMS Coordinator

Date 2-1-16



Berry Anderson - Emergency Services Director

Date 2-1-2016



**GREENE COUNTY DEPARTMENT
OF EMERGENCY SERVICES**
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Fax - 252-747-4222

Berry Anderson
EM Director

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Ricky White Date 12-10-15
Ricky White - Owner

Herman Warrick Date 12-10-15
Herman Warrick - EMS Coordinator

Berry Anderson Date 12-10-15
Berry Anderson - Emergency Services Director

AGREEMENT FOR COUNTYWIDE REMOVAL OF DECEASED BODIES

FROM WITHIN THE LIMITS OF GREENE COUNTY, NORTH CAROLINA

This agreement, made and entered into this 18th day of June 2010, by and between the County of Greene hereinafter called the County, and the Elite Medical Transport Company, located at 109 Heritage Crossing Snow Hill, NC hereinafter called the Company.

WITNESSETH:

That for an in consideration of the mutual covenants hereinafter contained and pursuant to authority granted by G.S. 153A-250, of hereby covenant and agree as follows:

1. The Company agrees to furnish and provide continuing deceased body removal service within Greene County by dispatching upon notification from Greene County 911, Greene County Emergency Services or it's agents within Greene County limits with equipment consisting of a vehicle and adequate personnel to operate the same. The Company agrees to transport any DOA to any funeral home or morgue that they are requested to do so.
2. The Company agrees that the deceased victim will be treated and transported to a facility in accordance to North Carolina laws. The body being transported will be fully covered in a body bag or sheets to protect the deceased victim and the family's dignity.
3. The Company agrees that they might not get called for all deceased body removals due to the wishes of the decease's family.
4. The County agrees to make payment to the Company in the amount of \$50.00 per trip to any funeral home located in Greene County or the surrounding area.
5. The County agrees to make payment to the Company in the amount of \$50.00 per trip to the State Medical Examiner's office located at Pitt Memorial Hospital in Greenville, North Carolina.

This agreement may be terminated by either party at the end of any fiscal year by giving 90 days written notice of its intent to so terminate to the other party by registered or certified mail.

In witness whereof the County of Greene has caused these presents to be signed in its name by the Emergency Services Director. The Company has caused these presents to be signed in its name by its Manager.

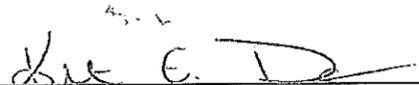
This the 18th day of June, 2010

County of Greene

ATTEST

Director, Greene County Emergency Services: 
Randy Skinner

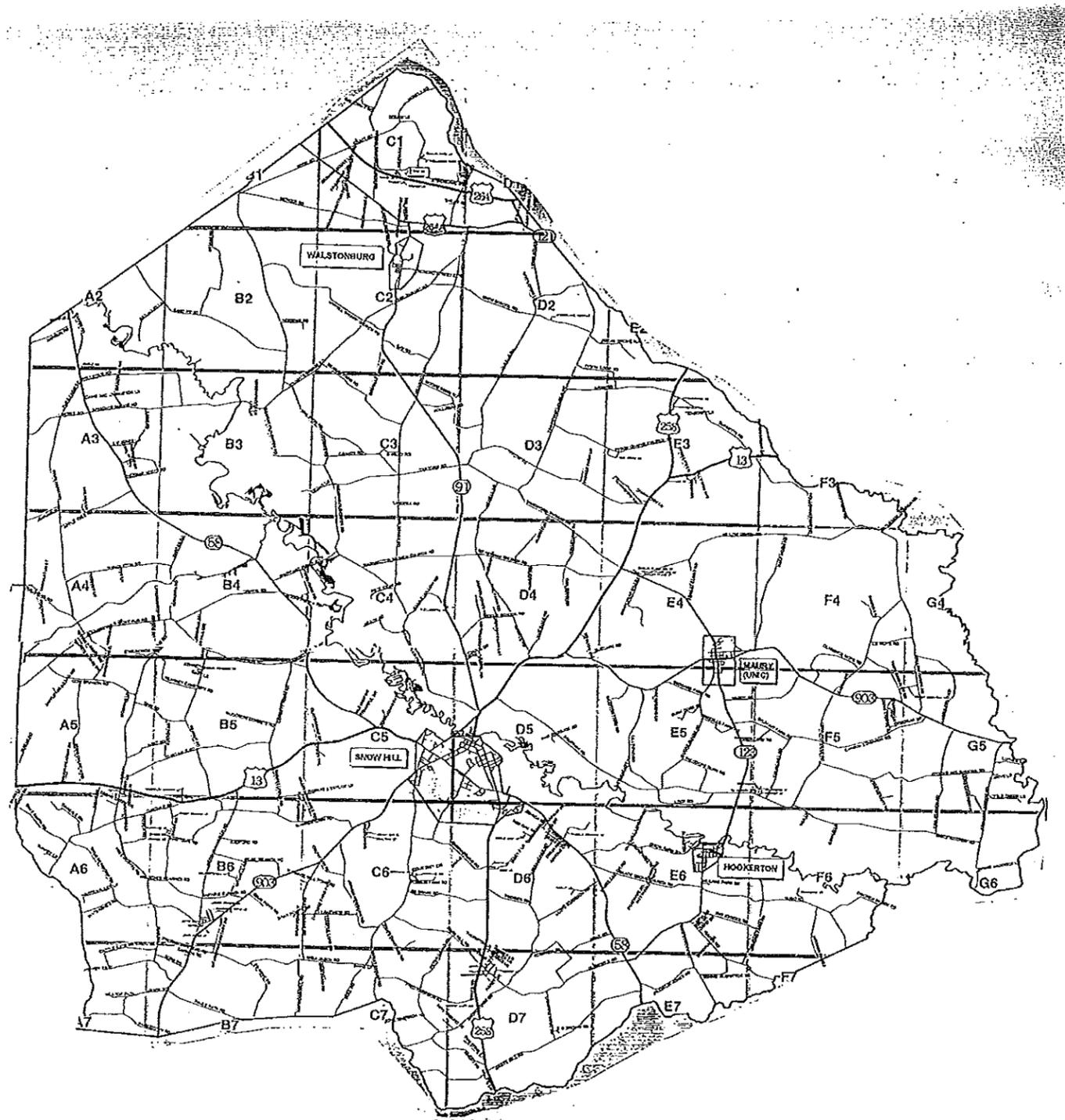
Witness: Michelle Shackelford

Manager, Elite Medical Transport: 
Kite Davis

Witness: Bonnie Bradicich

SECTION I: SYSTEM OVERVIEWS

Attachment A: District maps for providers



GREENE COUNTY EMS / ALS RESPONSE

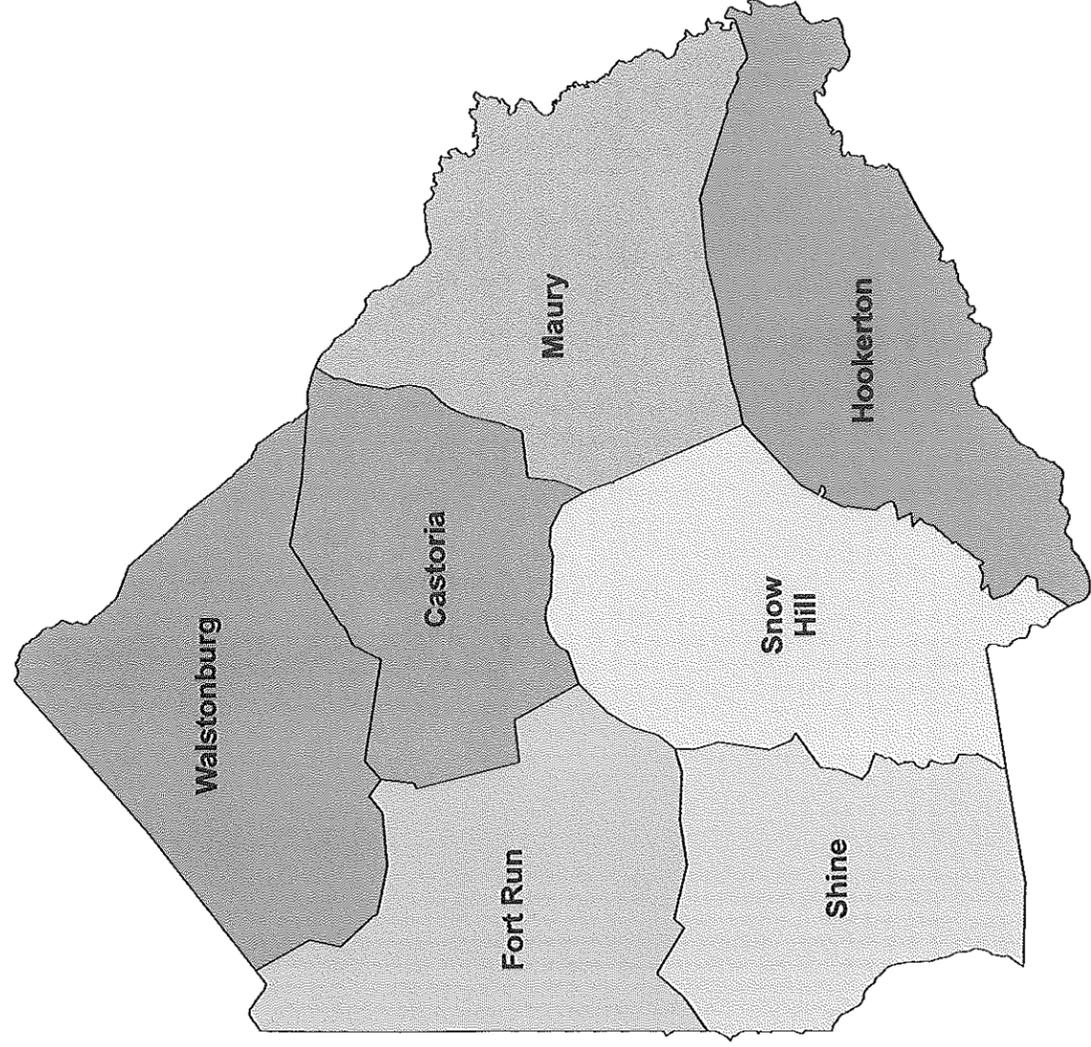
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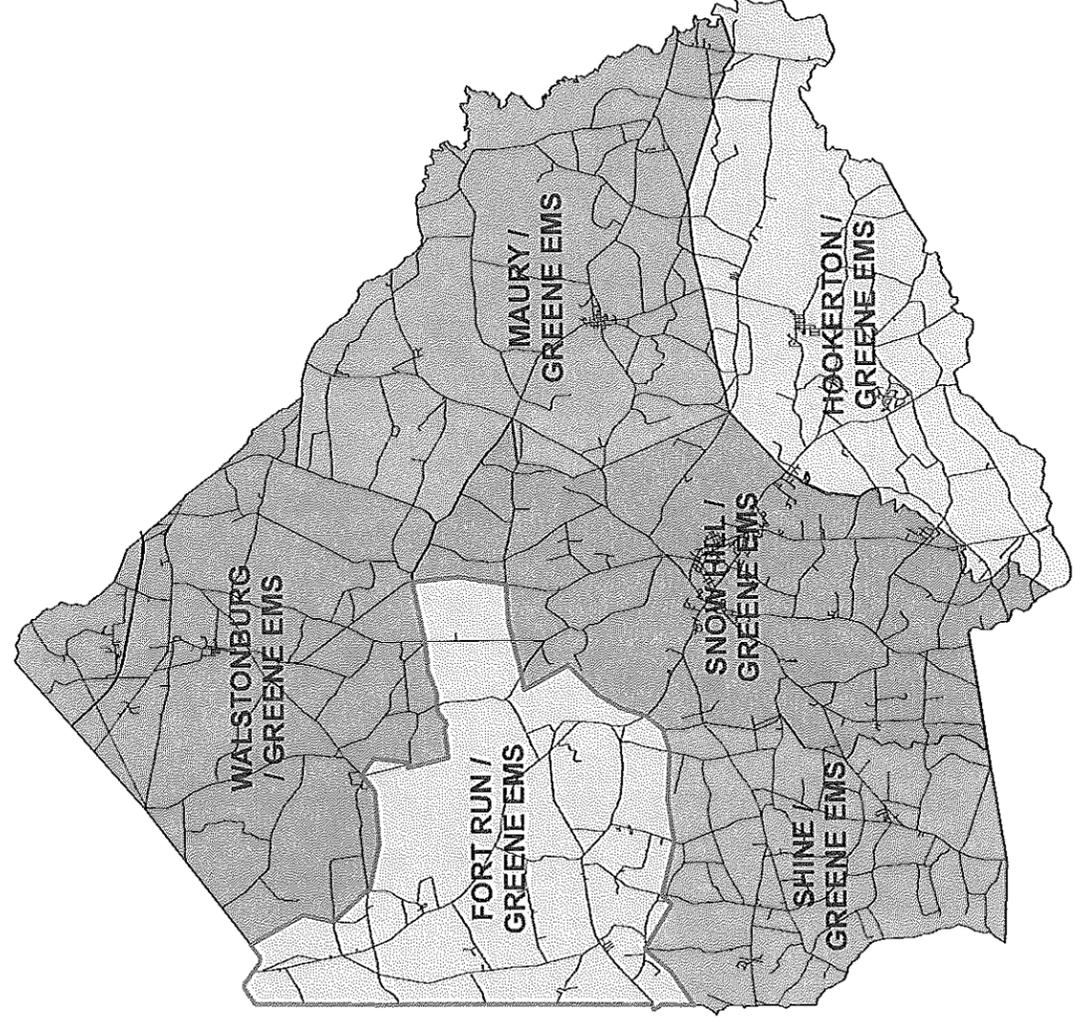
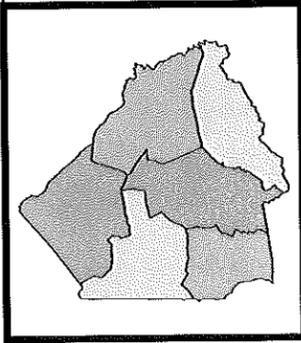
GREENE COUNTY RESCUE DISTRICTS

Approximate Area: 267 sq. mi.



Prepared by: Brandon J Sutton
Greene County GIS Coordinator
bjsutton@co.greene.nc.us
Phone: (252) 747-4398





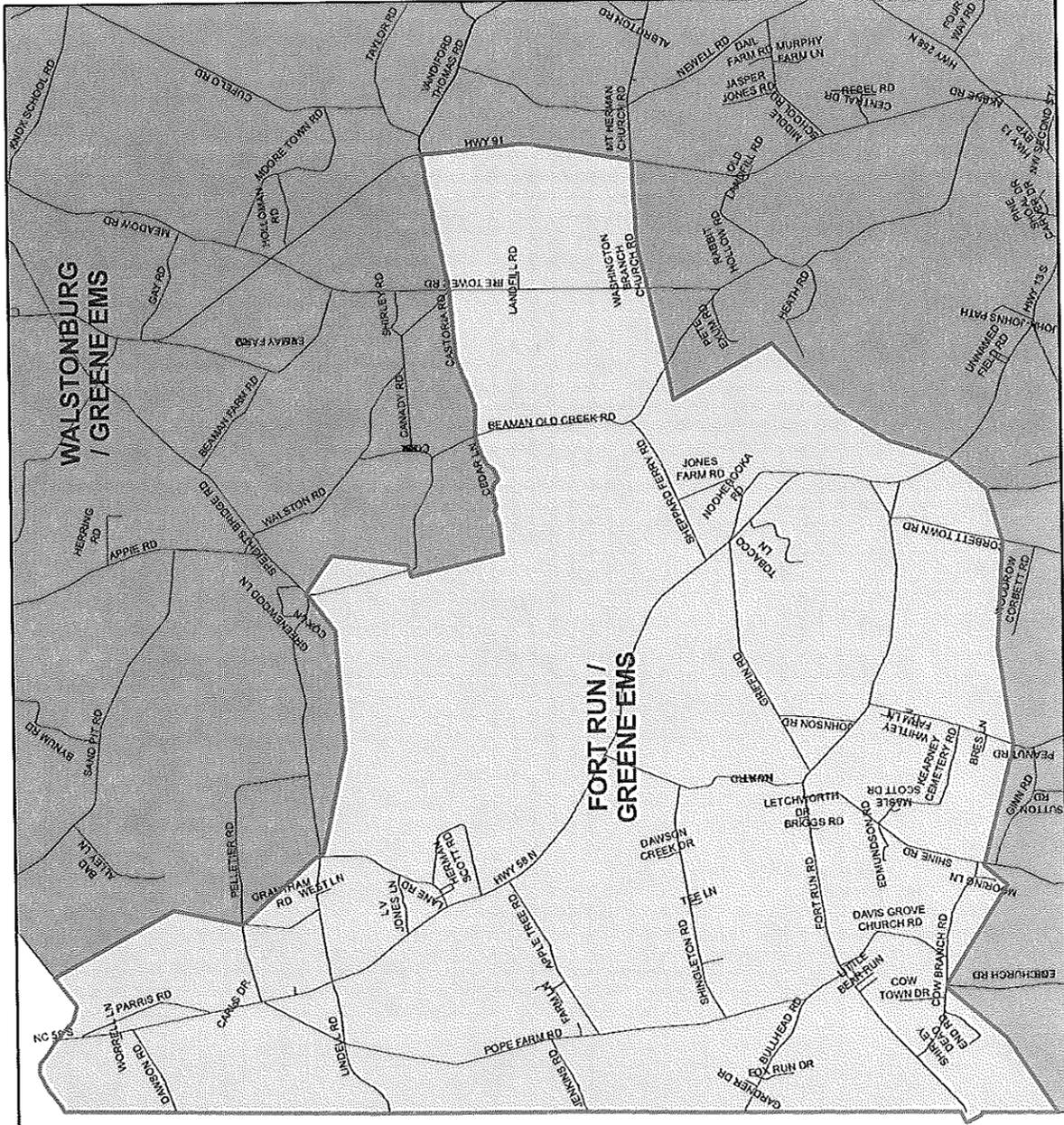
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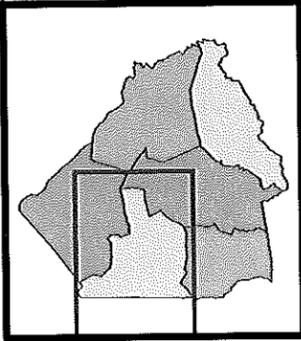
FORT RUN / GREENE EMS

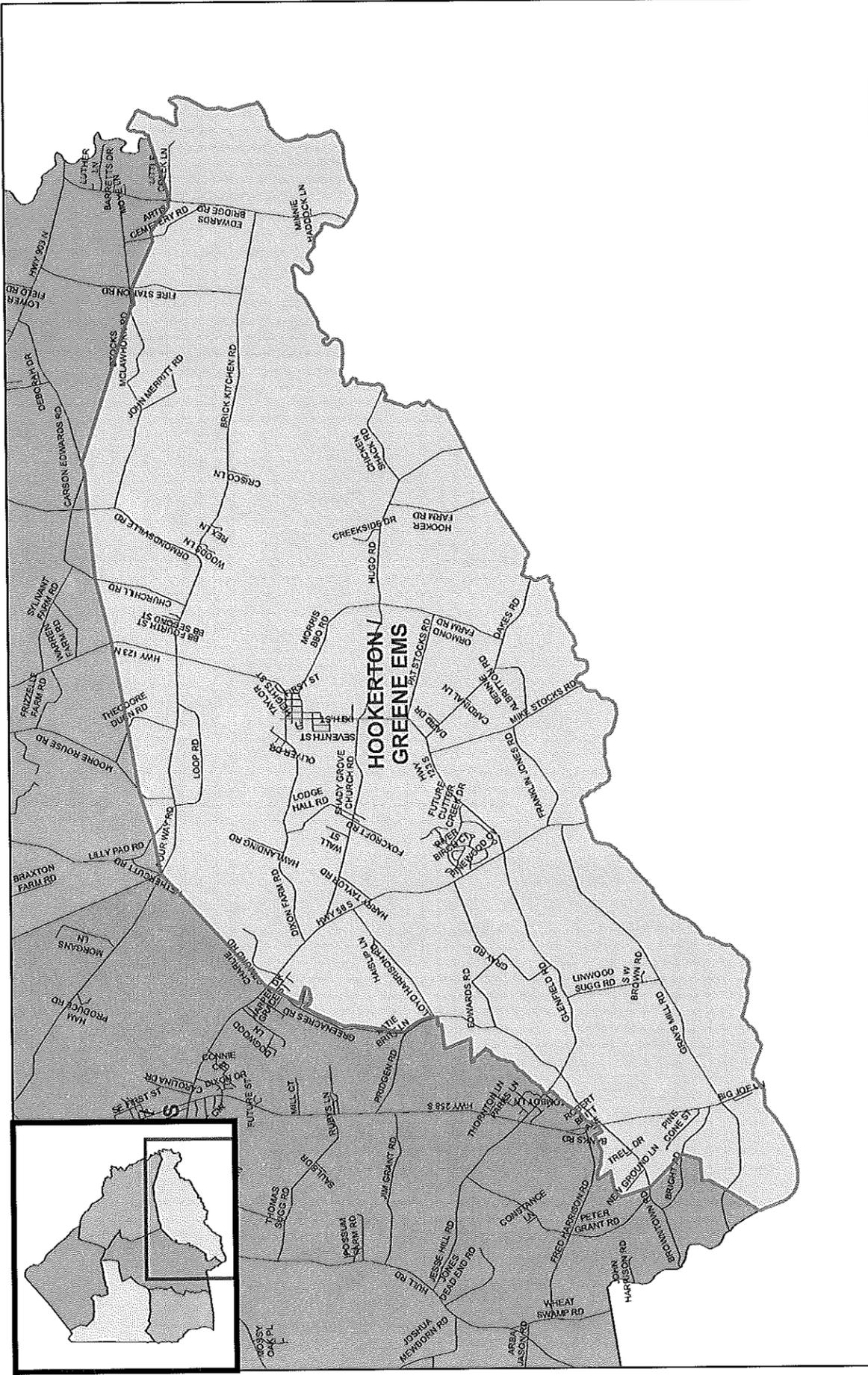
Approximate Area: 42.02 sq. mi.

DISCLAIMER: THIS MAP IS PREPARED FOR THE INVENTORY OF REAL PROPERTY FOUND WITHIN THIS JURISDICTION AND IS COMPILED FROM RECORDED DEEDS, PLATS, AND OTHER PUBLIC AND DATA. USERS OF THIS MAP ARE HEREBY NOTIFIED THAT THE AFOREMENTIONED PUBLIC PRIMARY INFORMATION SOURCES SHOULD BE CONSULTED FOR VERIFICATION OF THE INFORMATION CONTAINED ON THIS MAP. THE COUNTY ASSUMES NO LEGAL RESPONSIBILITY FOR THE INFORMATION CONTAINED ON THIS MAP.



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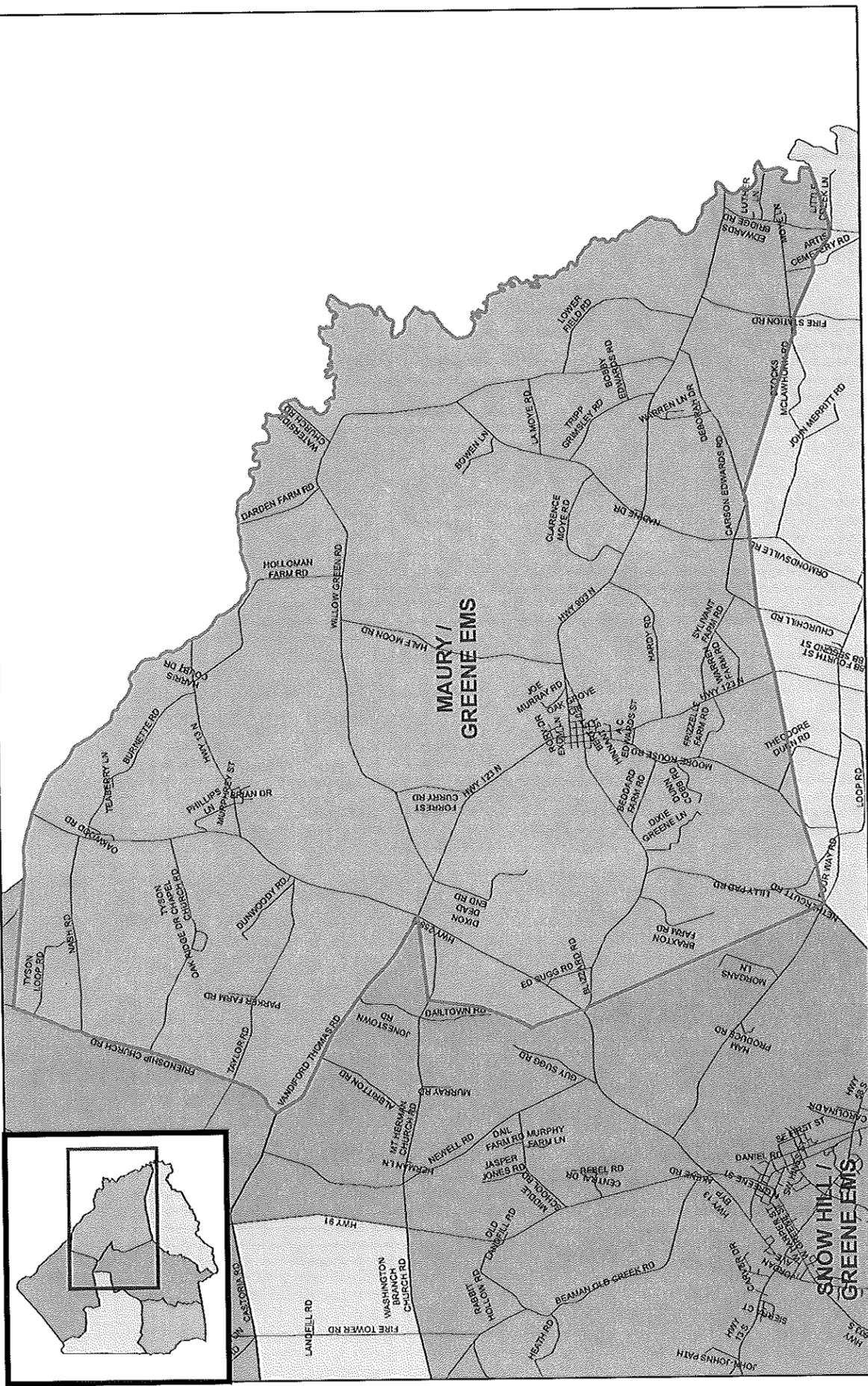
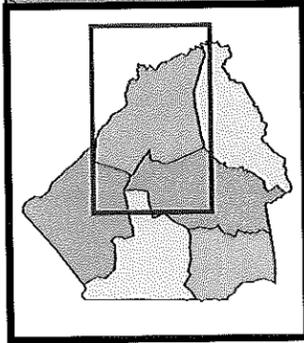
HOOKERTON RESCUE DISTRICT

Approximate Area: 41.38 sq. mi.



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 bsutton@co.greene.nc.us
 Phone: (252) 747-4398

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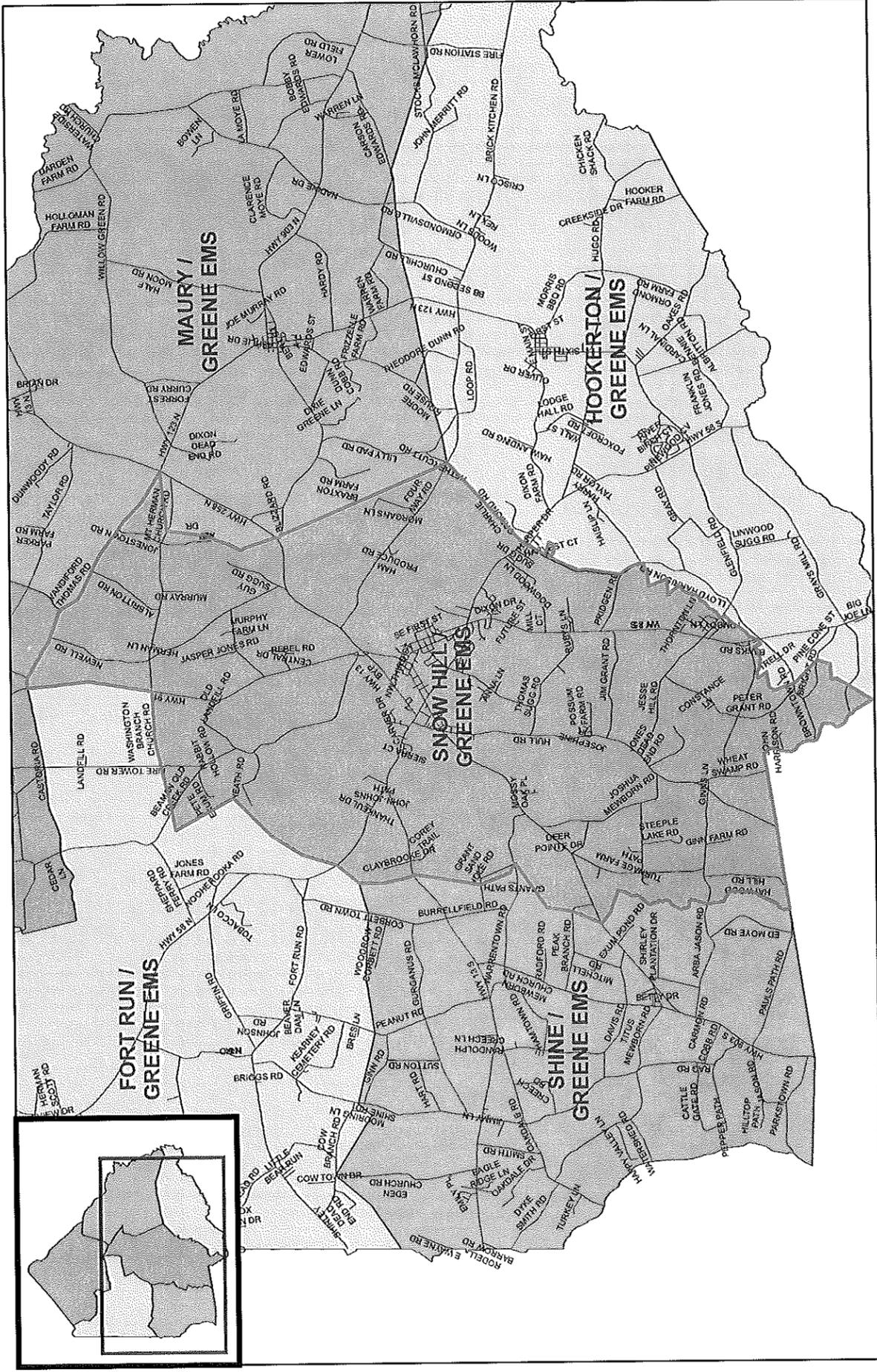
MAURY I GREENE EMS

Approximate Area: 51.92 sq. mi.



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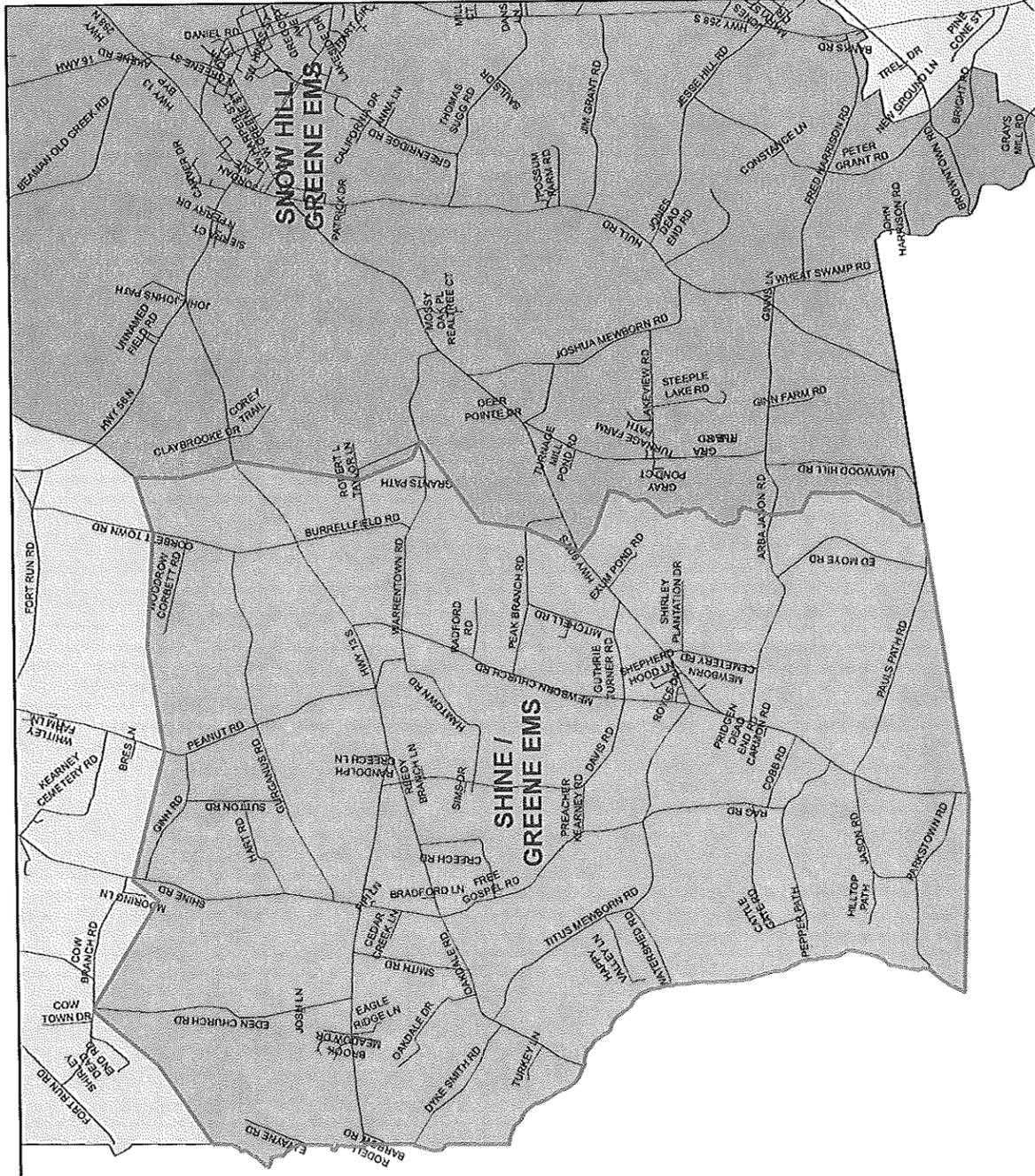
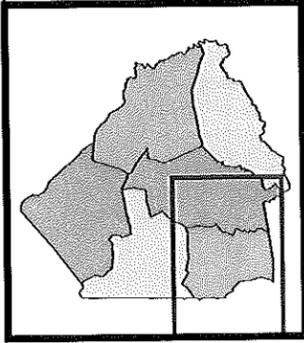
SNOW HILL RESCUE DISTRICT

Approximate Area: 49.94 sq. mi.

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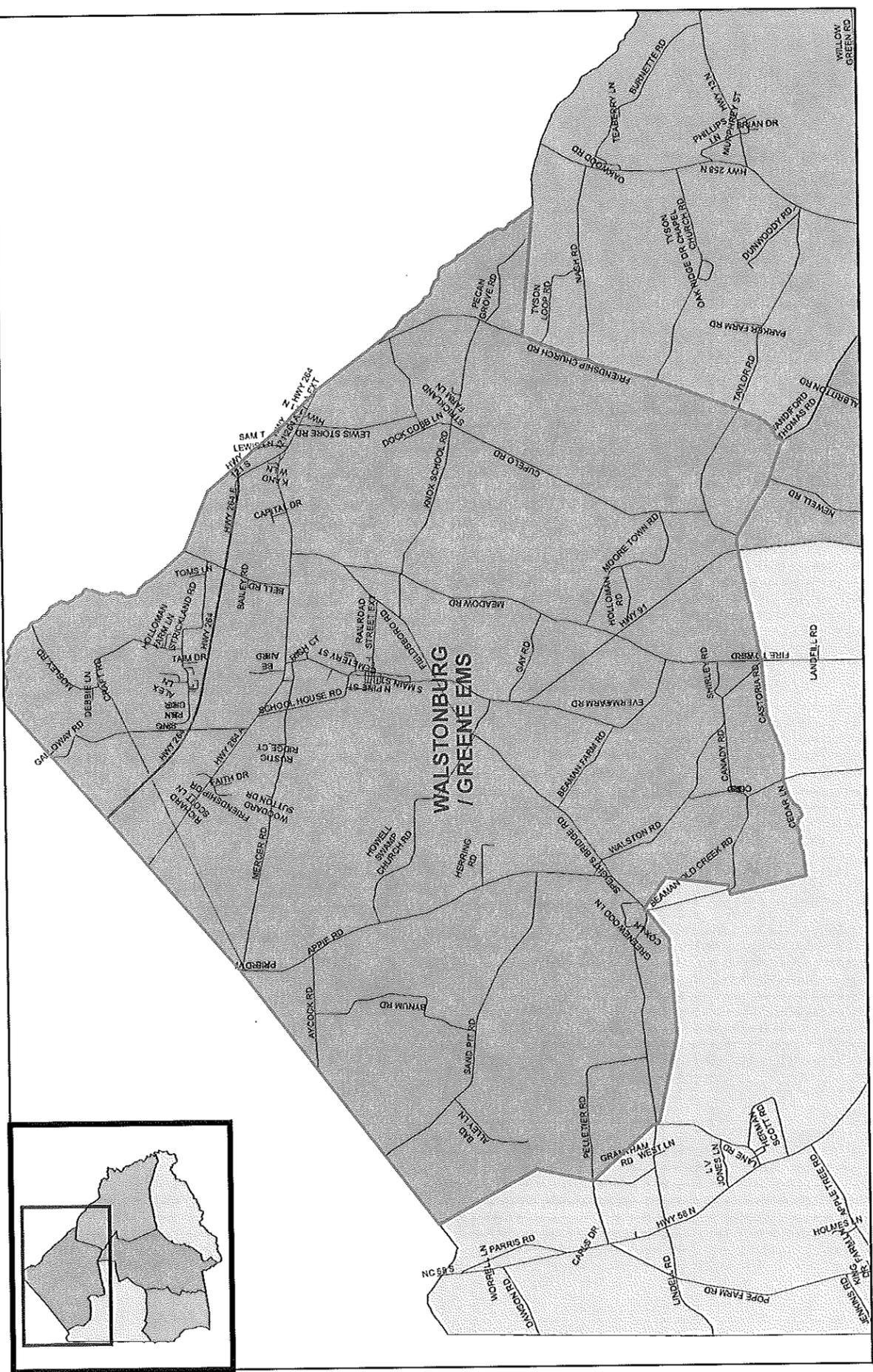
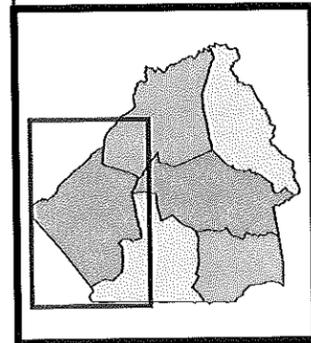
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SHINE RESCUE DISTRICT

Approximate Area: 30.62 sq. mi.



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bsutton@co.greene.nc.us
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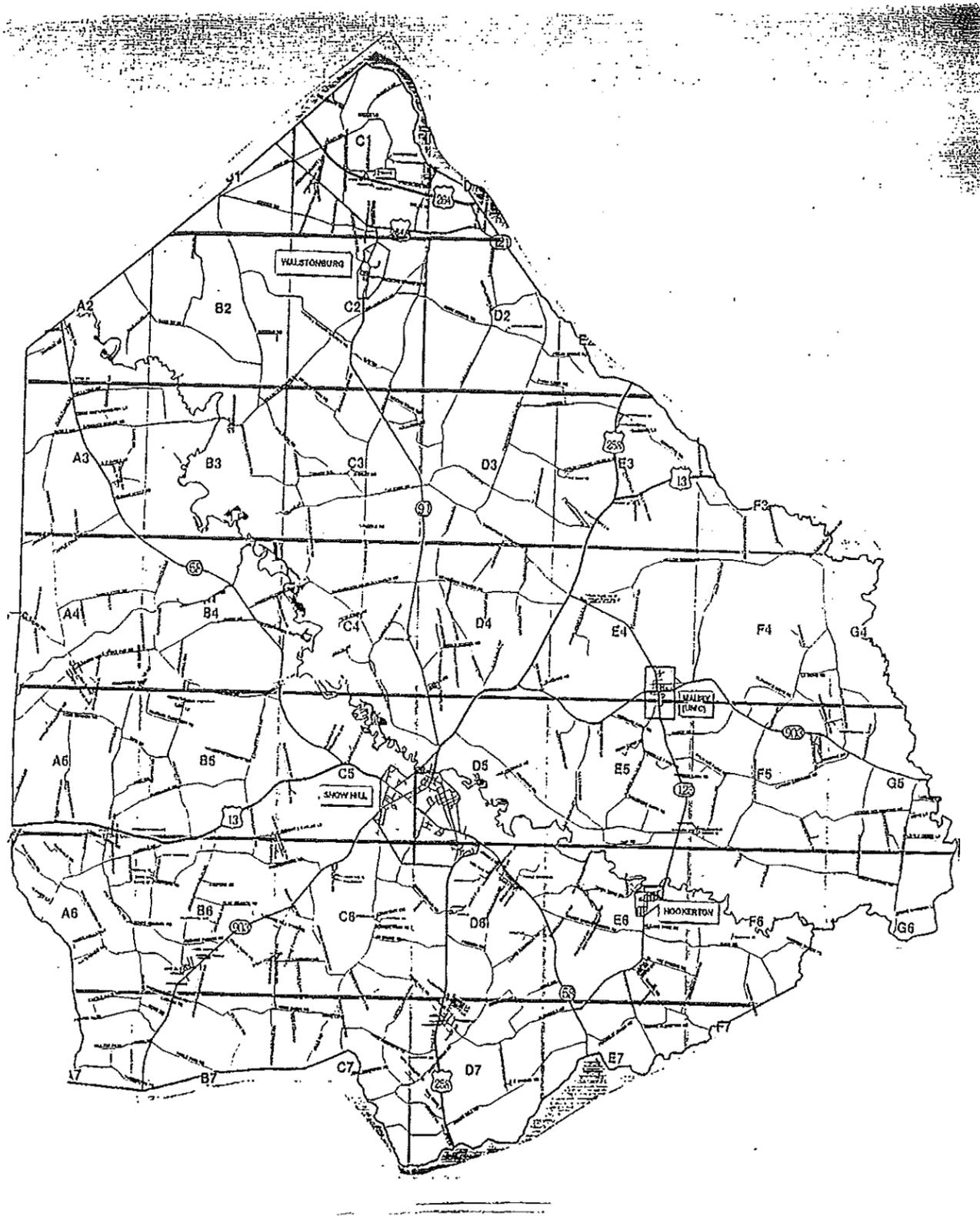
WALSTONBURG RESCUE DISTRICT

Approximate Area: 51.47 sq. mi.

Prepared by: Brandon J Sutton
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Phone: (252) 747-4398



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Johnston Ambulance Service
Non-Emergency Response



Elite Medical Transport Response Area



Medex Medical Transport Response Area

SECTION I: SYSTEM OVERVIEWS

Attachment A-1: Agreement for Medical Control

SECTION I: SYSTEM OVERVIEWS

Attachment B: Protocol for cancellation of ALS by EMT-B

GREENE COUNTY EMS

Criteria for BLS Transports and Cancellation of EMT-I Assistance

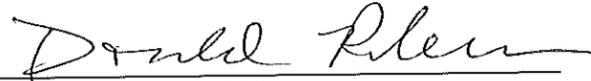
1. The patient is conscious, alert and oriented.
2. The vital signs are within acceptable limits as follows:

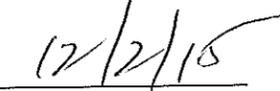
<u>Adult</u>	<u>Child</u>	<u>Infant</u>
Systolic BP 100- 180	Systolic BP 70-130	Systolic BP >60
Diastolic BP 60-100	Diastolic BP 40-80	Pulse Rate 100 – 160
Pulse Rate 60-100	Pulse Rate 100-150	Respiratory Rate 25 -50
Respiratory Rate 12-24	Respiratory Rate 16-30	

3. The pulse ox is above 94% on room air (or patient's regular home oxygen requirement.)
4. If applicable, the blood glucose is within acceptable limits of 70 – 250.
5. There was no loss of consciousness or seizure activity during the incident.
6. The patient has no signs or symptoms of acute cardiac or respiratory problems.
7. The patient is hemodynamically and neurologically stable.
8. If the patient has suffered minor trauma, and the **injuries indicates that the patient will remain stable.**

If the above criteria has been met, the BLS transport may be initiated and can cancel ALS assistance prior to ALS arrival. Once an Intermediate is on scene, the final decision to allow only BLS transport will be made by the intermediate, with appropriate consolation with the BLS members.

If the patient can or may benefit from Intermediate level of care the Intermediate shall assist the basic unit. Once Intermediate care has occurred it can not be discontinued until arrival at the Medical facility.


Medical Director


Date

SECTION I: SYSTEM OVERVIEWS

Attachment C: Specialty Care Transport Program

SCTP's are used within the Greene County EMS System for support of MVC's with reported Pin-ins, trauma incidents requiring specialty care and when ALS services are required as dictated by patient conditions.

Sec II

EMERGENCY MEDICAL SYSTEM GREENE COUNTY, NORTH CAROLINA

SECTION II: COMMUNICATIONS

Greene County citizens access the County EMS System by dialing the E-911 Communications Center as a primary method of requesting emergency assistance. By dialing 911, the calls will be connected to the Emergency Communications Center receiving immediate assistance and not having to dial additional numbers. Even with cellular callers who may accidentally reach the incorrect communications center, equipment is capable of transferring calls to the correct center without the caller being requested to dial additional numbers. The caller requesting emergency assistance is not required to speak with more than two persons to request emergency assistance.

The Greene County Communications Center is operated by dispatchers who have been provided training in dispatching through the North Carolina Sheriff Standards Association. Some dispatchers have EMS and or Medical Responder training. The Greene County Communications Center is operational 24 hours per day, 7 days per week.

Attachment D – Dispatch Procedures

EMS system plan for the management and deployment of response vehicles including request for mutual aid.

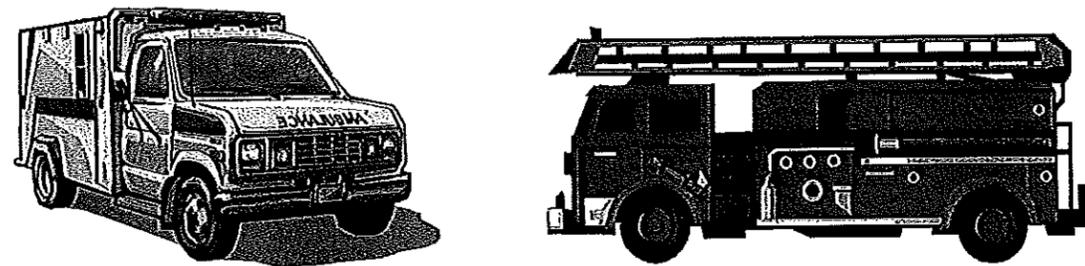
Attachment E – System Plan for Management & Deployment of Response Vehicles

Radio frequencies used in the County EMS System are under the Viper System and simulcast on 39.980 MHz, 39.900 MHz and 155.280. The EMS providers are dispatched on the Viper System and 39.980 MHz and coverage is county wide from Communications Center and to facilities where patients are routinely transported. The Viper System, 155.280 and 155.340 are used by providers to communicate with hospitals during transportation of patients. The County EMS system has and maintains FCC radio authorizations required.

SECTION II: COMMUNICATIONS

Attachment D: Dispatch Procedures

GREENE COUNTY EMERGENCY SERVICES COMMUNICATIONS



STANDARD OPERATING GUIDELINES

Effective: January 17, 2014

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GREENE COUNTY EMERGENCY SERVICES COMMUNICATIONS STANDARD OPERATING GUIDELINES

- **CLEAR TEXT**

All Fire and EMS communications will be transmitted using plain English or clear text.

Clear text is imperative with regard to radio communications. This meets the National Incident Management System (NIMS) standard. These guidelines establish the use of common language in radio transmissions. The NIMS Integration Center Guidance on Plain English Communications states: "It is required that plain English be used for multi-agency, multi-jurisdiction and multi-discipline events...While the NIMS Integration Center doesn't require plain English for internal operations, we do encourage it." The Common Language Protocol directs public safety agencies to use plain English for day to day operations as first responders tend to revert back to their training in stressful situations. We understand that this will be a learning process and every now and then Ten-Codes will be used due to years of using them. We will need to have patience while we are phasing this into Greene County's operations.

We also understand that departments like the Sheriff Department and Snow Hill Police Department uses 10 codes everyday while doing their job.

But it is imperative that while responding out of the county or accepting mutual aid from other counties, we use clear text not 10 codes.

Link:

<http://www.howto.gove/sites/default/files/documents/DHSPainLanguageFAQs.pdf>

- **EMS – RESCUE CALLS**

Effective December 1, 2005 Greene County EMS began providing Advanced Life Support (ALS) at the EMT Intermediate (EMT-I) level to the entire county on a 24 hour / 7 day basis.

On October 1, 2008 Greene County EMS began running 2 ALS units 24 hours / 7 days a week.

The volunteer unit and county ALS will be dispatched simultaneously on all EMS calls.

When an EMS Unit is on a call or out of service the next closest volunteer unit to that district will be dispatched along with the County ALS if available.

Dispatchers should ask the caller for the chief complaint and inform EMS personnel of complaint.

Dispatchers upon taking a 911 call will dispatch an EMS unit within ninety (90) seconds of receiving said call.

An EMS unit will be dispatched to every fire call received by communications. If the EMS unit does not check in service, call the next appropriate unit as per the above procedures. Dispatch the closest EMS unit to those fire departments not having an EMS unit. This should be as soon as possible after the fire department has been dispatched. This also includes the County EMS units if they are available or the IC on scene tells you that County EMS is not needed.

- **MOTOR VEHICLES ACCIDENTS**

EXTRICATION EQUIPMENT: Extrication equipment is located at seven fire departments within Greene County. Bullhead, Castoria, Fort Run, Maury, Hookerton, Scuffleton, Shine, Snow Hill and Walstonburg have extrication tools on their equipment trucks. Dispatch the closest **TWO (2)** equipment trucks to all motor vehicle accidents with reported rollovers and/or pin-ins along with the ambulance. If more than one vehicle is involved in this type incident; dispatch the EMS unit that serves the district and the County EMS unit. **Only an EMT that is on-scene can cancel an EMS unit responding to any vehicle accident.**

A fire department is to be dispatched along with the EMS unit to every MVC with PI that is called in to communications. Only the fire tone needs to be set off for departments having EMS units, with the exception of Snow Hill EMS.

For fire departments that do not have EMS units and there is a reported MVC with PI in their district, communications must tone the nearest EMS unit along with the County EMS unit and the fire department serving that district. Arba, Bull Head, Jason and Scuffleton Departments do not have EMS units.

- **MEDICAL AIRCRAFT REQUESTS**

The IC (Incident Commander) on the scene or responding to the scene of an emergency where they feel a medical aircraft may be needed should request Communications to place Vidant Air on stand-by or to launch Vidant Air. Communications should then advise Vidant Air with (1) what the nature of the call is, (2) what road the call is on and the nearest cross street, (3) who Vidant Air will be talking to on the scene (example: Hookerton Landing Zone) and (4) any landing zone information that Communications has received.

All radio contact/traffic with Vidant Air should be conducted on Landing Zone (LZ) East (VIPER).

Vidant Air is to be dispatched to all MVC's with PIN-IN's. Vidant Air is to be automatically dispatched to the scene, by the dispatcher. The 1st responding EMT on the scene may cancel the Air Ambulance if they determine it is not needed. If it is reported to be a MVC with a roll-over have Vidant Air put on stand-by.

UNC and Duke also have Air Ambulances that is available, if scene personnel request same.

FIRE DEPARTMENTS THAT DO NOT HAVE AN EMS UNIT ARE:

Arba, Bull Head FD, Jason FD and Scuffleton FD
Consult County Fire-Rescue map for nearest EMS location of response units.

• **FIRE CALLS**

Always send the fire department that serves the district in which the fire is located.
(Consult map if needed)

If your information is received as a **STRUCTURE FIRE THEN GO AHEAD AND AUTOMATICALLY DISPATCH THE NEXT TWO CLOSEST DEPARTMENTS TO THE FIRE AS MUTUAL AID. NOTE: A STRUCTURE FIRE IS ANY TYPE FIRE LOCATED INSIDE A STRUCTURE (BUILDING). A smoke/fire alarm going off is a structure fire until we find out that it is not.**

In the event you get a call for a gas leak or a CO2 detector just send one Fire Department and EMS Unit unless that department request assistance.

Always dispatch the County Cascade system from Hookerton Fire Department if needed.

Fort Run, Hookerton, Walstonburg, and Shine, Snow Hill Fire Departments, have portable cascade systems on their fire trucks and could be dispatched if needed to assist other departments to minimize time.

Arba, Bull Head, Castoria, Jason, Maury, Scuffleton, do not have cascade systems and might need mutual aid from other departments.

Consult county fire department map for nearest departments to minimize time. Sound alarms; announce location and directions.

REMEMBER TO DISPATCH THREE (3) DEPARTMENTS TO ALL STRUCTURE FIRES. If the chief officer/incident commander on scene does not need three (3) departments, then he or she can cancel them.

Always dispatch the on call person from the Emergency Services office along with the fire department to all carbon monoxide detector calls. Castoria, Hookerton, Jason, Shine and Walstonburg Fire Department also has a carbon monoxide detector if needed.

• **FIRE DISPATCH PROCEDURE**

Announce Appropriate FD Alarms and Location of the Fire Call then:

1. Activate appropriate alarms for each needed department.
2. Announce the departments involved.
3. Type of call
4. Announce address & directions w/cross streets if needed.
5. Fire Hydrant Locations if needed.
6. An EMS unit in this example would be alerted with the fire page. (Except Snow Hill EMS)
If this is in Snow Hill's EMS Response District you will need to set their pagers off too.

- **TACTICAL CHANNELS**

The proper usage of tactical channels helps relieve the primary dispatch channel of excessive mobile to mobile radio traffic. Communications and Command must take a lead in assigning tactical channels. A tactical channel will be assigned to every fire call at initial dispatch by 911 Communications when there is more than one department dispatched or when there is heavy radio traffic on the main channel. (Example: Bull Head Fire, Fort Run EMS, GC EMS: MVC with injuries near 3456 Apple Tree Rd; assign Ops 2 for operations). Radio Channels Ops 2-Ops 8 can be used for tactical channels.

Note: Communications can only monitor (1) Ops channel at a time. The IC (Incident Command) will need to realize that he or she will need to switch the radio back to the main dispatch channel (1) if they need to communicate with Greene County Communications. Channels 1 through 5 are the only channels that goes through the repeater (tower). Ops 6, 7 and 8 are Simplex channels and will not transmit to the viper radio tower, these channels will work better inside a large facility such as Maury Correctional, Greene County Justice Center and Food Lion.

- **TESTING FIRE ALARMS AND PAGERS**

1. ALL COUNTY FIRE DEPARTMENT ALARMS ARE TO BE TESTED WEEKLY ON SATURDAY AT NOON OR ASAP, THEREAFTER.
2. ALL EMS PAGERS WILL BE TESTED WEEKLY ON SATURDAY AT 18:00 HOURS. **If an emergency incident is ongoing at test time, announce no pager test due to the emergency traffic.**

EXAMPLE: THIS WILL BE A TEST FOR ALL GREENE COUNTY PAGERS. SET OFF ALL PAGER TONES. AFTER SETTING OFF ALL TONES, ANNOUNCE "THIS HAS BEEN A TEST" AND GIVE DATE AND TIME.

- **DISPATCH DEPARTMENTS FOR ANY CALLS**

If communications receives a call for a fire or EMS department **SEND THAT DEPARTMENT** and the department responding will decide upon arrival the validity of the call; **LET THE FIRE OR EMS DEPARTMENT DECIDE.**

- **Cancelling OF A DEPARTMENT BY DISPATCH – FIRE OR EMS**

If dispatch advises a department to 10-22 a call, then the dispatcher will record the person's name of whom called in the cancellation. ONLY fire department officers of the fire district or the incident commander where the call is located can 10-22 fire equipment. A fire department officer or member due to liability issues needs to respond normal traffic to the scene in order to complete a report on the nature of the call.

Only an EMT can Cancel an EMS unit.

All cancel calls need to be proceeded by an alert tone from dispatch. This needs to be unique to cancel calls only. (ex: 1 long beep, not the same as weather tone).

- **EMERGENCY SERVICES DEPARTMENT**

The County Emergency Services Department is comprised of the following divisions:

Emergency Management	County Safety Program
County Fire Marshal	Emergency Medical Services
Fire Inspections	
Fire Investigations	

Office Telephone: 747-2544, 747-7667, 747-7493 & 747-7531 Fax: 747-4222

GC 101 Director: Cellular: 714-0626 Home: 252-747-5005 Pager: 252-413-4051

GC 102 EMS Coordinator: Cellular: 559-9996 Home: 747-7690

GC 103 Fire Inspector / EMT I Cellular: 252-559-3116 PC: 252-717-3291

All night and weekend calls for the Director should be forwarded to the Director (Randy) at 747-5005 during late night hours and by cell (714-0626) other hours. If it is a response to a fire scene, illegal burning or complaint call then notify the person on call.

The on call person is capable of responding to any call for either of the various divisions within the department. Ex: searches, spills, weather incident, etc

NOTIFICATION OF SEARCH AND RESCUE (SAR) TEAM

Upon notification that the Search and Rescue team is needed by Greene County Emergency Services or the Greene County Sheriff's Department:

1. The dispatcher must find out where the team should assemble.
2. **ACTIVATE THE GROUP RESCUE TONE...ANNOUNCE "THIS PAGE IS FOR ALL SEARCH AND RESCUE TEAM MEMBERS TO ASSEMBLE AT (LOCATION), ASAP.**

- **SEVERE WEATHER NOTIFICATIONS**

Upon receiving a severe weather notification into communications (**WATCH OR WARNING by the national weather service**). Dispatchers will give the notification out on the Fire and Sheriff radios every hour until the notification has ended or has been cancelled.

ANNOUNCEMENT EXAMPLE: ATTENTION ALL CARS, STATIONS AND MONITORS.... A Severe Weather Watch OR A Severe Weather Warning has been issued for Greene County and then read the severe weather statement out over the radios.

Notify 101 by phone (747-5005) or cell (714-0626) or the person on call.
Notify 201 by phone (747-5018) or cell (714-5640)

- **MUTUAL AID REQUESTS FROM OTHER COUNTIES**

If a request for mutual aid for multiple departments is received from another county, the dispatcher needs to tone out the department that is closer to the area of the call. Anytime a department is dispatched for mutual aid to another county notify Greene County 101 or his designee immediately. Remember we cannot leave Greene County unprotected. Do not dispatch several departments out of one geographical area of Greene County. This will leave this area of the county unprotected.

- **REQUESTING MUTUAL AID**

If Greene County EMS units are all taxed to the limit on calls and we need mutual aid from surrounding counties, contact the adjoining county 911 Communications Center to request EMS mutual aid. If more than one truck is needed from outside the county advise the EMS Coordinator, Dennis Baker and Randy Skinner of this situation.

1. Tone out EMS
2. Tone out closest EMS for Mutual Aid if no answer.
3. 1 All-tone
4. Request mutual aid from the closest surrounding counties if no answer after the 1st all-tone.

- **REQUESTS FOR TRANSPORTS (NON-EMERGENCY)**

Any requests for non-emergency transports that are received by communications must be directed to the EMS Coordinator Dennis Baker. If unable to contact the EMS Coordinator contact the Director Randy Skinner.

Non-emergency transports can be handled by:

Elite Medical Transport: 252-747-1232

Johnston Ambulance Service: 919-736-2735 / 800-625-3500

Advise the person calling in a non-emergency transport that Elite or Johnston can help them.

- **E-911 RECORDINGS**

Telephone and communication data recordings will be kept for 24 months (2 years) unless ordered by a court to keep a data recording longer.

- **CodeRed**

Greene County Emergency Notification System (CodeRED) is set up at your dispatch computers in the 911 center and your supervisor has trained you on this system. This system is only used in case we have to notify Greene County citizens of a dangerous situation or to protect life and property in Greene County. Only Sheriff Lemmie Smith or Randy Skinner, Director of Emergency Services can authorize the use of this system.

The Greene County Emergency Service Communications Standard Operating Guidelines have been read and approved by:



Randy Skinner
Emergency Services Director



Lemie Smith
Greene County Sheriff

I have reviewed the Greene County Emergency Services Communications Standard Operating Guidelines and understand the procedure therein.

Print Name	Signature	Date
Sharon Marshburn	Sharon Marshburn	1-17-14
Shuta Hill	Shelita Hill	1-17-14
Tonya Byrd	Janys Byrd	1-17-14
April Baker	April Baker	1-18-14
David Strickland	David Strickland	1-19-14
Curtis Hillborn	Curtis Hillborn	1-21-2014
Joseph E. Lane	Joseph E. Lane	3-18-2014
Megan Ham	Megan Ham	2-12-2015

Have any new dispatches read and sign this form.



Federal Communications Commission
Public Safety and Homeland Security Bureau

RADIO STATION AUTHORIZATION

LICENSEE: GREENE, COUNTY OF

ATTN: MR RANDALL E. SKINNER
GREENE, COUNTY OF
201 MARTIN L. KING JR PARKWAY
SNOW HILL, NC 28580

Call Sign KGL481	File Number 0005557690
Radio Service PW - Public Safety Pool, Conventional	
Regulatory Status PMRS	
Frequency Coordination Number FC20120201971	

FCC Registration Number (FRN): 0001912757

Grant Date 11-17-2012	Effective Date 02-28-2013	Expiration Date 01-28-2023	Print Date 03-01-2013
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

Loc. 1 Address: 1250 METERS NE OF US 158 AT NC 58
City: SNOW HILL County: GREENE State: NC
Lat (NAD83): 35-26-50.0 N Long (NAD83): 077-39-19.0 W ASR No.: 1049275 Ground Elev: 10.0

Loc. 2 Address: COURTHOUSE BLDG 301 N GREEN ST
City: SNOW HILL County: GREENE State: NC
Lat (NAD83): 35-27-30.6 N Long (NAD83): 077-40-10.9 W ASR No.: Ground Elev: 16.0

Loc. 3 Area of Operation
Countywide: GREENE, NC

Loc. 4 Address: 105 LANDFILL ROAD
City: WALSTONBURG County: GREENE State: NC
Lat (NAD83): 35-31-30.0 N Long (NAD83): 077-41-48.6 W ASR No.: Ground Elev: 37.0

Loc. 5 Area of Operation
Operating within a 32.0 km radius around fixed location 1

Antennas

Loc. No.	Ant. No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
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Conditions:

Pursuant to §309(h) of the Communications Act of 1934, as amended, 47 U.S.C. §309(h), this license is subject to the following conditions: This license shall not vest in the licensee any right to operate the station nor any right in the use of the frequencies designated in the license beyond the term thereof nor in any other manner than authorized herein. Neither the license nor the right granted thereunder shall be assigned or otherwise transferred in violation of the Communications Act of 1934, as amended. See 47 U.S.C. § 310(d). This license is subject in terms to the right of use or control conferred by §706 of the Communications Act of 1934, as amended. See 47 U.S.C. §606.

Licensee Name: GREENE, COUNTY OF

Call Sign: KGL481

File Number: 0005557690

Print Date: 03-01-2013

Loc. No.	Ant. No.	Frequencies (MHz)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
1	1	000039.98000000	FB	1		11K2F1E 11K2F3E 20K0F3E	100.000	100.000	106.7	92.4	
1	2	000453.02500000	FB2	1		11K2F1E 11K2F3E	110.000	125.000	106.7	92.4	11-24-2004
1	1	000037.98000000	FB	1		11K2F1E 11K2F3E 20K0F3E	100.000	100.000	106.7	92.4	01-17-2007
1	1	000037.18000000	FB	1		11K2F1E 11K2F3E 20K0F3E	100.000	100.000	106.7	92.4	01-17-2007
1	1	000039.82000000	FB	1		11K2F1E 11K2F3E 20K0F3E	100.000	100.000	106.7	92.4	01-17-2007
2	1	000039.90000000	FB	1		11K2F1E 11K2F3E 20K0F3E	110.000	90.000	24.0	15.0	
3	1	000039.90000000	MO	175		11K2F1E 11K2F3E 20K0F3E	100.000	100.000			
3	1	000039.98000000	MO	175		11K2F1E 11K2F3E 20K0F3E	110.000	110.000			
4	1	000039.98000000	FB	1		11K2F1E 11K2F3E 20K0F3E	110.000	90.000	30.5	42.1	11-24-2004
5	1	000458.02500000	MO	175		11K2F1E 11K2F3E	100.000	100.000			11-24-2004
5	1	000037.98000000	MO	175		11K2F1E 11K2F3E 20K0F3E	100.000	100.000			01-17-2007
5	1	000037.18000000	MO	175		11K2F1E 11K2F3E 20K0F3E	100.000	100.000			01-17-2007
5	1	000039.82000000	MO	175		11K2F1E 11K2F3E 20K0F3E	100.000	100.000			01-17-2007

Control Points

Control Pt. No. 1

Address: 301 N GREEN ST

City: SNOW HILL County: GREENE

State: NC

Telephone Number: (919)747-3505

Waivers/Conditions:

NONE

SECTION II: COMMUNICATIONS

Attachment E: System plan for management and deployment of response Vehicles including mutual aid requests.

In the event that EMS in Greene County is taxed out, Communications will contact the County EMS Coordinator, EM Director or their Designee with the situation update prior to totally exhausting EMS resources. Dispatch would notify adjoining Counties 911 Centers at Lenoir, Wayne, Wilson and Pitt to request mutual aid prior to initiating statewide or regional request for mutual aid.

In the event adjoining Counties request EMS mutual aid from Greene County, dispatchers would send the EMS provider but would contact the EMS Director or the EMS Coordinator to assist with deciding which units would respond.

See III

**EMERGENCY MEDICAL SYSTEM
GREENE COUNTY, NORTH CAROLINA**

SECTION III: MEDICAL OVERSIGHT

Medical Director

Donald A. Ribeiro of Hookerton Family Practice is the Medical Director for the Greene County EMS System. Dr. Ribeiro was appointed by the Greene County EMS System Administrator and Board of County Commissioners to be responsible for medical oversight for the EMS system.

Attachment F – Medical Director Letter of Appointment

Dr. Ribeiro is licensed to practice medicine in the State of North Carolina. He is board certified as an Internal Medicine physician. A copy of his license is available in the Greene County EMS office at 201 Martin L. King, Jr. Parkway, Snow Hill, NC 28580.

Dr. Ribeiro is a practicing physician at Hookerton Family Practice. Dr. Ribeiro treats patients with CVA's, Anaphylaxis, Cardiac, Respiratory, Trauma, etc, along with other acute and urgent care needs on a daily basis. He routinely utilizes Greene County EMS to transfer patients to surrounding hospitals following treatment and stabilization.

Dr. Ribeiro will attend the NC College of Emergency Physicians Medical Directors course when available. Dr. Ribeiro will attend a class in ACLS, PALS, BCLS & BTLS within the first year of appointment. Dr. Ribeiro is a member of the American College Association of Physicians.

He will stay abreast of current EMS laws in North Carolina by attending the Advisory Council meeting and monthly meetings with the EMS System Director.

Dr. Ribeiro's liability coverage is maintained through Medical Mutual Insurance of North Carolina and kept on file at his office. Liability insurance is also maintained by Greene County Emergency Services through VFIS kept on file at Greene County Emergency Services office.

Medical Director Responsibilities:

System medical director will be available 24 hours a day by cellular phone or facility telephone or the receiving facility will be available via radio.

The establishment, approval and annual updating of treatment protocols, procedures, equipment, policies and medications will be done through the quarterly meetings of the EMS Peer Review Committee.

Medical supervision of the selection, system orientation, continuing education and performance of EMS personnel will be done through EMS Peer Review Committee meetings quarterly.

The system medical director will be responsible for medical supervision of scope of practice performance evaluation for all EMS personnel in the system based on the treatment protocols for the system by providing oral boards to all credentialed personnel.

Medical review of the care provided to patients will be done through ambulance call reports and quarterly meetings of the EMS Peer Review Committee.

The system medical director will provide guidance and approval regarding decisions about the equipment, medical supplies and medications that will be carried on ambulances or EMS non-transporting vehicles within the scope of practice of EMT-I through quarterly meetings of the EMS Peer Review Committee.

System medical director will keep the care provided up to date with current medical practice through the approved continuing education program and through medical director programs.

Medical Control Facilities

The Greene County EMS System has one community medical center staffed by physician's board certified in Internal Medicine, who also practices in some acute and urgent care. These physicians are available Monday through Friday to provide medical control to EMS staff.

Attachment G – On-line Medical Control Letters

Treatment Protocols

The Greene County EMS System Medical Director approved the system protocols for use in Greene County.

Attachments H – L – Protocols, Procedures, Policies, Appendixes & Medications

Attachment M – Statement of Approval Letter

Temporary Suspension of Credentialed Personnel

The Medical Director has the authority to immediately suspend any personnel in the Greene County EMS System if care rendered appears detrimental to the patient,

Constitutes unprofessional behavior or results in non-compliance with credential.
An investigation will be made by interviewing the involved personnel, the patient or the general public by the EMS Coordinator. Information gathered will be submitted to the EMS System Administrator. The System Administrator will advise the Medical Director of actions taken.

Attachment N – Personnel Suspension Policy and Procedure

Quality Management Committee

Greene County EMS Peer Review Committee

- I. The Greene County EMS system peer review committee which will consist of the following:

Medical Control Physician
Nurse
Greene County EMS Quality Control Officer
Greene County EMS Training Officer
Greene County EMS Coordinator
Greene County EMS Director
Captain from one Greene County EMS volunteer squad
Representative from each of the non-emergency transport services

- II. The following appointments to the quality management peer committee are based on the individual's position that is filled by the hiring process of Greene County EMS or the office of the physician who is the current medical control:

Medical Control Physician
Nurse
Greene County EMS Quality Control Officer
Greene County EMS Training Officer
Greene County EMS Coordinator
Greene County EMS Director

- III. The following position will be appointed yearly based on a scheduled rotation between the Greene County Volunteer EMS squads.

Captain or squad representative from one Greene County EMS Volunteer squad

Squad rotation will be as follows:

Fort Run
Hookerton
Maury
Shine
Snow Hill
Walstonburg

- IV. The physician who is Greene County's medical control will chair the Greene County EMS peer review committee. His duties will include presiding over the scheduled quarterly meetings and medical oversight for quality issues regarding EMT-B and EMT-I interventions.

V. The Greene County EMS peer review committee will meet on the second Wednesday at the beginning of each quarter. The committee members will be notified two weeks in advance of the time and meeting facility. The year will be divided into 4 quarters starting with the first of January and ending the last day of December. The division will be as follows:

January – March	1 st quarter	Meeting 2 nd Wednesday of April
April – June	2 nd quarter	Meeting 2 nd Wednesday of July
July – September	3 rd quarter	Meeting 2 nd Wednesday of August
October – Dec	4 th quarter	Meeting 2 nd Wednesday of January

VI. Each member of the peer review committee will be expected to attend 51% of the yearly meetings. Committee members may obtain an excused absence from the Greene County EMS Director. Each member will be allowed on excused absence, which will be counted as part of his or her 51% attendance. Failure to do so will result in removal from the committee.

VII. A quorum of 51% of the members is required for the meeting to convene. An attendance record will be presented and each member present will sign to confirm his or her attendance.

VIII. Each member of the peer review committee will be expected to adhere to HIPPA regulations and will be required to sign a confidentiality statement which will be placed with the minutes of the committee meetings.

IX. The committee at the first scheduled meeting of each year will appoint a secretary for the Greene County EMS peer review committee. This position will be appointed yearly. The minutes will be distributed to each member with the letter of notification for the next scheduled meeting. A master copy of the minutes will be maintained at the Greene County EMS office.

X. The Greene County EMS Director will appoint a sub committee of the Greene County Peer Review Committee. The sub committee's task will be to review and revise the policies, procedures and protocols for the Greene County EMS system. This sub committee will meet in December and will present its recommendations to the medical director for approval. This sub committee will also be convened as needed throughout the year for any changes mandated by the state or the medical director. The medical director will notify in writing the approval or amendments of any changes made to the protocols, policy and procedures.

XI. The Greene County EMS peer review committee will utilize the information obtained through review of the quality data and EMS call reports to develop a needs assessment for the Greene County EMS system. This needs assessment will be presented to the Greene County EMS Coordinator and Training Officer. The Greene County EMS Coordinator and Training Officer in collaboration with Lenoir Community College of Greene County will develop an educational plan for the county EMT-B's and EMT-I's.

XII: All squads represented by the Greene County EMS system will be equally monitored. Five percent of the call volume will be randomly assigned for review each quarter. The review of calls will include transported and non-transported (refusal) calls. The total number of reports reviewed will fluctuate according to the call volume.

Attachment O – EMS Peer Review Committee Guidelines

SECTION III: MEDICAL OVERSIGHT

Attachment F: Medical Director Appointment Letter

Commissioners
Bennie Heath – Chairman
Clark Edmondson – Vice Chairman
Denny Garner
Jerry Jones
James T. Shackelford, Jr.



County Manager
Don Davenport

Finance Officer
Shawna Wooten

On April 20, 2009 the Greene County Board of Commissioners appointed Dr. Donald Ribeiro, M.D. to serve as Medical Director for the Greene County Emergency Medical Services System.

Don Davenport,
County Manager

229 Kingold Blvd., Suite D • Snow Hill, NC 28580 • (252) 747-3446 • FAX (252) 747-3884
www.co.greene.nc.us

The mission of Greene County Government is to serve and improve the lives of all citizens by providing high-quality, cost-effective services in an open, professional and ethical environment

**HOOKERTON
FAMILY PRACTICE**



April 22, 2009

Dear Greene County Emergency Services:

I am happy to accept the position of Medical Director for Greene County Emergency Services. I look forward to working with all the fine people who provide medical services for our county. I appreciate the opportunity and will do my best to serve the citizens of Greene County.

Sincerely,

A handwritten signature in black ink, appearing to read 'Donald A. Ribeiro'.

Donald Ribeiro, MD

SECTION III: MEDICAL OVERSIGHT

Attachment G: On-Line Medical Control Hospital Approval Letters



The Brody School of Medicine
Department of Emergency Medicine
Division of Emergency Medical Services • East Carolina University
Physician's Quadrangle, Building M • Greenville, NC 27858-4354
252-744-2154 office • 252-744-2655 fax

March 3, 2005

Dear Dr. Elie Osta:

By advancing to the EMT-Intermediate level, Green County will soon be significantly improving the medical care provided in the prehospital setting. As we had discussed both in person and over the telephone, I have presented your proposal to my colleagues.

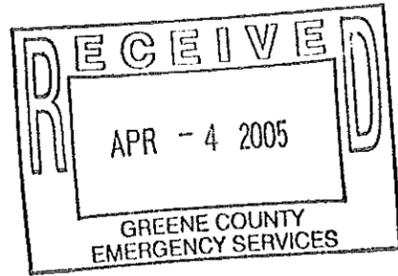
It is my pleasure to inform you that my colleagues at East Carolina University in the Department of Emergency Medicine, who work in the Emergency Department at Pitt County Memorial Hospital, have all agreed to provide on-line medical control for Green County EMS.

To clarify this agreement, we agree to provide on-line medical control only for those patients who are enroute to the PCMH and not for patients going to other health care facilities. I wish you the best of luck in your new role as their EMS Medical Director and if there is anything else we can do to assist you, please feel free to contact me.

Sincerely,

Juan A. March

JAM/mpg



WAYNE MEMORIAL HOSPITAL
your partner in sickness and in health

March 29, 2005

Mr. Dickie Hill, EM
Greene County EMS
201 Martin Luther King Jr. Parkway
Snow Hill, North Carolina 28580-1320

Dear Mr. Hill,

Wayne Memorial Hospital emergency physicians agree to provide on-line medical control for your EMT-I's to provide patient care direction for patients that are being transferred to Wayne Memorial Hospital ED. Please provide me with a copy of your care protocol and a contact person if any issues arise that need off line medical review.

Sincerely,

A handwritten signature in cursive script that reads "Terry Grant".

Terry Grant, MD
Wayne County EMS Medical Director

TAG/db

cc: Mr. J. Keith Harris, Regional Manager
Donna Lawhorn, Clinical Director

2012 NC EMS Protocol, Procedures, and Policy Implementation EMS System Form

To assist all EMS Systems in the implementation of the 2012 NC EMS Protocols, Procedures, and Policies, the following checklist has been created. System Medical Director and assistant (if applicable) must sign indicating approval.

The following documents and information must be provided to your OEMS Regional Office at least 30 days prior to the proposed implementation date. The 2012 NCCEP EMS Standards must be implemented by July 15, 2013.

EMS System Name and Level: Greene County EMS Proposed Implementation Date: July 01, 2013

Individual Completing Form: Dennis Baker ^{Donald} Date: June 01, 2013

System Medical Director: [Signature] Signature: [Signature]

System Asst. Medical Director: _____ Signature: _____

System Administrator: Randy Skinner Signature: [Signature]

A cover letter listing a summary of all changes in protocols, procedures and policies must be included with form.

Documentation of EMS System Protocols (Check all that apply)

- EMS System will implement 2012 NCCEP Protocols Unchanged
- EMS System will implement the below listed Optional Protocols:
 - Protocol Number 4 RSI Protocol Unchanged with signed policy.
 - Protocol Number 8 Scene Rehabilitation: General
 - Protocol Number 9 Scene Rehabilitation: Responder
 - Protocol Number 20 Induced Hypothermia
 - Protocol Number 21 Team Focused CPR
 - Protocol Number 90 Selective Spinal Immobilization
- EMS System wishes to change / alter (purple sections) existing 2012 NCCEP Protocols (attach one color printed copy and one electronic copy for review)
- EMS System wishes to add additional protocol(s) to the 2012 NCCEP Protocols (attach one color printed copy and one electronic copy for review)

Documentation of EMS System Procedures (Check all that apply)

- EMS System will implement the 2012 NCCEP Procedure Documents Unchanged
- EMS System wishes to change / alter existing 2012 NCCEP Procedure Documents (attach one color printed copy and one electronic copy for review)
- EMS System wishes to add / delete procedures(s) to the 2012 NCCEP Procedure Documents (attach one color printed copy and one electronic copy for review)

Documentation of EMS System Policies (Check all that apply)

- EMS System will implement the 2012 NCCEP Policy Documents Unchanged
- EMS System wishes to change / alter existing 2012 NCCEP Policy Documents (attach one color printed copy and one electronic copy for review)
- EMS System wishes to add additional policies(s) to the 2012 NCCEP Policy Documents (attach one color printed copy and one electronic copy for review)

Documentation of EMS System Medications

- EMS System must provide a list of all medications including quantities to be used by EMS personnel per level. (attach one color printed copy and one electronic copy for review)



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

June 14, 2013

Dr. Donald Ribeiro
Medical Director EMS
516 William Hooker Dr.
Hookerton, NC 28538

Dear Dr. Ribeiro,

I have received, reviewed, and approved the 2012 Greene County EMS System Protocols, Policies, Procedures, and Medications. It is noted that the Greene County EMS System will implement the 2012 NCCEP Protocols unchanged and with additions.

The following protocols will be implemented; Scene Rehabilitation: General, Scene Rehabilitation: Responder, and Team Focused CPR.

The following protocols will not be implemented; RSI Protocol Unchanged, Induced Hypothermia and Selective Spinal Immobilization.

The Greene County EMS System are compliant with the 2012 North Carolina College of Emergency Physician's Standards for Medical Oversight and Data Collection. Please review instructions from the February 21, 2013 State Medical Director's Newsletter to insure that there have been no updates to the protocols by NCCEP. The newsletter is available at: <http://news.ncems.org/medicaldirector.htm>

Prior to the implementation of these protocols, please make sure all personnel have received the appropriate training. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Tripp Winslow,
North Carolina EMS Medical Director
jwinslow@wakehealth.edu

c: Allen Johnson, Eastern Regional Manager
Randy Likens, Regional Specialist
Randy Skinner, System Administrator
Richard Hicks, Interim County Manager

Office of Emergency Medical Services

www.ncdhhs.gov • www.ncems.org
Phone: 919-855-3935 • Fax: 919-733-7021

Location: 1201 Umstead Drive • Dorothea Dix Hospital Campus • Raleigh, NC 27603
Mailing Address: 2707 Mail Service Center • Raleigh, NC 27699-2707
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SECTION III: MEDICAL OVERSIGHT

Attachment H: Protocols

See Book 2 of EMS System Plan Protocols

SECTION III: MEDICAL OVERSIGHT

Attachment I: Procedures

See Book 2 of EMS System Plan Protocols

SECTION III: MEDICAL OVERSIGHT

Attachment J: Policies

See Book 2 of EMS System Plan Protocols

SECTION III: MEDICAL OVERSIGHT

Attachment K: Appendixes

See Book 2 of EMS System Plan Protocols

SECTION III: MEDICAL OVERSIGHT

Attachment L – Medications

See Book 2 of EMS System Plan Protocols

SECTION III: MEDICAL OVERSIGHT

Attachment M: Medical Director Statement of Approval Letter

2012 NC EMS Protocol, Procedures, and Policy Implementation EMS System Form

To assist all EMS Systems in the implementation of the 2012 NC EMS Protocols, Procedures, and Policies, the following checklist has been created. System Medical Director and assistant (if applicable) must sign indicating approval.

The following documents and information must be provided to your OEMS Regional Office at least 30 days prior to the proposed implementation date. The 2012 NCCEP EMS Standards must be implemented by July 15, 2013.

EMS System Name and Level: Greene County EMS Proposed Implementation Date: July 01, 2013

Individual Completing Form: Dennis Baker Date: June 01, 2013

System Medical Director: Donald Weiberg Signature: [Signature]

System Asst. Medical Director: _____ Signature: _____

System Administrator: Randy Skinner Signature: [Signature]

A cover letter listing a summary of all changes in protocols, procedures and policies must be included with form.

Documentation of EMS System Protocols (Check all that apply)

- EMS System will implement 2012 NCCEP Protocols Unchanged
- EMS System will implement the below listed Optional Protocols:
 - Protocol Number 4 RSI Protocol Unchanged with signed policy.
 - Protocol Number 8 Scene Rehabilitation: General
 - Protocol Number 9 Scene Rehabilitation: Responder
 - Protocol Number 20 Induced Hypothermia
 - Protocol Number 21 Team Focused CPR
 - Protocol Number 90 Selective Spinal Immobilization
- EMS System wishes to change / alter (purple sections) existing 2012 NCCEP Protocols (attach one color printed copy and one electronic copy for review)
- EMS System wishes to add additional protocol(s) to the 2012 NCCEP Protocols (attach one color printed copy and one electronic copy for review)

Documentation of EMS System Procedures (Check all that apply)

- EMS System will implement the 2012 NCCEP Procedure Documents Unchanged
- EMS System wishes to change / alter existing 2012 NCCEP Procedure Documents (attach one color printed copy and one electronic copy for review)
- EMS System wishes to add / delete procedures(s) to the 2012 NCCEP Procedure Documents (attach one color printed copy and one electronic copy for review)

Documentation of EMS System Policies (Check all that apply)

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<http://news.ncems.org/medicaldirector.htm>

Prior to the implementation of these protocols, please make sure all personnel have received the appropriate training. If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Tripp Winslow,
North Carolina EMS Medical Director
jwinslow@wakehealth.edu

c: Allen Johnson, Eastern Regional Manager
Randy Likens, Regional Specialist
Randy Skinner, System Administrator
Richard Hicks, Interim County Manager

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SECTION III: MEDICAL OVERSIGHT

Attachment N:

PERSONNEL SUSPENSION POLICY AND PROCEDURE

Greene County EMS System personnel may be suspended from practice for the following reasons:

1. Failure to comply with the educational section requirements of the System Plan.
2. Failure to comply with medical treatment protocols approved by the System Medical Director.
3. Deviating from approved medical protocols without System Medical Director approval and orders.
4. Practices performed that are outside the credentialed individual's scope of practice.
5. Any other practices deemed inappropriate or unprofessional by the Quality Management Committee, by the System Medical Director or the System Administrator.

The credentialed individual involved will be orally notified of the deficiency or complaint. The initial oral notification will be followed by written notice from the System Administrator outlining the specific reasons for suspension. If the individual is not satisfied with the System Administrator's decision, the individual may appeal the suspension to the Quality Management Committee in convened session within thirty (30) days of the suspension by giving written notice to the System Administrator. A meeting of the System Quality Management Committee will be set to hear the appeal and notice will be given to the suspended individual with the time and location of the meeting.

SECTION III: MEDICAL OVERSIGHT

Attachment O: EMS Peer Review Committee Guidelines

**GREENE COUNTY EMS PEER
REVIEW COMMITTEE GUIDELINES**

I. The committee will consist of:

Medical Control Physician
Nurse
Greene County EMS Quality Control Officer
Greene County EMS Training Officer
Greene County EMS Coordinator
Greene County EMS Director
Captain from one Greene County EMS Volunteer Squad
Representative from each of the non-emergency transport services

(Members will be the person holding the title at that time)

II. The physician who is Greene County's medical control will chair the committee. The position of secretary will be appointed at the first scheduled meeting of each year.

III. Appointment for Medical Control Physician, Nurse, EMS Quality Control Officer, EMS Training Officer, EMS Coordinator and EMS Director are based on the individual's position that is filled by the hiring process of Greene County EMS or the office of the physician who is the current medical control.

IV: The position of Captain or representative from one volunteer squad will be appointed yearly on a scheduled rotation.

V: Committee members are expected to attend 51% of the meetings each year. Those not attending 51% will be removed from the committee.

VI: A quorum of 51% of the members is required for the meeting to convene.

VII: Each member will be expected to adhere to HIPPA regulations.

Sec IV

**EMERGENCY MEDICAL SYSTEM
GREENE COUNTY, NORTH CAROLINA**

SECTION IV: VEHICLES, EQUIPMENT AND SUPPLIES

The County EMS system has four (4) volunteer EMS providers and One (1) County EMS providers to provide coverage 24 hours per day to the coverage areas. This is accomplished through a combination of volunteer and paid providers to ensure coverage.

Greene County operates two ambulances staffed with full crew 24 hours 7 days per week at the EMT-I level of service.

The Greene County EMS system plan requires the Ground Ambulance Inspection Report, **Attachment Q**, as the county's standard for supplies, equipment and medications for vehicles.

The County EMS Coordinator will perform the check-off annually to ensure vehicles have required supplies per County standard.

Maintenance will be handled at the local provider level by the squad chief or designee. The County EMS Coordinator will check each provider's maintenance reports yearly for tracking purposes.

The EMS providers maintain ambulance check off logs for periodic inspection; repair, cleaning and maintenance of their responding vehicles.

Attachment P– Permitted ambulance in Greene County System

**Attachment Q – Copy of Ground Ambulance Inspection Report
Copy of Vehicle Maintenance Checklist**

SECTION IV: VEHICLES, EQUIPMENT AND SUPPLIES

Attachment P: Permitted ambulances in Greene County EMS System

Station and VIN	Year	Unit	Permit	Expiration	Level
Greene County EMS					
1FDWE35F03HB43686	2003	4053	NC06878	3/31/2017	EMT-I
1GBJB316X81226321	2008	4052	NC06876	2/28/2017	EMT-I
1FDXE4FS5DDA08105	2013	4050	NC06888	7/31/2017	EMT-I
1FDXE4FS8FDA05234	2015	4051	NC07718	7/31/2017	EMT-I
Fort Run EMS					
1FDJE30F3UHB88853	1997	5150	NC06090	3/31/2016	EMT
Hookerton EMS					
1FDXE45P69DA66308	2009	4650	NC07999	5/31/2017	EMT-I
Snow Hill EMS					
1FLDLE40F0VHA65025	2007	4750	NC07998	5/31/2017	EMT-I
Maury EMS					
1FDUF4HT7EED03136	2014	4450	NC08000	5/31/2017	EMT-I

Private Providers stationed in Greene County are listed separately.

Verification by:

Berry Anderson
EMS Director
Greene County

Herman Warrick
EMS Coordinator
Greene County

SECTION IV: VEHICLES, EQUIPMENT AND SUPPLIES

**Attachment Q: Ground Ambulance Inspection Report
Vehicle Maintenance Checklist**

EMS CHECK OFF

Date _____

Mileage _____

Unit _____

Shift _____

	Yes	No
(15) Premis Forms		
(10) Narratives		
(10) Refusals		
Pulse Ox Working		
Portable Suction Working		
Heart Start Working		
Glucometer Working		
Spare Battery Charged		
Enough Pads		
Suciton Unit Working		
Truck Phone		
Tablet with Charger		

M Cylinder PSI		
E Cylinder PSI		
D Cylinder PSI		
	Yes	No
1 Spare E Cylinder		

Place Heart Monitor Strip Here

	v/x
Radiator level	
Belts	
Oil Level	
Battery	
Tires	
Ignition	
Transmission/Fluid	
Brakes/Fluid	
Steering/Fluid	
Windshield wipers	
Fuel	
Sirene/Horn	
Radio check	
Head/Tail lights	
Gauges	
Warning lights	
Equipment charged	
Truck clean inside and out	

Signature

Signature

**GREENE COUNTY EMS
WEEKLY EMS UNIT CHECKLIST**

Date: _____

Shift: _____

Truck #: _____

Section A (15 points each)

- Provider name permanently displayed on each side
- Interior dimensions (min. 48" x 102")
- Vehicle body and function
- Warning devices (lights / siren) (1 pt. each light out)
- Two-way radio w/ additional pt area device
- Suction apparatus w/ wide bore tubing (1)
- BVM (Adult w/ mask) (2)
- BVM (Pedi w/ Child & Infant mask) (2)
- OPA's (Infant to Adult size) (2)
- Variable flow portable O2 regulator (1)
- Portable O2 Cylinder (1)
- Aneroid or Electronic BP cuffs (Infant, Child, Adult) (1 ea.)
- Adult Stethoscope (1)
- Pediatric Stethoscope (1)
- Automated or Manual External Defibrillator (1)
- Wheeled cot w/security for patient transport* (1)
- Backboards (Long) (2)
- Backboard accessories* (2 ea.)
- C-collars (Adult size, Pediatric size)* (2 ea.)
- Adult spinal extrication device (KED, XP-One, SSB)* (1)
- Pediatric immobilization device (Pedi-board, etc.)* (1)
- Pulse Oximeter
- Cellular Phone

Section B (7 points each)

- Cleanliness – Interior
- Equipment secured
- Heating & Cooling source for patient compartment
- Femur traction device* (1)
- Head immobilization device* (2 ea.)
- Extr. Immobilization devices (splints) (Upper, Lower) (2 ea.)
- Sterile OB Kit with supplies (2)
- Fire extinguisher mounted in quick release bracket (1)
- Infection control kit containing the following: Disinfecting hand wash; Sharps container; Masks; Disinfecting solution for cleaning equipment; Disposable biohazard trash bags; Eye protection; Shoe covers; Jumpsuit or gown (2 ea.)

PERMITTING INSPECTION

Section C (4 points each)

- Cleanliness – Exterior
- Stair chair or folding stretcher* (1)
- Latex-free gloves / Non-sterile gloves (1 ea. Size)
- or Latex Allergy Kit
- Heavy duty scissors (2)
- Suction catheters Adult size (2)
- Pediatric size (2)
- Rigid suction device (Yankauer) for machine operated suction device (1)
- or Replacement containers with suction tip for handheld disposable suction device (2)
- Triangle Bandage (5)
- Gauze roll (2 ea. Size – 2", 4" & 6")
- 4 x 4 (20)
- 2x2 (20)
- Tape (5)
- NPA's (1 ea. Size)
- O2 Tubing (5 ea.)
- O2 cannulas; Adult (5 ea.)
- O2 masks: Adult size (5)
- Pedi. size (5)
- Occlusive dressing (4)
- Burn Pack (2)
- Cold Pack (5)
- Sterile saline solution for irrigation (2 500 ml)
- Nonporous pillow (2)
- Pillowcase (4)
- Sheet (4)
- Towel (4)
- Blanket (4)
- Oral Glucose (3 tubes)
- Glucometer
- Operational flashlight w/ extra batteries (2)

Section D (2 points each)

- Reflective tape on all sides
- Compartment lighting (2 pts. each light out)
- Bed Pan (1)
- Urinal (1)
- Emesis basin or sealable emesis container (2)
- Alcohol wipe (20)
- Bulb syringe (1)
- Lubricating jelly (KY) (4)
- Triage tag* (20)
- Availability of (1) Pediatric restraint device to safely transport pt's. < 20 lbs. in rear on unit (1)

EXPANDED SCOPE SECTION

EMT (15 points each)

- (BIAD) Combitube
- "If required by Medical Director"*

EMT-I EMS System

Section A (15 points each)

- All previous items plus the following*
- Laryngoscope blades Adult size
- Pediatric size
- Laryngoscope handle w/ extra batteries / bulbs

Section B (7 points each)

- ET Tube Pediatric (2.5mm – 6.5mm)
- Adult sizes
- IV Catheters (14 – 24g)
- ET CO2 monitor or other ET placement device
- Stylettes for ET tube
- IV administration set
- IV arm board
- Tourniquet
- IV pole / hook
- Magill forcep
- Nebulizer

Glucometer

Readings

Low	High

Actual

Low	High

Sec V

**EMERGENCY MEDICAL SYSTEM
GREENE COUNTY, NORTH CAROLINA**

SECTION V: PERSONNEL

Verification of credentialed personnel is the responsibility of the individual provider chief. The provider chief will submit an annual report of credentialed personnel to the County EMS Coordinator by January 15th each year. The EMS Coordinator will verify personnel based on the squad chief's report, in conjunction with random check of personnel to assure minimum staffing requirements are met.

The Greene County EMS system will require a minimum of two (2) certified personnel on board the ambulance during an emergency response.

Greene County EMS System will verify credential using the NCOEMS database CIS for method of credential verification.

Attachment R – List of verified EMS personnel (By Department)

SECTION V: PERSONNEL

Attachment S: List of verified EMS personnel information by EMS Director

I verify that the attached individuals are currently and properly credentialed to function at the Medical Responder, Basic EMT and EMT Intermediate level of care.

Date

**Herman Warrick
EMS Coordinator
Greene County**

Date

**Berry Anderson
EMS Director
Greene County**

SECTION V: PERSONNEL

Attachment T: Greene County Infection Control Policy

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Department/Establishment: Greene County Emergency Medical Services

Date of Preparation/Update: September 24, 2014

Annual Review Dates: _____

County/Entity/Entity BBP Coordinator: Deborah Haddock

Department Head/ Director: Randy Skinner

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

A. PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 and the Needlestick Safety and Prevention Act (the Act) (Pub. L. 106-430).

B. EXPOSURE DETERMINATION

An exposure determination of each department has been completed to identify which employees may incur occupational exposure to blood or other potentially infectious materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment (PPE) since employees are considered to be exposed even if they wear personal protective equipment.

Appendix (A) includes a listing of job classifications in this department or establishment in which all employees within the identified job classification may be expected to incur such occupational exposure, regardless of frequency.

In addition, it also includes a separate listing of job classifications within this department/establishment in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposures are also to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure.

C. IMPLEMENTATION SCHEDULE AND METHODOLOGY

Appendix (B) includes a schedule and method of implementation for the various requirements of the OSHA BBP Standard applicable to this department/establishment.

1. Compliance Methods:

Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees at this facility. Engineering controls are the primary means of eliminating or minimizing employee exposure and include the use of safer medical devices, such as needle-less devices, shielded needle devices, and plastic capillary tubes. Medical devices with engineered sharps injury protections and needle-less systems constitute an effective engineering control and must be used where feasible.

Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. These controls will be examined and maintained on a regular schedule. Appendix (B) includes the schedule for reviewing the effectiveness of the control for this department/establishment.

Handwashing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. These facilities are to be readily accessible after incurring exposure. If there is a case where a hand washing facility is not accessible, an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes is to be provided. If this alternative is used, then the employee is to wash their hands with soap and running water as soon as possible after the occupational exposure. The location(s) of the nearest hand washing facility should be readily available to employees that are using the alternative method.

Supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

2. Annual Review Exposure Control Plan

An annual review and update will be conducted to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. Medical devices with engineered sharps injury protections and needle-less systems constitute an effective engineering control and will be considered during our review. These devices will be used where feasible to ensure employee safety. Refer to Appendix (E).

This review will:

- take into account innovations in medical procedure and technological developments that reduce the risk of exposure (e.g., newly available medical devices designed to reduce needlesticks); and
- document consideration and use of appropriate, commercially-available, and effective safer devices (e.g., describe the devices identified as candidates for use, the method(s) used to evaluate those devices, and justification for the eventual selection).

Since no one medical device is considered appropriate or effective for all circumstances, we will select devices that based on reasonable judgment:

- will not jeopardize client or employee safety or be medically inadvisable; and
- will make an exposure incident involving a contaminated sharp less likely to occur.

(During your annual review of devices, you must inquire about new or prospective safer options and document this fact in your written Exposure Control Plan. This would include, but would not be limited to, newly available medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Consideration and implementation of safer medical devices could be documented in the Exposure Control Plan by describing the safer devices identified as candidates for adoption; the method or methods used to evaluate devices and the results of evaluations; and justification for selection decisions. This information must be updated at least annually.)

The revised Exposure Control Plan requirements make clear that employers must implement the safer medical devices that are appropriate, commercially available, and effective. No one medical device is appropriate in all circumstances of use. For purposes of this standard, an "appropriate" safer medical device includes only devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.

Although new devices are being continually introduced, OSHA recognizes that a safer device may not be available for every situation. If a safer device is not available in the marketplace, the employer is not required to develop any such device. Furthermore, the revised requirements are limited to the safer medical devices that are considered to be "effective."

For purposes of this standard, an "effective" safer medical device is a device that, based on reasonable judgment, will make an exposure incident involving a contaminated sharp less likely to occur in the application in which it is used.

If no engineering control is available, work practice controls shall be used and, if occupational exposure still remains, personal protective equipment must also be used.)

Employee Input

Input will be solicited from non-managerial employees responsible for direct patient care regarding the identification, evaluation, and selection of effective engineering controls, including safer medical devices.

The employees providing input will represent the range of exposure situations encountered in the workplace, such as those in the health department, substance abuse, or EMS, along with others involved in direct care of patients.

(OSHA will check for compliance with this provision during inspections by questioning a representative number of employees to determine if and how their input was requested.

No specific procedures for obtaining employee input are prescribed. This provides the employer with flexibility to solicit employee input in any manner appropriate to the circumstances of the workplace. A dental office

employing two hygienists, for example, may choose to conduct periodic conversations to discuss identification, evaluation, and selection of controls. A large hospital, on the other hand, would likely find that an effective process for soliciting employee input requires the implementation of more formal procedures. The solicitation of input required by the standard requires employers to take reasonable steps to obtain employee input in the identification, evaluation, and selection of controls. Methods for soliciting employee input may include involvement in informal problem-solving groups; participation in safety audits, worksite inspections, or exposure incident investigations; participation in analysis of exposure incident data or in job or process hazard analysis; participation in the evaluation of devices through pilot testing.)

Documentation of Employee Input

Employers are required to document, in the Exposure Control Plan, how they received input from employees. This obligation will be met by:

- Listing the employees involved and describing the process by which input was requested; or
- Presenting other documentation, including references to the minutes of meetings, copies of documents used to request employee participation, or records of responses received from employees.

(Small medical offices may want to seek input from all employees when making their decisions. Larger facilities are not required to request input from all exposed employees; however, the employees selected should represent the range of exposure situations encountered in the workplace (e.g., pediatrics, emergency department, etc.). The solicitation of employees who have been involved in the input and evaluation process must be documented in the Exposure Control Plan.)

3. Engineered Sharps & Needle-less Systems

Sharps with Engineered Sharps Injury Protections

Non-needle sharps or needle devices containing built-in safety features that are used for collecting fluids or administering medications or other fluids, or other procedures involving the risk of sharps injury will be used where feasible. During our annual review, these devices will be discussed, reviewed as to their effectiveness with our procedures, and used where feasible. This covers a broad array of devices, including:

- syringes with a sliding sheath that shields the attached needle after use;
- needles that retract into a syringe after use;
- shielded or retracting catheters
- intravenous medication (IV) delivery systems that use a catheter port with a needle housed in a protective covering.

(Safety equipment must be available at all times. If for some reason an engineering control is not available (due to supply shortages, back orders, shipping delays, etc.), this must be documented in your Exposure Control Plan. You would then be responsible to implement the chosen control(s) as soon as it becomes available and adjust your exposure control plan to illustrate such. In the meantime, work practice controls must be used and, if occupational exposure still remains, personal protective equipment must also be used.)

Needleless Systems

Needle-less systems is defined as devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps. During our annual review, these devices will be discussed, reviewed as to their effectiveness with our procedures, and used where feasible. Types of needle-less systems include:

- IV medication systems which administer medication or fluids through a catheter port using non-needle connections; and
- jet injection systems which deliver liquid medication beneath the skin or through a muscle.

(A key element in choosing a safer medical device, other than its appropriateness to the procedure and effectiveness, is its availability on the market. If there is no safer option for a particular medical device used where there is exposure to blood or OPIM, you are not required to use something other than the device that is normally used.)

4. Needles

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. An exception to this is allowed if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. Appendix (B) includes a list of procedures at this facility where recapping or removal is permitted.

5. Containers for REUSABLE Sharps

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility, the sharps containers are to be puncture resistant, labeled with a biohazard label, and are to be leak resistant. Appendix (B) lists where reusable sharps containers are located at this facility as well as who has responsibility for removing sharps from containers and how often the containers will be checked to remove the sharps.

6. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Appendix (B) includes methods which will be employed at this facility to accomplish this goal.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

7. Contaminated Equipment

Supervisors are responsible for ensuring that equipment that has become contaminated with blood or other potentially infectious materials be examined prior to servicing or shipping and be decontaminated as necessary unless the decontamination of the equipment is not feasible.

8. Personal Protective Equipment

Appendix (B) includes a listing for this facility of which procedures require personal protective equipment, the recommended type of protection required, and who has responsibility for distribution to employees.

PPE Provision:

Supervisors are responsible for ensuring that required PPE is available within their respective work sites.

All personal protective equipment used at this facility will be provided without cost to employees.

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials.

The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the protective equipment will be used.

PPE Use:

Supervisors shall ensure and enforce employee use of appropriate PPE unless the supervisor shows that the employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

PPE Accessibility:

Supervisors shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

PPE Cleaning, Laundering and Disposal:

All personal protective equipment will be cleaned, laundered, or disposed of by the employer at no cost to the employees. All repairs and replacements are made by the employer with no cost to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in a appropriately designated area or container for storage, washing, decontamination, or disposal.

Gloves:

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Eye and Face Protection:

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Additional PPE Protection:

Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can reasonably be anticipated (such as autopsies and orthopedic surgery).

9. Housekeeping

This facility will be cleaned and decontaminated according to the schedule and method listed in Appendix (B).

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, and similar receptacles shall be inspected and decontaminated on a regular scheduled basis.

Any broken glassware that may be contaminated will not be picked up directly with the hands. Dustpans and hand-brooms or forceps/tongues are to be used.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

10. Regulated Waste Disposal

A list of disposable sharps containers and other regulated waste containers at this facility, and a list of persons tasked with ensuring that they are replaced in a timely basis and do not become overfilled, is included in Appendix (B).

A list of contractors used by this facility for regulated waste disposal is included in Appendix (B).

Disposable Sharps:

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries)

The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping. The second container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Other Regulated Waste:

Other regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation, or shipping.

The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste shall be in accordance with applicable United States, state, and local regulations.

11. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard labeled, or color-coded red) bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

Whenever Body Substance Isolation or Universal Precautions are used in the handling of all soiled laundry (i.e. all laundry is assumed to be contaminated), no labeling or color-coding is necessary as long as all employees recognize the hazards associated with the handling of this material.

Appendix (B) identifies where laundry at this facility will be cleaned.

Whenever contaminated laundry is shipped off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, contaminated laundry must be placed in bags or containers which are labeled or color-coded. One possible solution would be to include a requirement in the laundry facility contract requiring the laundry to utilize the equivalent of Universal Precautions.

12. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow Up

General:

The County/Entity/Entity will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

The County/Entity/Entity will ensure that all medical evaluations and procedures, including the Hepatitis B vaccine and vaccination series and post exposure follow-up (including prophylaxis), are:

- a. Made available at no cost to employee;
- b. Made available to the employee at a reasonable time and place;
- c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d. Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B Vaccination:

The Bloodborne Pathogens Coordinator is in charge of the Hepatitis B vaccination program. Vaccinations will be administered by the County Health Department or other identified facility.

Hepatitis B vaccination will be made available after the employee has received the training in occupational exposure (see information and training) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the standard, decides to accept the vaccination, the vaccination shall then be made available.

Each employee who declines the Hepatitis B vaccination offered shall sign a waiver indicating their refusal. Appendix (C) includes the OSHA declination statement to be used for this purpose.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available by the County/Entity/Entity at no cost the employee.

Post-Exposure Evaluation and Follow-Up:

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the Bloodborne Pathogens Coordinator for investigation.

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Bloodborne Pathogens Coordinator, shall establish that

legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

- d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

- a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
- b. The employee will be offered the option of having their blood collected for testing of the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

Each employee who incurs an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by the County/Entity Health Department or other identified healthcare provider.

Information Provided To The Healthcare Professional:

The County/Entity Bloodborne Pathogens Coordinator shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- a. A copy of the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030; *(While the standard outlines the confidentiality requirements of the healthcare professional, the County/Entity Bloodborne Pathogens Coordinator is to remind the healthcare professional of these requirements)*
- b. A written description of the exposed employee's duties as they relate to the exposure incident;
- c. Written documentation of the route of exposure and circumstances under which exposure occurred;
- d. Results of the source individual's blood testing, if available; and
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

Healthcare Professional's Written Opinion:

The County/Entity Bloodborne Pathogens Coordinator shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

- a. A statement that the employee has been informed of the results of the evaluation; and
- b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious

materials which require further evaluation or treatment.

NOTE: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

13. Labels and Signs

Supervisors shall ensure that biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

14. Information and Training

The Department Head/Director shall ensure that training is provided to each employee at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift.

The training will be interactive and cover the following:

- a. A copy of the standard and an explanation of it's contents.
- b. A discussion of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens.

- d. An explanation of the Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy.
- e. The recognition of tasks that may involve exposure.
- f. An explanation of the use and limitations of methods to reduce exposure. (*i.e. engineering controls, work practices and personal protective equipment*)
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
- h. An explanation of the basis of selection of PPE.
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up.
- l. Information on the evaluation and follow up required after an employee exposure incident.
- m. An explanation of the signs, labels, and color coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

Employees who have received bloodborne pathogens training within the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that have not already been covered.

15. **Recordkeeping**

Medical Record:

The County/Entity Bloodborne Pathogens Coordinator is responsible for maintaining medical records as indicated below. These records will be kept in the County/Entity Human Resources /Personnel Department Office.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.1020. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a. The name and social security number of the employee.
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination.
- c. A copy of all results of examinations, medical testing, and follow-up procedures.
- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

NOTE: For OSHA Log Recordkeeping purposes, an occupational bloodborne pathogens exposure incident shall be classified as an injury since it is usually the result of an instantaneous event or exposure. It shall be recorded if it meets the recordability requirements.

Training Records:

The County/Entity Bloodborne Pathogens Coordinator is responsible for maintaining training records. These records will be kept at the Human Resources/Personnel Department or other secure location.

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- a. The dates of the training sessions.
- b. An outline describing the material presented.
- c. The names and qualifications of persons conducting the training.
- d. The names and job titles of all personnel attending the training sessions.

Sharps Injury Log

The Sharps Injury Log will be maintained in a manner that protects the privacy of our employees. Every sharps injury will be noted on the Sharps Injury Log ASAP after the injury has been reported. The sharps injury log must be maintained for the period required by 29 CFR 1904 (5 years). Refer to Appendix (D).

All sharps injuries will be investigated by the supervisor for accident cause(s) and corrective action. The corrective action will be noted on a Supervisor's Accident Investigation Report form or other tracking methods. At a minimum, the log will contain the following:

- the type and brand of device involved in the incident;
- location of the incident (e.g., department or work area);
- description of the incident

(The format of the sharps injury log is not specified. The employer is permitted to determine the format in which the log is maintained (e.g., paper or electronic), and may include information in addition to that required by the standard, so long as the privacy of injured workers is protected. The Agency recognizes that many employers already compile reports of percutaneous exposure incidents in a variety of ways. Existing mechanisms for collecting these reports will be considered sufficient to meet the requirements of the standard for maintaining a sharps injury log, provided that the information gathered meets the minimum requirements specified in the standard, and the confidentiality of the injured employee is protected.

Under newly published revisions to OSHA's Recordkeeping rule (29 CFR 1904), employers are required to record sharps injuries involving contaminated objects on the OSHA 300 Log of Work-Related Injuries and Illnesses and the OSHA 301 Injury and Illness Incident Report (the new forms replace the current 200 and 101 forms). When the revisions become effective, employers may elect to use the OSHA 300 and 301 forms to meet the sharps injury log requirements, provided two conditions are met. First, the employer must enter the type and brand of the device on either the 300 or 301 form. Second, the employer must maintain the records in a way that segregates sharps injuries from other types of work-related injuries and illnesses, or allows sharps injuries to be easily separated.

For example, if OSHA 300 and 301 records are maintained on a computer, the employer must ensure that the computer is able to produce a record of sharps injuries that does not include other types of work-related injuries and illnesses (i.e., through using a program that allows for sorting of entries by injury type). If records are kept on paper forms, the employer would need to use a separate page of the 300 Log for sharps injuries.)

Availability of Records:

All employee records shall be made available to the employee in accordance with 29 CFR 1910.1020

All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration (OSHA) and the Director of the National Institute for Occupational Safety and Health (NIOSH) upon request.

Transfer of Records:

If this facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of NIOSH shall be contacted for final disposition.

16. Evaluation and Review

The Department Head is responsible for annually reviewing this program and its effectiveness, and for updating the written program as needed.

17. Dates

All provisions required by this standard will be implemented immediately upon approval and implementation of the written program.

18. Outside Contractors

While the written exposure control plan does not have to address information obtained from and provided to outside contractors, written standard operating procedures are to be established for situations involving the use of outside contractors by this facility. A copy of these standard operating procedures is to be attached to this document.

APPENDIX (A)

EXPOSURE DETERMINATION

Department/Establishment: Greene County Date: January 15, 2003

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list **all** job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category:

Emergency Medical Technician
Medical Responder

In addition, OSHA requires a listing of job classifications in which **some** employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Fire Inspector and Investigator
Emergency Management Administrators

APPENDIX (B)

IMPLEMENTATION SCHEDULE AND METHODOLOGY

Department/Establishment: Greene County Date: September 2014

The following includes schedule and method of implementation information for requirements applicable to the Bloodborne Pathogens Exposure Control Plan at this facility:

COMPLIANCE METHODS

All control measures that isolate or remove a hazard from the workplace, encompassing not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. At this facility, the following engineering controls will be utilized: ***(list controls, such as sharps containers, biosafety cabinets, blunt suture needles and plastic or mylar-wrapped glass capillary tubes, etc.)***

Sharps Containers
Red Bio-Waste Bags
Dispatch Cleaning Solution
Goggles, Plastic Face Shields & Gowns
Latex Gloves

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of controls is as follows: ***(list schedule such as daily, once/week, etc. as well as list who has the responsibility to review the effectiveness of the individual controls, such as the supervisor for each department, etc.)***

Once per week
EMS Coordinator reviews

NEEDLES

At this facility, recapping or removal is only permitted for the following procedures: *(list the procedures and also list the mechanical device to be used or if a one-handed technique will be used)*

All needles used have safety devices to keep employee from being stuck.
All needles are to be disposed of in sharps container on the EMS unit.

CONTAINERS FOR DISPOSABLE SHARPS

Contaminated sharps that are disposable are to be placed in a disposable sharps container immediately, or as soon as possible after use. Disposable sharps containers will be color coded red or be labeled with the biohazard emblem. Disposable sharps containers will not be allowed to overfill, and will be closed or sealed prior to disposal. See the REGULATED WASTE DISPOSAL section for additional details.

CONTAINERS FOR REUSABLE SHARPS

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. *(list here where reusable sharps containers are located as well as who has responsibility for removing sharps from containers and how often the containers will be checked to remove the sharps)*

None used

WORK AREA RESTRICTIONS

All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods that will be employed at this facility to accomplish this goal are: *(list methods, such as covers on centrifuges, usage of dental dams if appropriate, etc.)*

All materials containing blood are to be cleaned up and placed in biohazard bags. Solutions, such as fifty- percent water, fifty percent Clorox or Dispatched Solution will be used to clean the affected areas.

PPE PROVISION

Personal Protective Equipment used at this facility will be chosen based on the anticipated exposure to blood or other potentially infectious materials. ***(Indicate how clothing will be provided to employees, e.g. who has responsibility for distribution. Also, list which procedures would require the protective clothing and the recommended type of protection required.)***

Latex gloves, gowns, goggles or face mask are to be worn as needed. Which type of protective equipment to be used will be determined by the EMT and the type of call the EMT is on. (MVC, domestic violence, etc.)

ADDITIONAL PPE PROTECTION

The following situations require that additional protective clothing ***(such as lab coats, gowns, aprons, clinic jackets, or similar outer garments)*** shall be worn in instances when gross contamination can reasonably be anticipated ***(such as autopsies and orthopedic surgery)***:

Childbirth, motor vehicle crashes, gunshot wounds, full codes, etc.

HOUSEKEEPING

This facility will be cleaned and decontaminated according to the following schedule: ***(List area, schedule, and cleaning materials or methods which will be utilized, such as bleach solutions or EPA registered germicides.)***

When any call is made and blood exposure is incurred, clean up will be done using Clorox solutions or dispatch solution (EPA registered germicide).

The following listed protective coverings, such as plastic wrap, are to be used at this facility to assist in keeping surfaces free of contamination:

Showers are provided where individuals can shower and remove clothing.

All bins, pails, and similar receptacles at this facility shall be inspected and decontaminated on a regularly scheduled basis. ***(List frequency and by position/person)***. After use

REGULATED WASTE DISPOSAL

Disposable contaminated sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. *(list here where disposable sharps containers are located at this facility as well as who has responsibility for disposal of containers and how often the containers will be checked for replacement.)*

Sharps disposable are on the ambulance. All EMT's are responsible for use and disposal when necessary.

Other regulated waste is to be placed immediately, or as soon as possible, after use into appropriate containers. *(list here where regulated waste containers are located at this facility as well as type of waste, who has responsibility for disposal of containers, and how often the containers will be checked for replacement.)*

The ambulance will be cleaned prior to leaving the hospital of all contaminants. (gloves, gowns, linen suction devices, etc.) Therefore, other containers are not necessary at this facility.

The following contractors have been designated by this facility for use in disposal of regulated waste.

LAUNDRY PROCEDURES:

The following off-site laundries have been identified by this business for pick-up and cleaning of laundry contaminated with blood or other potentially infectious materials:

Left at hospitals for cleaning or disposal.

OUTSIDE CONTRACTORS

The following includes standard operating procedures for situations at this facility which involve the use of outside contractors who may be exposed to, or present an exposure for our employees to, bloodborne pathogens:

All universal precautions will be taken, by outside contractors as well.

APPENDIX (C)

HEPATITIS B VACCINE DECLINATION
(MANDATORY)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to my self. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series.

Signature

Date

Sec VI

**EMERGENCY MEDICAL SYSTEM
GREENE COUNTY, NORTH CAROLINA**

SECTION VI: DATA COLLECTION

Attachment: U Statement of DATA Collection

The Greene County EMS System utilizes ESO as an import method to satisfy the data submission requirements.

Herman Warrick, EMS Coordinator
ESO System Administrator

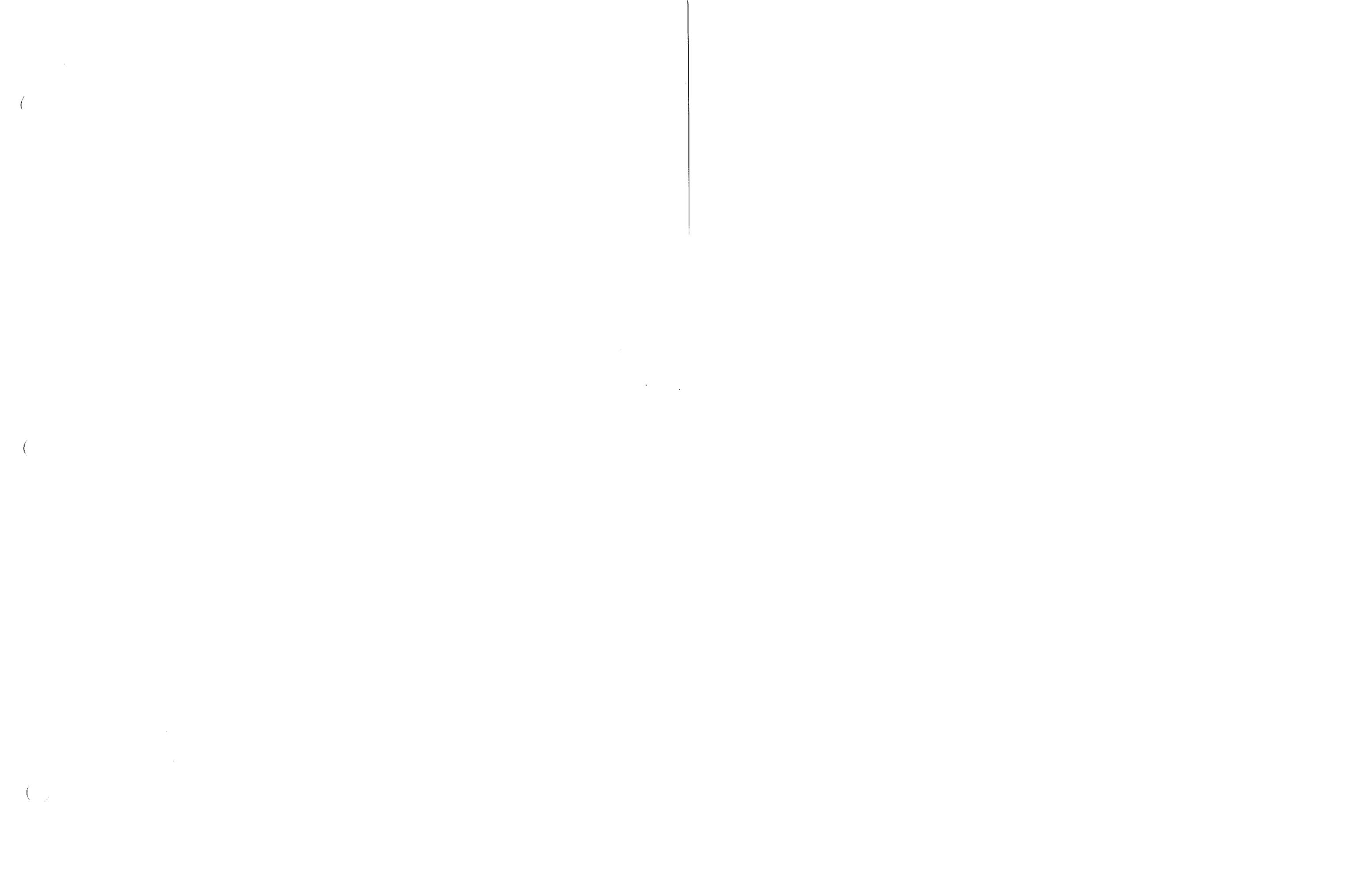
Date

Berry Anderson, EM Director

Date

Kyle Dehaven, County Manager

Date



**EMERGENCY MEDICAL SYSTEM
GREENE COUNTY, NORTH CAROLINA**

SECTION VII: EDUCATION

Copy of written continuing education plan for EMS personnel that meets NC Medical Board approval.

Attachment V – Education Plan with Medical Directors Approval

Attachment W - EMS System Continued Education Coordinator

Attachment X – Emergency Vehicles Operation Training

**EMERGENCY MEDICAL SYSTEM
GREENE COUNTY, NORTH CAROLINA**

SECTION VII: EDUCATION

Copy of written continuing education plan for EMS personnel that meets NC Medical Board approval.

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Attachment X – Emergency Vehicles Operation Training

SECTION VII: EDUCATION

Attachment V: Education Plan for EMS Providers

Purpose

To provide a structured educational plan, which evolves primarily through quality assurance reviews of patient care received during field operations that may be improved through education.

Program Structure and Delivery

Lenoir Community College will be Greene County's educational institution for EMS training. The EMS program head for Lenoir Community College will ensure all training sessions meet curriculum standards, quality and sound educational practices. The EMS program head will also be responsible for ensuring instructors meet the required qualifications set by Lenoir Community College and the Office of EMS for both continuing education and initial programs.

Peer Review Committee and EMS Advisory Committee

The Quality Management Committee shall present potential topics for educational reinforcement to the EMS Advisory Committee for approval. The topics presented are potential trends or deficits seen through peer review from direct patient contact. Such topics shall be presented and approved by the committee and the system Medical Director.

Required Hours of Training and Mandatory Topics

Greene County training year will begin in the month of January through December. Greene County EMS system personnel are required to meet a minimum of 36 hours of training per year to include the following 4 mandatory topics in each years training. The 4 topics are Trauma, Pediatrics, Cardiology and Mandatory's to include **Hazmat, Infection Control, Ambulance Ops and HIPPA Standards**. There will be a 6 hour Skills Review mandated once a year. The Technical Scope of Practice will be needed sometime in the last 2 years of their certification period. A current CPR training class is required once every 2 years by all EMS personnel to include fire and other first responders in Greene County. The current and additional hours a year will be Quality Improvement driven according to the Quality Management Committee and EMS Advisory Committee approved topics. EMS personnel who also serve as instructors for EMS classes will receive continuing education hours for up to 50% of the required hours annually.

Educational Compliance

County EMS personnel who fall out of compliance with the educational requirements shall be subject to the following actions:

Initial Notification

When out of compliance with the required training in Greene County, he/she will be given a verbal and written letter by the Greene County EMS Coordinator, stating the reason he/she is out of compliance. The individual will be required to complete a training regiment directed by the Medical Director or designee in specific time frame. Failure to meet the training requirement will lead to a suspension of EMS privileges in Greene County.

Suspension Notification

If any EMS professional doesn't meet the requirements in the **initial notification**, the EMS professional must submit in writing, their plan on how they intend to complete the necessary training requirements and their expected completion time. The Medical Director must approve the individuals plan prior to implementation. Suspension of privileges remains in place until the approved plan has been met. The individual must show proof of completion from an approved educational institution through the Office of EMS. If an EMS professional doesn't complete the requirements as written to the Medical Director of Greene County, EMS privileges will be revoked until the approved plan has been met. In the case of hardship the Medical Director will review each individual on a case by case basis and make an informed decision on the proper actions to be taken.

Re-Credentialing in Greene County EMS System

In order to operate as an EMS professional in Greene County the following must be followed:

- (38)*
1. Yearly ~~36~~ hours of training as designated in Greene County's Continuing Education Plan.
 2. Meet all mandatory topics each year as stated in Educational Plan.
 3. Proof of CPR training once every 2 years.
 4. Technical Scope of Practice sometime in the last 2 years of their certification expiration.

The items above will be documented on the **Greene County EMS Training Log** by the system Training Officer for verification. It will be the Captain's responsibility from each department to submit a transcript to the GC EMS Coordinator once in June and again in December. Once completed the system Training Officer will forward the training log to the EMS Program Head or designee for final review. If aspects of training have been met, EMS personnel will be re-credentialed through the Enhanced Performance Center for NCOEMS.

Medical Directors Approval by Signature


Medical Director


Date

SECTION VII: EDUCATION

Attachment W - EMS System Continued Education Coordinator

GREENE County EMS

Path: Search Institutions > View Institution

Institution: Lenoir Community College

System Con Ed COORDINATOR.

Location Information	General Information
Name: Lenoir Community College Physical Address: 231 Hwy 58 South Kinston, NC 28502 County: Lenoir Mailing Address: Post Office Box 188 Kinston, NC 28502 County: Lenoir	Website: http://www.lenoircc.edu/Continuing_Education/psepro Phone Number: 252-527-6223 Fax Number: Status: Open
	Demographics
	Institution Number: 054005 Contract Number: Institution Category: Community College Institution Type: Advanced
	I R CE
	Emergency Medical Dispatch <input checked="" type="checkbox"/>
	Medical Responder <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	EMT-Paramedic <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	EMT-Basic <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
	EMT-Intermediate <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

Institution Credentials

Issue Date	Exp. Date	Status
01/02/2013	01/31/2017	Active

Personnel

17 Items found, displaying 1 to 10. [First/Prev] 1, 2 [Next/Last]

Name	Job Title(s)	Phone Number	
Stephen A Blackburn	Instructor	252-527-6223	View
Wesley R Carter	Instructor	252-233-6860	View
Joshua Trey Cash	Instructor	252-747-2544	View
Roger Cody Dail	Instructor		View
Alyce C Farley	Instructor		View
Jeremy R Hill	Instructor		View
Michael K Justice	Instructor	252-527-6223	View
Jason Lynn Long	Instructor		View
Marcus Alexander Mccarson	Instructor		View
Billy S McLawhorn	Instructor		View

Export options: [CSV](#) | [Excel](#) | [XML](#)

Offered Courses

60 Items found, displaying 1 to 10. [First/Prev] 1, 2, 3, 4, 5, 6 [Next/Last]

Course Number	Course Name	Course Dates	Instructor	
107320	Initial EMT-Basic	08/17/2015 - 12/16/2015	Christine C Turner	View
107406	Initial EMT-Paramedic	07/07/2015 - 02/28/2016	Lisa L Stewart	View
107517	Initial EMT-Basic	08/24/2015 - 12/18/2015	Lisa L Stewart	View
107288	Initial EMT-Paramedic	04/27/2015 - 12/04/2015	Alyce C Farley	View
107351	Initial EMT-Basic	06/01/2015 - 09/20/2015	Roger Cody Dail	View
107450	Initial EMT-Intermediate	08/10/2015 - 12/06/2015	Jordan B Pate	View
107451	Initial EMT-Basic	08/24/2015 - 10/30/2015	Jordan B Pate, Justin Trighman	View
107452	Initial EMT-Basic	08/03/2015 - 11/22/2015	Jonathan E Eubanks	View
107453	Initial EMT-Paramedic	08/17/2015 - 03/13/2016	Sherwood Dustin Shivar	View
107515	Initial EMT-Basic	08/24/2015 - 06/10/2016	Billy S McLawhorn	View

Export options: [CSV](#) | [Excel](#) | [XML](#)

SHOW ALL



26 January 2016

Greene County Emergency Services
Attn: Herman Warrick, EMS Coordinator
201 Martin Luther King Jr. Parkway
Snow Hill, NC 28580

Dear Mr. Warrick,

Please find enclosed your copy of the Memorandum of Understanding between Lenoir Community College and Greene County EMS. Thank you in advance for working with our students.

Respectfully,

A handwritten signature in black ink that reads "Stephen Blackburn".

Stephen Blackburn, AAS, EMT-P
Assistant Director of Public Safety Programs-
Lab and Clinical Coordination
252.527.6223, ext. 146
Sablackburn20@lenoircc.edu
www.lenoircc.edu

MEMORANDUM OF UNDERSTANDING

LENOIR COMMUNITY COLLEGE

and

Greene County Emergency Services

THIS AGREEMENT by and between LENOIR COMMUNITY COLLEGE (hereinafter referred to as the COLLEGE), and Greene County Emergency Services (hereinafter referred to as the AGENCY);

WITNESSETH

WHEREAS the AGENCY and COLLEGE agree to an annual contract from the date of the last signature through, 1/31/2017.

WHEREAS the AGENCY has given and desires to continue to give special attention and strong support to the needs of the health related programs of the COLLEGE; and

WHEREAS the AGENCY intends to continue to cultivate its clinical bonds with the COLLEGE; and

WHEREAS THE COLLEGE, is interested in providing educational opportunities in health related programs and desires to continue its relationship with the AGENCY;

NOW THEREFORE, the parties agree as follows:

- I. COLLEGE RESPONSIBILITIES – It shall be the responsibility of the COLLEGE to do the following:
 - A) To sponsor and promote an educational program at the COLLEGE for education in the health related disciplines.
 - B) To employ qualified faculty to develop, implement, and evaluate the health programs. The program director shall be responsible for coordinating the total curriculum.
 - C) To provide faculty to plan and to supervise clinical experiences and to evaluate student performance in accordance with course guidelines and objectives.
 - D) To require each student and/or faculty assigned to the AGENCY to comply with the policies, procedures, rules and regulations of the AGENCY, as the same may be from time to time amended, including but not limited to Employee Health and Infection Control Policies (*to include Rubella and Varicella and Tuberculosis status); and the Confidentiality Policy, regarding the records of those served by the Agency; and the Blood and Body Fluid Exposure Policies in effect during any student and/or faculty rotation.
 - E) To require each student and/or faculty assigned to the AGENCY to submit to such drug/substance abuse screening and criminal record checks as may be required by AGENCY, and to provide documentation of such testing and records for each student and/or faculty as the AGENCY may require.
 - F) To provide the AGENCY with a rotation schedule to include the names, the number of students, the level of the students, the times, the days, the clinical area, and the responsible instructor.

- G) To require students and faculty to carry adequate professional liability insurance while at the AGENCY. The limits of liability of said insurance shall be at least one million dollars (\$1,000,000.00) per occurrence and three million (\$3,000,000.00) per student or faculty per year period. Proof of such coverage shall be maintained by the director of the program and available upon request.
- H) To remove any student from the AGENCY, whenever in the opinion of the AGENCY and the COLLEGE, it is deemed to be in the best interest of either the AGENCY consumers and/or employees.
- I) To recommend for placement in the clinical education program of the facility only those students who have earned a satisfactory or passing grade point average as defined by the COLLEGE.
- J) To provide the AGENCY with copies of current course syllabi, and written evaluations of the clinical experiences upon request of the AGENCY.
- K) To adhere to the essential guidelines for the applicable accrediting bodies for the particular health fields covered pursuant to this Agreement.
- L) To cooperate with the Agency facilitator and/or designee, to assign students to specific areas with the AGENCY.

II. THE AGENCY RESPONSIBILITIES – It shall be the responsibility of the AGENCY as follows:

- A) To offer its facilities as a clinical learning experience to the COLLEGE'S enrolled students in Health programs and to foster among its staff and employees, both technical and professional, a "teaching attitude" of helpfulness to the COLLEGE'S students and/or faculty.
- B) To retain direct responsibility for and control of its health delivery services.
- C) To provide sufficient and qualified supervisory and staff personnel, as required by the particular boards governing the areas within the AGENCY selected for learning experiences for the students.
- D) To provide, when possible, support facilities such as the library, use of cafeteria, lounges, restrooms, parking, and conference rooms to the students and/or faculty participating in the programs pursuant to this Agreement, if any costs are involved with such privileges, the cost shall be the same as the staff rate.
- E) To provide opportunities for faculty-staff planning.
- F) To provide sufficient and properly maintained equipment and supplies suitable for student use within the facility.

MEMORANDUM OF UNDERSTANDING
Lenoir Community College

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- G) To provide faculty and students access to first aid and emergency care for illnesses and/or accidents occurring on the property operated by the AGENCY. Costs for such care shall be the responsibility of the faculty member or student receiving such services; except in the event, the exposure may have resulted from any error or omission by the AGENCY and/or its agents or employees, the Agency facilitator or designee shall notify the Clinical Coordinator regarding assistance from the AGENCY for diagnostic tests, including but not limited to RPR, Hepatitis B surface Antibody, Hepatitis B Surface Antigen, HIV for exposed student/faculty and source person.
- H) To make available for the students and faculty, records of those served by the AGENCY and only as needed when appropriate.
- I) To give to the COLLEGE consideration with respect to the scheduling for the use of the AGENCY for all purposes set out in this Memorandum of Understanding.
- J) To provide an orientation session to include rules and regulations, policies and a tour of the AGENCY for the students and faculty prior to their first clinical experience.

III. MUTUAL RESPONSIBILITIES:

- A) **TERM:** The term of this Agreement shall continue in full force and effect until the date listed above. Either party shall have the right to terminate this Agreement with or without cause, upon ninety (90) days, notice in writing to the other party.
- B) **EQUAL EMPLOYMENT AFFIRMATIVE ACTION EMPLOYERS:** The parties agree that they are Equal Employment Affirmative Action Employers and shall not discriminate in any manner against any student or faculty member regardless of race, color, national origin, religion, sex, age or disability.
- C) **AGENCY:** Under no circumstances are any other COLLEGE faculty or students to be considered agents or employees of the AGENCY while they are engaged in clinical activities/supervising students from the COLLEGE.
- D) **SCHEDULING:** Clinical scheduling (for priority commitment) will be designated each year at a joint conference between the AGENCY and the COLLEGE and other affiliating schools.
- E) **DISMISSAL:** Only the COLLEGE shall have the authority to dismiss students from any health program.

MEMORANDUM OF UNDERSTANDING
Lenoir Community College

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- F) **MODIFICATION:** This Agreement may be modified or amended at any time by mutual consent. Such amendment shall be in writing with said writing signed by both parties.
- G) **ENTIRE AGREEMENT AND AMENDMENTS:** This Agreement contains the entire understanding between the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous written or oral negotiations in agreement between them regarding the subject matter hereof.
- H) **LIABILITY:** The COLLEGE on its behalf accepts responsibility for its tortious acts to the extent allowed under the North Carolina Tort Claims Act, North Carolina General Statutes 143-300.1 et seq. And accepts responsibility for any and all claims, losses, liabilities, demands, damages, or any other financial demands that may be alleged or realized due to its own negligence and or negligence of its agents, employees, or students while in the performance of their duties or assignment pursuant to this Agreement to the extent permitted by law, except that the COLLEGE does not agree to hold harmless the AGENCY from any claims which may have resulted from any error or omission by the AGENCY and/or its agents or employees.
- I) **SEVERABILITY:** If any provision of this agreement is determined to be invalid or unenforceable, the provision shall be deemed to be severable from the remainder of the Agreement and shall not cause the invalidity or unenforceability of the remainder of this Agreement.
- J) **WAIVER CLAUSE:** The failure by the party at any time to require performance by the other party of any provision hereof shall not affect in any way the right to require such performance at a later time nor shall the waiver by either party of a breach of any provision hereof be taken or be held to be waiver of such provision.
- K) **ASSIGNMENT:** This Agreement is personal to each of the parties hereto, and neither party may assign nor delegate any of its rights or obligations without first obtaining the written consent of the other party unless otherwise provided for in this Agreement. Any purported assignment without prior written consent shall be null and void.
- L) **STANDARDS:** Shall be adhered to as specified in writing by the AGENCY to include, but not limited to "Joint Commission".

MEMORANDUM OF UNDERSTANDING

ADDENDUM

LENOIR COMMUNITY COLLEGE

and

Greene County Emergency Services

*Health Program offerings include, but are not limited to, the following programs:

HEALTH SCIENCES: Associate Degree Nursing
Practical Nursing
Medical Assisting
Polysomnography
Surgical Technology
Radiography
Therapeutic Massage

CONTINUED EDUCATION

MAIN CAMPUS: Nursing Assistant I
Nursing Assistant II
Phlebotomy
Health Unit Coordinator
BCG Monitor Technician
EMT Basic
EMT I
EMT Paramedic
Mobile ICNS

GREENE COUNTY: Phlebotomy
Health Unit Coordinator
Nursing Assistant I
Nursing Assistant II
ECG Monitor Technician
EMT and EMT-I
Medical Coding and Processing

JONES COUNTY: Phlebotomy
Nursing Assistant I
Nursing Assistant II
EMT and EMT-I

MENTAL HEALTH ASSOC.: Human Services
Social Services

**Greene County EMS
Required Recertification Hours**

Objective	MR	EMT-B	EMT-I
Preparatory	4	4	4
Cardiovascular	0	0	8
Airway including CPR	6	6	4
Pediatrics	0	0	4
Patient Assessment	10	10	4
Medical Behavior	0	10	8
Circulation	10	0	0
Illness and Injury	8	0	0
Trauma	0	8	6
Obstetrics, Infants and Children	8	8	4
Other Recommended Topics	0	0	6
EMS Operations	2	0	2
Miscellaneous	12	14	22
Total Hours	60	60	72

SECTION VII: EDUCATION

Attachment X: Plan for providing emergency vehicles operation education for System personnel.

- A. Curriculum used will be the Emergency Vehicle Drive student outline provided by the Volunteer Firemen's Insurance Services or a departmental drivers' course form.
- B. Records are kept on EMS system personnel by the training officer or chief of the individual provider on personnel completing this training. Copies are provided to EMS Coordinator for tracking purposes.
- C. The policy on who is allowed to operate EMS vehicles are maintained by the EMS provider's chief and directors.

Greene County requires a minimum age for operators to be 18 years of age and satisfactorily completed the VFIS drivers' course or a departmental drivers' course prior to beginning driving of EMS vehicles. Volunteer departments will send a list of approved drivers for EMS to the Greene County EMS Coordinator.

**2016 Greene County
EMS System
Con ED**

As of Jan 2016 we will have new Greene County Con Ed. This will 32 hours on line with a 6 hour Skills Day at the End of each set of classes.

Classes

32 Hours based on the following topics, Pediatrics, Trauma, Cardiology and Mandatories.

The classes will be offered on a semester basis

Jan 4th through May 13th – Skill Set Day May 7th

May 16th through Aug 13th – Skill Set Day Aug 6th

Aug 15th through Dec 16th – Skill Set Day Dec 10th

Note: **Classes Must Be Completed within the Semester.** In the event you Do Not complete the classes you will have to re-enroll and start over

As needed there will be 2 other Skill Set days added during the year to assure everyone stays compliant.

Skill Sets

Skill Sets will consist of the following topics and class will be approx. 6 Hours

Skill Set Days are currently on Sat's from 9am to 4pm.

Pit Crew CPR

Chest Pains

Allergic Reaction

Splinting Back Boards and Collars

Breathing Difficulty

AMS / Seizure / Syncope / Low BSFS

It is mandated By Dr Ribeiro that 1 semester of classes and 1 skill set is to be completed within this year.

Anyone **Not** completing classes in 2015 will have to complete the following.

1. Re-Board in the areas that was missed By Jan 1 2016.

(Ex... If you missed Cardio you must Re-Board in Cardio)

2. Enroll in the 1st Semester of Classes and Complete Classes.

3. Sign up for the Make-up Skill Set in Jan 30th 2016 in addition to completing the Skill Set scheduled for May 7th

This was put in place so everyone would have a change to continue running in Greene County.

Please understand in the event any of the above is not completed your rights to function in Greene County Will Be Suspended Pending Review by the **EMS Peer Advisory Committee**

EMS Peer Advisory Committee

This Committee will consist of the following:

Dr Ribeiro

Berry Anderson

Herman Warrick

JD Johnson

Sheri Taylor

Greene County EMS Boarding Committee

Dr Ribeiro – Medical Director

Herman Warrick - Boarder

DJ Johnson - Boarder

Sheri Taylor – Boarder

 12/9/15

If you missed more than 2 Classes you will have to complete the following and will be suspended from working in an EMS Unit until completed:

Scope before Dec 31st 2015 in the areas missed

Complete First Set of Classes

Complete Skills Set on Dec 30th or May 7th.

After all of the above is completed and Dr. Ribeiro has reviewed you can be reinstated to work on an EMS Unit in Greene County.