



Leon County

Board of County Commissioners

301 South Monroe Street, Tallahassee, Florida 32301
(850) 606-5302 www.leoncountyfl.gov

Division of Emergency Medical Services
911 Easterwood Drive
Tallahassee, Florida 32311
(850) 606-2100

Commissioners

BILL PROCTOR
District 1
Chairman

JOHN DAILEY
District 3
Vice Chairman

JANE G. SAULS
District 2

BRYAN DESLOGE
District 4

KRISTIN DOZIER
District 5

MARY ANN LINDLEY
At-Large

NICK MADDOX
At-Large

VINCENT S. LONG
County Administrator

HERBERT W.A. THIELE
County Attorney

July 1, 2016

Emergency Medical Services Advisory Council of Leon County
911 Easterwood Drive
Tallahassee, FL 32311

Re: Application for the renewal of a Certificate of Public Convenience and Necessity to provide basic and advanced life support ground transport and non-transport services.

Dear Members,

In compliance with Section 8-64 of Article III – Emergency Medical Transportation Services, Leon County Code of Laws, we are pleased to submit this application for the renewal of a Certificate of Public Convenience and Necessity to Leon County for the provision of basic and advanced life support ground transport and non-transport services.

As you are aware, Leon County has been providing basic and advanced life support ground transport services through the Division of Emergency Medical Services since December 31, 2003. Since then, the division has responded to nearly 400,000 requests for service and has become a recognized national leader in EMS. The division became the eighth government operated EMS system in the United States to be accredited by the Commission on Accreditation of Ambulance Services.

We look forward to continuing this tradition of excellence as an important partner in the delivery of pre-hospital medical services to our community. Should you have any questions regarding this application, please contact me at (850) 606.2100. Thank you for your consideration.

Sincerely,

Chad Abrams
Director, Office of Public Safety
Chief of Emergency Medical Services

Leon County Board of County Commissioners

County Commissioners

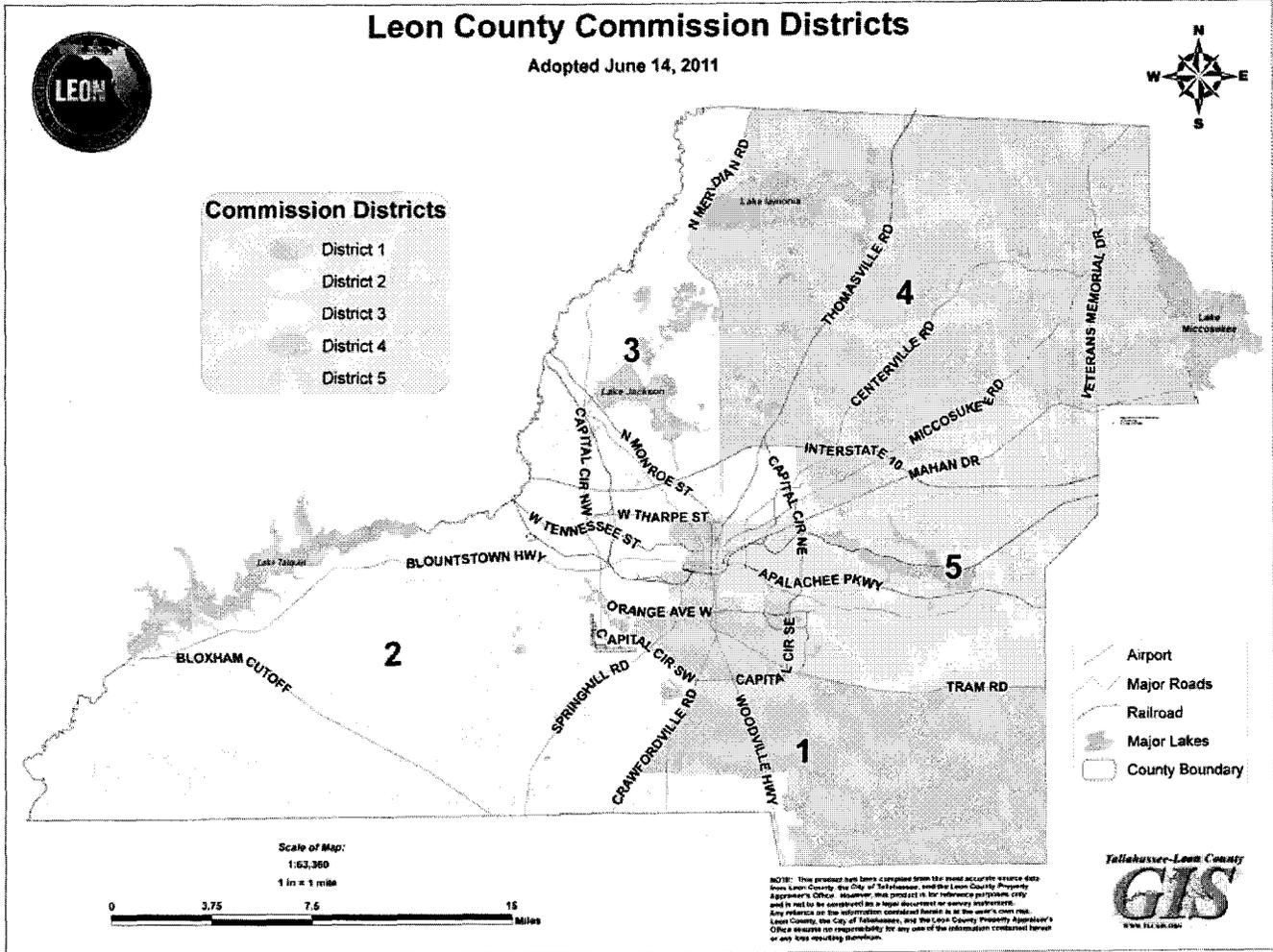
District 1 Bill Proctor, Chairman
District 2 Jane Sauls
District 3 John Dailey, Vice Chairman
District 4 Bryan Desloge
District 5 Kristin Dozier
At-Large Mary Ann Lindley
At-Large Nick Maddox

Management Team

County Administrator Vincent S. Long
County Attorney Herbert W.A. Thiele
Deputy County Administrator Alan Rosenzweig
Assistant County Administrator Wanda Hunter
EMS Division Director Chief Chad Abrams

Contact Information

County Commission	Leon County Courthouse 301 South Monroe Street Tallahassee, FL 32301	Phone: 850.606.5302 Fax: 850.606.5303
County Administration	Leon County Courthouse 301 South Monroe Street Tallahassee, FL 32301	Phone: 850.606.5300 Fax: 850.606.5301
County Attorney	Leon County Courthouse 301 south Monroe Street Tallahassee, FL 32301	Phone: 850.606.2500 Fax: 850.606.2501
Division of Emergency Medical Services	911 Easterwood Drive Tallahassee, FL 32311	Phone: 850.606.2100 Fax: 850.606.2101



Leon County Government Organization Chart

People Focused. Performance Driven.



- Voter Elected
- Judicial
- Clerk of the Court Circuit and Comptroller
- Property Appraiser
- Supervisor of Elections
- Tax Collector
- Sheriff
- Emergency Management



Board of County Commissioners



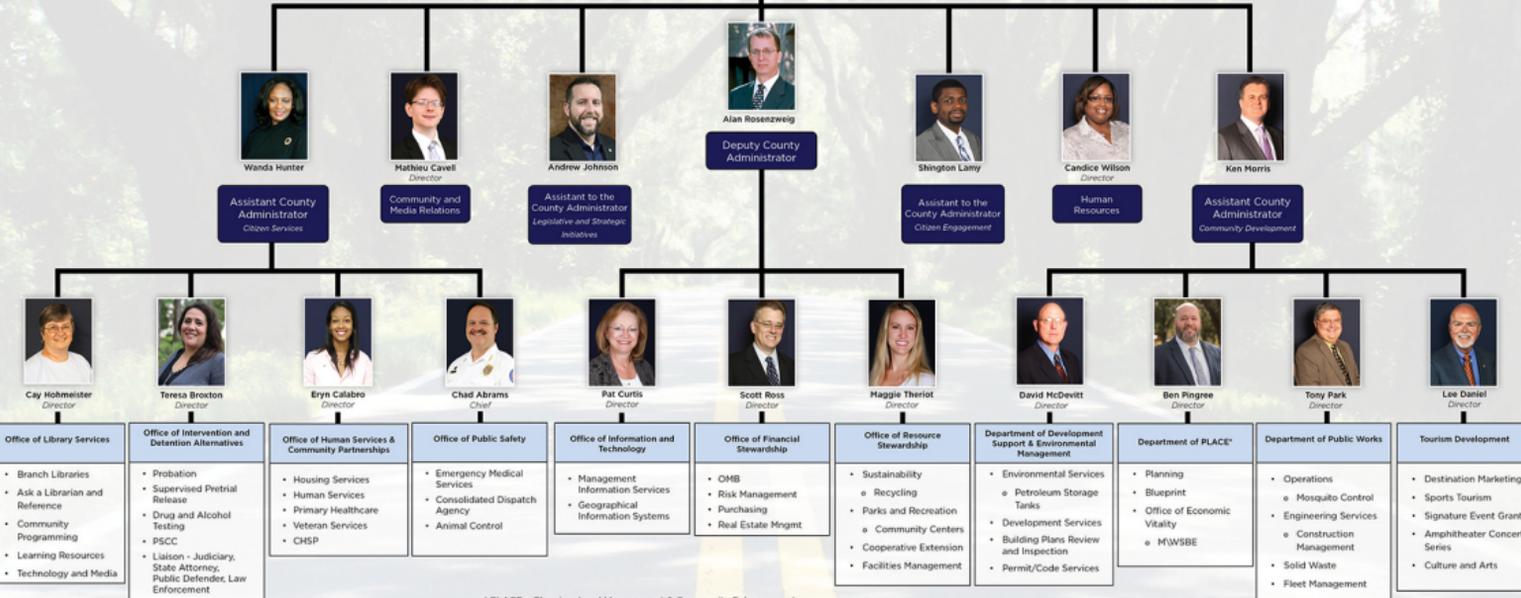
Herbert W. A. Thiele

County Attorney



Vincent S. Long

County Administrator



* PLACE = Planning, Land Management & Community Enhancement

HOME RULE CHARTER

§ 1.6

SECTION 1. HOME RULE CHARTER

The proposed Home Rule Charter of Leon County, Florida, shall read as follows:

PREAMBLE

We, the citizens of Leon County, Florida, united in the belief that governmental decisions affecting local interests should be made locally, rather than by the State, and that County government should be reflective of the people of the County and should serve them in achieving a more responsive and efficient form of government and in order to empower the people of this County to make changes in their own government, do ordain and establish this Home Rule Charter for Leon County, Florida.

ARTICLE I. CREATION, POWERS AND ORDINANCES OF HOME RULE CHARTER GOVERNMENT

Sec. 1.1. Creation and general powers of Home Rule Charter government.

The County shall have all powers of self-government not inconsistent with general law, with special law approved by vote of the electors, or with this Charter. The County shall have all county and municipal powers of self-government granted now or in the future by the Constitution and laws of the State of Florida.

Sec. 1.2. Body corporate, name and boundaries.

Leon County shall be a body corporate and politic. The corporate name shall be Leon County, Florida. The County seat and boundaries shall be those designated by law on the effective date of this Home Rule Charter.

Sec. 1.3. Construction.

The powers granted by this Home Rule Charter shall be construed broadly in favor of the charter government. The specified powers in this Charter shall not be construed as limiting, in any way, the general or specific power of the government as stated in this article. It is the intent of this article to grant to the charter government full power and

authority to exercise all governmental powers necessary for the effective operation and conduct of the affairs of the charter government.

Sec. 1.4. County purposes.

The County, operating under this Charter, shall have all special powers and duties which are not inconsistent with this Charter, heretofore granted by law to the Board of County Commissioners, and shall have such additional county and municipal powers as may be required to fulfill the intent of this Charter.

Sec. 1.5. Municipal purposes.

The County shall have all necessary municipal powers to accomplish municipal purposes within the County.

In the event the board of county commissioners levies the municipal public services tax on utilities, any additional recurring or non-recurring fee or charge imposed on a utility relating to the use or occupation of the public rights-of-way shall not exceed what is reasonably necessary to properly monitor and enforce compliance with the county's rules and regulations concerning placement and maintenance of utility facilities in the public rights-of-way.

Sec. 1.6. Relation to municipal ordinances.

(1) Except as otherwise provided by law or this Charter, municipal ordinances shall prevail over County ordinances to the extent of any conflict within the boundaries of the municipality. To the extent that a county ordinance and a municipal ordinance shall cover the same subject without conflict, then both the municipal ordinance and the county ordinance shall be effective, each being deemed supplemental to the other.

(2) *Minimum Environmental Regulations.* County ordinances shall establish minimum standards, procedures, requirements and regulations for the protection of the environment and shall be effective within the unincorporated and incorporated areas of the County. Such standards, procedures, requirements and regulations shall include, but shall not be limited to, tree protection, landscaping, aquifer protection, stormwater, pro-

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LEON COUNTY CODE

tection of conservation and preservation features, and such other environmental standards as the Board of County Commissioners determines to be necessary for the protection of the public health, safety, and welfare of the citizens throughout Leon County. Standards shall be designed to place emphasis on supporting healthy natural systems occurring in the environment. However, nothing contained herein shall prohibit a municipality from adopting ordinances, standards, procedures, requirements or regulations establishing a more stringent level of environmental protection within the incorporated area of the County. (Ord. No. 2010-22, § 1, 8-17-10)

Sec. 1.7. Transfer of power.

Whenever a municipality, special district or agency shall request by a majority vote of the governing body the performance or transfer of a function to the County, the County is so authorized by a majority vote of the Board of County Commissioners to have the power and authority to assume and perform such functions and obligations. This section does not authorize a transfer in violation of Article VIII, § 4 of the Constitution of Florida.

Sec. 1.8. Division of powers.

This Charter establishes the separation between legislative and administrative functions of this government. The establishment and adoption of policy shall be the responsibility of the Board of County Commissioners and the execution of that policy shall be the responsibility of the County Administrator.

Sec. 1.9. Relation to state law.

Special laws of the state legislature relating to or affecting Leon County and general laws of local application which apply only to Leon County, except those laws relating exclusively to a municipality, the school board, or a special district, shall be subject to approval by local referendum to the extent that they are not in conflict with this Charter. All special laws so approved shall become ordinances, and may be subject to amendment or repeal by the Board of County Commissioners.

ARTICLE II. ORGANIZATION OF COUNTY GOVERNMENT

Sec. 2.1. Elected Commission and appointed County Administrator form of government.

Leon County shall operate under an elected County Commission and an appointed County Administrator form of government with separation of legislative and executive functions in accordance with the provisions of this Home Rule Charter. The legislative responsibilities and powers of the County shall be assigned to, and vested in, the Board of County Commissioners. The executive responsibilities and power of the County shall be assigned to, and vested in, the County Administrator, who shall carry out the directives and policies of the Board of County Commissioners and enforce all orders, resolutions, ordinances and regulations of the Board, the Charter and all applicable general law to assure that they be faithfully executed.

Sec. 2.2. Legislative branch.

(1) *The County Commission.* The governing body of the County shall be a Board of County Commissioners composed of seven (7) members serving staggered terms of four (4) years. There shall be one (1) Commissioner elected for each of the five (5) County Commission districts, established pursuant to general law or by ordinance, and they shall be elected by the electors of that district. There shall be two (2) At-large Commissioners elected on a countywide basis by the electors of the County. Elections for all seven (7) members of the County Commission shall be non-partisan. Each candidate for the office of district County Commissioner shall reside within the district from which such candidate seeks election at the time of qualifying to run for that office, and during the term of office each Commissioner shall reside in the district from which such Commissioner ran for office, provided that any Commissioner whose residence is removed from a district by redistricting may continue to serve during the balance of the term of office.

HOME RULE CHARTER

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(2) *Redistricting.* Redistricting of County Commission district boundaries shall be in accordance with general law, changed only after notice and a public hearing as provided by general law.

(3) *Salaries and Other Compensation.* Salaries and other compensation of the County Commissioners shall be established by ordinance, and salary shall not be lowered during an officer's term in office.

(4) *Authority.* The Board of County Commissioners shall exercise all legislative authority provided by this Home Rule Charter in addition to all other powers and duties authorized by general law or special law approved by a vote of the electorate.

(5) *Vacancies.* A vacancy in the office of County Commissioner shall be defined and filled as provided by general law.

(6) *Administrative Code.* The County Commission shall adopt an administrative code in accordance with general law.

(7) *Limitation on Campaign Contributions.* No candidate for any County office for which compensation is paid shall accept any contribution from any contributor, including a political committee, as defined by state law, in cash or in kind, in an amount in excess of \$250 per election.
(Ord. No. 2010-21, § 1, 8-17-10)

Sec. 2.3. Executive branch.

(1) *The County Administrator.*

(A) The County Administrator shall be appointed by an affirmative vote of a majority plus one (1) of the entire membership of the Board of County Commissioners. The County Administrator shall serve at the pleasure of the Board of County Commissioners until such time as the County Administrator shall be removed by a vote for removal of a majority plus one (1) of the entire membership of the Board of County Commissioners voting during the first regularly scheduled meeting occurring after a meeting of the Board at which a motion expressing the intent of the Board to remove the County Administrator was adopted by majority vote of those

present and voting. The County Administrator shall be the chief executive officer of the County and all executive responsibilities and powers shall be assigned to, and vested in, the County Administrator. The County Administrator shall exercise all executive authority provided by this Home Rule Charter and all other powers and duties authorized by general or special law.

(B) The County Administrator shall be chosen on the basis of his/her professional qualifications, administrative and executive experience, and ability to serve as the chief administrator of the County. The County Administrator shall reside within the County during his/her tenure as County Administrator.

(C) The compensation of the County Administrator shall be fixed by the Board of County Commissioners at a level commensurate with the responsibilities of the position, with performance appraisals conducted by the Board of County Commissioners at least annually.

(D) A vacancy in the office shall be filled in the same manner as the original appointment. The County Administrator may appoint an Acting County Administrator in the case of his/her temporary vacancy.

(2) *Senior Management.*

The County's senior management employees, with the exception of the County Attorney's Staff, shall serve at the pleasure of the County Administrator, who may suspend or discharge senior management personnel with or without cause.

(3) *Non-interference by Board of County Commissioners.* Except for the purpose of inquiry and information, members of the Board of County Commissioners are expressly prohibited from interfering with the performance of the duties of any employee of the county government who is under the direct or indirect supervision of the County Administrator or County Attorney by giving said employees instructions or directives. Such action shall constitute malfeasance within the

meaning of Article IV, Section 7(a) of the Florida Constitution. However, nothing contained herein shall prevent a County Commissioner from discussing any county policy or program with a citizen or referring a citizen complaint or request for information to the County Administrator or County Attorney.

(Ord. No. 2010-23, § 1, 8-17-10; Ord. No. 2010-24, § 1, 8-17-10; Ord. No. 2010-25, § 1, 8-17-10)

Sec. 2.4. County attorney.

(1) There shall be a County Attorney selected by the Board of County Commissioners who shall serve at the pleasure of, and report directly to, the Board of County Commissioners, and shall reside within the County during his/her tenure as County Attorney.

(A) The County Attorney shall provide legal services to the Board of County Commissioners, the County Administrator, and County departments, boards and agencies organized under the Board of County Commissioners.

(B) The compensation of the County Attorney shall be fixed by the Board of County Commissioners at a level commensurate with the responsibilities of the position with performance appraisals conducted by the Board of County Commissioners at least annually.

ARTICLE III. ELECTED COUNTY CONSTITUTIONAL OFFICERS

Sec. 3.1. Preservation of constitutional offices.

The offices of the Sheriff, Property Appraiser, Tax Collector, Clerk of the Circuit Court and Supervisor of Elections shall remain as independently elected constitutional offices, and the status, powers, duties and functions of such offices, shall not be altered by this Home Rule Charter, or any revisions or amendments hereto, except as provided in Section 5.2 below. The constitutional officers shall perform their executive and administrative functions as provided by law.

Sec. 3.2. Non-partisan elections.

(1) *Non-Partisan Offices.* The Supervisor of Elections shall be non-partisan.

(A) *Non-Partisan Election Procedures.* If three or more candidates, none of whom is a write-in candidate, qualify for such office, the names of those candidates shall be placed on a non-partisan ballot at the first primary election. If no candidate for such office receives a majority of the votes cast for such office in the first primary election, the names of the two candidates receiving the highest number of votes for such office shall be placed on the general election ballot.

(B) *Qualification by Petition.* A candidate for non-partisan office may qualify for election to such office by means of the petitioning process provided in general law.

Sec. 3.3. Clerk auditor.

(1) The Leon County Clerk of the Court shall serve as the Auditor to the Commission as specified by law. The Clerk shall employ a Certified Internal Auditor, Certified Public Accountant, or such other person qualified by education or experience in governmental accounting, internal auditing practices and fiscal controls, which shall include at least five (5) years experience in professional accounting, auditing, governmental fiscal administration or related experience, unless the Clerk holds such qualifications. The Board of County Commissioners shall fund the audit function of the Clerk.

(2) *Audit Committee.* There shall be a five member Audit Committee of which two members shall be appointed by the County Commission and three by the Clerk. The Audit Committee shall adopt an annual plan of work for the Auditor and shall oversee the work of the Auditor. The Audit Committee members shall be residents of Leon County, none of whom may be an employee or officer of County government, and who have experience as a public accountant, internal auditor, or as a financial manager for a public, private or not for profit institution. The purpose of the Committee is to promote, maintain, and enhance the independence and objectivity of the internal

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audit function by ensuring broad audit coverage, adequate consideration of audit reports, and appropriate action on recommendations. Clerk shall provide for the organization and duties of the audit committee, including membership terms, voting procedures, officers, sub-committees, meeting schedules and staff support.

Sec. 3.4. Limitation on campaign contributions.

No candidate for any County office for which compensation is paid shall accept any contribution from any contributor, including a political committee, as defined by state law, in cash or in kind, in an amount in excess of \$250 per election. (Ord. No. 2010-21, § 2, 8-17-10)

ARTICLE IV. POWERS RESERVED TO THE PEOPLE: INITIATIVE AND RECALL

Sec. 4.1. Citizen initiative.

(1) *Right to Initiate.* The electors of Leon County shall have the right to initiate County ordinances in order to establish new ordinances and to amend or repeal existing ordinances, not in conflict with the Florida Constitution, general law or this Charter, upon petition signed by at least ten percent (10%) of the total number of electors qualified to vote in the County reflecting ten percent (10%) of the total number of electors qualified to vote within each of the five (5) commission districts. The total number of electors qualified shall mean the total number of electors qualified to vote in the last preceding general election.

(2) *Procedure for Petition.* The sponsor of an initiative shall, prior to obtaining any signatures, submit the text of a proposed ordinance to the Supervisor of Elections, with the proposed ballot summary and the form on which signatures will be affixed and obtain a dated receipt therefor. Any such ordinances shall embrace but one (1) subject and matter directly connected therewith. The sponsor shall cause a notice of such submission to be published within fourteen (14) days thereof in a newspaper of general circulation in the County. The allowable period for obtaining signatures on the petition shall be completed not later than one (1) year after initial receipt of the petition by the

Supervisor of Elections. The sponsor shall comply with all requirements of general law for political committees, and shall file quarterly reports with the Supervisor of Elections stating, to the best of the sponsor's information and belief, the number of signatures procured. The time and form of such reports may be prescribed by ordinance. When a sufficient number of signatures is obtained, the sponsor shall thereupon submit signed and dated forms to the Supervisor of Elections, and upon submission, shall pay all fees required by general law. The Supervisor of Elections shall, within sixty (60) days after submission of signatures, verify the signatures thereon, or specify a reason for the invalidity of each rejected signature, if the petition is rejected for insufficiency of the number of valid signatures. If the petition is rejected for insufficiency of the number of signatures, the sponsor shall have an additional thirty (30) days within which to submit additional signatures for verification. The Supervisor of Elections shall, within thirty (30) days of submission of additional signatures, verify the additional signatures. In the event sufficient signatures are still not acquired, the Supervisor of Elections shall declare the petition null and void and none of the signatures may be carried over onto another identical or similar petition.

(3) *Consideration by Board of County Commissioners.* Within sixty (60) days after the requisite number of signatures has been verified by the Supervisor of Elections and reported to the Board of County Commissioners, the Board of County Commissioners shall give notice and hold public hearing(s) as required by general law on the proposed ordinance and vote on it. If the Board fails to enact the proposed ordinance it shall, by resolution, call a referendum on the question of the adoption of the proposed ordinance to be held at the next general election occurring at least forty-five (45) days after the adoption of such resolution. If the question of the adoption of the proposed ordinance is approved by a majority of those registered electors voting on the question, the proposed ordinance shall be declared, by resolution of the Board of County Commissioners, to be enacted and shall become effective on the date specified in the ordinance, or if not so specified, on January 1 of the succeeding year. The Board of

County Commissioners shall not amend or repeal an ordinance adopted by initiative prior to the next succeeding general election, without the approval of a majority of the electors voting at a referendum called for that purpose.

(4) *Limitation on Ordinances by Initiative.* The power to enact, amend or repeal an ordinance by initiative shall not include ordinances or provisions related to County budget, debt obligations, capital improvement programs, salaries of County officers and employees, the assessment or collection of taxes, or the zoning of land.

Sec. 4.2. Recall.

All members of the Board of County Commissioners shall be subject to recall as provided by general law.

**ARTICLE V. HOME RULE CHARTER
TRANSITION, AMENDMENTS, REVIEW,
SEVERANCE, EFFECTIVE DATE**

Sec. 5.1. Home Rule Charter Transition.

(1) *General Provisions.* Unless expressly provided otherwise in this Home Rule Charter, the adoption of this Charter shall not affect any existing contracts or obligations of Leon County; the validity of any of its laws, ordinances, regulations, and resolutions; or the term of office of any elected County officer, whose term shall continue as if this charter had not been adopted.

(2) *Initial County Commissioners.* The persons comprising the Leon County Board of County Commissioners on the effective date of this Charter shall become the initial members of the Board of County Commissioners of the Charter government and shall perform the functions thereof until the normal expiration of their terms or until the election and qualification of their successors as provided by law.

(3) *Outstanding Bonds.* All outstanding bonds, revenue certificates, and other financial obligations of the County outstanding on the effective date of this Charter shall be obligations of the Charter government. All actions taken by the former government relating to the issuance of such obligations are hereby ratified and con-

firmed. Payment of such obligations and the interest thereon shall be made solely from, and charged solely against, funds derived from the same sources from which such payment would have been made had this Charter not taken effect.

(4) *Employees Continuation.* All employees of the former County government shall, on the effective date of this Charter, become employees of the County government created by this Charter. All existing wages, benefits, and agreements, and conditions of employment shall continue, until modified by lawful action of the County Commission.

Sec. 5.2. Home rule charter amendments.

(1) *Amendments Proposed by Petition.*

(A) The electors of Leon County shall have the right to amend this Home Rule Charter in accordance with Sec. 4.1 of this Charter.

(B) Each proposed amendment shall embrace but one (1) subject and matter directly connected therewith. Each Charter amendment proposed by petition shall be placed on the ballot by resolution of the Board of County Commissioners for the general election occurring in excess of ninety (90) days from the certification by the Supervisor of Elections that the requisite number of signatures has been verified. If approved by a majority of those electors voting on the amendment at the general election, the amendment shall become effective on the date specified in the amendment, or, if not so specified, on January 1 of the succeeding year.

(2) *Amendments and Revisions by Citizen Charter Review Committee.*

(A) A Citizen Charter Review Committee shall be appointed by the Board of County Commissioners at least twelve (12) months before the general election occurring every eight (8) years thereafter, to be composed and organized in a manner to be determined by the Board of County Commissioners, to review the Home Rule Charter and propose any amendments or revi-

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sions which may be advisable for placement on the general election ballot. Public hearings shall be conducted as provided by F.S. § 125.63.

- (B) No later than ninety (90) days prior to the general election, the Citizen Charter Review Committee shall deliver to the Board of County Commissioners the proposed amendments or revisions, if any, to the Home Rule Charter, and the Board of County Commissioners shall consider such amendments or revisions to be placed on the general election ballot, in accordance with F.S. § 125.64.
- (C) If the Citizen Charter Review Committee does not submit any proposed Charter amendments or revisions to the Board of County Commissioners at least ninety (90) days prior to the general election, the Citizen Charter Review Committee shall be automatically dissolved.

(3) Amendments Proposed by the Board of County Commissioners.

- (A) Amendments to this Home Rule Charter may be proposed by ordinance adopted by the Board of County Commissioners by an affirmative vote of a majority plus one (1) of the membership of the Board. Each proposed amendment shall embrace but one (1) subject and matter directly connected therewith. Each proposed amendment shall only become effective upon approval by a majority of the electors of Leon County voting in a referendum at the next general election. The Board of County Commissioners shall give public notice of such referendum election at least ninety (90) days prior to the general election referendum date.
- (B) If approved by a majority of those electors voting on the amendment at the general election, the amendment shall become effective on the date specified in the amendment, or, if not so specified, on January 1 of the succeeding year.

Sec. 5.3. Severance.

If any provision of this Charter or the application thereof to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of the Charter which can be given effect without the invalid provision or application, and to this end the provisions of the Charter are declared severable.

Sec. 5.4. Home rule charter effective date.

This Charter shall become effective November 12, 2002.

Description of Services to be Provided

Leon County Division of Emergency Medical Services provides basic and advanced life support ground transport services throughout Leon County. This includes emergency requests for service; non-emergency, medically necessary requests for service, critical care services; medical standby services at events; and tactical medic services.

Emergency Services

The division responds to 9-1-1 requests for medical treatment and transportation to citizens throughout Leon County and provides basic and advanced life support ground transport services.

Non-Emergency Services

The division provides non-emergency basic and advanced life support ground transport services for patients with a medical condition that meets medical necessity requirements. These patients generally require transportation between medical facilities for further medical care.

Critical Care Services

The division provides critical care services for acutely ill and injured patients that require specialized medical treatment during transport. Critical care services are generally provided from a medical facility located in Leon County to a tertiary care facility in another community for patients that require medical services not available in Tallahassee. Paramedics providing these services are certified as Critical Care Paramedics through a national accrediting board.

Medical Standby Services

The division provides basic and advanced life support services at events throughout the county. Paramedics and Emergency Medical Technicians provide on-site first aid services and basic and advanced life support care and when appropriate, transportation to a medical facility. Event sponsors are required to pay a fee for these services.

Tactical Medic Services

The division provides basic and advanced life support services to the Leon County Sheriff's Office Special Weapons and Tactics team (SWAT). During a crisis situation, Tactical Medics will accompany SWAT team members in the "hot zone" to provide basic and advanced life support to patients prior to a crisis scene being cleared. Paramedics providing these services are certified as Tactical Combat Casualty Care paramedics through a national accrediting board.

The division proposes to continue to provide basic and advanced life support transport services on a county-wide basis for emergency, non-emergency, critical care, medical standby services, and tactical situation services. In addition, the division will provide advanced life support non-transport services in situations where that service delivery is required.

Leon County

Division of Emergency Medical Services

Service Locations

Base Station Location	Headquarters	911 Easterwood Dr Tallahassee, FL 32311
Sub-Station Location	Fire Station 12	4701 Chaires Cross Road Tallahassee, FL 32311
Sub-Station Location	Fire Station 13	1555 Oak Ridge Road Tallahassee, FL 32305
Sub-Station Location	Fire Station 14	16614 Blountstown Highway Tallahassee, FL 32310
Post Location	Post 1	2626 Capital Medical Boulevard Tallahassee, FL 32308
Post Location	Post 2	2825 Municipal Way Tallahassee, FL 32304
Post Location	Post 3	South Monroe & Orange Avenue Tallahassee, FL
Post Location	Post 4	1300 Miccosukee Road Tallahassee, FL 32308
Post Location	Post 5	North Monroe Street & I-10 Tallahassee, FL
Post Location	Post 6	Apalachee Parkway & North Blair Stone Road Tallahassee, FL
Post Location	Post 7	Copeland & West Tennessee Tallahassee, FL
Post Location	Post 8	Thomasville Road & Timberlane Road Tallahassee, FL
Post Location	Post 9	Thomasville Road & Kerry Forest Parkway Tallahassee, FL
Post Location	Post 10	N Blair Stone Road & Capital Circle SE Tallahassee, FL
Post Location	Post 11	North Monroe Street & Fred George Tallahassee, FL
Post Location	Post 15	Tallahassee Regional Airport Tallahassee, FL
Post Location	Post 16	West Tennessee & Capital Circle SW Tallahassee, FL

The Division of Emergency Medical Services utilizes a combination of dynamic and static deployment to provide services throughout the County. A majority of the ambulances on duty are deployed in a dynamic model where they are assigned to a post location instead of a physical station location. Dynamic deployment allows for the continual evaluation of call demand and adjustment of ambulance deployment. Ambulances are located at three station locations in rural areas of the County. Geospatial analysis is conducted on a regular basis to ensure proper post locations positioning. This combination system allows for maximization of efficiency while optimizing effectiveness of providing county-wide services.

Leon County

Board of County Commissioners

Division of Emergency Medical Services

I, Chad Abrams, the undersigned authority of the Leon County Division of Emergency Medical Services, do hereby affirm that all Emergency Medical Technician's (EMT's) and Paramedic's hold a current Florida Department of Health state license and have current certifications in Basic Life Support (BLS) and/or Advanced Cardiopulmonary Life Support (ACLS). All Florida Department of Health state licenses can be verified at the following web address:
<https://appsmqa.doh.state.fl.us/MQASearchServices/Home>

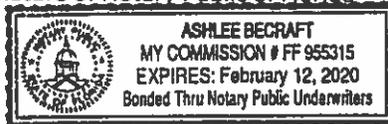
Chad Abrams
Chad Abrams
06/28/16
Date

STATE OF FLORIDA
COUNTY OF LEON

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Chad Abrams, who after first being sworn by me, affixed his signature in the space provided above on the 28th day of June, 2016

My commission expires:
Feb. 12, 2020

Ashlee Becraft
Signature of Notary Public of Florida



Print, Type, or Stamp Name of Notary Public

Personally Known

OR

Produced Identified

Type of Identification Produced _____

Last, First	State License
Abrams, Chad	PMD504989
Adams, Michael	EMT300402
Albanese, Haley	PMD526118
Anderson, Anton	PMD519091
Antworth, Jon	PMD3101
Aries, Mark	PMD521698
Aries, Mike	EMT307349
Baker, Aaron	EMT538684
Baker, Marissa	PMD527901
Barrett, Brad	PMD518087
Bell, Jason	PMD522534
Benton, Jeffery	EMT306017
Bishop, Terrance	PMD526401
Bradford, Glenna	PMD519465
Briley, Kevin	PMD515555
Briley, Lindsey	PMD523778
Buckingham, Philip	PMD512981
Burgess, Samantha	EMT526309
Byler, James	PMD526194
Cao, Tien	PMD206902
Carroll, Zachary	EMT539718
Cassels, Lee	PMD518426
Chester, Patrick	EMT542718
Colon, Joseph	EMT549249
Crump, Stacey	PMD527864
Dance, Lawrence	EMT519478
Daniels, Jessica	PMD523620
Davidson, Brett	PMD206918
Davis, Justin	EMT547729
Davis, Paul	PMD205381
Davis, Sally	PMD6485
DeJerinett, Anthony	PMD201879
Delacenserie, Catherine	EMT523253
Demonbreun, Philip	EMT549539
Ellison, Gordon	PMD8528
English, Robby	PMD19309
Evans, John (Terry)	PMD9484
Falero, Gabriel	PMD528087
Foster, Christian	EMT549827
Frances, Larry	PMD200632
Franklin, LaVann	PMD516277
Frison, Jermain	EMT307216
Gay, John	PMD18580
Gerz, Christopher	PMD507094
Gibbs, Steven	PMD523027
Goodman, David	PMD522171
Gorman, Anthony	PMD527769

Graham, Cristgen	PMD528499
Green, Kayse	PMD513700
Green, Shawn	PMD527687
Griffin, Karolyn	PMD510641
Griffiss, Marshall	EMT80988
Groom, David	PMD513673
Hall, Allison	PMD206732
Hall, Darryl	PMD9779
Hall, William	PMD509698
Harper, Trey	PMD515386
Harris, Nichole	PMD525880
Harris, Tami	PMD18097
Harris, William	EMT542975
Haskins, Joseph	EMT524390
Hearn, Patrick	EMT539096
Hebding, Andrew	PMD527774
Hengstebeck, Hayley	PMD521803
Hernandez, Kristin	EMT426475
Huston, Paige	EMT539043
Ingersoll, Ryan	PMD522924
Jacobs, Jerry	PMD15025
Kelly, David	PMD511008
Kemp, Malcolm	PMD1206
Kilcullen, Timothy	PMD515477
Kitzmiller, Brett	EMT543714
Lacey, Joshua	PMD526971
Landry, Kim	ME63901
Lassiter, Michael	PMD525194
Lau, Andaew	PMD523780
Law, Barbara	PMD201723
Leckinger, Tara	PMD527540
Linder, Kenneth	PMD518698
Lingar, Heidi	PMD519634
Lopez, Jael	PMD529241
Manrique, Tracie	PMD526328
Martel, Gil	PMD17145
Mathews, Paul	PMD201891
Maynard, Kimberly	EMT518175
McCammon, Rodney	PMD524966
McCullough, Jason	EMT549235
McFadden, Shawn	EMT546044
McKendree, Andrew	EMT532444
McLaughlin, Kara	PMD526230
McLean, Caroline	PMD518513
McLeod, Daniel	PMD518361
McNab, Amy	PMD1923
McNab, Tom	PMD3296

McPhail, Iain	PMD513583
Michael, Alexander	PMD528003
Miley, Kenneth	PMD527814
Mitchka, Derek	PMD206426
Moran, John	PMD10590
Morgan, Kimberly	PMD206646
Morris, Diane	PMD19343
Motter, Ron	PMD515532
Nowak, David	PMD507103
Null, Cassandra	PMD527142
O'Connor, Williams	EMT549451
Owen, Krista	EMT534001
Paredes, Matthew	PMD518362
Parramore, Jared	PMD515350
Peacock, Doug	PMD9781
Peters, Mylon	PMD527012
Poston, Matthew	EMT518166
Quinsey, Roger	PMD524581
Ricketson, Christopher	EMT548203
Roberts, De'Juan	EMT531493
Roberts, Nathan	PMD518558
Rothrock, Kimberly	PMD9240
Silva-Harris, Melissa	EMT545682
Skinner, Ed	PMD12355
Skiver, Witt	PMD12506
Sloan, Jamie	PMD527842
Stalker, Jim	PMD7887
Stewart, Michael	PMD521072
Stubbs, Joshua	PMD521797
Stucks, Allen	EMT528399
Suarez, Stephen	PMD513581
Sullivan, Alexis	EMT543027
Summerlin, William	PMD523608
Svela, Kirsten	PMD16643
Taylor, Briana	EMT546372
Taylor, John	EMT541804
Thompson, John	EMT543019
Tygres, Curtis	PMD524666
Wagner, Cristina	PMD523673
Walker, Andre	PMD17356
Ward, Tammy	PMD12360
Williams, Randy	EMT531346
Wincek, Charles	EMT539337
Wright, Anna Marie	PMD527986
Zimmerman, David	PMD524232

VEHICLE

Permit #	Type	Sub-Type	Make	Model	Year	License Status	Issue Date	Vehicle Identifier	Permit Fee
14673	ALS	T	GMC	C4500	2008	Clear	12/21/2007	1GDE4V1908F400374	25.00
14675	ALS	T	GMC	C4500	2008	Clear	12/21/2007	1GDE4V1998F400261	25.00
14965	ALS	T	GMC	C4500	2008	Clear	07/23/2008	1GDE4V1998F412717	25.00
15263	ALS	T	GMC	C4500	2008	Clear	01/13/2009	1GDE4V1918F412744	25.00
15622	ALS	T	GMC	C4500	2008	Clear	07/27/2009	1GDE4V1918F417569	25.00
15623	ALS	T	GMC	C4500	2008	Clear	07/27/2009	1GDE4V1958F417468	25.00
16210	ALS	T	INTERNATIONAL	4300	2010	Clear	09/08/2010	1HTMNAAM0AH284830	25.00
16211	ALS	T	INTERNATIONAL	4300	2010	Clear	09/08/2010	1HTMNAAM4AH284829	25.00
16793	ALS	T	INTERNATIONAL	4300	2012	Clear	08/08/2011	1HTMNAAL5CH557190	25.00
16794	ALS	T	INTERNATIONAL	4300	2012	Clear	08/08/2011	1HTMNAAL7CH557191	25.00
16795	ALS	T	INTERNATIONAL	4300	2012	Clear	08/08/2011	1HTMNAAL9CH557192	25.00
16796	ALS	T	INTERNATIONAL	4300	2012	Clear	08/08/2011	1HTMNAAL0CH557193	25.00
17269	ALS	T	INTERNATIONAL	4300	2011	Clear	07/17/2012	1HTMNAAM4BH361703	25.00
17435	ALS	T	INTERNATIONAL	4300	2013	Clear	09/14/2012	3HAMNAAM9DL200096	25.00
17436	ALS	T	INTERNATIONAL	4300	2013	Clear	09/14/2012	3HAMNAAM7DL200095	25.00
17989	ALS	T	INTERNATIONAL	4300	2013	Clear	07/17/2013	1HTMNAAM3DH418848	25.00
17990	ALS	T	INTERNATIONAL	4300	2013	Clear	07/17/2013	1HTMNAAM3DH418849	25.00
18288	ALS	T	GMC	C4500	2008	Clear	03/21/2014	1GDE4V19X8F412757	6.00
18289	ALS	T	INTERNATIONAL	4300	2013	Clear	03/21/2014	1HTMNAAM3DH418847	6.00
19078	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GT2FEB81483	25.00
19079	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GT2FEB81484	25.00
19080	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GT6FEB81485	25.00
19081	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GT8FEB81486	25.00
19082	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GTXFEB81487	25.00
19083	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GT1FEB81488	25.00
19084	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GT3FEB81489	25.00
19085	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GTXFEB81490	25.00
19086	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GT1FEB81491	25.00
19087	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GT3FEB81492	25.00
19088	ALS	T	FORD	F450	2015	Clear	05/26/2015	1FDOX4GT5FEB81493	25.00

Count of vehicles with status of "Issued"			
Total	BLS	ALS (Transport)	ALS (Non-Transport)
30	0	30	0
			AIR
			0

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES
APPLICATION FOR VEHICLE PERMIT(S)

EMS Provider Leon County Emergency Medical Services Provider # 3703

Business Address 911 Easterwood Drive

City Tallahassee State Florida Zip Code 32311 County Leon

PERMIT TYPE

	DUPLICATE	NEW	CURRENT PERMIT #	ALS		BLS TRANS	YEAR	MAKE	MODEL	V.I.N.
				TRANS	NON-TRANS					
1	X		14673	X			2008	GMC	C4500	1GDE4V1908F400374
2	X		14675	X			2008	GMC	C4500	1GDE4V1998F400261
3	X		14965	X			2008	GMC	C4500	1GDE4V1998F412717
4	X		15263	X			2008	GMC	C4500	1GDE4V1918F412744
5	X		15622	X			2008	GMC	C4500	1GDE4V1918F417569
6	X		15623	X			2008	GMC	C4500	1GDE4V1968F417468
7	X		16210	X			2010	International	4300	1HTMNAAM0AH284830
8	X		16211	X			2010	International	4300	1HTMNAAM4AH284829
9	X		16793	X			2012	International	4300	1HTMNAAL5CH557190
10	X		16794	X			2012	International	4300	1HTMNAAL7CH557191
11	X		16795	X			2012	International	4300	1HTMNAAL9CH557192
12	X		16796	X			2012	International	4300	1HTMNAAL0CH557193
13	X		17269	X			2011	International	4300	1HTMNAAM4BH361703
14	X		17435	X			2013	International	4300	3HAMNAAM9DL200096
15	X		17436	X			2013	International	4300	3HAMNAAM7DL200095
16	X		17989	X			2013	International	4300	1HTMNAAM3DH418848
17	X		17990	X			2013	International	4300	1HTMNAAM3DH418849
18	X		18288	X			2008	GMC	C4500	1GDE4V19X8F412757
19	X		18289	X			2013	International	4300	1HTMNAAM3DH418847
20	X		19078	X			2015	Ford	F450	1FDOX4GT2FEB81483
21	X		19079	X			2015	Ford	F450	1FDOX4GT2FEB81484
22	X		19080	X			2015	Ford	F450	1FDOX4GT6FEB81485
23	X		19081	X			2015	Ford	F450	1FDOX4GT8FEB81486
24	X		19082	X			2015	Ford	F450	1FDOX4GTXFEB81487
25	X		19083	X			2015	Ford	F450	1FDOX4GT1FEB81488
26	X		19084	X			2015	Ford	F450	1FDOX4GT3FEB81489
27	X		19085	X			2015	Ford	F450	1FDOX4GTXFEB81490
28	X		19086	X			2015	Ford	F450	1FDOX4GT1FEB81491
29	X		19087	X			2015	Ford	F450	1FDOX4GT3FEB81492
30	X		19088	X			2015	Ford	F450	1FDOX4GT5FEB81493

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

404/3

Mail To:

**LEON COUNTY BOARD OF COUNTY COMM
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308**

CO/AGY 13 / 2 T# 520811945
B# 506770

FLORIDA VEHICLE REGISTRATION

PLATE	TA7846	DECAL		Expires	NO EXPIRATION				
YR/MK	2008/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	19.10	Class Code	97
V	1GDE4V1908F400374			TITLE	99736828	Init. Reg.		Tax Months	12
Pl .type	NVR	NET WT	7743	GVW	17500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	12/6/2007	Plate Issued	12/6/2007			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	22.10		

**LEON COUNTY BOARD OF COUNTY COMM
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to replacement vehicle.
3. The registration must be surrendered when requesting a change of address.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

Dot Permet # 14673

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

#4045

Mail To:
LEON COUNTY BOARD OF COUNTY COMM
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

5

CO/AGY 13 / 2 T# 520815784
B# 506770

FLORIDA VEHICLE REGISTRATION

PLATE	TA7848	DECAL		Expires	NO EXPIRATION				
YR/MK	2008/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	19.10	Class Code	97
V	1GDE4V1998F400261			TITLE	99737187	Init. Reg		Tax Months	12
Plate type	NVR	NET WT	7743	GVW	17500	County Fee	3.00	Back Tax Mus	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	12/6/2007	Plate Issued	12/6/2007			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	22.10		

LEON COUNTY BOARD OF COUNTY COMM
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to replacement vehicle.
3. The registration must be surrendered when requesting a change of address.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

DoH Permit # 14675

IMPORTANT_INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

LEON COUNTY BOARD OF COUNTY COMM
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

#4051

CO/AGY 13 / 2

T# 547783741
B# 539408

FLORIDA VEHICLE REGISTRATION

PLATE	<u>TB6560</u>	DECAL		Expires	NO EXPIRATION
YR/MK	2008/GMC	BODY	AM	COLOR	WHI
VIN	1GDE4V1998F412717			TITLE	<u>101054754</u>
Plate Type	NVR	NET WT	21713		
DRIVEID	-				
Date Issued	7/17/2008	Plate Issued	7/17/2008		

Reg. Tax	21.10	Class Code	97
Init. Reg.		Tax Months	12
County Fee	3.00	Back Tax Mos	
Mail Fee		Credit Class	
Sales Tax		Credit Months	
Voluntary Fees			
Grand Total	24.10		

LEON COUNTY BOARD OF COUNTY COMM
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to replacement vehicle.
3. The registration must be surrendered when requesting a change of address.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

N COUNTY VEHICLES PLATE ISSUED X

DvH Permit # 1A965

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period. Failure to maintain the required coverage could result in suspension of your driver license and registration.

4053

Mail To:
LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

KEEP

This is your registration.

FLORIDA VEHICLE REGISTRATION

CO/AGY 13 / 2 T# 563214264
B# 557534

PLATE	TB8407	DECAL		Expires	NO EXPIRATION				
YR/MK	2008/WHGM	BODY	AM	COLOR	WHI	Reg. Tax	21.10	Class Code	97
VIN	1GDE4V1918F412744			TITLE	101766850	Init. Reg.		Tax Months	12
Plat. Type	NVR	NET WT	7880	GVW	17500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	12/2/2008	Plate Issued	12/2/2008			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	24.10		

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to replacement vehicle.
3. The registration must be surrendered when requesting a change of address.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

LEON COUNTY VEHICLES PLATE ISSUED X

DWH Permit # 15263

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

#4055
Permit # 15622

Mail To:
LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

CO/AGY 13 / 2 T# 589517076
B# 584074

FLORIDA VEHICLE REGISTRATION

PLATE	TC0723	DECAL		Expires	NO EXPIRATION				
YR/MK	2008/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	21.10	Class Code	97
VIN	1GDE4V1918F417569			TITLE	102776276	Init. Reg.		Tax Months	12
Plat	NVR	NET WT	15625	GVW	17500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	7/16/2009	Plate Issued	7/16/2009			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	24.10		

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to replacement vehicle.
3. The registration must be surrendered when requesting a change of address.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

IVR - COUNTY VEHICLES PLATE ISSUED X

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

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#4056
Permit#
15623

Mail To:
LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

CO/AGY 13 / 4 T# 589354868
B# 120520

LORIDA VEHICLE REGISTRATION

PLATE	TA8818	DECAL	Expires	NO EXPIRATION					
2/MK	2008/HORT	BODY	AM	COLOR	WHI	Reg. Tax	21.10	Class Code	97
N	1GDE4V1968F417468			TITLE	102769815	Init. Reg.		Tax Months	12
ite	NVR	NET WT	7880	GVW	17500	County Fee	2.50	Back Tax Mos.	
						Mail Fee		Credit Class	
J/FEID	-					Sales Tax		Credit Months	
ite Issued	7/15/2009	Plate Issued	7/15/2009			Voluntary Fees			
						Grand Total	23.60		

LEON COUNTY BOCC
84 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to replacement vehicle.
3. The registration must be surrendered when requesting a change of address.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

'R - COUNTY VEHICLES PLATE ISSUED X

WO# 28865

copy of ...
in possession of the operator of ...
operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

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Permit #
16210

Mail To:
LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

CO/AGY 13 / 3 T# 634613787
B# 1195496

FLORIDA VEHICLE REGISTRATION

PLATE TA8807 DECAL
R/MK 2010/INTL BODY AM
IN 1HTMNAAMOAH284830 NET WT 15239
late Type NVR
Date Issued 8/31/2010 Plate Issued 8/31/2010

Expires NO EXPIRATION
COLOR TITLE
WHI 104864855

#4061

48.85	Class Code	97
	Tax Months	12
3.00	Back Tax Mos	
	Credit Class	
	Credit Months	
51.85	Grand Total	

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

VVR - COUNTY VEHICLES PLATE ISSUED X

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

Permit #
16211

Mail To:

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

CO/AGY 13 / 3 T# 634614643
B# 1195514

FLORIDA VEHICLE REGISTRATION

PLATE	TA8808	DECAL	Expires	NO EXPIRATION					
VR/MK	2010/INTL	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
/IN	1HTMNAAM4AH284829			TITLE	104865006	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	15253			County Fee	3.00	Back Tax Mos	
						Mail Fee		Credit Class	
Plate Issued	8/31/2010	Plate Issued	8/31/2010			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

LEON COUNTY BOCC
284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

4060

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

VR - COUNTY VEHICLES PLATE ISSUED X

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 670958825
B# 327607

FLORIDA VEHICLE REGISTRATION

PLATE	TB2037	DECAL		Expires	NO EXPIRATION				
YR/MK	2012/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	1HTMNAAL5CH557190			TITLE	106785025	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	15920			County Fee	3.00	Back Tax Mos	
DL	-					Mail Fee		Credit Class	
Date Issued	7/13/2011	Plate Issued	7/13/2011			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

**LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

#4068

Remit # 16793

IMPORTANT_INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 670959887
B# 327607

FLORIDA VEHICLE REGISTRATION

PLATE	TB2038	DECAL		Expires	NO EXPIRATION				
YR/MK	2012/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	1HTMNAAL7CH557191			TITLE	106785151	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	15799			County Fee	3.00	Back Tax Mos	
DL	-					Mail Fee		Credit Class	
Date Issued	7/13/2011	Plate Issued	7/13/2011			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

#1069

Return # 16794

IMPORTANT_INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 670960897
B# 327607

FLORIDA VEHICLE REGISTRATION

PLATE	TB2039	DECAL		Expires	NO EXPIRATION				
YR/MK	2012/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	1HTMNAAL9CH557192			TITLE	106785217	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	16094			County Fee	3.00	Back Tax Mos	
DL	-					Mail Fee		Credit Class	
Date Issued	7/13/2011	Plate Issued	7/13/2011			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
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4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

Receipt # 16795

#4070

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 670961776
B# 327607

FLORIDA VEHICLE REGISTRATION

PLATE	TB2040	DECAL	Expires	NO EXPIRATION					
YR/MK	2012/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	1HTMNAAL0CH557193			TITLE	106785266	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	15925			County Fee	3.00	Back Tax Mos	
DL	-					Mail Fee		Credit Class	
Date Issued	7/13/2011	Plate Issued	7/13/2011			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

**LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

#4071

Remit # 16796

#4073

IMPORTANT_INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat. for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 710602527
B# 357591

FLORIDA VEHICLE REGISTRATION

PLATE	TB2042	DECAL		Expires	NO EXPIRATION				
YR/MK	2011/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	1HTMNAAM4BH361703			TITLE	109030022	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	16108			County Fee	3.00	Back Tax Mos	
DL/F	-					Mail Fee		Credit Class	
Date Issued	5/31/2012	Plate Issued	5/31/2012			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
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3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

JVR - COUNTY VEHICLES PLATE ISSUED X

Permit #

17269

IMPORTANT_INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY BAORD OF COUNTY COMMISSION
LEON COUNTY COURTHOUSE ROOM 201
TALLAHASSEE, FL 32301-1853**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 721387965
B# 365815

FLORIDA VEHICLE REGISTRATION

PLATE	TB2043	DECAL	Expires	NO EXPIRATION					
YR/MK	2013/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	3HAMNAAM9DL200096	NET WT	16006	TITLE	109667098	Init. Reg.		Tax Months	12
Plate Type	NVR					County Fee	3.00	Back Tax Mos	
DL	-					Mail Fee		Credit Class	
Date Issued	8/27/2012	Plate Issued	8/27/2012			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

**LEON COUNTY BAORD OF COUNTY COMMISSION
LEON COUNTY COURTHOUSE ROOM 201
TALLAHASSEE, FL 32301-1853**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

#4075

Permit # 17435

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY BD COUNTY COMMISSIONERS
2280 MICCOSUKEE RD
TALLAHASSEE, FL 32308-5367**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 721390736
B# 365823

FLORIDA VEHICLE REGISTRATION

PLATE	TB2044	DECAL	Expires	NO EXPIRATION					
YR/MK	2013/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	3HAMNAAM7DL200095			TITLE	109667381	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	16005			County Fee	3.00	Back Tax Mos	
DL	-					Mail Fee		Credit Class	
Date Issued	8/27/2012	Plate Issued	8/27/2012			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

**LEON COUNTY BD COUNTY COMMISSIONERS
2280 MICCOSUKEE RD
TALLAHASSEE, FL 32308-5367**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

#4074

Permit #
17436

IMPORTANT INFORMATION

#4085

SECTION 320.0605, Florida Statutes, requires this registration certificate for an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described to be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 757386244
B# 395578

FLORIDA VEHICLE REGISTRATION

PLATE	TB2045	DECAL	Expires NO EXPIRATION						
YR/MK	2013/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	1HTMNAAM5DH418848			TITLE	111981087	Init. Reg.		Tax Months	12
Plate type	NVR	NET WT	16044			County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	6/5/2013	Plate Issued	6/5/2013			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
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4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

Permit # ~~17990~~
17989

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described to be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

#4084

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:
LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 757387674
B# 395578

FLORIDA VEHICLE REGISTRATION

PLATE	TB9962	DECAL	Expires		NO EXPIRATION				
YR/MK	2013/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	1HTMNAAM7DH418849			TITLE	111981215	Init. Reg.		Tax Months	12
Plat	NVR	NET WT	16032			County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	6/5/2013	Plate Issued	6/5/2013			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

- IMPORTANT INFORMATION
1. The Florida license plate must remain with the registrant upon sale of vehicle.
 2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
 3. Your registration must be updated to your new address within 20 days of moving.
 4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

NVR - COUNTY VEHICLES PLATE ISSUED X

Permit # ~~17989~~
17990

IMPORTANT INFORMATION

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SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:
LEON COUNTY BOARD OF COUNTY COMM
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

4050

CO/AGY 13 / 2 T# 547785016
B# 539412

FLORIDA VEHICLE REGISTRATION

PLATE	TB6561	DECAL	Expires	NO EXPIRATION					
YR/MK	2008/GMC	BODY	AM	COLOR	WHI	Reg. Tax	21.10	Class Code	97
VIN	1GDE4V19X8F412757	NET WT	21690	TITLE	101054809	Init. Reg.		Tax Months	12
Plate Type	NVR					County Fee	3.00	Back Tax Mos	
Date Issued	7/17/2008	Plate Issued	7/17/2008			Mail Fee		Credit Class	
						Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	24.10		

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to replacement vehicle.
3. The registration must be surrendered when requesting a change of address.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

LEON COUNTY BOARD OF COUNTY COMM
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

LEON COUNTY VEHICLES PLATE ISSUED X

DWH Permit # 1A966
18288

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:
LEON COUNTY BOCC
2284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 14 / 6 T# 757386958
B# 395578

FLORIDA VEHICLE REGISTRATION

PLATE	TB2046	DECAL	Expires		NO EXPIRATION				
TR/MK	2013/HRTN	BODY	AM	COLOR	WHI	Reg. Tax	48.85	Class Code	97
VIN	1HTMNAAM3DH418847	NET WT	16031	TITLE	111981152	Init. Reg.		Tax Months	12
PLATE	NVR					County Fee	3.00	Back Tax Mos	
PL/FEID	-					Mail Fee		Credit Class	
Plate Issued	6/5/2013	Plate Issued	6/5/2013			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	51.85		

LEON COUNTY BOCC
284 MICCOSUKEE RD
TALLAHASSEE, FL 32308

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.

VR - COUNTY VEHICLES PLATE ISSUED X

DH Permit # ~~17988~~
18289

4087

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 13 / 5 T# 828581591
B# 1000417

PLATE	TD2481	DECAL	Expires	NO EXPIRATION					
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1FD0X4GT2FEB81483	NET WT	7711	TITLE	116892935	Init. Reg.		Tax Months	12
Plate Type	NVR			GVW	16500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/18/2014	Plate Issued	11/18/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

IVR - COUNTY VEHICLES PLATE ISSUED X

Permit # 19078

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 13 / 5 T# 828578611
B# 1000408

FLORIDA VEHICLE REGISTRATION

PLATE	TD2482	DECAL		Expires	NO EXPIRATION				
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1FD0X4GT4FEB81484			TITLE	116892686	Init. Reg.		Tax Months	12
Plate	NVR	NET WT	7711	GVW	16500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/18/2014	Plate Issued	11/18/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

NVR - COUNTY VEHICLES PLATE ISSUED X

Permit # 19079

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 13 / 5 T# 828580702
B# 1000412

PLATE	T02483	DECAL		Expires	NO EXPIRATION				
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1F00X4GT6FEB81485			TITLE	116892843	Init. Reg.		Tax Months	12
type	NVR	NET WT	7711	GVW	16500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/18/2014	Plate Issued	11/18/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

NVR - COUNTY VEHICLES PLATE ISSUED X

Permit # 19080

FORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 13 / 5 T# 828787631
B# 1000611

FLORIDA VEHICLE REGISTRATION

PLATE	TD4486	DECAL		Expires	NO EXPIRATION				
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1FD0X4GT8FEB81486			TITLE	118906341	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	7711	GVW	16500	County Fee	3.00	Back Tax Mos	
DL FEID	-					Mail Fee		Credit Class	
Date Issued	11/19/2014	Plate Issued	11/19/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

NVR - COUNTY VEHICLES PLATE ISSUED X

4090

Permit # 19081

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 13 / 5 T# 828786680
B# 1000607

PLATE	TD4485	DECAL		Expires	NO EXPIRATION				
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1FD0X4GTXFEB81487			TITLE	116905990	Init. Reg.		Tax Months	12
PL	pc NVR	NET WT	7711	GVW	16500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/19/2014	Plate Issued	11/19/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

NVR - COUNTY VEHICLES PLATE ISSUED X

Permit # 19082

4091

#4092

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 13 / 5 T# 828788469
B# 1000612

FLORIDA VEHICLE REGISTRATION

PLATE	TD4487	DECAL	Expires	NO EXPIRATION					
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
V	1FD0X4GT1FEB81488			TITLE	116906418	Init. Reg.		Tax Months	12
Pl. type	NVR	NET WT	7711	GVW	16500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/19/2014	Plate Issued	11/19/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

NVR - COUNTY VEHICLES PLATE ISSUED X

Permit # 19083

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 13 / 5 T# 828789373
B# 1000615

FLORIDA VEHICLE REGISTRATION

PLATE	TD4488	DECAL		Expires	NO EXPIRATION				
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1FD0X4GT3FEB81489	NET WT	7711	TITLE	116906509	Init. Reg.		Tax Months	12
PI	pe NVR			GVW	16500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/19/2014	Plate Issued	11/19/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

NVR - COUNTY VEHICLES PLATE ISSUED X

Permit #19084

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while-transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

#4094

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 13 / 5 T# 828790270
B# 1000616

PLATE	TD4489	DECAL	Expires	NO EXPIRATION					
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1FD0X4GTXFEB81490			TITLE	116906578	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	7711	GVW	16600	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/19/2014	Plate Issued	11/19/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

NVR - COUNTY VEHICLES PLATE ISSUED X

Permit #19085

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 13 / 5 T# 826937894
B# 998805

FLORIDA VEHICLE REGISTRATION

PLATE	TD2480	DECAL		Expires	NO EXPIRATION				
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1FD0X4GT1FEB81491			TITLE	116771920	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	7711	GVW	16500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/5/2014	Plate Issued	11/5/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
4. Registration renewals are the responsibility of the registrant and shall occur during the 30-day period prior to the expiration date shown on this registration. Renewal notices are provided as a courtesy and are not required for renewal purposes.
5. I understand that my driver license and registrations will be suspended immediately if the insurer denies the insurance information submitted for this registration.

NVR - COUNTY VEHICLES PLATE ISSUED X

Permit # 19086

IMPORTANT INFORMATION

SECTION 320.0605, Florida Statutes, requires this registration certificate or an official copy or a true copy of a rental or lease agreement issued for the motor vehicle described be in possession of the operator or carried in the vehicle while the vehicle is being used or operated on the highways or streets of this state.

SECTION 316.613, Florida Statutes, requires every operator of a motor vehicle while transporting a child in a passenger car, van or pickup truck registered in this state and operated on the highways of this state, shall, if the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer's integrated child seat, for children aged 4 through 5 years, a separate carrier or seat belt may be used.

SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

FLORIDA VEHICLE REGISTRATION

CO/AGY 13 / 5 T# 826936776
B# 998803

PLATE	TD2479	DECAL		Expires	NO EXPIRATION				
YR/MK	2016/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1FD0X4GT3FEB81492			TITLE	116771837	Init. Reg.		Tax Months	12
Plate Type	NVR	NET WT	7711	GVW	16500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/5/2014	Plate Issued	11/5/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
2. The registration must be delivered to a Tax Collector or Tag Agent for transfer to a replacement vehicle.
3. Your registration must be updated to your new address within 20 days of moving.
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NVR - COUNTY VEHICLES PLATE ISSUED X

Permit # 19087

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SECTION 627.733, Florida Statutes, requires mandatory Florida No-Fault Insurance to be maintained continuously throughout the entire registration period; failure to maintain the required coverage could result in suspension of your driver license and registration.

#4097

Mail To:

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

Important note: If you cancel the insurance for this vehicle, immediately return the license plate from this registration to a Florida driver license or tax collector office or mail it to: Dept. of Highway Safety, Return Tags, 2900 Apalachee Parkway, Tallahassee, FL 32399. Surrendering the plate will prevent your driving privilege from being suspended.

CO/AGY 13 / 5 T# 826935654
B# 998799

FLORIDA VEHICLE REGISTRATION

PLATE	TD2478	DECAL		Expires	NO EXPIRATION				
YR/MK	2015/FORD	BODY	CB	COLOR	WHI	Reg. Tax	36.30	Class Code	97
VIN	1FD0X4GT5FEB81493	NET WT	7711	TITLE	116771752	Init. Reg.		Tax Months	12
Plate type	NVR			GVW	16500	County Fee	3.00	Back Tax Mos	
DL/FEID	-					Mail Fee		Credit Class	
Date Issued	11/5/2014	Plate Issued	11/5/2014			Sales Tax		Credit Months	
						Voluntary Fees			
						Grand Total	39.30		

**LEON COUNTY FLEET
1800 N BLAIR STONE RD STE 1
TALLAHASSEE, FL 32308-2303**

IMPORTANT INFORMATION

1. The Florida license plate must remain with the registrant upon sale of vehicle.
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NVR - COUNTY VEHICLES PLATE ISSUED X

Permit # 19088

2.14

Board of County Commissioners Leon County, Florida

Policy No. 12-1

Title: Green Fleet Policy

Date Adopted: April 24, 2012

Effective Date: April 24, 2012

Reference: N/A

Policy Superseded: Policy No. 93-20, "Vehicle Replacement Policy," adopted January 12, 1993

The Policy No. 93-20, "Vehicle Replacement" adopted by the Board of County Commissioners during the January 12, 1993 Commission Meeting, is hereby repealed and superseded, and a new Policy is hereby adopted in its place, to wit:

In order to purchase County vehicles and equipment in a more fuel-efficient, cost-effective, and environmental-friendly manner, the criteria, which is incorporated into this Policy, will be employed by all County departments when considering replacements for County vehicles or equipment. These criteria are intended to serve as methodology for need analysis when a vehicle replacement is requested, and to downsize vehicles when appropriate. After the vehicle requested has met the criteria, the evaluation will be made by the Fleet Management Division of Public Works, with recommendations from the Green Fleet Committee. In certain categories, sub-compacts and/or compacts will replace full size units. Vehicles, which primarily transport only one driver, may be downsized to smaller, fuel-efficient units at the time of replacement where functional use allows. The State contract will be utilized as a pricing guideline.

1. Purpose

Leon County appreciates the benefits of operating the most functional, fuel efficient, and least polluting fleet available to support county operations, while at the same time being fiscally prudent in vehicle purchase and operational costs. It is important to evaluate the size and make-up of the fleet to ensure it is efficiently supporting county operations on a regular basis. It is recognized that a transition to smaller, more efficient vehicles as well as alternative fuels, hybrid or other “clean” vehicles are options for achieving these goals.

Accordingly, it is the intent of this Policy to establish a green fleet through a process of consideration of all aspects of fleet operations that will contribute to:

- 1) improved fuel efficiency;
- 2) use of cleaner technology with reduced emissions;
- 3) lowered or contained fuel costs; and,
- 4) reduced dependency on any particular energy source.

Leon County is committed to accomplish, through the implementation of this Policy, the transition of the current fleet to an environmentally, efficient “green” fleet which will make it more self-sufficient, reduce or contain fleet costs and be environmentally best for our community.

This Policy covers all Departments and Divisions under the Board of County Commissioners that have vehicles or metered equipment that operate on gasoline, diesel, or other types of fuel or energy.

2. Definitions

- a. Alternate Fuel: Any fuel other than gasoline, diesel, and other substantially petroleum based fuels that is less polluting than gasoline or diesel fuel. Alternate fuel will include, but is not limited to, natural gas, propane, ethanol (E-85), biodiesel (B5 or higher), and electricity, etc.
- b. Alternate Fuel Vehicle: Any motor vehicle powered in whole or in part by non-petroleum-based fuels.
- c. Bi-Fuel Vehicle: Also known as a dual-fuel vehicle. Any motor vehicle designed to operate on two distinct fuels (including “Flex-Fuel” vehicles), one of which is an alternative fuel.
- d. Biodiesel: Fuel refined from agriculturally (including vegetable and animal) derived oils that is suitable for use in diesel engines. Often blended with traditional petroleum-based diesel in amounts connoted by the letter “B” and number (e.g., B20=20% Biodiesel and 80% petroleum diesel).
- e. Carbon Dioxide (CO₂): A standard component of conventionally powered vehicle emissions and a principal greenhouse gas.

-
- f. Carbon Monoxide (CO): A standard component of conventionally powered vehicle emissions.
 - g. Compressed Natural Gas (CNG): Natural gas under pressure; vehicles can use natural gas as either a liquid or a gas; most vehicles use the gaseous form.
 - h. Eco Driving: Driving best practices that reduce fuel consumption, GHG emissions, and accident rates.
 - i. Electric Vehicle: Any vehicle that uses one more electric motors for propulsion.
 - j. Emergency Medical Services Fleet: Ambulances used by Leon County's Emergency Medical Services Department
 - k. Fleet: Leon County's inventory of motorized vehicles and metered equipment.
 - l. Fleet Management: Division of Leon County, Public Works Department
 - m. GHG: stands for Greenhouse Gas: Any of the atmospheric gases that contribute to the greenhouse effect by absorbing infrared radiation produced by solar warming of the Earth's surface. They include carbon dioxide (CO₂), methane (CH₄), nitrous oxide (NO₂), and water vapor.
 - n. Green Vehicles: Vehicles that emit low or zero emissions; typically powered by fuels other than gasoline or diesel
 - o. Heavy Duty Vehicle: Any vehicle, licensed for use of roadways within FHWA Class 6-8, having a manufacturer's gross vehicle weight of 19,501 pounds and above. Heavy-duty vehicles include construction equipment, tractors, and dump trucks.
 - p. Hybrid Vehicle: A motor vehicle that draws propulsion energy from onboard sources of stored energy that are both an internal combustion/heat engine that runs on combustible fuel, and a rechargeable energy storage system.
 - q. Idling: The practice of keeping a vehicle or equipment engine running, without moving the vehicle or not using the equipment.
 - r. Incremental Cost: The difference in the acquisition cost between a conventionally powered vehicle and a comparable alternative fuel vehicle.
 - s. Light Duty Vehicle: Any vehicle within FHWA Class 1 or 2 with a gross vehicle weight up to 10,000 pounds. Light duty vehicles include automobiles, sport utility vehicles (SUV), vans, and small pick-up trucks.
 - t. Life-Cycle Environmental Impacts: Life cycle assessment determines the environmental impacts of products, processes, or services, through production, usage, and disposal.

- u. Low Emission Vehicle (LEV): Any motor vehicle that meets or exceeds the standards set forth by the US Environmental Protection Agency for Low Emission Vehicles.
- v. Medium Duty Vehicle: Any vehicle within FHWA Class 3-5 with a gross vehicle rating of 10,001 pounds through 19,500 pounds. Medium duty vehicles include diesel powered pick-up trucks.
- w. Metered Equipment: Any powered implement that is metered for hours of use.

3. Green Fleet Team

- a. The County Administrator will establish a Green Fleet Team. It will include, at a minimum, one representative from the following work areas: Facilities Management, Fleet Management, Department of Development Support & Environmental Management, Office of Management and Budget, Office of Resource Stewardship, and Public Works Operations.

The Team will meet as appropriate during the budget development process in the second quarter. They will meet, at a minimum, annually. The team's responsibilities include:

- 1) Remain knowledgeable of new technologies, fuels, and current fleet operation.
 - 2) Consider of potential application of alternative technology or fuels for the county's fleet
 - 3) Offer recommendations for improvements and replacements.
- b. The Green Fleet Team will strive to achieve these goals:
 - 1) Increase the number of vehicles and heavy equipment in fleet inventory using alternative fuel and increase the average miles per gallon for the fleet, based on the replacement policy in section 6.
 - 2) Reduce overall fuel consumption in Leon County by a total of 3% by FY 2015, taking into consideration any fleet expansions associated with level of service changes.
 - 3) Implement a green driver education program for all County employees who drive County vehicles.
 - 4) Implement an anti-idling program prohibiting County employees from idling County owned or operated vehicles for an excessive period of time.
 - c. The Green Fleet Team will continually evaluate the merits of alternative technologies and fuels to identify appropriate adoption by the County. Consideration will be given to opportunities to retrofit existing equipment to improve efficiency and emissions.

4. Establishing a Baseline Inventory

- a. Leon County will establish and maintain a complete inventory of the vehicles in its fleet. The inventory will include not only the type and number of fleet vehicles, but also the amount and types of fuel used, the costs associated with their use, and the corresponding emissions.
- b. The baseline year for the inventory and for the Green Fleet Policy will be Fiscal Year 2012.
- c. The baseline inventory metrics should include, at minimum, for each vehicle class and fuel or energy type the following information:
 - 1) Number of vehicles
 - 2) Average miles per gallon (mpg)
 - 3) Average time spent idling
 - 4) Annual miles driven (or annual hours of metered equipment)
 - 5) GHG emissions (i.e. carbon dioxide equivalent)
 - 6) Quantity of fuel consumed by fuel type
 - 7) Cost of fuel consumed by fuel type.
- d. The baseline inventory will include the Metrics 1-6 for each vehicle class rating for Leon County on road fleet or metered-equipment class, and fuel or energy type, including, but not limited to:
 - 1) Gasoline
 - 2) E-85
 - 3) Diesel
 - 4) Biodiesel
 - 5) Compressed natural gas
 - 6) Electricity (i.e. kWh taken from the grid)

5. Implementation Strategies

- a. **Vehicle Purchase:** The goal of purchasing low emitting fuel efficient vehicles and equipment for both vehicle replacement and additions to the fleet where practicable and reasonably cost competitive.
- b. **Optimum Fleet Size:** Only vehicles that have a recognized need and demonstrated use will be maintained. There will be periodic reviews with recommendations to the County Administrator.
- c. **Vehicle Specifications:** Prior to the purchase of any new vehicle or equipment the user department will develop specifications with the Fleet Manager to ensure appropriateness for its mission. Life cycle costs, standardization, ease of use, and emissions quality are several of the issues that need to be addressed.

- d. **Vehicle Maintenance:** There will be evaluation of the maintenance practices for all types of equipment. This includes consideration of frequency, supplies, fluids, and tires. This has important impact on the equipment's efficiency, miles per gallon, costs of fuel, and reduced emissions.
- e. **Vehicle Technology:** A primary goal of this Policy is to change fleet equipment from high pollution, low-mileage petroleum based fuel equipment to clean, more efficient, higher mileage, and alternative fuel use equipment. Currently, technology is transitioning to hybrid, full electric, and hydrogen equipment. Research will refine these and offer others in the future.
- f. **Fuel:** A primary goal is to use a highly efficient, clean readily available fuel(s) to operate all type equipment in the fleet. There is merit in use of several alternative fuels to avoid reliance on one source and, possibly, supply disruption.

Among fuel or energy sources to be considered for the fleet are biodiesel, E-85, CNG (compressed natural gas), propane, hybrid, electric, and combinations. The intent is to phase out or "retire" conventional, fossil-fuel vehicles.

- g. **Fuel Sources:** To secure reliable and cost contained fuel sources.

6. **Vehicle Acquisition & Replacement Guidelines**

- a. Prior to the acquisition of any replacement vehicle, the following purchasing values will be considered and carefully examined by the Green Fleet Team:
 - 1) Repair costs exceed 2/3 of the acquisition cost
 - 2) Life cycle cost
 - 3) Frequency of use (utilization)
 - 4) Justification for the vehicle
 - 5) Safety and repair record
 - 6) Impact on technician's workload
 - 7) Hybrid or alternative fuel vehicle availability or preference
- b. Prior to the acquisition of any new vehicle, the following purchasing values will be considered and carefully examined by the Green Fleet Team:
 - 1) Frequency of use (utilization)
 - 2) Suitability for intended job
 - 3) Fuel efficiency and vehicle size
 - 4) Environmental impact
 - 5) Initial and long-term cost

- c. For each vehicle class there will be a minimum efficiency standard in miles per gallon. This will be used during the consideration of vehicle replacements as well as for new vehicle acquisitions.
- d. Fleet Management will make very effort to purchase and use the lowest emission vehicle or equipment item possible, while taking into account the vehicle's lifecycle costs, miles per gallon, life cycle environmental impacts, and ability to support Leon County's operation and services. This will be achieved through the utilization of the green fleet committee and the monitoring of the objectives.

7. Eco Driving and Driver Education

a. Eco Driving

Leon County will implement an anti-idling policy that will apply to County vehicles operated by Leon County. The objectives of this Policy are:

- 1) To eliminate unnecessary idling of vehicles in order to reduce the community's exposure to exhaust from gasoline and diesel engines and reduce unnecessary consumption of fuel.
- 2) To educate and inform County employees about the health and environmental effects of gasoline and diesel exhaust.

It will be the policy of Leon County to minimize unnecessary idling of County vehicles and equipment to reduce CO₂ and other greenhouse gas emissions, conserve fuel, and reduce maintenance and fuel expenses associated with excessive idling.

All County employees will take actions to reduce fuel consumption as follows:

- 1) When employees arrive at a job site, they are required to turn off their vehicles as soon as practical to eliminate idling time and reduce excess consumption of fuel.
- 2) Vehicles will not be restarted until all passengers are ready to depart, or work is ready to resume.
- 3) Equipment will be turned off when inactive or not in use.
- 4) No driver of a County owned vehicle will cause or allow the vehicle to idle for a period of more than five (5) minutes.
- 5) Vehicles will not idle for purposes of "warming up" the engine, except where manufacture's operating instructions require or recommend it, or where it is necessary to defrost windows and make the vehicle safe for driving and occupancy.
- 6) EMS/Public Safety vehicles are exempt from this Policy

b. Driver Education

Leon County will develop an employee education program designed to instruct drivers of county vehicles in best eco driving practices. The topics will include fuel usage/conservation, maintenance, using alternatives to driving, defensive driving, and education on vehicle idling. The use of this program will reduce incidents, which in turn will reduce the cost of vehicle insurance.

7. Exemptions

- a. The County Administrator or designee may grant an exemption from the requirements of this Policy under any one of the following circumstances:
- b. Where the analysis demonstrates to the satisfaction of Fleet Services Division that any amortized additional incremental cost of purchasing a lower emission vehicle that complies with the requirements of this Policy cannot be recovered over the operational life of the vehicle or metered equipment through a reduction in fuel, maintenance, and other costs incurred during the operating life of such vehicle or equipment; and
- c. New emergency vehicles purchased under this Policy must provide comparable performance, safety, and fuel availability during emergencies as conventionally powered emergency vehicles.

Adopted April 24, 2012

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Re-using Medical Equipment
CAAS: 203.05.01
Effective: June 1, 2005
Reviewed: March, 2005, December 2012, January 2013, December 2015
Revision: 3
Pages: 1

I. GUIDELINE:

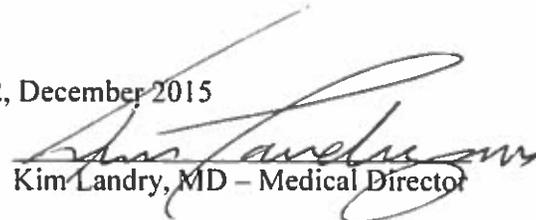
To ensure a clean and safe environment for our staff and patients it is the policy of LCEMS to clean all reusable medical equipment after each use using currently accepted methods. LCEMS medical equipment designed for single patient use shall be properly disposed of and not re-used.

II. PROCEDURE:

- All reusable medical equipment will be cleaned after each patient use as outlined in the exposure control plan.
- All single use medical equipment will be properly discarded in biohazardous waste receptacles. Single use medical equipment will not be re-used. Replacement equipment can be obtained at EMS Logistics.
- If an ambulance crew exhausts their supply of replacement single-use supplies, the crew will contact the System Status Controller and request permission to go to HQ to resupply from the EMS Logistics.
- Single-use items are any items that the manufacturer has deemed as single-use. These items include and are not limited to trauma dressings, airway adjuncts, oxygen delivery devices, stretcher sheets, IV supplies, and all medications not already in multi-use containers.

LEON COUNTY E.M.S.
Standard Operating Guideline

Title: Storage, Use and Replacement of Time Dated Drugs and Supplies
CAAS: 203.03.02
Effective: January 1, 2004
Reviewed: March 2008, October 2011, December 2012, December 2015
Revision: 3
Pages: 2



Kim Landry, MD – Medical Director

I. PURPOSE:

To provide a guide for meeting requirements of DEA and FL State Bureau of EMS on non-controlled drugs, IV fluids and dated supplies.

II. GUIDELINE:

All requirements of the DEA and FL State Bureau of EMS on non-controlled drugs, IV fluids and dated supplies will be met by LCEMS. Non-narcotic medications and IV fluids not assigned to vehicles will be stored in a locked climate controlled storeroom in the EMS Division.

III. PROCEDURE:

Non-Controlled Drugs, IV Fluids and Dated Supplies (Controlled Drugs– Refer to SOG 407.00)

1. Vehicle Inventory

On the first of the month, the Shift Supervisor will have the on-duty LCEMS crew's inventory and confirm date compliance of all drugs, IV fluids and dated supplies on the ambulances, using the monthly Vehicle Drug, IV Fluid and Dated Supplies Expiration Inventory Form. All outdated non-narcotics or damaged drugs, IV fluids, or dated supplies will be pulled and stored in the "Expired Drugs Box" located in the Soiled Utility Room until they are properly disposed of by the Supply Technician.

2. Inventory/Ordering of Narcotic and Non-Narcotic Medications, IV Fluids and Dated Supplies

A. Monday through Friday, the department's Supply Technicians monitor all supply room item levels and orders stock PRN.

B. During the first week of each month, the process includes inventory of supplies and checking the expiration dates of all IV fluids, narcotic medications,

non-controlled drugs and dated supplies in stock. Any out-of-date items will be removed and replaced. The non-narcotic out-of-date items will be stored in the “Expired Drugs Box” located in the Soiled Utility Room until they are properly disposed of.

C. Narcotic medications expired will be stored in a locked box designated as expired narcotics and will be disposed of by the Logistician in accordance with DEA standards by a DEA approved reverse distributor. Proper DEA forms will be completed and filed (Refer to SOG 407.00)

D. Depleted IV fluids, non-narcotic medications and dated supplies in the ambulances will be resupplied via the LCEMS Supply Technicians or EMS staff.

3. Temperature Extremes

- A. The temperature in drug cabinets aboard ambulances will be monitored and documented daily as part of the vehicle check-in process. If a cabinet is found to be out of compliance with established standards then the crew will immediately notify the on-duty supervisor and logistics personnel to replace all medications and IV fluids in the cabinet found out of compliance.
- B. Temperature in the drug cabinets will be monitored by portable thermometers that will mark the highest and lowest temperatures reached, allowing the crew members to know, upon truck check in, that the medications and IV fluids were exposed to extreme temperatures.
- C. Medication and IV fluids will be removed from the drug cabinets if temperatures reach, or exceed, 104° F (40° C) and discarded (this is defined as “extreme heat” by the United States Pharmacopeia 10.30.80.). Medications and IV fluids will also be removed and discarded if temperatures in the drug cabinet drop below 14° F (-10° C) (this is defined as the highest degree of “freezer” range by the United States Pharmacopeia 10.30.10.).

Communication System Description

800 MHz City/County Radio System

The primary communications system utilized by the Leon County Division of Emergency Medical Services is the City of Tallahassee/Leon County 800 MHz system. This system is a Motorola P25 compliant, digital trunking radio system that provides for interoperability between emergency services agencies and governmental operations. The system has an operational footprint of three miles beyond the county boundaries. The division utilizes this radio system for primary dispatch functions, unit-to-unit communications, and unit-to-hospital communications. Each emergency response vehicle is equipped with a mobile radio and all personnel utilize a portable radio for communication when away from the vehicle. Frequency licensing and call sign information are provided as an attachment.

400 MHz State-wide EMS System

The division utilizes the state-wide 400 MHz EMS radio system as a back-up radio system, for mutual aid responses and to communicate with hospitals located outside of Leon County. The state-wide EMS Communications plan designates the use of Med 8 and Med 2 in Leon County. Each emergency response vehicle is equipped with a mobile radio capable of communicating on this system.

Mobile Data Computers

Each emergency response vehicle is equipped with a mobile data computer (MDC) that is connected to the computer aided dispatch (CAD) system. The MDC provides incident related information including address, call nature, notes, run times, and mapping.

Mobile Telephones

Each deployed ambulance is equipped with a mobile telephone to serve as a back-up communications and to provide a means for communication with the medical director, dispatch, and medical facilities.

Alpha-Numeric Pagers

All personnel are issued alpha-numeric pagers which provide dispatch information for incidents and general messages. The pagers are integrated with the CAD system and provide call specific information for each incident that the individual is assigned to.



Federal Communications Commission
Public Safety and Homeland Security Bureau

RADIO STATION AUTHORIZATION

LICENSEE: TALLAHASSEE, CITY OF

ATTN: RON WOSTEL, RADIO SYSTEM MANAGER
TALLAHASSEE, CITY OF
642 C MABRY STREET
TALLAHASSEE, FL 32304

Call Sign WPMP726	File Number
Radio Service YE - PubSafty/SpecEmer/PubSaftyNtlPlan, 806-817/851-862MHz,Trunked	
Regulatory Status PMRS	
Frequency Coordination Number	

FCC Registration Number (FRN): 0004572426

Grant Date	Effective Date	Expiration Date	Print Date
09-09-2003	08-06-2010	10-28-2013	12-06-2011

STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

Loc. 1	Address: 234 EAST 7TH AVENUE City: TALLAHASSEE County: LEON State: FL Lat (NAD83): 30-27-29.7 N Long (NAD83): 084-16-46.6 W ASR No.: 1063790 Ground Elev: 57.9
Loc. 2	Address: CORNER OF BANNERMAN RD. @ MERIDIAN RD. City: TALLAHASSE County: LEON State: FL Lat (NAD83): 30-34-44.5 N Long (NAD83): 084-15-56.7 W ASR No.: 1063810 Ground Elev: 64.0
Loc. 3	Address: 3 MILES N OF CR59 & US 90 INTER. ON CR5 City: TALLAHASSEE County: LEON State: FL Lat (NAD83): 30-34-00.4 N Long (NAD83): 084-02-38.5 W ASR No.: 1063814 Ground Elev: 59.4
Loc. 4	Address: INTERSECTION OF HWY 20 & CROOKED RD. City: TALLAHASSEE County: LEON State: FL Lat (NAD83): 30-22-59.0 N Long (NAD83): 084-39-00.2 W ASR No.: 1063816 Ground Elev: 23.5
Loc. 5	Address: HOPKINS POWER PLANT 1125 GEDDIE RD. City: TALLAHASSEE County: LEON State: FL Lat (NAD83): 30-27-02.3 N Long (NAD83): 084-23-56.5 W ASR No.: 1063815 Ground Elev: 41.7
Loc. 6	Address: 5031 TRAM ROAD City: TALLAHASSEE County: LEON State: FL Lat (NAD83): 30-21-16.7 N Long (NAD83): 084-11-36.6 W ASR No.: 1206977 Ground Elev: 14.0

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: TALLAHASSEE, CITY OF

Call Sign: WPMP726

File Number:

Print Date: 12-06-2011

Loc. 7 Area of Operation

Land Mobile Control Station meeting the 6.1 Meter Rule: FL

Loc. 8 Area of Operation

Operating within a 45.0 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
1	1	000854.96250000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	
1	1	000855.23750000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	
1	1	000855.46250000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	
1	1	000855.71250000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	
1	1	000856.23750000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	
1	1	000858.23750000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	
1	1	000859.23750000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	
1	1	000860.23750000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	
1	1	000860.76250000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	
1	1	000860.26250000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	12-20-2008
1	1	000854.43750000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	06-18-2010
1	1	000855.51250000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	06-18-2010
1	1	000857.33750000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	06-18-2010
1	1	000856.91250000	FB2C	1		20K0F9W	100.000	379.000	113.0	133.7	06-18-2010
2	1	000854.96250000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	09-06-2001
2	1	000855.23750000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	09-06-2001
2	1	000855.46250000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	09-06-2001
2	1	000855.71250000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	09-06-2001
2	1	000856.23750000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	09-06-2001
2	1	000858.23750000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	09-06-2001
2	1	000859.23750000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	09-06-2001
2	1	000860.23750000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	09-06-2001
2	1	000860.76250000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	09-06-2001
2	1	000854.43750000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	06-18-2010
2	1	000855.51250000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	06-18-2010
2	1	000857.33750000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	06-18-2010
2	1	000856.91250000	FB2C	1		20K0F9W	100.000	728.000	128.3	146.5	06-18-2010
3	1	000854.96250000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	
3	1	000855.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	
3	1	000855.46250000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	
3	1	000855.71250000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	

Licensee Name: TALLAHASSEE, CITY OF

Call Sign: WPMP726

File Number:

Print Date: 12-06-2011

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
3	1	000856.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	
3	1	000858.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	
3	1	000859.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	
3	1	000860.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	
3	1	000860.76250000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	
3	1	000854.43750000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	06-18-2010
3	1	000855.51250000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	06-18-2010
3	1	000857.33750000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	06-18-2010
3	1	000856.91250000	FB2C	1		20K0F9W	100.000	597.000	128.3	145.9	06-18-2010
4	1	000854.96250000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	09-06-2001
4	1	000855.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	09-06-2001
4	1	000855.46250000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	09-06-2001
4	1	000855.71250000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	09-06-2001
4	1	000856.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	09-06-2001
4	1	000858.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	09-06-2001
4	1	000859.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	09-06-2001
4	1	000860.23750000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	09-06-2001
4	1	000860.76250000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	09-06-2001
4	1	000854.43750000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	06-18-2010
4	1	000855.51250000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	06-18-2010
4	1	000857.33750000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	06-18-2010
4	1	000856.91250000	FB2C	1		20K0F9W	100.000	597.000	128.3	116.9	06-18-2010
5	1	000854.96250000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	09-06-2001
5	1	000855.23750000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	09-06-2001
5	1	000855.46250000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	09-06-2001
5	1	000855.71250000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	09-06-2001
5	1	000856.23750000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	09-06-2001
5	1	000858.23750000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	09-06-2001
5	1	000859.23750000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	09-06-2001
5	1	000860.23750000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	09-06-2001
5	1	000860.76250000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	09-06-2001
5	1	000854.43750000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	06-18-2010
5	1	000855.51250000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	06-18-2010
5	1	000857.33750000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	06-18-2010
5	1	000856.91250000	FB2C	1		20K0F9W	100.000	749.000	82.3	88.6	06-18-2010
6	1	000854.96250000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	09-06-2001

Licensee Name: TALLAHASSEE, CITY OF

Call Sign: WPMP726

File Number:

Print Date: 12-06-2011

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
6	1	000855.23750000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	09-06-2001
6	1	000855.46250000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	09-06-2001
6	1	000855.71250000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	09-06-2001
6	1	000856.23750000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	09-06-2001
6	1	000858.23750000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	09-06-2001
6	1	000859.23750000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	09-06-2001
6	1	000860.23750000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	09-06-2001
6	1	000860.76250000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	09-06-2001
6	1	000854.43750000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	06-18-2010
6	1	000855.51250000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	06-18-2010
6	1	000857.33750000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	06-18-2010
6	1	000856.91250000	FB2C	1		20K0F9W	100.000	770.000	137.2	131.6	06-18-2010
7	1	000809.96250000	FX1	75		20K0F9W	35.000	35.000			
7	1	000810.23750000	FX1	75		20K0F9W	35.000	35.000			
7	1	000810.46250000	FX1	75		20K0F9W	35.000	35.000			
7	1	000810.71250000	FX1	75		20K0F9W	35.000	35.000			
7	1	000811.23750000	FX1	75		20K0F9W	35.000	35.000			
7	1	000813.23750000	FX1	75		20K0F9W	35.000	35.000			
7	1	000814.23750000	FX1	75		20K0F9W	35.000	35.000			
7	1	000815.23750000	FX1	75		20K0F9W	35.000	35.000			
7	1	000815.76250000	FX1	75		20K0F9W	35.000	35.000			
7	1	000815.26250000	FX1	75		20K0F9W	35.000	35.000			
7	1	000809.43750000	FX1	75		20K0F9W	35.000	35.000			
7	1	000810.51250000	FX1	75		20K0F9W	35.000	35.000			
7	1	000812.33750000	FX1	75		20K0F9W	35.000	35.000			
7	1	000811.91250000	FX1	75		20K0F9W	35.000	35.000			
7	1	000812.36250000	FX1	75		20K0F9W	35.000	35.000			
8	1	000809.96250000	MO	1850		20K0F9W	35.000	35.000			
8	1	000810.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000810.46250000	MO	1850		20K0F9W	35.000	35.000			
8	1	000810.71250000	MO	1850		20K0F9W	35.000	35.000			
8	1	000811.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000813.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000814.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000815.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000815.76250000	MO	1850		20K0F9W	35.000	35.000			

Licensee Name: TALLAHASSEE, CITY OF

Call Sign: WPMP726

File Number:

Print Date: 12-06-2011

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
8	1	000854.96250000	MO	1850		20K0F9W	35.000	35.000			
8	1	000855.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000855.46250000	MO	1850		20K0F9W	35.000	35.000			
8	1	000855.71250000	MO	1850		20K0F9W	35.000	35.000			
8	1	000856.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000858.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000859.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000860.23750000	MO	1850		20K0F9W	35.000	35.000			
8	1	000860.76250000	MO	1850		20K0F9W	35.000	35.000			
8	1	000809.43750000	MO	1850		20K0F9W	35.000	35.000			06-18-2010
8	1	000810.51250000	MO	1850		20K0F9W	35.000	35.000			06-18-2010
8	1	000812.33750000	MO	1850		20K0F9W	35.000	35.000			06-18-2010
8	1	000811.91250000	MO	1850		20K0F9W	35.000	35.000			06-18-2010
8	1	000854.43750000	MO	1850		20K0F9W	35.000	35.000			06-18-2010
8	1	000855.51250000	MO	1850		20K0F9W	35.000	35.000			06-18-2010
8	1	000857.33750000	MO	1850		20K0F9W	35.000	35.000			06-18-2010
8	1	000856.91250000	MO	1850		20K0F9W	35.000	35.000			06-18-2010

Control Points**Control Pt. No. 1**

Address: TALLAHASSEE POLICE DEPT 234 E 7TH A

City: TALLAHASSEE County: LEON State: FL Telephone Number: (850)891-5626

Associated Call Signs

WPBH782

WQJQ232

Waivers/Conditions:

Request for waiver of Section 1.946(e) granted on April 23, 2008. The licensee must comply with the Commission's rules in the future, and may not rely on this waiver grant as an indication that a future request for waiver will be granted. The licensee is cautioned that, in the event of a future failure to timely file in accordance with the Commission's licensing rules, the Commission's automated termination process, adopted in February, 2006, may result in the automatic termination of the license, location or frequency at issue, as well as possible enforcement action for unlicensed use of spectrum. See Wireless Telecommunications Bureau Announces February 1, 2006, as the Implementation Date of the Automated Feature in its Universal Licensing System That Identifies Unconstructed Stations Resulting in Automatic Termination of Licenses, Public Notice, 20 FCC Rcd 19805 (WTB 2005); Biennial Regulatory Review - Amendment of Parts 0, 1, 13, 22, 24, 26, 27, 80, 87, 90, 95, and 101 of the Commission's Rules to Facilitate Development and Use of the Universal Licensing System in the Wireless Telecommunications Service, WT Docket No. 98-20, Memorandum Opinion and Order on Reconsideration, 14 FCC Rcd 11476 (1999).



Federal Communications Commission
Public Safety and Homeland Security Bureau

RADIO STATION AUTHORIZATION

LICENSEE: TALLAHASSEE, CITY OF

ATTN: RON WOSTEL
TALLAHASSEE, CITY OF
642-C MABRY STREET
TALLAHASSEE, FL 32304

Call Sign WQMF293	File Number 0004305466
Radio Service YE - PubSafty/SpecEmer/PubSaftyNtlPlan, 806-817/851-862MHz,Trunked	
Regulatory Status PMRS	
Frequency Coordination Number 18YEAP800217292	

FCC Registration Number (FRN): 0004572426

Grant Date 07-22-2010	Effective Date 07-22-2010	Expiration Date 07-22-2020	Print Date 07-23-2010
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

- Loc. 1** Address: 501 EASTERWOOD DRIVE
City: TALLAHASSEE County: LEON State: FL
Lat (NAD83): 30-26-36.2 N Long (NAD83): 084-13-08.0 W ASR No.: 1264330 Ground Elev: 49.3
- Loc. 2** Address: 1204 MYERS PARK DRIVE
City: TALLAHASSEE County: LEON State: FL
Lat (NAD83): 30-25-59.8 N Long (NAD83): 084-16-30.3 W ASR No.: 1265393 Ground Elev: 46.0
- Loc. 3** Area of Operation
Operating within a 45.0 km radius around fixed location 1
- Loc. 4** Area of Operation
Land Mobile Control Station meeting the 6.1 Meter Rule: FL

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
1	1	000856.91250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.81250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.63750000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011

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: TALLAHASSEE, CITY OF

Call Sign: WQMF293

File Number: 0004305466

Print Date: 07-23-2010

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	000857.31250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000854.43750000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000854.86250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.03750000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.08750000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.16250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.33750000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.41250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.51250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.76250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.88750000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000855.91250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000856.28750000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000856.81250000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
1	1	000857.33750000	FB2	1		8K70D1W	100.000	200.000	98.4	116.0	07-22-2011
2	1	000856.91250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.81250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.63750000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000857.31250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000854.43750000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000854.86250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.03750000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.08750000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.16250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.33750000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.41250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.51250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.76250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.88750000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000855.91250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000856.28750000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000856.81250000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
2	1	000857.33750000	FB2	1		8K70D1W	100.000	339.000	113.6	129.1	07-22-2011
3	1	000856.91250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.81250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.63750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011

Licensee Name: TALLAHASSEE, CITY OF

Call Sign: WQMF293

File Number: 0004305466

Print Date: 07-23-2010

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
3	1	000857.31250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000812.31250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.81250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.63750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000811.91250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000809.43750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000854.43750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000854.86250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000809.86250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.03750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.03750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.08750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.08750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.16250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.16250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.33750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.33750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.41250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.41250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.51250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.51250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.76250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.76250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.88750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.88750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000855.91250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000810.91250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000856.28750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000811.28750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000856.81250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000811.81250000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000857.33750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
3	1	000812.33750000	MO	3200		8K70D1W	35.000	36.000			07-22-2011
4	1	000812.33750000	FX1	78		8K70D1W	35.000	100.000			
4	1	000811.91250000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.81250000	FX1	78		8K70D1W	35.000	100.000			

Licensee Name: TALLAHASSEE, CITY OF

Call Sign: WQMF293

File Number: 0004305466

Print Date: 07-23-2010

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
4	1	000810.63750000	FX1	78		8K70D1W	35.000	100.000			
4	1	000812.31250000	FX1	78		8K70D1W	35.000	100.000			
4	1	000809.43750000	FX1	78		8K70D1W	35.000	100.000			
4	1	000809.86250000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.03750000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.08750000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.16250000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.33750000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.41250000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.51250000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.76250000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.88750000	FX1	78		8K70D1W	35.000	100.000			
4	1	000810.91250000	FX1	78		8K70D1W	35.000	100.000			
4	1	000811.28750000	FX1	78		8K70D1W	35.000	100.000			
4	1	000811.81250000	FX1	78		8K70D1W	35.000	100.000			

Control Points

Control Pt. No. 1

Address: 642-C MABRY STREET

City: TALLAHASSEE

County: LEON

State: FL

Telephone Number: (850)891-5626

Associated Call Signs

WPMP726

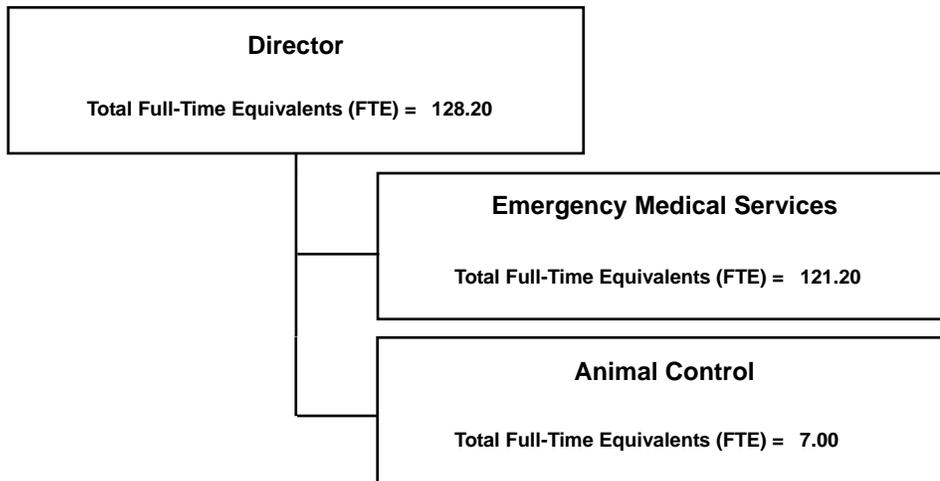
WPBH782

Waivers/Conditions:

NONE

Leon County Fiscal Year 2016 Adopted Budget

Office of Public Safety



Leon County Fiscal Year 2016 Adopted Budget

Office of Public Safety

Executive Summary

The Office of Public Safety section of the Leon County FY 2016 Annual Budget is comprised of Emergency Medical Services and Animal Control.

Emergency Medical Services provides emergency medical services to all residents of Leon County. Animal Control provides humane education, prevention, and enforcement programs for the citizens and domestic animals of Leon County.

On December 9, 2013, the Board approved transitioning its strategic planning to a five-year planning cycle that spans from FY 2012 through FY 2016, as reflected in the LEADS/Strategic Plan Section. As part of the Leon LEADS Strategic Planning process, the Office of Public Safety Business Plan communicates the continued alignment of the Board's strategic priorities and initiatives with the department's actions and performance measures. The Business Plan is a road map and a broad plan of action for accomplishing the Board's priorities and serves as a gauge to assist the department in measuring outcomes of the Strategic Plan.

HIGHLIGHTS

Emergency Medical Services (EMS) continues to provide award-winning services through the delivery of cost-effective emergency treatment and transportation of the sick and injured. In FY 2015, EMS continued its public education and risk reduction campaign which provides risk reduction and cardiopulmonary resuscitation (CPR) with automated external defibrillation (AED) training to citizens. In order to maintain current service levels in light of increasing call volumes, the Board approved the addition of a full ambulance crew and new ambulance in the FY15 budget. This will be the first time since 2008 that the Division will see an increase in ambulance crew personnel.

The EMS Division's "Press the Chest" CPR community training event drew nearly 750 citizens and was recognized as a national award winning event by the National Association of Counties in the category of Emergency Management and Response.

Leon County Government began developing the Tactical Medic Program (TMP) in October 2014. The TMP begins in June 2015 after six months of intensive training, including the basic Special Weapons and Tactics (SWAT) operator training and completion of the rigorous Tactical Combat Casualty Care (TECC) course. TECC training utilizes evidence-based best practice recommendations for casualty management during high-threat civilian tactical and rescue operations, and is based on military principles and experience. Additionally, TMP members train and function as an integrated component of the Sheriff's Office SWAT. The program provides medical support to the Sheriff's Office SWAT and gets experts to those in needs as soon as possible.

Animal Services is responsible for enforcing state and local ordinances concerning matters such as stray animals, rabies control, animal cruelty, and dangerous animals. Animal Services also provides training through the conduction of the animal bite prevention and safety program and advocates for the altering of animals to decrease pet overpopulation through educational programs and the distribution of vouchers for free or low cost spay and neutering of animals. In addition, this program administers the contract for St. Francis Wildlife services.

The Board approved the creation of the Lead Animal Control Officer designation for FY15, with the aim to improve operational performance and leadership within the Division due to the nature of the 24 hour/7 days a week work load.

Leon County Fiscal Year 2016 Adopted Budget

Office of Public Safety
Business Plan

Mission Statement

The mission of the Leon County Office of Public safety is to enrich, preserve and improve the lives of citizens and visitors to Leon County by: 1. Promoting safety through clinically superior and compassionate pre-hospital care and life safety education through the Division of Emergency Medical Services Division, and 2. Provide education, prevention, and enforcement programs and humane animal care and control services through the Division of Animal Control.

Strategic Priorities

Economy

- Integrate infrastructure, transportation, redevelopment opportunities and community planning to create the sense of place which attracts talent. (EC1) 2012
- Focus resources to assist local veterans, especially those returning from tours of duty, in employment and job training opportunities through the efforts of County government and local partners. (EC5) 2012

Quality of Life

- Provide essential public safety infrastructure and services which ensures the safety of the entire community. (Q2) 2012
- Maintain and further develop programs and partnerships necessary to support and promote a healthier community, including: access to health care and community-based human services. (Q3) 2013

Strategic Initiatives

October 1, 2011 – September 30, 2016

- | | | |
|-----|---|----------|
| 1. | Implement strategies that assist local veterans, including: Consider policy to waive EMS fees for uninsured or underinsured veterans. (EC5) 2012 | Complete |
| 2. | Implement strategies to improve medical outcomes and survival rates and to prevent injuries, including: continue to pursue funding for community. (Q5) 2014 rev. | Ongoing |
| 3. | Support Honor Flights (EC5) 2012 | Ongoing |
| 4. | Enter into agreements with NFCC and TCC which establish internship programs for EMS Technology students. (EC6) 2012 | Ongoing |
| 5. | Provide EMS Ride-Alongs. (EC6) 2012 | Ongoing |
| 6. | Provide Emergency Medical Services.(Q2, Q3) 2012 | Ongoing |
| 7. | Support Programs which advocate for AED's in public spaces. (Q2, Q3) 2012 | Ongoing |
| 8. | Provide community risk reduction programs, such as AED/CPR training (Q2, Q3) 2012 | Ongoing |
| 9. | Implement strategies to maintain and develop programs and partnerships to ensure community safety and health, including: Participate in American Society for the Prevention of Cruelty to Animals (ASPCA) Partnership, and in ASPCA ID ME Grant. (Q2,Q3) 2012 | Ongoing |
| 10. | Develop a Leon County "Crisis Management Communication Plan". (Q2) 2015 | Ongoing |

Actions

- | | | |
|----|--|-----|
| 1. | A. Collaborate with the Division of Veterans Services on the establishment of the goals and objectives related to the development of a policy to waive EMS fees for uninsured or underinsured veterans. (EC5, Q3) | EMS |
| | B. Engage community partners such as Veteran Affairs Administration to ensure the proposed policy to waive EMS fees for uninsured or underinsured veterans meets the needs of the veteran community. (EC5, Q3) | EMS |
| | C. Develop the policy to waive EMS fees for uninsured or underinsured veterans based on the information collected and within the goals and objectives established, and presents the policy to the BOCC for adoption. (EC5, Q3) | EMS |
| 2. | A. Develop strategies and training to improve medical outcomes and survival rates and prevent Injuries. (Q2, Q3) | EMS |
| | B. Develop community paramedic telemedicine program and apply for grant funding. (Q2, Q3) | EMS |

Leon County Fiscal Year 2016 Adopted Budget

Office of Public Safety

Actions		C. Continually seek funding opportunities to provide a means of providing community paramedic telemedicine services to the community. (Q2, Q3)	EMS
	3.	Collaborate and support Honor Flight Tallahassee in the production of flights. (EC5)	EMS
	4.	Engage community partners within the medical and social services community to enhance partnerships. (Q2, Q3)	EMS
	5.	Develop strategies and training to improve medical outcomes and survival rates and prevent injuries. (Q2, Q3)	EMS
	6.	Engage citizens by providing ride along opportunities to qualifying citizens. (E6)	EMS
	7.	Develop community partnerships to support and advocate AEDs in public spaces. (Q2, Q3)	EMS
	8.	Develop partnerships to support and advocated AEDs in public spaces. (Q2, Q3)	EMS
	9.	A. Provide humane education to children and pet owners on ordinance requirements and assist dog owners by providing loaner dog houses to reduce the number of dogs surrendered due to lack of improper shelter. (G2)	Animal Control
		B. Conduct microchips identification scanning on all animals picked up to return to the owner in the field to reduce animals taken to the shelter. (Q2, G2)	Animal Control
		C. Provide pet identification tags and collars to reduce the number of animals going to the shelter and increase the number of pets reunited with their owner. (Q2, G2)	Animal Control
	10.	Board approval of preliminary approach to develop the Crisis Communications Plan. (Q2)	EMS
Performance Measures	EC5	Number of Veterans qualifying for fee waiver under the policy	Pg. 16-7
	Q2,Q3	Percentage of cardiac arrest patients who experience Return of Spontaneous Circulation (ROSC)	Pg. 16-7
	Q2,Q3	% of heart attack patients transported to hospital within 30 minutes or less of patient contact	Pg. 16-7
	Q2, Q3	% of myocardial infarction patients correctly identified by paramedics annually	Pg. 16-7
	Q2, Q3	% of trauma alert patients correctly identified by paramedics annually	Pg. 16-7
	Q2, Q3	Number of citizens trained in CPR annually through events including "Press the Chest"	Pg. 16-7
	Q2, Q3	Number of public education events conducted annually	Pg. 16-7
	Q2, Q3	Number of public access Automated External Defibrillators (AEDs) registered	Pg. 16-7
	Q2,	% of trauma alert patients correctly identified by paramedics annually	Pg. 16-7
	Q2,	% of stoke alert patients correctly identified by paramedics annually	Pg. 16-7
	Q2	% of STEMI patients correctly identified by paramedics annually	Pg. 16-7
	Q2	% of STEMI EKGs transmitted to receiving hospital by paramedics annually	Pg. 16-7
	Q2	Return 7% of lost pets to their owners annually	Pg. 16-10
	Q2	Reduce field impounds at the Animal Shelter by 3% annually.	Pg. 16-10

Leon County Fiscal Year 2016 Adopted Budget

Office of Public Safety

Budgetary Costs	FY 2014 Actual	FY 2015 Adopted	FY 2016 Continuation	FY 2016 Issues	FY 2016 Budget	FY 2017 Budget
Personnel Services	8,921,560	9,948,002	10,502,525	5,870	10,508,395	10,714,550
Operating	4,855,058	5,651,108	5,786,982	317,631	6,104,613	6,234,278
Transportation	806,937	993,956	932,159	-	932,159	932,159
Capital Outlay	23,776	74,250	38,000	-	38,000	38,000
Grants-in-Aid	71,250	71,250	71,250	-	71,250	71,250
Total Budgetary Costs	14,678,581	16,738,566	17,330,916	323,501	17,654,417	17,990,237
Appropriations	FY 2014 Actual	FY 2015 Adopted	FY 2016 Continuation	FY 2016 Issues	FY 2016 Budget	FY 2017 Budget
Emergency Medical Services	13,605,153	15,465,226	15,941,939	141,567	16,083,506	16,383,752
Animal Control	1,073,428	1,273,340	1,388,977	181,934	1,570,911	1,606,485
Total Budget	14,678,581	16,738,566	17,330,916	323,501	17,654,417	17,990,237
Funding Sources	FY 2014 Actual	FY 2015 Adopted	FY 2016 Continuation	FY 2016 Issues	FY 2016 Budget	FY 2017 Budget
135 Emergency Medical Services MSTU	13,605,153	15,465,226	15,941,939	141,567	16,083,506	16,383,752
140 Municipal Service	1,073,428	1,273,340	1,388,977	181,934	1,570,911	1,606,485
Total Revenues	14,678,581	16,738,566	17,330,916	323,501	17,654,417	17,990,237
Staffing Summary	FY 2014 Actual	FY 2015 Adopted	FY 2016 Continuation	FY 2016 Issues	FY 2016 Budget	FY 2017 Budget
Animal Control	7.00	7.00	7.00	-	7.00	7.00
Emergency Medical Services	107.20	121.20	121.20	-	121.20	121.20
Total Full-Time Equivalents (FTE)	114.20	128.20	128.20	-	128.20	128.20
OPS Staffing Summary	FY 2014 Actual	FY 2015 Adopted	FY 2016 Continuation	FY 2016 Issues	FY 2016 Budget	FY 2017 Budget
Emergency Medical Services	1.00	1.00	1.00	-	1.00	1.00
Total OPS Full-Time Equivalents (FTE)	1.00	1.00	1.00	-	1.00	1.00

Leon County Fiscal Year 2016 Adopted Budget

Office of Public Safety

Emergency Medical Services (135-185-526)

Goal	The goal of Leon County EMS Division is to provide clinically superior, compassionate, cost-effective emergency medical services to all citizens and visitors of Leon County; regardless of social economic status, utilizing the latest technologies and medical care standards, within the bounds of available resources.
Core Objectives	<ol style="list-style-type: none"> 1. Provide basic and advanced life support emergency medical services to the citizens and visitors of Leon County. 2. Provide medically necessary inter-facility and critical care emergency medical services to the citizens and visitors of Leon County. 3. Provide medical coverage at special event venues. 4. Provide injury and disease prevention and community risk reduction training programs to citizens. 5. Provide bystander care educational programs to citizens. 6. Maintain the County's Heart Ready initiative through the further development of the public access automated external defibrillator (AED) program and by training citizens in cardio-pulmonary resuscitation (CPR) and AED use. 7. Maintain a constant state of readiness to respond to major disasters, both man-made and natural. 8. Provide administrative oversight of the six volunteer fire departments.
Statutory Responsibilities	Article III Leon County Code of Law Chapter 401 Florida Statute Chapter 64J-1 Florida Administrative Code
Advisory Board	Emergency Medical Services Advisory Council

Benchmarking			
Priorities	Benchmark Data	Leon County	Benchmark
Q2, Q3	% of heart attack (STEMI) patients delivered to the hospital in 30 minutes or less from patient contact to hospital arrival	80%	85%
Q2	% of cardiac arrest patients that experience Return of Spontaneous Circulation (ROSC) upon arrival at the Emergency Room	33%	7%
Q2, Q3	% of requests for services that results in a patient transport	72%	65%

Benchmark source: American College of Cardiology, the American Heart Association, and the Florida EMSTARS Database.

Performance Measures					
Priorities	Performance Measures	FY 2013 Actuals	FY 2014 Actuals	FY 2015 Estimate	FY 2016 Estimate
Q2	# of calls for service responded to	33,166	33,637	36,565	37,296
Q2	# of transports made	23,913	23,769	26,326	26,852
Q2, Q3	# of public education events conducted annually	162	140	180	150
EC5	# of Veterans qualifying for fee waiver under the policy	0	1	5	5
Q2, Q3	# of citizens trained in Cardio-Pulmonary Resuscitation (CPR) / AED use annually	1,500	1,400	1,350	1,400
Q2, Q3	# of public access Automated External Defibrillators (AEDs) registered with the Division	801	806	900	836
Q2,	% of trauma alert patients correctly identified by paramedics annually	89%	88%	90%	90%
Q2	% of stroke alert patients correctly identified by paramedics annually	99%	84%	90%	90%
Q2	% of STEMI patients correctly identified by paramedics annually	88%	87%	90%	90%
Q2	% of STEMI EKGs transmitted to receiving hospital by paramedics annually	N/A	89%	90%	90%

Leon County Fiscal Year 2016 Adopted Budget

Office of Public Safety

Emergency Medical Services (135-185-526)

Budgetary Costs	FY 2014 Actual	FY 2015 Adopted	FY 2016 Continuation	FY 2016 Issues	FY 2016 Budget	FY 2017 Budget
Personnel Services	8,533,299	9,522,107	10,075,876	-	10,075,876	10,272,693
Operating	4,293,155	4,943,043	4,953,391	141,567	5,094,958	5,198,387
Transportation	754,922	925,826	874,672	-	874,672	874,672
Capital Outlay	23,776	74,250	38,000	-	38,000	38,000
Total Budgetary Costs	13,605,153	15,465,226	15,941,939	141,567	16,083,506	16,383,752
Funding Sources	FY 2014 Actual	FY 2015 Adopted	FY 2016 Continuation	FY 2016 Issues	FY 2016 Budget	FY 2017 Budget
135 Emergency Medical Services MSTU	13,605,153	15,465,226	15,941,939	141,567	16,083,506	16,383,752
Total Revenues	13,605,153	15,465,226	15,941,939	141,567	16,083,506	16,383,752
Staffing Summary	FY 2014 Actual	FY 2015 Adopted	FY 2016 Continuation	FY 2016 Issues	FY 2016 Budget	FY 2017 Budget
Medical Director	1.00	1.00	1.00	-	1.00	1.00
EMS Director	1.00	1.00	1.00	-	1.00	1.00
EMS Division Manager	2.00	2.00	2.00	-	2.00	2.00
EMS Quality Imp. & Educ. Manager	1.00	1.00	1.00	-	1.00	1.00
EMS Field Operations Supv.	6.00	6.00	7.00	-	7.00	7.00
EMS Billing Coordinator	1.00	1.00	1.00	-	1.00	1.00
Charge Paramedic	4.00	4.00	15.00	-	15.00	15.00
Administrative Associate V	2.00	2.00	2.00	-	2.00	2.00
Paramedic II - System Status	-	-	6.00	-	6.00	6.00
Paramedic I	61.00	67.00	9.00	-	9.00	9.00
EMT I	18.00	22.00	9.00	-	9.00	9.00
EMT Dispatcher	-	.00	4	-	-	-
EMS Supply Technician	2.00	2.00	2.00	-	2.00	2.00
Paramedic I - Part Time	7.20	7.20	5.40	-	5.40	5.40
EMT I - Part-Time	-	-	1.20	-	1.20	1.20
EMS Financail Analyst	1.00	1.00	1.00	-	1.00	1.00
EMT I - System Status	-	-	16.00	-	16.00	16.00
Paramedic I - System Status	-	-	36.00	-	36.00	36.00
Paramedic II - Part-Time	-	-	0.60	-	0.60	0.60
Paramedic - System Status	-	-	5.00	-	5.00	5.00
Total Full-Time Equivalents (FTE)	107.20	121.20	121.20	-	121.20	121.20
OPS Staffing Summary	FY 2014 Actual	FY 2015 Adopted	FY 2016 Continuation	FY 2016 Issues	FY 2016 Budget	FY 2017 Budget
EMS Consolidated OPS	1.00	1.00	1.00	-	1.00	1.00
Total OPS Full-Time Equivalents (FTE)	1.00	1.00	1.00	-	1.00	1.00

Emergency Medical Services (135-185-526)

The major variances for the FY 2016 Emergency Medical Services budget are as follows:

Increases to Program Funding:

1. Costs associated with the County's portion of retirement rates passed by the Florida Legislature, workers' compensation rates, health insurance premium rates at 8%, and funding for performance raises in a range of 0%–5% based on a 3% average.
2. FY 2015 and FY 2016 Staffing Summary differences related to position title adjustments made in FY 2016 following an internal review of position characteristics and workload activity.
3. Communication costs in the amount of \$6,170 for additional vehicle locations, ePCR system, and pagers.
4. The County's contractual obligation with the City for the Advanced Life Support service agreement in the amount of \$111,466.
5. Other contractual services in the amount of \$6,900, associated with Apex Supply Machine software, billing service fees, MedVault Maintenance, Oxygen, and uniform dry cleaners.
6. To ensure current service levels, an increase in operating supplies such as disposables, medical supplies, and other miscellaneous items is anticipated in the amount of \$17,031.
7. Centralized copy machine lease in the amount of \$7,337.
8. Communication phone system costs in the amount of \$3,950.

Decreases to Program Funding:

1. Overtime costs in the amount of \$57,671 according to the new overtime costs estimation.
2. Transportation costs related to vehicle insurance, maintenance, and fuel, in the amount of \$51,154.
3. Capital outlay costs reduced by \$36,250 because of one-time SWAT assistant equipment and new ambulance crew equipment budgeted in FY 2015.

4004



STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that LEON COUNTY EMERGENCY MEDICAL SERVICES
Name of Provider

911 EASTERWOOD DRIVE, FLORIDA 32311
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

- INTER-FACILITY
- TRANSPORT
- NON-TRANSPORT

LEON
County(s)


Emergency Medical Services Administrator
Florida Department of Health

Provider Number: 3703

Date: 12/09/2015 Expires: 12/30/2017

This certificate shall be posted in the above mentioned establishment

LEON COUNTY

Certificate of Public Convenience and Necessity Emergency Medical Services

Whereas, Leon County, has made application for the grant of authority to provide Advanced Life Support and Basic Life Support ground transport and non-transport services, twenty-four hours per day / seven days per week, to the citizens of Leon County, Florida; and

Whereas, there has been demonstrated a need to provide these essential services to the citizens of Leon County, Florida; and

Whereas, the above named service provider affirms that it will maintain compliance with the requirements of the Emergency Medical Services Act (Chapter 401, F.S.) and rules (Chapter 64J-1, F.A.C.); and

Whereas, the above named service provider affirms that it will comply with Article III of the Code of Laws of Leon County, Florida; and

Whereas, the governing body of Leon County has considered recommendations of the Emergency Medical Services Advisory Council.

Now therefore, The Board of County Commissioners of Leon County hereby issues a Certificate of Public Convenience and Necessity to Leon County to provide the following services only: Advanced Life Support and Basic Life Support Ground Transport and Non-Transport Services, twenty-four hours per day / seven days per week with limitations as prescribed on this Certificate. The service shall be provided within the territorial limits of Leon County, Florida. The Certificate holder shall maintain the level of service as outlined in their application throughout the term of this Certificate, and shall conform and comply with all rights and duties granted by the certificate.



Date Issued: May 28, 2013
Date of Expiration: September 30, 2016
(Unless Certificate is sooner revoked or suspended)

LEON COUNTY, FLORIDA
BY: *Nick*
Nicholas Maddox, Chairman
Board of County Commissioners

ATTEST:
Bob Inzer, Clerk of the Court
Leon County, Florida

BY: *John Stott, Deputy Clerk*

Approved as to Form:
Leon County Attorney's Office
BY: *Herbert W.A. Thiele*
Herbert W.A. Thiele, Esq.
County Attorney

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS
LEON COUNTY EMERGENCY MEDICAL SERVICES
911 EASTERWOOD DR
TALLAHASSEE, FL 32311

CLIA ID NUMBER
10D1018121

EFFECTIVE DATE
10/14/2015

LABORATORY DIRECTOR
KIM M LANDRY M.D.

EXPIRATION DATE
10/13/2017

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures. This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Karen W. Dyer, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

590 Certs1_091515

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

Leon County
Division of Emergency Medical Services

Service Locations Previously Authorized to Serve

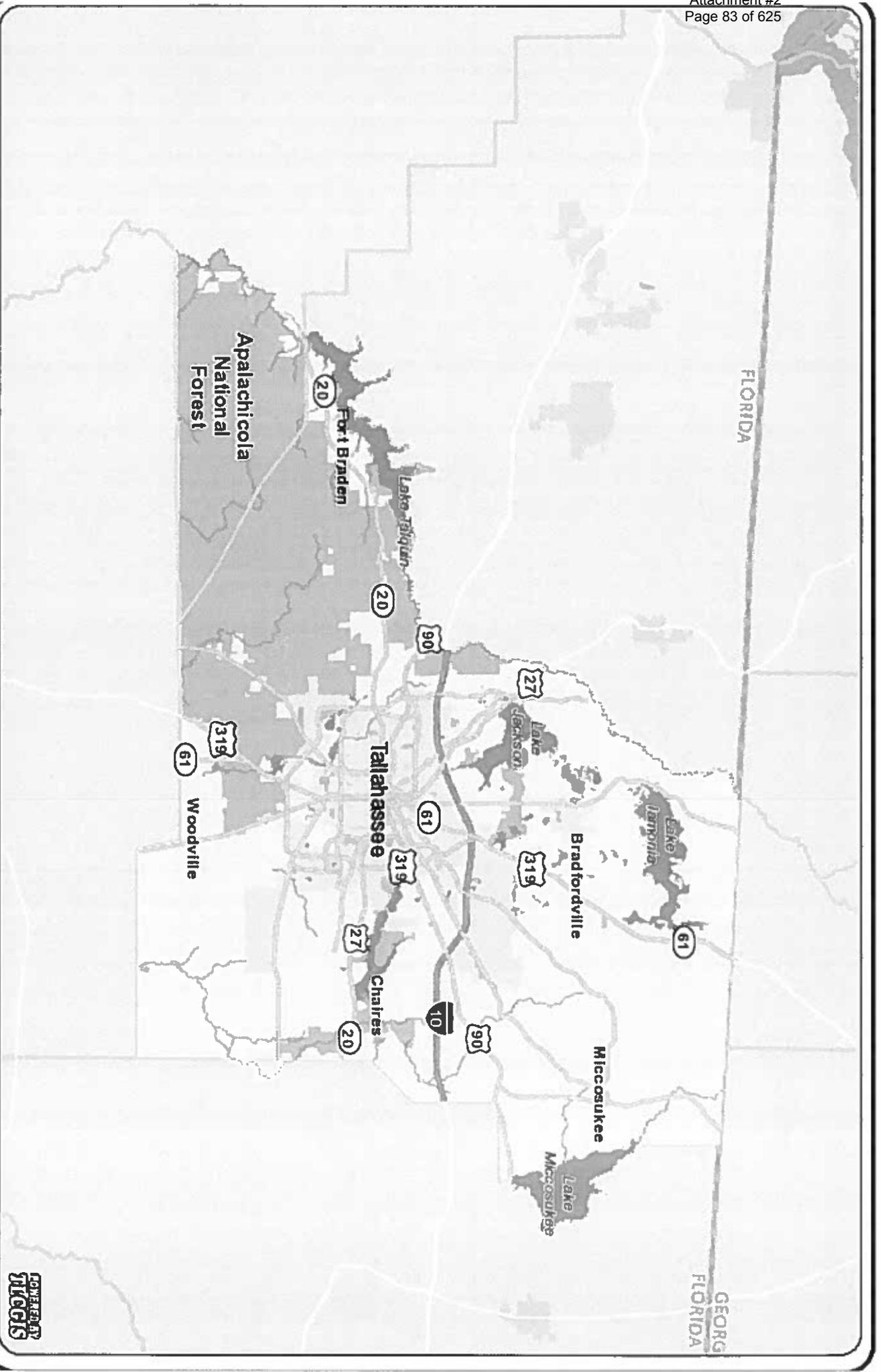
Locality	County	State	COPCN Issued by	COPCN Issue Date	COPCN Expiration Date
City of Tallahassee	Leon	Florida	Leon County Board of County Commissioners	5/28/2016	9/30/2016
Unincorporated Area	Leon	Florida	Leon County Board of County Commissioners	5/28/2016	9/30/2016



This product has been compiled from the most accurate source data from Leon County, the City of Tallahassee and the Leon County Property Appraiser's Office. However, this product is for reference purposes only and is not to be construed as a legal document or survey instrument. Any reliance on the information contained herein is at the user's own risk. Leon County, the City of Tallahassee, and the Leon County Property Appraiser's Office assume no responsibility for any use of the information contained herein or any loss resulting therefrom.

Leon County EMS Response Area

DISCLAIMER



Scale:	Tallahassee/Leon County GIS
Not To Scale:	Management Information Services
Date Drawn:	Leon County Courthouse
Date Drawn:	301 S. Monroe St, P 3 Level
Date Drawn:	Tallahassee, Fl. 32301
Date Drawn:	850/606-5504
Date Drawn:	Http://www.lcgis.org

BOARD OF COUNTY COMMISSIONERS

MEMORANDUM

DATE: September 28, 2015

TO: Chad Abrams, Chief, Emergency Medical Services
Timothy Carlson, Financial Compliance Manager, Emergency Medical Services

Thru: Scott Ross, Director, Office of Financial Stewardship 

FROM: Ying Xu, Management & Budget Analyst 

SUBJECT: FY16 EMS Rate Changes

Attached is the Resolution the Board adopted on December 9, 2003 establishing a method for determining Emergency Medical Services rates. Each October 1st, the rates are to increase by the Consumer Price Index, US City Average, Medical Care as reported by the United States Department of Labor, Bureau of Labor Statistics or its successor index. The increased base rates are to be rounded to the nearest one whole dollar and the increased mileage rates are to be rounded to the nearest one whole cent.

Accordingly, effective October 1, 2015, the EMS rates are as follows:

EMS Rate Changes FY16 - Effective October 1, 2015
As Increased by the Consumer Price Index, US City Average, Medical Care
(Last Updated August 2015)

Type of Service	FY15 Rate	CPI	Increase	FY16 Rate
Stand-by, 2 staff with vehicle, 3 hour minimum	\$147	2.5%	\$3.68	\$151
Stand-by, 1 staff no vehicle, 3 hour minimum	\$73	2.5%	\$1.83	\$75
First Aid/Assessment	\$369	2.5%	\$9.23	\$378
Basic Life Support Non Emergency Base	\$534	2.5%	\$13.35	\$547
Basic Life Support Emergency Base	\$890	2.5%	\$22.25	\$912
Advanced Life Support-1 Non Emergency Base	\$712	2.5%	\$17.80	\$730
Advanced Life Support-1 Emergency Base	\$1,066	2.5%	\$26.65	\$1,093
Advanced Life Support-2 Base	\$1,243	2.5%	\$31.08	\$1,274
Specialty Care Transport Base	\$1,243	2.5%	\$31.08	\$1,274
Mileage	\$16.67	2.5%	\$0.42	\$17.09

cc: Vincent S. Long, County Administrator
Alan Rosenzweig, Deputy County Administrator

Attachment: Resolution Adopting EMS Rates to be Charged Recipients of EMS Services

“People Focused. Performance Driven.”

RESOLUTION NO. 2003-B03-73**A RESOLUTION OF THE LEON COUNTY BOARD OF COUNTY COMMISSIONERS ADOPTING EMS RATES TO BE CHARGED RECIPIENTS OF EMS SERVICES**

WHEREAS, the Leon County Board of County Commissioners is committed to providing Emergency Medical Services to all the residents of Leon County effective no later than January 1, 2004; and,

WHEREAS, the Board desires to provide the most highly efficient service to all residents; and,

WHEREAS, the Board recognizes that in order to provide this service that users of the system must pay a fee; and,

WHEREAS, the Board engaged a national expert in developing a fiscal plan for implementing the County's system; and,

WHEREAS, the national expert utilized a series of rates in establishing a first year budget for Leon County; and,

WHEREAS, the Board desires that rates should be adjusted annually to address normal inflationary increases

NOW THEREFORE BE IT RESOVLED by the Board of County Commissioners that effective immediately the EMS Rates to be charged by Leon County to recipients of services which are effective through September 30, 2004, are hereby designated below:

Type of Service	Rate
Stand-by, 2 staff with vehicle, 3 hour minimum	\$100.00/hr
Stand-by, 1 staff no vehicle, 3 hour minimum	\$50.00/hr
First Aid/Assessment	\$250.00
Basic Life Support Non Emergency Base	\$363.00
Basic Life Support Emergency Base	\$604.00
Advanced Life Support-1 Non Emergency Base	\$483.00
Advanced Life Support-1 Emergency Base	\$725.00
Advanced Life Support-2 Base	\$846.00
Specialty Care Transport Base	\$846.00
Mileage	\$11.33 per mile

Be it further resolved that effective October 1, 2004 and every subsequent October 1 the rates shall be increased by the Consumer Price Index, US City Average, Medical Care as reported by the United States Department of Labor, Bureau of Labor Statistics or its successor index and that the increased base rates shall be rounded to the nearest one whole dollar and that the mileage increase shall be rounded to the nearest whole cent.



ATTEST:
Bob Inzer, Clerk of the Court
Leon County, Florida

LEON COUNTY, FLORIDA

BY: [Signature]

BY: [Signature]
Jane G. Sauls, Chairman
Board of County Commissioners

APPROVED AS TO FORM:
Leon County Attorney's Office

BY: [Signature]
Herbert W.A. Thiele, Esq.
County Attorney

Leon County

Board of County Commissioners

Division of Emergency Medical Services

I, Chad Abrams, the undersigned authority of the Leon County Division of Emergency Medical Services, do hereby affirm that the information provided by the Leon County Division of Emergency Medical services in this application for the renewal of a Certificate of Public Convenience and Necessity is true and correct to the best of my knowledge

Chad Abrams 06/28/16
Chad Abrams Date

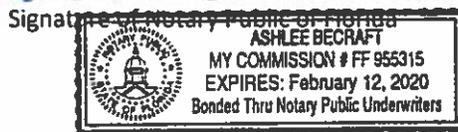
STATE OF FLORIDA
COUNTY OF LEON

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Chad Abrams, who after first being sworn by me, affixed his signature in the space provided above on the 28th day of June, 2016

My commission expires:

Feb 12, 2020

Ashlee Becraft



Print, Type, or Stamp Name of Notary Public

Personally Known ✓

OR

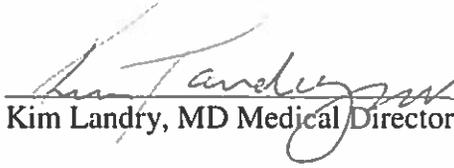
Produced Identified _____

Type of Identification Produced _____

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Standard Vehicle Equipment List
Effective: December 18, 2006
Reviewed: March 2008, January 2014
Revisions: 1
Pages: 4


Kim Landry, MD Medical Director

I STATEMENT:

To provide a minimum equipment list that is to be carried on Leon County EMS ambulances at all times in accordance with 64E.

II. GUIDELINE:

The following list of equipment is the **minimum** to be carried on board all Leon County EMS ambulances.

III. PROCEDURE:

1 LifePak 15 capable of delivering adult and pediatric defibrillation.	4 Restraints
2 Charged Batteries	1 Silver Swaddler
1 Packs Adult Electrodes	3 Surgical Masks w/Shield
1 Packs Pediatric Electrodes	2 Sterile Irrigation Water
1 Razor	2 ea HEPA Masks N95 (S, M, L,)
1 Adult Pulse Ox Probe	2 OB Kits Sealed:
1 Pediatric Pulse Ox Probe	Bulb Syringe
1 Set 4-Lead Cables	Sterile Scissors/Scalpel
1 Set 12-Lead Cables	Cord Clamps/ Cord Ties
2 Adult Quick-Combo Pads	1 Extra Pillow
1 Pediatric Quick-Combo Pads	1 Emergency Blanket
Quick-Combo Connection Cords	1 Rescue Blanket
1 CO2 Detector	2 Biohazard Waste Bags
1 ea size BP Cuffs: (Child, S Adult, Regular Adult, L Adult, XL Adult)	1 Bedpan
Printer Working	1 Urinal
1 Sharps Box	1 Can disinfectant spray
1 Trash Can	Cavicide Wipes
1 Emesis Bags	2 Safety Glasses
	1 Stethoscope
	1 Working Flashlight
	1 Roll 3" Cloth Tape

Leon County E.M.S. – Standard Operating Guideline
Standard Truck Equipment List
Effective: December 18, 2006
Page 3 of 4

1pfs Adenocard 6mg	(8, 10, 12, 14, 16, 18 French)
2pfs Adenocard 12mg	1 ea ET Tubes (sizes 2.5 through 9)
2 vials Vasopressin 20 units	2 ea Stylet (S, M, L)
2pf Naloxone 2mg w/ injector	Intubation Kits
2 Ampules Epi 1mg/ 1:1000	Laryngoscope Handle
2pfs Diphenhydramine 50mg w/ injector	2 C Batteries
1 Sealed & locked controlled substance kit	1 ea Miller Blades (0, 1, 2, 3)
in accordance with SOG	1 ea Mac Blades (1, 2, 3, 4)
2 C Batteries	2 Infant Oxygen Masks
1 Laryngoscope Handle	2 Asherman Chest Seals
1 Adult ET Tube Holder	2 Pediatric NC
1 Pediatric ET Tube Holder	2 Pediatric NRB Masks
1 Filter Line ETOC2	4 Adult NRB Masks
1 Scalpel	4 Adult NC
2 Surgilube	2 Suction Tubing
1 Bite Sticks	2 Oxygen Tubing
1 ea OPA (40, 60, 80, 90, 100, 110mm)	Oxygen Connectors
1 ea NPA (22, 24, 26, 28, 30, 32, 34, 36)	1 CPAP Machine
1 Adult Magill Forceps	1 O2 Bottle w/ Regulator
1 Pediatric Magill Forceps	1 CPAP Breathing Circuits and Mask
1 Gum Bougie	1 Surevent
1 KingAirway (red)	4 Triangular Bandages
1 Portable Suction Unit	1 Trauma Dressing
Batteries Charged	2 Ladder Splints
1 Yankauer	2 Burn Sheets
1 Suction Tubing	2 NS Sterile Irrigation
1 Canister w/ Lid	Band Aids
1 Portable O2	2 Cold Packs
> 1000 psi	1 Heat Pack
O2 Wrench	4 ACE Bandages
Regulator w/ 15 lpm Setting	5 Kerlix
1 Sealed Spare Portable O2 Tank	Transpore / cloth Tape 1"-3"
O2 On Board	5 Kling
Regulator Gauge > 500 psi	8 Sterile 2x2s
O2 Wrench	Stack of non-sterile 4x4s
Flowmeter w/15 lpm Setting	8 Sterile 4x4s
1 Wall Suction Unit	Stack of non-sterile 2x2s
1 Canister w/ Lid	5 ABD Pads minimum size 5x9
1 Yankauer	Trauma Shears
1 Suction Tubing	2 Multi Trauma Dressings
Working Suction	1 Hare Traction Splint
1 Adult Ambu Bag	2 Ladder Splints
1 Pediatric Ambu Bag	2 15" Splints
Extra Ambu Bag Masks	2 48" Splints
1 ea NG Tubes:	1 KED

Unit Inventory Inspection Check Sheet

Checked By	Date / Time

Unit Number: 4093

Cabinet Name: Compartment 1

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
O2 Main		1	
O2 Portable		2	

Cabinet Name: Compartment 2

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Splint, Sam		2	
Splint, Ladder		2	
Splint, Padded, 15"		2	
Splint, Padded, 36"		2	
Splint, Sager		1	
Splint, Hare		1	
KED		2	

Cabinet Name: LP Right Pocket

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Cable, 12 Lead		1	
Cable, Defib		1	
Defib Pads, Adult	4/30/2017	2	
Defib Pads, Pedi	3/5/2017	2	
Electrode Peds	2/28/2019	4	
LP Paper		1	

Cabinet Name: LP Top pouch

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Clipper, Surgical		1	
Clipper, Blade		2	
Filterline Set CO2		1	
Pulse Ox, Pedi.		2	
Razor, Prep, Manual		2	
Cable, Lp15 To PC		1	

Cabinet Name: LP Left Pocket

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Cable, Main Trunk & 4 Lead		1	
Pulse Ox, Adult		1	
Pulse Ox Ext		1	
Modem		1	

Cabinet Name: LP Back Pouch

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
BP Cuff Vinyl, Adult		2	
BP Cuff Vinyl, Child		1	
BP Cuff Vinyl, Large adult		1	
BP Cuff Vinyl, Small Adult		1	
BP Cuff Vinyl, Thigh		1	
Electrodes Adult		2	
Capnoline Plus O2		1	

Cabinet Name: Nebulizer Bag

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
ALBUTEROL 2.5mg	8/30/2017	2	
Atrovent 0.02%	5/31/2017	2	
Nebulizer		2	

Cabinet Name: Broselow Blue

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Catheter, Suction, #10		1	
ET Tube #5.5	11/21/2017	1	
Laryngoscope Blade, Mac #2		1	
Laryngoscope Blade, Miller #2		1	
Nasal Airway #24	12/21/2016	1	
Oral Airway #70, White		1	

Cabinet Name: Broselow Green

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Catheter, Suction, #10		1	
Catheter, Suction, #12		1	
ET Tube #6.5	9/30/2018	1	
Laryngoscope Blade, Mac #3		1	
Laryngoscope Blade, Miller #3		1	
Oral Airway #80, Green		1	
Nasal Airway #26	6/21/2017	1	

Cabinet Name: Broselow Orange

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Catheter, Suction, #10		1	
ET Tube #6.0	2/21/2019	1	
Laryngoscope Blade, Mac #2		1	
Laryngoscope Blade, Miller #2		1	
Nasal Airway #26	5/21/2017	1	
Oral Airway #80, Green		1	

Cabinet Name: Broselow Pink

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
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Catheter, Suction, #8		1	
ET Tube #3.5	4/21/2017	1	
Laryngoscope Blade, Miller #1		1	
Nasal Airway #14	6/21/2017	1	
Oral Airway #50, Teal		1	

Cabinet Name: Broselow Purple

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Oral Airway #60, Black		1	
Nasal Airway #18	1/21/2018	1	
Catheter, Suction, #10		1	
ET Tube #4.0	1/30/2017	1	
Laryngoscope Blade, Miller #1		1	

Cabinet Name: Broselow Red

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Catheter, Suction, #8		1	
Laryngoscope Blade, Miller #1		1	
Nasal Airway #14	6/21/2017	1	
Oral Airway #50, Teal		1	
ET Tube #3.5	4/21/2017	1	

Cabinet Name: Broselow White

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
ET Tube #5.0	2/28/2020	1	
Catheter, Suction, #10		1	
Laryngoscope Blade, Miller #2		1	
Nasal Airway #22	12/21/2016	1	
Oral Airway #60, Black		1	

Cabinet Name: Broselow Yellow

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Catheter, Suction, #10		1	
ET Tube #4.5	9/30/2018	1	
Laryngoscope Blade, Miller #2		1	
Nasal Airway #20	2/28/2017	1	
Oral Airway #60, Black		1	

Cabinet Name: Wall

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Canister, Suction		1	
Tubing, Suction		1	
Yankuer		1	

Cabinet Name: Portable Suction

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Canister, Suction		1	

Yankuer		1	
Tubing, Suction		1	
Suction, Portable		1	

Cabinet Name: Miscellaneous

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Suction Cup, Lucas 2		2	
Lucus		1	
Cell Phone		1	
Sharps Box		2	
Thermometer Probe Covers		3	
Fire Extinguisher		2	
Flare Kit		1	
Broom		1	
ToughBook		1	
Sanitizer, Hand		1	

Cabinet Name: IV Tray

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Alcohol, prep		20	
ASA 81mg	4/1/2017	1	
Band-aids		10	
Blood Tube, Blue	6/30/2017	8	
Blood Tube, Green	11/30/2016	8	
Blood Tube, Purple	7/31/2016	8	
Catheter, IV-14 ga.	4/30/2017	4	
Catheter, IV-16 ga.	1/31/2017	4	
Catheter, IV-18 ga.	12/1/2017	6	
Catheter, IV-20 ga.	3/30/2019	6	
Catheter, IV-22 ga.	6/16/2020	6	
Catheter, IV-24 ga.	3/28/2017	4	
Gauze, 2 x 2 Non-Sterile		1	
Filter Straw	7/30/2017	4	
IV Extension		6	
IV start Kit		6	
Lubricating jelly	7/31/2018	5	
Lancets		12	
Nail polish remover		10	
Needle 18g	11/30/2019	3	
Needle 22g	11/30/2019	3	
Needle 25g	6/30/2019	3	
Nitro Tabs	11/30/2016	1	
Saline Flush	1/1/2018	8	
Syringe, 1cc		4	

Syringe, 3cc		4	
Syringe, 10cc		4	
Syringe, 20cc		4	
Swabs, Benzoin	10/30/2017	2	
Tape, Transpore		1	
Vacutainer Holder		6	
Vacutainer Needle	2/28/2018	6	
Venoscope		1	

Cabinet Name: IV Warmer

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
NS 0.9% 500mL	3/1/2017	1	
NS 0.9% 1000mL	8/30/2017	1	
LR 1000mL	3/30/2017	1	

Cabinet Name: Drug Drawer

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Activated Charcoal	6/1/2017	2	
ALBUTEROL 2.5mg	11/30/2017	4	
AMIODARONE 150mg	7/31/2016	2	
Atrovent 0.02%	5/30/2017	4	
D5W 100ml	10/30/2016	1	
D5W 50mL	8/31/2016	1	
EPINEPHRINE 1:10000	1/30/2017	2	
Haloperidol (Haldol)	4/30/2017	2	
LABETALOL 20mg	4/1/2017	1	
LIDOCAINE 100mg	1/31/2017	2	
LIDOCAINE 2gm 500mL	2/28/2017	2	
Mag Sulfate 50% 5gm Vial	12/31/2016	1	
Nitro Paste	6/30/2018	1	
Oral Glucose	7/20/2018	2	
SODIUM BICARBONATE 8.4%	1/31/2018	2	
Solumedrol	10/31/2018	2	
Tetracaine	9/30/2016	1	
Tylenol 325mg	8/30/2017	2	
Zantac	11/30/2017	2	
Zofran 4mg	5/1/2017	2	
Glucagen 1mg	1/31/2017	2	
DIPHENHYDRAMINE 50mg/mL	12/1/2017	2	
NARCAN 2mg		1	
FUROSEMIDE 100mg	9/1/2016	1	
D10%	7/30/2016	2	
MAD	1/31/2019	2	

Cabinet Name: EZ IO Kit

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Needle, IO, Power, 15mm-Pedi	9/30/2017	2	
Needle, IO, Power, 25mm-Adult	11/30/2019	1	
Needle, IO, Power, 45mm-Large Adult	5/30/2019	2	
Saline Flush	10/30/2018	2	
Alcohol, prep		2	
Iodine prep		1	
LIDOCAINE 100mg	12/30/2017	1	

Cabinet Name: Airway

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
ET Holder, Adult		2	
ET Holder, Pedi		2	
Nasal Airway #12	6/1/2017	2	
Nasal Airway #14	4/1/2019	2	
Nasal Airway #16	12/1/2016	2	
Nasal Airway #18	4/1/2017	2	
Nasal Airway #20	4/1/2017	2	
Nasal Airway #22	4/1/2017	2	
Nasal Airway #24	5/1/2018	2	
Nasal Airway #26	2/28/2019	2	
Nasal Airway #28	6/1/2018	2	
Nasal Airway #30	6/1/2017	2	
Nasal Airway #32	10/1/2016	2	
Nasal Airway #34	6/1/2018	2	
Nasal Airway #36	4/1/2018	2	
Oral Airway #40, Pink		2	
Oral Airway #50, Teal		2	
Oral Airway #60, Black		2	
Oral Airway #70, White		2	
Oral Airway #80, Green		2	
Oral Airway #90, Yellow		2	
Oral Airway #100, Purple		2	
Oral Airway #110, Orange		2	
Catheter, Suction, #6		2	
Catheter, Suction, #8		2	
Catheter, Suction, #10		2	
Catheter, Suction, #12		2	
Catheter, Suction, #14		2	
Catheter, Suction, #16		2	
Catheter, Suction, #18		2	
Tubing, Suction		2	
Yankuer		2	

Tubing, Super Suction		1	
Stylette, Large	6/30/2018	1	
Stylette, Medium	12/31/2016	1	
Stylette, Small	11/30/2017	1	
ET Tube #2.5	9/30/2019	2	
ET Tube #3.0	3/30/2019	2	
ET Tube #3.5	4/30/2017	2	
ET Tube #4.0	11/30/2017	2	
ET Tube #5.0	9/30/2017	2	
ET Tube #6.0	2/1/2017	2	
ET Tube #7.0	9/28/2020	2	
ET Tube #7.5	5/30/2017	2	
ET Tube #8.0	4/30/2017	2	
ET Tube #9.0	10/30/2017	2	
KING, red, size 4	12/30/2017	1	
KING, yellow, size 3	9/30/2018	1	
ET Bulb Detection		1	
Filterline Set CO2		1	
Laryngoscope Handle, Med		1	
Laryngoscope Blade, Miller #0		1	
Laryngoscope Blade, Miller #1		1	
Laryngoscope Blade, Miller #2		1	
Laryngoscope Blade, Miller #3		1	
Laryngoscope Blade, Mac #2		1	
Laryngoscope Blade, Mac #3		1	
Laryngoscope Blade, Mac #4		1	
NG Tube #10	7/30/2019	2	
NG Tube #12	7/30/2017	2	
NG Tube #14	2/28/2017	2	
NG Tube #16	9/30/2018	2	
NG Tube #18	4/30/2017	2	
Lubricating jelly	1/31/2017	4	
BVM, Adult		1	
BVM, Pedi		1	
Tracheostomy Tube	6/30/2019	1	
Syringe, 60cc, Cath Tip	5/30/2017	1	

Cabinet Name: Bandaging, BLS

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
OB Kit	3/31/2017	2	
Mask, N95-Small		6	
Mask, N95-Large		6	
Mask, N95-Medium		6	

Surgical Mask		6	
ABD Pads		6	
Multi-Trauma Dressing		2	
Burn Sheet		2	
Syringe, Bulb		1	
Foil Bunting		1	
Vaseline Gauze	6/30/2017	2	
Chest Seal	9/30/2016	2	
Gauze, 4 x 4 Sterile		5	
Gauze, 2 x 2 Sterile		5	
Band-aids		10	
Ace Bandage		4	
Tape, Cloth, 3"		1	
Hot Compress		1	
Cold Compress		2	
Bandage, Triangular		4	
Gauze, 4 x 4 Non-Sterile		1	
Gauze, 2 x 2 Non-Sterile		1	
Bandage, Stretch, Kling		6	
Bandage, Stretch, Kerlix		6	
Spit Sock		2	

Cabinet Name: Above Bench Seat

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Pillow, Disposable		2	
Sheet, Stretcher		1	
Sheet, Top		5	
Gloves, Large		1	
Gloves, Medium		1	
Gloves, Small		1	
Gloves, Xtra Large		1	

Cabinet Name: Under Bench Seat

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Blanket, Emergency		1	
Chucks		5	
Blanket, Rescue (Thermal)		1	
Bedpan		1	
Bio Bag		2	
Urinal		1	
Pedi Mate		1	
Emesis Bag		6	
Canister, Suction		1	
C-Collar, Adult		1	

Lift Harness, Large-Doty Belt		1	
-------------------------------	--	---	--

Cabinet Name: Refrigerator

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
NS 0.9% 1000mL	5/31/2019	3	
Cold Compress		4	
Cardizem	6/30/2017	2	

Cabinet Name: Back of Stretcher

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
NRB, Adult		1	
Sheet, Top		1	
Emesis Bag		1	
Chucks		1	
Cannula, Adult		1	
CPAP, Disposable		1	
Capnoline Plus O2		1	

Cabinet Name: Front Pocket

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Broselow Tape		1	
Cannula, Pedi.		1	
Emesis Bag		1	
Infant Oxygen Mask	2/28/2019	1	
Lubricating jelly	3/1/2017	2	
NRB, Pedi.		1	
O2 Tubing		1	
Syringe, Bulb		1	

Cabinet Name: Intubation Pouch

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
ET Holder, Pedi		1	
Filterline Set CO2		1	
Laryngoscope Handle, Med		1	
Lubricating jelly	11/30/2017	2	
Syringe, 10cc		1	
Tape, Transpore		1	
Forceps, Pedi.		1	

Cabinet Name: IV Bag 2

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Blood Tube, Blue	7/31/2016	1	
Blood Tube, Green	2/1/2017	1	
Blood Tube, Purple	4/30/2017	1	
Catheter, IV-18 ga.	9/30/2017	2	
Catheter, IV-20 ga.	3/31/2017	2	

Catheter, IV-22 ga.	10/31/2017	2	
Catheter, IV-24 ga.	5/21/2017	2	
Drip Set	4/30/2017	1	
IV Extension		1	
IV start Kit		1	
Vacutainer Needle	1/31/2017	1	
NS 0.9% 500mL	2/28/2017	1	
Saline Flush	8/1/2017	1	
Vacutainer Holder		1	
Tape, Transpore		1	

Cabinet Name: Left Outer Pocket

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
ABD Pads		2	
Ace Bandage		1	
Band-aids		10	
Bandage, Stretch, Kerlix		1	
Bandage, Stretch, Kling		1	
Bandage, Triangular		1	
Cold Compress		1	
Gauze, 2 x 2 Sterile		5	
Gauze, 4 x 4 Sterile		5	
Tape, Transpore		1	
Vaseline Gauze	7/1/2017	2	
Splint, Pedi., 9"		2	

Cabinet Name: Right Outer Pockets

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Safety Glasses		1	
Stopcock		1	
Surgical Mask		1	
Trauma Sleeves		2	
Meconuim Aspirator		1	

Cabinet Name: Misc.

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Burette	7/31/2017	1	
Splint, Ladder		1	

Cabinet Name: Main Pouch

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
BP Cuff Manual, Small Adult		1	
BVM, Pedi		1	
Multi-Trauma Dressing		1	
Shears, Trauma		1	
Stethoscope, Pedi.		1	

BP Cuff Manual,Child		1	
Flashlight		1	
OB Kit	3/1/2017	1	

Cabinet Name: Med Pouch

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
AMIODARONE 150mg	8/30/2016	1	
D5W 50mL	12/30/2016	1	
DIPHENHYDRAMINE 50mg/mL	4/30/2017	1	
EPINEPHRINE 1:1000	4/1/2017	1	
EPINEPHRINE 1:10000	4/1/2017	1	
LIDOCAINE 100mg	2/28/2017	1	
NARCAN 2mg	10/30/2017	1	
Oral Glucose	1/30/2018	1	
ATROPINE 1mg	6/30/2017	1	
SODIUM BICARB 4.2%	10/31/2016	1	
SODIUM BICARBONATE 8.4%	6/1/2017	1	
Filter Straw	9/30/2018	2	
Saline Flush	6/29/2017	2	
Needle 18g	6/30/2017	2	
Needle 25g	12/30/2017	2	
Syringe, 1cc		2	
Syringe, 3cc		2	
D10%	7/30/2016	1	

Cabinet Name: Console

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Gloves, Large		1	
Gloves, Medium		1	
Gloves, Small		1	
Gloves, Xtra Large		1	
Sanitizer, Hand		1	

Cabinet Name: O2, Capt's Chair

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Cannula, Adult		6	
Cannula, Pedi.		4	
Nebulizer		2	
NRB, Adult		6	
NRB, Pedi.		2	
Infant Oxygen Mask	5/30/2019	2	
O2 Tubing		1	
CPAP, Disposable		1	
Nebulizer w/mask		2	

Cabinet Name: Irrigation, Capt's Chair

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Sterile Water Irrigation	5/30/2019	2	
NS IRRIGATION 1000ML	2/28/2017	2	
Morgan medi-Flow Lens	4/30/2018	2	
Morgan Lens Delivery Set		2	

Cabinet Name: Left Side, Top

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
BP Cuff Manual, Thigh		1	
Restraints, Soft		2	
Ring Cutter		1	
Seat Belt Cutter		1	
Window Center Punch		1	
Hydrogen Peroxide		1	

Cabinet Name: Left Side, Bottom

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Sheet, Stretcher		1	
PPK		3	
Cleaner, Foam		1	
Wipes, Sani Cloth		1	

Cabinet Name: Right Side, Top

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
NS 0.9% 500mL	2/28/2017	4	
NS 0.9% 1000mL	11/30/2016	4	

Cabinet Name: Right Side, Middle

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Pressure Infuser		1	
IV start Kit		6	
IV Extension		6	
Drip Set	8/30/2018	6	

Cabinet Name: Right side, Bottom

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Burette	7/30/2016	1	
Needle, Huber	9/30/2020	1	
LR 1000mL	6/30/2017	4	
Needle, Power Loc	1/30/2019	1	

Cabinet Name: Compartment 3, Spineboards etc.

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Back Board		2	
Back Board-Pedi		1	
Stretcher, Reeves		1	
Stretcher, Scoop		1	

Splint, Padded, 54"		2	
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Cabinet Name: Compartment 4, Immobilization

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
C-Collar, Pediatric		2	
C-Collar, Adult		4	
Head Immobilizer		4	
Strap, Spine Board		6	
Bag, Immobilization		1	

Cabinet Name: Safe

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
D50%	11/30/2016	1	

Unit Number: Thomas Pack

Part Description	Expiration Date	Cabinet PAR	Quantity On Hand
Gauze, 4 x 4 Sterile		5	
ASA 81mg	10/30/2016	1	
BP Cuff Manual, Adult		1	
Chest Seal	10/30/2020	2	
Gauze, 2 x 2 Sterile		5	
Nitro Tabs	11/30/2016	1	
Stethoscope, Adult		1	
Vaseline Gauze	1/31/2017	2	
Bandage, Triangular		4	
Oral Glucose	10/31/2017	1	
Multi-Trauma Dressing		1	
Trauma Sleeves		4	
ABD Pads		2	
Tourniquet, CAT		1	
Shears, Trauma		1	
Test Strips, Glucometer		1	
Gauze, 4 x 4 Non-Sterile		1	
Emesis Bag		2	
Flashlight		1	
Lancets		6	
Ace Bandage		2	
Tape, Transpore		1	
Glucometer		1	
Bandage, Stretch, Kerlix		1	
Tape, Cloth, 3"		1	
Bandage, Stretch, Kling		1	
Band-aids		10	
Safety Glasses		3	

Surgical Mask		3	
ATROPINE 1mg	3/30/2017	2	
LIDOCAINE 100mg	11/30/2017	2	
ADENOSINE 6mg	2/1/2018	1	
ADENOSINE 12mg	4/1/2018	1	
NARCAN 2mg	2/28/2018	1	
DIPHENHYDRAMINE 50mg/mL	8/31/2016	2	
EPINEPHRINE 1:1000	11/1/2016	2	
Saline Flush	7/1/2016	5	
Syringe, 60cc, LL		1	
AMIODARONE 150mg	2/28/2017	2	
D5W 50mL	4/30/2017	1	
D5W 100ml	4/30/2017	1	
D10%	6/30/2017	1	
Syringe, 1cc		2	
Syringe, 3cc		2	
Syringe, 10cc		3	
SODIUM BICARBONATE 8.4%	5/31/2017	1	
Filter Straw	11/30/2016	2	
Needle 18g	9/30/2019	2	
Needle 22g	11/30/2017	2	
Needle 25g	7/30/2018	2	
Sharps Tube		1	
Catheter, IV-14 ga.	4/30/2017	2	
Catheter, IV-16 ga.	6/30/2017	2	
Catheter, IV-18 ga.	12/31/2017	2	
Catheter, IV-20 ga.	3/30/2018	2	
Catheter, IV-22 ga.	9/30/2017	2	
Catheter, IV-24 ga.	2/28/2017	2	
NS 0.9% 500mL	12/30/2016	1	
Drip Set	8/31/2018	1	
IV start Kit		1	
IV Extension		1	
Vacutainer Needle	2/28/2018	1	
Vacutainer Holder		1	
Blood Tube, Purple	9/30/2016	1	
Blood Tube, Green	9/30/2016	1	
Blood Tube, Blue	11/30/2016	1	
Res Q Vac, Repl. Kit		1	
Res Q Vac		1	
Laryngoscope Handle, Med		1	
Laryngoscope Blade, Miller #0		1	

Laryngoscope Blade, Miller #1		1	
Laryngoscope Blade, Miller #2		1	
Laryngoscope Blade, Miller #3		1	
Laryngoscope Blade, Mac #2		1	
Laryngoscope Blade, Mac #3		1	
Laryngoscope Blade, Mac #4		1	
ET Holder, Adult		1	
ET Holder, Pedi		1	
Filterline Set CO2		1	
ET Bulb Detection		1	
Lubricating jelly	11/30/2017	4	
Scalpel	1/30/2018	1	
Oral Airway #40, Pink		1	
Oral Airway #60, Black		1	
Oral Airway #80, Green		1	
Oral Airway #90, Yellow		1	
Oral Airway #100, Purple		1	
Oral Airway #110, Orange		1	
BVM, Adult		1	
Nasal Airway #22	3/30/2020	1	
Nasal Airway #24	1/30/2018	1	
Nasal Airway #26	3/31/2018	1	
Nasal Airway #28	12/28/2017	1	
Nasal Airway #30	5/31/2018	1	
Nasal Airway #32	3/31/2018	1	
Nasal Airway #34	3/30/2018	1	
Nasal Airway #36	4/30/2018	1	
Atrovent 0.02%	12/30/2016	2	
ALBUTEROL 2.5mg	1/30/2017	4	
Nebulizer		2	
KING, yellow, size 3	1/30/2017	1	
KING, red, size 4	1/30/2017	1	
Bougie	4/30/2017	1	
Splint, Ladder		1	
Stylette, Medium	12/30/2016	1	
Stylette, Large	4/30/2017	1	
Forceps, Adult		1	
Forceps, Pedi.		1	
ET Tube #5.0	12/31/2016	1	
ET Tube #6.0	2/28/2019	1	
ET Tube #7.0	10/30/2018	2	
ET Tube #7.5	7/30/2017	2	

ET Tube #8.0	5/30/2018	2	
ET Tube #9.0	5/30/2017	1	



CERTIFICATE OF LIABILITY INSURANCE

BOARD-1 OP ID: LM

DATE (MM/DD/YYYY)
12/14/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of Florida, Inc. Daytona Beach Office P.O. Box 2412 Daytona Beach, FL 32115-2412 Steve Farmer	CONTACT NAME: DENISE GORDON	
	PHONE (A/C No., Ext): 386-252-9601	FAX (A/C, No): 386-239-5729
E-MAIL ADDRESS: DGORDON@BBDAYTONA.COM		
INSURED BOARD OF COUNTY COMMISSIONERS LEON COUNTY 301 SOUTH MONROE ST STE 201 TALLAHASSEE, FL 32301	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Atlantic Specialty Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

NAIC #
27154

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBRT INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PUBLIC OFFICIALS GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		7910006120003	12/15/2015	12/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ \$1M/\$3M COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> NON-OWNED AUTOS		7910006120003	12/15/2015	12/15/2016	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		7910006120003	12/15/2015	12/15/2016	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER FLORD58 FLORIDA DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY BIN #C18 TALLAHASSEE, FL 32311-1738	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--



Bob Inzer

Clerk of the Circuit Court and Comptroller

Clerk of Courts ▪ Clerk of County Commission ▪ Auditor ▪ Treasurer ▪ Recorder ▪ Custodian of County Funds

To: Board of County Commissioners

From: Bob Inzer, Clerk of Circuit Court

Subject: Audit Report for Fiscal Year 2014-2015

Date: February 25, 2016

I am pleased to forward to you the County's annual audit report, financial statements and management letter for the fiscal year ended September 30, 2015. This report reflects an unqualified auditor's opinion on our financial statements. Leon County has received an unqualified audit opinion for 34 consecutive years.

The auditors' report on internal control structure and their management letter in that regard are found on pages 54 through 56 in the Board's financial report. This document basically covers areas relating to financial procedures. There was no finding related to internal control and only one recommendation to improve financial management.

The Director of Financial Stewardship, Clerk of Court, Audit Manager, and the Finance Director met with the external auditors. After reviewing the statements with staff, the recommendation to accept the report and response to the State Auditor General is being made to the County.

Your acceptance of the report and approval of the letter transmitting the report will be placed on the March 8th agenda. As mentioned, Florida law requires that a letter of response be made to the State Auditor General on the auditor's comments. There were no findings by the auditors although there is one recommendation. I believe this is reflective of the hard work of the Board's staff, the Clerk's staff, and a reflection of their team effort in this process.

Audit reports such as this one, along with the Comprehensive Annual Financial Report (CAFR), having won the Certificate of Achievement for Excellence in Financial Reporting, are providing greater accountability to you and our citizens. Should you have questions or comments on the audit, please let me know.

cc: Mr. Vince Long, County Administrator
Mr. Alan Rosenzweig, Deputy County Administrator
Mrs. Betsy Coxen, Director, Finance Department

Special-Purpose Financial Statements

Board of County Commissioners
Leon County, Florida

*Year Ended September 30, 2015
with Independent Auditors' Report*

Thomas Howell Ferguson P.A.
and
Law, Redd, Crona & Munroe, P.A.

Board of County Commissioners
Leon County, Florida
Special-Purpose Financial Statements
Year ended September 30, 2015

Board of County Commissioners

William Proctor, Chairman.....	District 1
John Dailey, Vice Chairman.....	District 3
Jane G. Sauls.....	District 2
Bryan Desloge.....	District 4
Kristin Dozier.....	District 5
Mary Ann Lindley.....	At-Large
Nick Maddox.....	At-Large

COUNTY ADMINISTRATOR

Vincent S. Long

CLERK OF THE CIRCUIT COURT

AND

COMPTROLLER

Bob Inzer

Board of County Commissioners
Leon County, Florida

Special-Purpose Financial Statements

Year Ended September 30, 2015

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Independent Auditors' Report

The Honorable Board of County Commissioners
Leon County, Florida

Report on the Financial Statements

We have audited the accompanying special-purpose financial statements of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of the Board of County Commissioners of Leon County, Florida (the Board), as of and for the fiscal year ended September 30, 2015, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these special-purpose financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of special-purpose financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these special-purpose financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the special-purpose financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the special-purpose financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the special-purpose financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the special-purpose financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

The Honorable Board of County Commissioners
Leon County, Florida
Page Two

Opinion

In our opinion, the special-purpose financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of the Board of County Commissioners of Leon County, Florida as of September 30, 2015, the results of each of the major funds' changes in financial position, where applicable, the cash flows thereof, and the respective budgetary comparison statements of the major funds for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1 to the special-purpose financial statements, the accompanying special-purpose financial statements referred to above were prepared solely for the purpose of complying with the Rules of the Auditor General of the State of Florida. In conformity with the Rules, the accompanying special-purpose financial statements are intended to present the financial position and changes in financial position of the major funds, the proprietary fund and the agency funds of the Board, and only that portion that is attributable to the transactions of the Board. They do not purport to, and do not, present fairly the financial position of Leon County, Florida, as of September 30, 2015, and the changes in its financial position for the year then ended in conformity with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to these matters.

Other Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Board's basic financial statements. The Schedule of Receipts and Expenditures of Funds Related to the Deepwater Horizon Spill (the Schedule) is presented for purposes of additional analysis and are not a required part of the basic financial statements.

The Schedule is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with the auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Receipts and Expenditures of Funds Related to the Deepwater Horizon Spill is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

The Honorable Board of County Commissioners
Leon County, Florida
Page Three

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued a report, on our consideration of the Board's internal control over financial reporting and our tests of its compliance with certain provisions of laws, rules, regulations, contracts, grant agreements and other matters under the heading *Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of the Special-Purpose Financial Statements Performed in Accordance with Government Auditing Standards*. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Board's internal control over financial reporting and compliance.



Thomas Howell Ferguson P.A.
Tallahassee, Florida
February 22, 2016



Law, Redd, Crona & Munroe P.A.
Tallahassee, Florida

Board of County Commissioners
Leon County, Florida
Balance Sheet - Governmental Funds
September 30, 2015

	<u>General Fund</u>	<u>Fine & Forfeiture Fund</u>	<u>Grants Fund</u>	<u>Fire Rescue Services Fund</u>
Assets				
Cash	\$ 13,352,273	\$ 0	\$ 116,585	\$ 0
Investments	30,056,256	1,394,012	4,776,030	2,757,968
Receivables (net of allowances for uncollectibles):				
Accounts	194,774	6,402	1,352	4,392
Special assessments	0	0	0	0
Due from other governments	1,421,700	0	1,034,115	0
Due from other funds	97,063	0	0	0
Due from other county units	370,426	742,569	11,831	640
Inventories	256,576	0	0	0
Other assets	11,750	0	0	0
Total assets	<u>\$ 45,760,818</u>	<u>\$ 2,142,983</u>	<u>\$ 5,939,913</u>	<u>\$ 2,763,000</u>
Liabilities and fund balances				
Liabilities:				
Accounts payable	\$ 1,901,679	\$ 15,943	\$ 31,239	\$ 0
Accrued liabilities	314,666	0	2,112	0
Due to other governments	5,441	0	0	1,634,276
Due to other funds	0	0	0	0
Due to other county units	81,045	0	37,929	0
Deposits	45,010	286,439	0	0
Revenue received in advance	0	0	4,349,143	0
Total liabilities	<u>2,347,841</u>	<u>302,382</u>	<u>4,420,423</u>	<u>1,634,276</u>
Fund balances:				
Nonspendable	268,326	0	0	0
Restricted	0	0	1,519,490	0
Committed	6,511,947	276,090	0	1,128,724
Assigned	7,271,200	1,564,511	0	0
Unassigned	29,361,504	0	0	0
Total fund balances	<u>43,412,977</u>	<u>1,840,601</u>	<u>1,519,490</u>	<u>1,128,724</u>
Total liabilities and fund balances	<u>\$ 45,760,818</u>	<u>\$ 2,142,983</u>	<u>\$ 5,939,913</u>	<u>\$ 2,763,000</u>

The accompanying notes are an integral part of these special-purpose financial statements.

<u>Special Assessment Paving Fund</u>	<u>Capital Improvement Fund</u>	<u>Nonmajor Governmental Funds</u>	<u>Component Unit - Housing Finance Authority of Leon County</u>	<u>Total Governmental Funds</u>
\$ 231,658	\$ 5,295,933	\$ 2,065,588	\$ 671,550	\$ 21,733,587
0	14,949,091	52,504,316	0	106,437,673
32,398	126,826	4,535,958	0	4,902,102
1,702,459	0	10	10	1,702,479
0	0	1,866,149	0	4,321,964
0	0	0	0	97,063
0	0	390,529	0	1,515,995
0	0	0	0	256,576
0	0	10,200	0	21,950
<u>\$ 1,966,515</u>	<u>\$ 20,371,850</u>	<u>\$ 61,372,750</u>	<u>\$ 671,560</u>	<u>\$ 140,989,389</u>
\$ 0	\$ 281,898	\$ 1,915,898	\$ 105	\$ 4,146,762
0	0	500,952	0	817,730
0	0	75,064	0	1,714,781
0	0	24,841	0	24,841
0	0	0	0	118,974
0	149,925	122,039	0	603,413
1,702,459	0	425,580	0	6,477,182
<u>1,702,459</u>	<u>431,823</u>	<u>3,064,374</u>	<u>105</u>	<u>13,903,683</u>
0	0	10,200	0	278,526
0	19,940,027	40,957,310	671,455	63,088,282
264,056	0	17,152,822	0	25,333,639
0	0	188,044	0	9,023,755
0	0	0	0	29,361,504
<u>264,056</u>	<u>19,940,027</u>	<u>58,308,376</u>	<u>671,455</u>	<u>127,085,706</u>
<u>\$ 1,966,515</u>	<u>\$ 20,371,850</u>	<u>\$ 61,372,750</u>	<u>\$ 671,560</u>	<u>\$ 140,989,389</u>

Board of County Commissioners
Leon County, Florida
Statement of Revenues, Expenditures, and Changes in Fund Balances -
Governmental Funds
Year Ended September 30, 2015

	General Fund	Fine & Forfeiture Fund	Grants Fund	Fire Rescue Services Fund	Special Assessment Paving Fund
Revenues					
Taxes	\$ 47,330,896	\$ 67,860,491	\$ 0	\$ 0	\$ 0
Licenses and permits	0	0	0	0	0
Intergovernmental	20,230,914	19,191	3,467,825	0	0
Charges for services	1,798,542	896,344	119,228	7,161,671	0
Fines and forfeitures	0	189,456	0	0	0
Interest	572,228	186,573	3,877	26,020	45,311
Net (decrease) increase in fair value of investments	48,405	1,995	7,390	4,899	0
Miscellaneous	967,479	0	382,728	0	272,225
Total revenues	<u>70,948,464</u>	<u>69,154,050</u>	<u>3,981,048</u>	<u>7,192,590</u>	<u>317,536</u>
Expenditures					
Current:					
General government	11,698,591	0	0	0	0
Public safety	2,286,740	0	442,655	6,891,326	0
Physical environment	2,299,570	0	1,244,103	0	0
Transportation	0	0	2,008,744	0	0
Economic environment	1,868,353	0	44,355	0	0
Human services	7,928,448	100,330	137,188	0	0
Culture and recreation	6,344,382	0	142,436	0	0
Judicial	6,452,333	1,602,992	24,694	0	0
Debt Service:					
Principal retirement	0	0	0	0	0
Interest and fiscal charges	0	0	0	0	0
Total expenditures	<u>38,878,417</u>	<u>1,703,322</u>	<u>4,044,175</u>	<u>6,891,326</u>	<u>0</u>
Excess (deficiency) of revenues over (under) expenditures	<u>32,070,047</u>	<u>67,450,728</u>	<u>(63,127)</u>	<u>301,264</u>	<u>317,536</u>
Other financing sources (uses):					
Transfers in	3,579,301	539,817	145,859	0	0
Refunding bonds issued	0	0	0	0	0
Payment to refunding bond escrow agent	0	0	0	0	0
Transfers out	<u>(32,000,168)</u>	<u>(69,333,263)</u>	<u>(121,155)</u>	<u>(33,793)</u>	<u>(313,907)</u>
Total other financing (uses) sources	<u>(28,420,867)</u>	<u>(68,793,446)</u>	<u>24,704</u>	<u>(33,793)</u>	<u>(313,907)</u>
Net change in fund balances	3,649,180	(1,342,718)	(38,423)	267,471	3,629
Fund balances at beginning of year	<u>39,763,797</u>	<u>3,183,319</u>	<u>1,557,913</u>	<u>861,253</u>	<u>260,427</u>
Fund balances at end of year	<u>\$ 43,412,977</u>	<u>\$ 1,840,601</u>	<u>\$ 1,519,490</u>	<u>\$ 1,128,724</u>	<u>\$ 264,056</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Capital Improvement Fund	Nonmajor Governmental Funds	Component Unit - Housing Finance Authority of Leon County	Total Governmental Funds
\$ 0	\$ 32,964,303	\$ 0	\$ 148,155,690
0	2,217,507	0	2,217,507
0	5,580,468	8,674	29,307,072
0	12,145,854	83,961	22,205,600
0	270,160	0	459,616
219,540	619,389	6,691	1,679,629
25,415	90,858	0	178,962
0	2,572,952	0	4,195,384
<u>244,955</u>	<u>56,461,491</u>	<u>99,326</u>	<u>208,399,460</u>
3,005,715	2,777,990	0	17,482,296
113,528	24,712,168	0	34,446,417
1,415,349	8,754,840	0	13,713,862
848,504	19,167,290	0	22,024,538
10,883	3,525,740	78,288	5,527,619
0	1,511,932	0	9,677,898
1,667,493	7,481,463	0	15,635,774
255,426	251,846	0	8,587,291
0	706,605	0	706,605
0	1,376,864	0	1,376,864
<u>7,316,898</u>	<u>70,266,738</u>	<u>78,288</u>	<u>129,179,164</u>
<u>(7,071,943)</u>	<u>(13,805,247)</u>	<u>21,038</u>	<u>79,220,296</u>
1,107,834	21,777,520	0	27,150,331
0	13,692,000	0	13,692,000
0	(20,468,276)	0	(20,468,276)
<u>(21,830)</u>	<u>(7,021,926)</u>	<u>0</u>	<u>(108,846,042)</u>
<u>1,086,004</u>	<u>7,979,318</u>	<u>0</u>	<u>(88,471,987)</u>
(5,985,939)	(5,825,929)	21,038	(9,251,691)
<u>25,925,966</u>	<u>64,134,305</u>	<u>650,417</u>	<u>136,337,397</u>
<u>\$ 19,940,027</u>	<u>\$ 58,308,376</u>	<u>\$ 671,455</u>	<u>\$ 127,085,706</u>

Board of County Commissioners
Leon County, Florida
Statement of Net Position - Proprietary Funds
September 30, 2015

	Business-type Activities - Landfill Fund	Governmental Activities - Internal Service Funds
Assets		
Current assets:		
Cash	\$ 1,162	\$ 172,952
Cash with fiscal agent	0	67,006
Investments	8,270,604	5,295,257
Accounts	790,688	184,604
Due from other governments	0	20,153
Due from other county units	546	4,797
Inventories	3,762	44,336
Total current assets	<u>9,066,762</u>	<u>5,789,105</u>
Noncurrent assets:		
Restricted cash and investments	7,669,889	0
Capital assets:		
Land nondepreciable	1,809,844	0
Depreciable (net)	<u>10,970,098</u>	<u>0</u>
Total noncurrent assets	<u>20,449,831</u>	<u>0</u>
Total assets	<u>\$ 29,516,593</u>	<u>\$ 5,789,105</u>
Liabilities		
Current liabilities:		
Accounts payable	\$ 136,572	\$ 164,990
Accrued liabilities	301,507	165,064
Due to other funds	0	72,222
Other current liabilities	0	3,679,762
Revenue received in advance	589	0
Total current liabilities	<u>438,668</u>	<u>4,082,038</u>
Noncurrent liabilities:		
Liability for closure costs/maintenance	10,977,531	0
Total noncurrent liabilities	<u>10,977,531</u>	<u>0</u>
Total liabilities	<u>11,416,199</u>	<u>4,082,038</u>
Net position		
Net investment in capital assets	12,779,942	0
Unrestricted	<u>5,320,452</u>	<u>1,707,067</u>
Total net position	<u>18,100,394</u>	<u>1,707,067</u>
Total liabilities and net position	<u>\$ 29,516,593</u>	<u>\$ 5,789,105</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, Florida
Statement of Revenues, Expenses, and Changes in
Fund Net Position - Proprietary Funds
Year Ended September 30, 2015

	Business-type Activities - Landfill Fund	Governmental Activities - Internal Service Funds
Operating revenues		
Charges for services	\$ 7,122,426	\$ 6,745,030
Total operating revenues	<u>7,122,426</u>	<u>6,745,030</u>
Operating expenses		
Personnel services	1,950,521	784,774
Contractual services	5,252,183	87,255
Supplies	261,654	1,092,956
Communications services	25,738	458,134
Insurance	55,096	3,735,226
Utility services	205,683	22,829
Depreciation	922,507	0
Other services and charges	163,250	867,212
Total operating expenses	<u>8,836,632</u>	<u>7,048,386</u>
Operating (loss) gain	<u>(1,714,206)</u>	<u>(303,356)</u>
Nonoperating revenues:		
Taxes	1,717,447	0
Interest	204,109	51,977
Net increase (decrease) in fair value of investments	(19,347)	9,523
Miscellaneous	85,006	2
Total nonoperating revenues	<u>1,987,215</u>	<u>61,502</u>
Income (loss) before contributions and transfers	273,009	(241,854)
Transfers in	466,822	0
Transfers out	<u>(57,678)</u>	<u>0</u>
Change in net position	682,153	(241,854)
Net position at beginning of year	17,418,241	1,948,921
Net position at end of year	<u>\$ 18,100,394</u>	<u>\$ 1,707,067</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, Florida
Statement of Cash Flows - Proprietary Funds
Year Ended September 30, 2015

	Business-type Activities - Landfill Fund	Governmental Activities - Internal Service Funds
Cash flows from operating activities		
Receipts from customers	\$ 6,664,004	\$ 301,320
Payments to suppliers	(6,128,859)	(3,208,247)
Payments to employees	(1,951,763)	(664,299)
Internal activity - payments to other funds	(55,096)	0
Internal activity - cash received from other funds	0	6,482,949
Claims paid	0	(2,069,910)
Net cash (used) provided by operating activities	<u>(1,471,714)</u>	<u>841,813</u>
Cash flows from noncapital financing activities		
Tax proceeds	1,717,447	0
Repayments on interfund loans	(146)	0
Transfers from other funds	466,822	0
Transfers to other funds	(57,678)	0
Net cash provided by noncapital financing activities	<u>2,126,445</u>	<u>0</u>
Cash flows from capital and related financing activities		
Sale of property	312,883	0
Acquisition and/or construction of capital assets	(1,186,146)	0
Net cash used in capital and related financing activities	<u>(873,263)</u>	<u>0</u>
Cash flows from investing activities		
Proceeds from sales and maturities of investments	4,252,516	2,082,356
Purchases of investments	(4,195,317)	(2,848,245)
Interest and dividends received	198,870	48,053
Decrease in fair value of investments	(37,540)	(2,113)
Net cash provided (used) in investing activities	<u>218,529</u>	<u>(719,949)</u>
Net (decrease) increase in cash	(3)	121,864
Cash at beginning of year	1,165	118,094
Cash at end of year	<u>\$ 1,162</u>	<u>\$ 239,958</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, Florida
Statement of Cash Flows - Proprietary Funds (continued)
Year Ended September 30, 2015

	Business-type Activities - Landfill Fund	Governmental Activities - Internal Service Funds
Reconciliation of operating loss income to net cash (used) provided by operating activities		
Operating loss:	\$ (1,714,206)	\$ (303,356)
Adjustment to reconcile operating (loss) gain to net cash used in operating activities:		
Depreciation expense	922,507	0
Change in assets and liabilities:		
Accounts and intergovernmental receivables	323,036	39,238
Inventories	2,748	40,779
Accounts payable and other liabilities	(223,099)	939,997
Accrued expenses	(1,242)	125,155
Revenues received in advance	294	0
Estimated liability for closure costs/maintenance	(781,752)	0
Net cash used in operating activities	\$ (1,471,714)	\$ 841,813

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, FloridaStatement of Revenues, Expenditures, and Changes in Fund Balance
Budget and Actual - General Fund
Year Ended September 30, 2015

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Revenues				
Taxes	\$ 45,246,987	\$ 45,246,987	\$ 47,330,896	\$ 2,083,909
Intergovernmental	19,417,806	19,417,806	20,230,914	813,108
Charges for services	2,482,595	2,482,595	1,798,542	(684,053)
Interest	317,799	317,799	572,228	254,429
Net decrease in fair value of investments	0	0	48,405	48,405
Miscellaneous	240,303	240,303	967,479	727,176
Total revenues	<u>67,705,490</u>	<u>67,705,490</u>	<u>70,948,464</u>	<u>3,242,974</u>
Expenditures				
General government	18,308,673	21,687,742	11,698,591	9,989,151
Public safety	2,513,726	2,545,759	2,286,740	259,019
Physical environment	2,503,867	2,503,867	2,299,570	204,297
Economic environment	2,098,670	2,108,670	1,868,353	240,317
Human services	7,800,850	8,317,127	7,928,448	388,679
Culture and recreation	6,725,412	6,725,412	6,344,382	381,030
Judicial	461,702	2,717,536	6,452,333	(3,734,797)
Total expenditures	<u>40,412,900</u>	<u>46,606,113</u>	<u>38,878,417</u>	<u>7,727,696</u>
Excess of revenues over expenditures	27,292,590	21,099,377	32,070,047	10,970,670
Other financing sources (uses):				
Transfers in	7,944,490	10,373,130	3,579,301	(6,793,829)
Transfers out	(39,237,080)	(39,343,625)	(32,000,168)	7,343,457
Total other financing sources (uses)	<u>(31,292,590)</u>	<u>(28,970,495)</u>	<u>(28,420,867)</u>	<u>549,628</u>
Net change in fund balance	(4,000,000)	(7,871,118)	3,649,180	11,520,298
Fund balance at beginning of year	<u>39,763,797</u>	<u>39,763,797</u>	<u>39,763,797</u>	<u>0</u>
Fund balance at end of year	<u>\$ 35,763,797</u>	<u>\$ 31,892,679</u>	<u>\$ 43,412,977</u>	<u>\$ 11,520,298</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, Florida

Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget and Actual - Fine & Forfeiture Fund

Year Ended September 30, 2015

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Revenues				
Taxes	\$ 67,533,125	\$ 67,533,125	\$ 67,860,491	\$ 327,366
Intergovernmental	21,945	21,945	19,191	(2,754)
Charges for services	907,900	907,900	896,344	(11,556)
Fines and forfeitures	117,249	117,249	189,456	72,207
Interest	76,000	76,000	186,573	110,573
Net increase in fair value of investments	0	0	1,995	1,995
Total revenues	<u>68,656,219</u>	<u>68,656,219</u>	<u>69,154,050</u>	<u>497,831</u>
Expenditures				
Human services	100,000	110,641	100,330	10,311
Judicial	<u>1,793,769</u>	<u>2,144,956</u>	<u>1,602,992</u>	<u>541,964</u>
Total expenditures	<u>1,893,769</u>	<u>2,255,597</u>	<u>1,703,322</u>	<u>552,275</u>
Excess of revenues over expenditures	<u>66,762,450</u>	<u>66,400,622</u>	<u>67,450,728</u>	<u>1,050,106</u>
Other financing sources (uses):				
Transfers in	0	0	539,817	539,817
Transfers out	<u>(66,762,450)</u>	<u>(69,383,263)</u>	<u>(69,333,263)</u>	<u>50,000</u>
Total other financing sources (uses)	<u>(66,762,450)</u>	<u>(69,383,263)</u>	<u>(68,793,446)</u>	<u>589,817</u>
Net change in fund balance	0	(2,982,641)	(1,342,718)	1,639,923
Fund balance at beginning of year	<u>3,183,319</u>	<u>3,183,319</u>	<u>3,183,319</u>	<u>0</u>
Fund balance at end of year	<u>\$ 3,183,319</u>	<u>\$ 200,678</u>	<u>\$ 1,840,601</u>	<u>\$ 1,639,923</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, Florida

Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget and Actual - Grants Fund
Year Ended September 30, 2015

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Revenues				
Intergovernmental	\$ 343,000	\$ 17,374,418	\$ 3,467,825	\$(13,906,593)
Charges for services	104,500	382,948	119,228	(263,720)
Interest	0	11,076	3,877	(7,199)
Net increase in fair value of investments	0	0	7,390	7,390
Miscellaneous	0	1,350,771	382,728	(968,043)
Total revenues	<u>447,500</u>	<u>19,119,213</u>	<u>3,981,048</u>	<u>(15,138,165)</u>
Expenditures				
General government	0	750	0	750
Public safety	445,098	1,646,849	442,655	1,204,194
Physical environment	0	2,311,160	1,244,103	1,067,057
Transportation	0	12,782,643	2,008,744	10,773,899
Economic environment	0	967,730	44,355	923,375
Human services	30,000	201,403	137,188	64,215
Culture and recreation	15,000	2,413,119	142,436	2,270,683
Judicial	91,834	259,926	24,694	235,232
Total expenditures	<u>581,932</u>	<u>20,583,580</u>	<u>4,044,175</u>	<u>16,539,405</u>
(Deficiency) excess of revenue (under) over expenditures	<u>(134,432)</u>	<u>(1,464,367)</u>	<u>(63,127)</u>	<u>1,401,240</u>
Other financing sources (uses):				
Transfers in	255,587	280,291	145,859	(134,432)
Transfers out	<u>(121,155)</u>	<u>(121,155)</u>	<u>(121,155)</u>	<u>0</u>
Total other financing sources (uses)	<u>134,432</u>	<u>159,136</u>	<u>24,704</u>	<u>(134,432)</u>
Net change in fund balance	0	(1,305,231)	(38,423)	1,266,808
Fund balance at beginning of year	<u>1,557,913</u>	<u>1,557,913</u>	<u>1,557,913</u>	<u>0</u>
Fund balance at end of year	<u>\$ 1,557,913</u>	<u>\$ 252,682</u>	<u>\$ 1,519,490</u>	<u>\$ 1,266,808</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, Florida

Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget and Actual - Fire Rescue Services Fund

Year Ended September 30, 2015

	<u>Budgeted Amounts</u>		<u>Actual</u>	<u>Variance with</u>
	<u>Original</u>	<u>Final</u>		<u>Final Budget</u>
				<u>Positive</u>
				<u>(Negative)</u>
Revenues				
Charges for services	\$ 6,878,610	\$ 7,451,328	\$ 7,161,671	\$ (289,657)
Interest	0	0	26,020	26,020
Net decrease in fair value of investments	0	0	4,899	4,899
Total revenues	<u>6,878,610</u>	<u>7,451,328</u>	<u>7,192,590</u>	<u>(258,738)</u>
Expenditures				
Public safety	6,845,249	7,417,535	6,891,326	526,209
Total expenditures	<u>6,845,249</u>	<u>7,417,535</u>	<u>6,891,326</u>	<u>526,209</u>
Excess of revenues over expenditures	<u>33,361</u>	<u>33,793</u>	<u>301,264</u>	<u>267,471</u>
Other financing uses:				
Transfers out	<u>(33,361)</u>	<u>(33,793)</u>	<u>(33,793)</u>	<u>0</u>
Total other financing uses	<u>(33,361)</u>	<u>(33,793)</u>	<u>(33,793)</u>	<u>0</u>
Net change in fund balance	0	0	267,471	267,471
Fund balance at beginning of year	861,253	861,253	861,253	0
Fund balance at end of year	<u>\$ 861,253</u>	<u>\$ 861,253</u>	<u>\$ 1,128,724</u>	<u>\$ 267,471</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, Florida

Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget and Actual - Special Assessment Paving Fund

Year Ended September 30, 2015

	Budgeted Amounts		Actual	Variance with Final Budget Positive (Negative)
	Original	Final		
Revenues				
Interest	\$ 76,917	\$ 76,917	\$ 45,311	\$ (31,606)
Miscellaneous	236,990	236,990	272,225	35,235
Total revenues	<u>313,907</u>	<u>313,907</u>	<u>317,536</u>	<u>3,629</u>
Expenditures				
Public safety	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total expenditures	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Excess of revenues over expenditures	<u>313,907</u>	<u>313,907</u>	<u>317,536</u>	<u>3,629</u>
Other financing uses:				
Transfers out	<u>(313,907)</u>	<u>(313,907)</u>	<u>(313,907)</u>	<u>0</u>
Total other uses	<u>(313,907)</u>	<u>(313,907)</u>	<u>(313,907)</u>	<u>0</u>
Net change in fund balance	0	0	3,629	3,629
Fund balance at beginning of year	<u>260,427</u>	<u>260,427</u>	<u>260,427</u>	<u>0</u>
Fund balance at end of year	<u>\$ 260,427</u>	<u>\$ 260,427</u>	<u>\$ 264,056</u>	<u>\$ 3,629</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, Florida
Statement of Fiduciary Assets and Liabilities - Agency Fund
September 30, 2015

	Total Agency Funds
Assets	
Cash	\$ 610,370
Accounts receivable	1,037,784
Total assets	<u>\$ 1,648,154</u>
Liabilities	
Accounts payable	\$ 808,573
Accrued liabilities	839,581
Total liabilities	<u>\$ 1,648,154</u>

The accompanying notes are an integral part of these special-purpose financial statements.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies

Reporting Entity

Leon County is a political subdivision of the state of Florida and provides services to its residents in many areas, including public safety, transportation, recreation, and human services. It is governed by an elected Board of County Commissioners (seven members). In addition to the members of the Board of County Commissioners, there are five elected Constitutional Officers: Clerk of the Circuit Court, Sheriff, Tax Collector, Property Appraiser, and Supervisor of Elections. The Constitutional Officers maintain separate accounting records and budgets. Effective for the 2003 fiscal year, the citizens of Leon County passed a voter referendum to make Leon County a charter county. The charter is a simple charter which allows for the same powers and duties as provided in the Constitution of the State of Florida and *Florida Statutes*. However, in certain instances, the charter either alters or expands the powers of the elected officials via voter referendum. The accounting policies of Leon County, Florida conform to generally accepted accounting principles as applicable to governments. The more significant accounting policies of Leon County Board of County Commissioners (the Board) are described below.

Component Units

The component unit discussed below is included in the Board's reporting entity either because of the significance of the operational relationship or the Board is financially accountable for the component unit. The Board is financially accountable for an organization when the Board appoints a voting majority of the organization's governing body and is able to impose its will on the organization; there is a potential for the organization to provide a financial benefit or impose a financial burden on the Board; or the organization is fiscally dependent on the Board.

Specific criteria used to determine financial accountability are:

- Selection of a voting majority of the governing body.
- Imposition of Will: Ability to remove appointed members at will; ability to approve or modify rate charges affecting revenue; ability to appoint, hire or dismiss management.
- Financial Benefit or Burden Relationship: The Board is legally entitled to or can otherwise access the organization's resources; the Board is legally obligated or has otherwise assumed the obligation to finance the deficits of or provide support to the organization; or the Board is obligated in some manner for the debt of the organization.
- Fiscal Dependency: Ability to approve or modify the organization's budget or rate charges; ability to approve debt issuances and/or tax levies.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Component Units (continued)

Financial statements of component units are included in the financial reporting entity either as a blended component unit or as a discretely presented component unit in accordance with governmental accounting standards. At September 30, 2015, the only component unit of the Board is The Housing Finance Authority of Leon County (the Authority) which is discretely presented in a separate column on the Board's financial statements.

The Authority was created as a Florida public corporation in accordance with the Florida Housing Finance Authority Law, Part IV of Chapter 159, *Florida Statutes* (1979), following the adoption of an approving ordinance (#80-39) by the Board of County Commissioners of Leon County, Florida. The Authority is a Dependent Special District as defined in Section 189.4041, *Florida Statutes*.

The Authority's governing board is appointed by the Board; the budget is approved by the Board; all bonds issued and contracts entered into must be approved by the Board; the Board may, at its sole discretion, and at anytime, alter or change the structure, organization, programs or activities of the Authority, including the power to terminate the Authority; and the Board maintains the books and records of the Authority. This component unit is reported in a separate column to emphasize that it is legally separate from the Board. Separate financial information for the Housing Finance Authority is available at 918 Railroad Avenue, Tallahassee, Florida 32310 (Note 12).

Excluded from the Reporting Entity:

The Leon County Health Facilities Authority, Leon County Research and Development Authority, Leon County Education Facilities Authority, Leon County Energy Improvement District, and Community Redevelopment Agency have been established under *Florida Statutes*, Chapter 159, Part V, Chapter 154, Part III, Chapter 243, Chapter 189, Part II and Chapter 163, Part III, respectively. Operations of the above authorities are not included in this report because they do not meet the criteria for inclusion in the reporting entity as set forth in GASB Statement No. 39.

Other public entities located within Leon County and not included in the financial statements of the Board include municipalities and the following independent taxing districts authorized and established by the Laws of Florida:

Leon County School Board District
Leon County Health Department
Fallschase Special Taxing District
Northwest Florida Water Management District

These potential component units have been excluded because they do not meet the criteria for inclusion in the reporting entity.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Consolidated Dispatch Agency

In May 2012, the City of Tallahassee, Leon County, Florida, and the Leon County Sheriff's Office entered into an inter-local agreement authorized by Section 163.01, *Florida Statutes*. This agreement created a Consolidated Dispatch Agency (CDA) for the purpose of dispatching law enforcement, fire and emergency medical services personnel. The term of this agreement is for a period of 10 years, commencing April 1, 2013, and will renew automatically thereafter. The CDA will govern and manage the provision of public safety consolidated dispatch services on a county-wide basis.

The governing body of the CDA consists of the City of Tallahassee City Manager, the Leon County Administrator and the Leon County Sheriff, hereinafter called the Council. The City and Sheriff shall fund the CDA budget proportionately based upon the per capita population within the corporate limits of the City of Tallahassee for the city, and the per capita population within the unincorporated area of Leon County for the Sheriff, and a service cost allocation shall be included in the CDA's annual budget. Current audited financial statements may be obtained from the Consolidated Dispatch Agency, 300 S. Adams Street, Box A-19, Tallahassee, Florida 32301.

Capital Regional Transportation Planning Agency

In December 2004, the Capital Regional Transportation Planning Agency (CRTPA) was created through an inter-local agreement between the Florida Department of Transportation; the Counties of Leon, Gadsden, Jefferson and Wakulla; the Cities of Tallahassee, Chattahoochee, Gretna, Midway, Monticello, Quincy, St. Marks and Sopchoppy; the towns of Greensboro, Havana and the Leon County School Board as authorized by Section 163.01 *Florida Statutes*. It was established in order for the members to participate cooperatively in the development of transportation related plans and programs. The governing board consists of voting representatives from the Counties of Leon, Gadsden, Jefferson, and Wakulla; the Cities of Midway, Quincy, Tallahassee, Chattahoochee and Gretna; the Towns of Greensboro and Havana, the Leon County School Board, and three nonvoting representatives from the Florida Department of Transportation, the Federal Highway Administration, and StarMetro.

The CRTPA receives federal and state transportation funds for the performance of its transportation planning and programming activities. If operating expenses exceed the external funding obtained, the deficit is funded by the members of the CRTPA in proportion of their weighted votes. As a participating member of CRTPA, Leon County has a limited share of financial responsibility for any such deficits. Current audited financial statements may be obtained from the Capital Regional Transportation Planning Agency, 300 S. Adams Street, Box A-19, Tallahassee, Florida 32301.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Leon County-City of Tallahassee Blueprint 2000 Intergovernmental Agency

In October 2000, Leon County entered into an interlocal agreement with the City of Tallahassee as authorized by Section 163.01(7) *Florida Statutes*. This agreement created the Blueprint 2000 Intergovernmental Agency to govern the project management for the project planning and construction of a list of projects known as the Blueprint 2000 projects. The Board of County Commissioners and the City Commission constitute the Blueprint 2000 Intergovernmental Agency. The revenues to fund the projects under this agreement are the collections of the local government infrastructure sales surtax, which began December 1, 2004. This tax was extended pursuant to the provisions in Section 212.055, *Florida Statutes*, until December 31, 2019.

Periodically, the Agency provides construction management services to the County. For these services the Agency and the County entered into Joint Participation Agreements whereby the County agrees to pay an administrative fee to the Agency.

Current audited financial statements may be obtained from Blueprint 2000, 315 S. Calhoun Street, Suite 450, Tallahassee, Florida 32301.

Basis of Presentation

The special-purpose fund financial statements are fund financial statements that have been prepared in conformity with the accounting principles and reporting guidelines established by the Governmental Accounting Standards Board (GASB) and accounting practices prescribed by the State of Florida, Office of the Auditor General.

Description of Funds

Governmental Major Funds:

The Board reports the following major funds in the governmental fund financial statements:

General Fund – The General Fund is the general operating fund of the Board. This fund is used to account for all financial transactions not required to be accounted for in another fund.

Fine & Forfeiture Fund – This fund was established to account for revenues collected pursuant to the provisions of Section 142.01, *Florida Statutes*. It also accounts for expenditures related to the costs of criminal prosecutions and for the proceeds of certain court fines and costs as well as accounting for ad valorem tax revenues collected and used to support the Sheriff's Department.

Grants Fund – This fund is used to account for the revenues and expenses of federal, state, and local grants awarded to the county. This fund also includes the corresponding county matching funds for the various grants.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Description of Funds (continued)

Governmental Major Funds: (continued)

Fire Rescue Services Fund – This fund was established to fund enhanced fire protection services in the unincorporated area of Leon County. The revenue source is derived from a fire service fee levied on single-family, commercial, and governmental properties in the unincorporated area of the county. It also assists with funding for volunteer fire departments. By interlocal agreement, the fire rescue and emergency management services are functionally consolidated under the city and county.

Special Assessment Paving – This fund accounts for the repayment of special assessments associated with the county's paving program. Repayments are collected as a non-ad valorem special assessment on the annual tax bill. The revenues are repaying the county for the costs to construct the paving projects.

Capital Improvement Fund – This fund is used to account for the acquisition or construction of major non-transportation related capital facilities and/or projects other than those financed by proprietary funds.

Proprietary Major Fund:

Landfill Fund – The Landfill Fund accounts for the revenues, expenses, assets and liabilities associated with the County landfill and transfer station.

Other Fund Types:

Internal Service Funds – These funds account for goods or services provided by various departments to other departments of the Board on a cost-reimbursement basis.

Agency Funds – These funds account for assets held by the Board as an agent for individuals, private organizations, and/or other governmental units. These are custodial in nature (assets equal liabilities) and do not involve measurement of results of operations.

Basis of Accounting

Basis of accounting refers to when revenues and expenditures or expenses are recognized in the accounts and reported in the fund financial statements and relates to the timing of the measurements made.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Basis of Accounting (continued)

The accompanying special-purpose financial statements have been prepared using the current financial resources measurement focus and the modified accrual basis of accounting for all Governmental Funds. Accordingly, revenues are recognized when measurable and available to pay liabilities of the current period and expenditures are generally recorded when the liability is incurred and/or will be paid from expendable available financial resources.

The Board considers receivables collected within 60 days after year-end to be available and susceptible to accrual as revenues of the current year. The following revenues are considered to be susceptible to accrual: taxes, charges for services, interest, state revenue sharing, federal forestry revenue, insurance agents' revenue, various other gas taxes, gas tax pour-over trust, federal and state grants, planning and zoning revenue, municipal service franchise fees, and special assessments.

Expenditures are generally recorded when the related fund liability is incurred. An exception to this general rule is principal and interest on general long-term debt which is recorded when due.

The financial statements of the Proprietary Funds and Fiduciary Funds (Agency Funds) are prepared on the economic resources measurement focus and the accrual basis of accounting. Their revenues are recognized when earned and their expenses are recognized when incurred. Proprietary fund operating revenues, such as charges for services, result from exchange transactions associated with the principal activity of the fund.

Exchange transactions are those in which each party receives and gives up essentially equal values. Nonoperating revenues, such as subsidies, taxes, and investment earnings, result from nonexchange transactions or ancillary activities.

Budgets and Budgetary Accounting

Florida Statutes, Section 129.01 (2) (b), requires that "...the receipts division of the budget shall include ninety-five percent of all receipts reasonably expected to be anticipated from all sources, including taxes to be levied, and one hundred percent of the amount of the balances, both of cash and liquid securities, estimated to be brought forward at the beginning of the fiscal year." The Board has complied with the provisions of the above *Florida Statutes*.

Annual budgets for the governmental fund types and the Housing Finance Authority of Leon County are adopted on a basis consistent with accounting principles generally accepted in the United States of America. Budgets are not adopted for the fiduciary funds. The legal level of budgetary control is at the fund level; however, budgets are monitored at varying levels of detail.

All annual appropriations lapse at fiscal year end, although the Board expects to honor purchase orders and contracts in process, subject to authority provided in the subsequent year's budget.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Budgets and Budgetary Accounting (continued)

The budget information, as amended, presented in the financial statements was prepared on the modified accrual basis of accounting. All Board authorized amendments to the applicable budget originally approved have been incorporated into the data reflected in the special-purpose financial statements. The Board made several supplemental budgetary appropriations throughout the year.

The Board uses the following procedures in establishing the budgetary data reflected in the financial statements:

1. On or before May 1 of each year, the designated budget officer submits to the Board a tentative budget for the ensuing fiscal year. The tentative budget includes proposed expenditures and funding sources.
2. The Board requires such changes to be made as it shall deem necessary, provided the budget remains in balance and subject to the notice and hearing requirements of Section 200.065, *Florida Statutes* and the budget preparation and adoption procedures, as defined in Section 129.03, *Florida Statutes*. The legal level of budgetary control is at the fund level.
3. Public hearings are held pursuant to Section 200.065, *Florida Statutes* in order for the Board to adopt the tentative and final budgets.
4. Prior to October 1, the budget is legally enacted through passage of a resolution.
5. All changes to the final budget must be approved by the Board in accordance with Section 129.06, *Florida Statutes*.
6. Formal budgetary integration is used as a management control device during the year for all governmental funds of the Board.
7. Budgets for the governmental fund types are adopted on a basis consistent with accounting principles generally accepted in the United States of America.

Applicable budgets of Constitutional Officers are controlled by appropriations in accordance with budgetary requirements set forth in the *Florida Statutes*.

Cash and Investments

Cash includes amounts in demand deposits. The Board's investments consist of U.S. Government obligations, money market funds, municipal bonds, and commercial paper of prime quality and are reported at fair value.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Cash and Investments (continued)

In accordance with the provisions of GASB Statement No. 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools*, investments of the Board are reported at amortized cost, which approximates fair value.

During the 2014-2015 fiscal year, the Board invested in four different investment pools: the Special Purpose Investment Account (SPIA) within the Florida Treasury Investment Pool (the Pool) administered by the Florida Department of Financial Services, as authorized by Section 17.61(1), *Florida Statutes*; The Florida Local Government Investment Trust (FLGIT), a local government investment pool developed through the joint efforts of the Florida Association of Court Clerks (FACC) and the Florida Association of Counties (FAC); The Florida Municipal Investment Trust (FMIVT), administered by the Florida League of Cities, Inc. The FMIVT is an Authorized Investment under Section 163.01, *Florida Statutes*; and the Local Government Surplus Funds Trust Fund (LGSF), administered by the Florida State Board of Administration (SBA) as authorized by Section 218.415 (17), *Florida Statutes*; and Florida PRIME, administered by the Florida State Board of Administration (SBA). Florida PRIME is not a registrant with the SEC; however, the SBA has adopted operating procedures consistent with the requirements for the SEC Rule 2a-7 fund.

The Board liquidates and reallocates investments throughout the year depending on whether the external pools authorized by *Florida Statutes* or the interest bearing accounts with approved public depositories provide the most favorable interest rates.

Receivables

Receivables are shown net of an allowance for uncollectibles. As the receivables age, the allowance increases. The emergency medical services allowance used for 2015 is equal to 67% of current year billings.

Short-Term Interfund Receivables/Payables

During the course of operations, numerous transactions occur between individual funds for services rendered or goods provided resulting in receivables and payables that are classified as “due from other funds” or “due to other funds” on the balance sheet.

Inventories

Inventories in the General Fund and Internal Service Funds consist of expendable office supplies. The office supplies are valued at the average unit cost and are accounted for under the consumption method whereby the cost is recorded as an expenditure at the time of issuance to the user department.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Restricted Assets

Investments that are held in escrow in accordance with the Florida Administrative Code requirement for landfill closure and post-closure costs are shown as restricted in the Enterprise Fund.

Capital Assets

Capital assets purchased in the governmental fund types are recorded as expenditures (capital outlay) at the time of purchase. Such assets are reported as capital assets in the Statement of Net Position as part of the county-wide basic financial statements. The Board does not record depreciation of these assets on its governmental fund financial statements, although depreciation is recorded for such assets in the county-wide financial statements. Donated assets are recorded at fair market value at the date of donation. Accounting policies for capitalization and depreciation of infrastructure assets including roads, bridges, curbs, gutters, and sidewalks are described in the county-wide financial statements. A summary of capital assets purchased by the Board's governmental funds is provided in Note 4.

Fixed Assets

Fixed assets acquired in the Proprietary Funds are capitalized at cost. Gifts or contributions are recorded at fair market value at the time received. Depreciation on property and equipment in the Proprietary Funds is computed using the straight-line method over the estimated useful lives. The Board follows the policy of capitalizing interest as a component of the cost of proprietary fund type fixed assets constructed for its own use.

The general fixed assets used in the operations of the Board, Property Appraiser, Tax Collector, Clerk of the Circuit Court, and Supervisor of Elections, and the real property used by the Sheriff are accounted for by the Board, as the Board holds legal title and is accountable for them under Florida law.

Liability for Compensated Absences

The Board accrues a liability for employees' rights to receive compensation for future absences when certain conditions are met. The Board does not, nor is it legally required to accumulate expendable available financial resources to liquidate this obligation. Accordingly, the liability for the compensated absences is not reported in the governmental funds. However, the current and long-term portion of the liability for compensated absences is reported on the county-wide Statement of Net Position for Leon County, Florida.

Other Postemployment Benefits

The Board, through Leon County, offers retiree medical and life insurance benefits for qualifying Board employees that have retired from a Florida Retirement System (FRS) pension plan.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Executive Service Plan

Executive service and senior management employees of the Board are entitled to severance pay if terminated from employment. If there is a contract or employment agreement, severance pay may not exceed an amount greater than twenty weeks of compensation. If there is no contract, severance pay is limited to six weeks.

Net Position and Fund Balances

Net Position is the difference between fund assets and liabilities on the government-wide, proprietary, and fiduciary fund statements. Fund Balance is the difference between assets and liabilities on the governmental fund statement.

For financial reporting purposes, County policy defines the five fund balance classifications for governmental funds and the order that the resources are used.

Nonspendable Fund Balance - Balances are comprised of funds that cannot be spent because they are either not in spendable form or are legally or contractually required to be maintained intact.

Restricted Fund Balance - Balances are comprised of funds that have legally enforceable constraints placed on their use or those funds that have externally-imposed restrictions by resource providers or creditors, grantors, contributors, voters, or interlocal agreement, or enabling legislation.

Committed Fund Balance - Balances are comprised of unrestricted funds used for specific purposes pursuant to constraints imposed by formal action such as ordinances, resolutions, or legislation of Leon County and that remain binding unless removed by a majority vote of the Board of County Commissioners.

Assigned Fund Balance - Balances are comprised of unrestricted funds informally constrained by a majority vote of the Board of County Commissioners, or by a designated county officer, in a manner that reflects the County's use of those resources such as appropriations of fund balance at year end or at the beginning of the new fiscal year.

Unassigned Fund Balance - Balances are comprised of the residual of the unrestricted funds in the General Fund and are not nonspendable, restricted, committed, or assigned. Other fund types can only report a negative unassigned residual amount.

The County's policy is that available resources will be spent in the following order: restricted, committed, assigned, and unassigned.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 1. Accounting Policies (continued)

Common Expenses

Certain expenses that are common to the Board and all Constitutional Officers are reported as expenditures of the Board and, therefore, are not budgeted by or allocated to the other Constitutional Officers. These are:

- Occupancy costs
- Property insurance
- Utilities (except telephone), and
- Janitorial service

Operating Transfers

The Board funds a portion or, in certain instances, all of the operating budgets of the County's Constitutional Officers. The payments by the Board to fund the operations of the Constitutional Officers are recorded as operating transfers out on the financial statements of the Board and as operating transfers in on the financial statements of the Constitutional Officers. Repayments to the Board are recorded as operating transfers out on the financial statements of the Constitutional Officers and as operating transfers in on the financial statements of the Board.

Use of Estimates

The preparation of the special-purpose financial statements is in conformity with accounting practices prescribed by the State of Florida, Office of the Auditor General, and requires management to make use of estimates that affect the reported amounts in the special-purpose financial statements. Actual results could differ from estimates.

Note 2. Property Taxes

Under Florida Law, the assessment of all properties and the collection of all county, municipal, special taxing districts, and school board property taxes are consolidated in the offices of the County Property Appraiser and County Tax Collector. The laws of Florida regulating tax assessments are also designed to assure a consistent property valuation method statewide. State statutes permit counties to levy property taxes at a rate of up to 10 mills. The tax levy of Leon County is established by the Board prior to October 1 of each year. The millage rate collected by the Board during the current fiscal year was 8.314 mills. County citizens were also assessed for emergency medical services through a Municipal Services Taxing Unit at a millage rate of 0.5000 mills. For County citizens charged a special assessment, the required annual payment is included on their tax bill.

All property is reassessed according to its fair market value as of January 1 of each year. Each assessment roll is submitted to the Executive Director of the State Department of Revenue for review to determine if the rolls meet all of the appropriate requirements of *Florida Statutes*.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 2. Property Taxes (continued)

All taxes are due and payable on November 1 of each year, or as soon thereafter as the assessment roll is certified and delivered to the Tax Collector. All unpaid taxes become delinquent on April 1 following the year in which they are assessed. Discounts are allowed for early payment at the rate of 4% in the month of November, 3% in the month of December, 2% in the month of January, and 1% in the month of February. The taxes paid in March are without discount. No accrual for the property tax levy becoming due in September 30, 2015 is included in the accompanying financial statements, since such taxes are collected to finance expenditures of the subsequent period.

On or prior to June 1, following the tax year, tax certificates are sold for all delinquent taxes on real property in accordance with the laws of Florida. After sale, tax certificates bear interest of 18% per year or at any lower rate bid by the buyer. Application for a tax deed on any unredeemed tax certificates may be made by the certificate holder after a period of two years.

Delinquent taxes on personal property bear interest at 18% per year until the tax is satisfied either by seizure and sale of the property or by the seven-year statute of limitations. Since tax certificates were sold for substantially all current year delinquent property taxes, there were no material property taxes receivable at September 30, 2015.

Note 3. Cash and Investments

As of September 30, 2015, the value of the Board's deposits and investments, with their respective credit ratings, was as follows:

	<u>Fair Value</u>	<u>Credit Rating</u>	<u>Duration</u>
Deposits in Qualified Public Depositories	\$ 21,880,830	NA	NA
External Investment in Government Pools:			
Florida State Treasury Special Purpose Investment Account (SPIA)	39,013,024	A+f	2.51
Florida Local Government Investment Trust Government Fund (FLGIT)	10,021,740	AAAf	1.42
Florida Municipal Investment Trust (FMivT) 1-3 Year High Quality Bond Fund	55,706	AAA/V2	1.34
Florida PRIME Investment Pool	502,372	AAAm	0.08
Externally Managed Portfolio:			
Money Market	143,824	AAA	NA
U.S. Treasuries	29,202,207	AA+	1.76
Government Sponsored Agencies:			
Federal Home Loan Mortgage Corp	4,315,996	AA+	1.29
Other Government Sponsored Agencies	7,706,610	AA+	2.06
Collateralized Mortgage Obligations	3,576,618	AA+	1.63
MBS	5,534,130	AA+	1.68

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 3. Cash and Investments (continued)

	<u>Fair Value</u>	<u>Credit Rating</u>	<u>Duration</u>
Corporate Bonds	10,749,034	A	1.49
Corporate Bonds	4,646,886	A-	1.14
Corporate Bonds	3,983,981	AA	0.61
Municipal Bonds	1,918,213	AA	1.67
Asset-backed Securities	<u>6,528,643</u>	AAA	1.11
Total Cash and Investments	<u>\$ 149,779,814</u>		

The amounts above exclude cash on hand and amounts held by third parties in trust for the Board, but includes accrued interest of \$233,687.

Credit Risk

The Board Investment Policy provides a structure for the portfolio that is designed to minimize credit risk. The majority of the securities held will be those of the highest available credit quality ratings. Staff will notify the Investment Oversight Committee (IOC) at any time holdings drop below the minimum credit ratings specified in the policy. The IOC will consider the market environment and make recommendations to hold and continue to monitor the investments or liquidate the investments. To further limit the Board's risk against possible credit losses, a maximum of 3% of the total portfolio managed by the Board's external manager may be held at any one time in all securities of any corporate entity, inclusive of commercial paper, medium term notes, or corporate notes and bonds. The Policy provides that 45% of the external portfolio may be invested in Federal instrumentalities, with a limit of 15% of the portfolio in any one issuer.

Section 218.415(16), *Florida Statutes*, stipulates the state-approved investment policy for all governmental entities and includes the following investments:

1. The Local Government Surplus Funds Trust Fund or any authorized intergovernmental investment pool.
2. Securities and Exchange Commission (SEC) registered money market funds with the highest credit quality rating from a nationally recognized rating agency.
3. Interest-bearing time deposits or savings accounts in qualified public depositories.
4. Direct obligations of the U.S. Treasury.
5. Federal agencies and instrumentalities.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 3. Cash and Investments (continued)

Credit Risk (continued)

6. Securities of, or other interests in, any management type investment company or trust registered under the Investment Company Act of 1940, where the investment portfolio is limited to United States Government Obligations.
7. Other investments authorized by law or by ordinance for a county or a municipality.

In addition, Section 17.61(1), *Florida Statutes* permits organizations created by the Florida Constitution to participate in the existing State Treasury Investment Pool “Special Purpose Investment Account (SPIA).”

The Board’s Investment Policy limits credit risk by restricting authorized investments to the following: Local Government Surplus Funds Trust Fund, State of Florida Special Purpose Investment Account, direct obligations of the United States or its agencies and instrumentalities, direct obligations of states and municipalities, repurchase agreements, commercial paper, bankers’ acceptances, money market mutual funds, the Florida Local Government Investment Trust (FLGIT), and the Florida Municipal Investment Trust (FMIvT).

The Chief Financial Officer for the State of Florida (formerly the State Treasurer) has been investing state revenues, excess revenues of state universities and community colleges and certain other public agencies in a commingled investment portfolio for several years. This program is authorized under Section 17.61(1), *Florida Statutes* and is called the Treasury Special Purpose Investment Account (SPIA).

Historically, SPIA participants have received higher earnings reflecting the higher risk associated with the longer maturities and lower credit quality. The financial details and disclosures for the Treasury Investment Pool are made in Note 2 to the State of Florida Comprehensive Annual Financial Report (CAFR). The Florida Treasury Investment Pool is rated by Standard and Poor's. The rating as of September 30, 2015 was A+f. Investments in this pool are limited to a maximum of 50% of the portfolio. A copy of SPIA's most recent financial statements can be found at http://www.fltreasury.org/fs_01.html.

The FLGIT is a local government investment pool created by the Florida Association of Court Clerks and Controllers, and the Florida Association of Counties for the purpose of providing public entities with an investment program that focuses on longer term securities with the highest credit ratings. The effective maturity of the underlying investments is five years or less. At year end, the FLGIT was invested in treasury notes, corporates, asset-backed securities, and Federal agency obligations. This investment type is subject to some market risk due to fluctuating prices and liquidity risk due to advance redemption notification requirements. However, it has a professional investment advisor and an investment advisory board, and provides diversity in the Fund’s portfolio. The FLGIT maintains a credit rating of AA Af by Standard & Poor’s. Investments in this pool are limited to a maximum of 15% of the portfolio. A copy of FLGIT's most recent financial statements can be found at <http://www.floridatrusionline.com/about>.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 3. Cash and Investments (continued)

Credit Risk (continued)

The FMIvT is a similar investment pool operated by the Florida League of Cities. Its rating, investment parameters, and liquidity generally mirror those of the FLGIT. The 1 to 3 Year High Quality Bond Fund is designed to provide an investment pool alternative to those Members that have excess funds and that have an investment horizon greater than that of money market instruments. The investment objective is: 1) to preserve capital; 2) achieve a total rate of return that exceeds the return of T-Bills by 1% per year over rolling three-year periods; and 3) exceed the return of the Merrill Lynch One-to-Three-year Government Index over three-year periods. The Portfolio will generally invest in securities with greater potential returns and risk than those offered by money market type instruments. Due to the fact that the Portfolio will be investing in securities with an average maturity of approximately two years, increases in interest rates will cause declines in the net asset value of the Portfolio. Therefore, the Portfolio may be an inappropriate investment for funds required to meet short-term needs. The portfolio is managed by Atlanta Capital Management and maintains a AAA/V2 rating from Fitch. Investments in this pool are limited to a maximum of 15% of the portfolio.

The Florida PRIME is an external investment pool that is administered by the Florida State Board of Administration (SBA). Florida PRIME is not a registrant with the SEC; however, the SBA has adopted operating procedures consistent with the requirements for the SEC Rule 2a-7 fund. Florida PRIME is governed by Chapter 19-7 of the Florida Administrative Code, which identifies the Rules of the SBA. These rules provide guidance and establish the general operating procedures for the administration of Florida PRIME. Additionally, the State of Florida, Office of the Auditor General performs the operational audit of the activities and investments of the SBA. Throughout the year and as of September 30, 2015, Florida PRIME contained certain floating rate and adjustable rate securities that were indexed based on the prime rate and/or one and three-month LIBOR rates. These floating rate and adjustable rate securities are used to hedge against interest risk and provide diversification to the portfolio. Investments in this pool are limited to a maximum of 50% of the portfolio. The current rating for the Florida PRIME is AAAM by Standard and Poors. A copy of Florida PRIME's most recent financial statements can be found at <http://www.sbafla.com/prime/Audits/tabid/582/Default.aspx>.

Custodial Credit Risk

Custodial credit risk is the risk that, in the event of a bank failure or the failure of the counterparty, the government's deposits may not be returned to it, or may not be able to recover the value of its investments that are in the possession of an outside party.

Qualified public depositories of public funds are required to provide collateral each month pursuant to Section 280.04, *Florida Statutes*. The collateral is held by the Florida Division of Treasury or other custodian with full legal rights maintained by the Florida Division of Treasury to transfer ownership. Any loss not covered by the pledged securities and deposit insurance would be assessed by the Florida Division of Treasury and paid by the other public depositories. The County's deposits are therefore considered fully insured or collateralized. Bank balances at September 30, 2015, were \$24,004,314.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 3. Cash and Investments (continued)

Custodial Credit Risk (continued)

Due to the nature of the County's cash and investments, management believes there is no exposure to custodial credit risk and concentration of credit risk.

Interest Rate Risk

Interest rate risk is the risk that changes in interest rates will adversely affect the fair market value of investments. The County's actual portfolio will have a duration range of 0.5 years to 2.5 years. Unusual market or economic conditions may mandate moving the portfolio outside of this range. The Investment Oversight Committee will be convened and will approve any portfolio duration outside of the range specified above. The effective duration of investments is listed in the preceding table.

The externally managed portfolio totaled \$78,306,142 at September 30, 2015, and was invested for a weighted average term of approximately 1,210 days, as compared to a weighted average term of 1,405 days in fiscal year 2014. The County requires a minimum balance of short term investments. The portfolio shall maintain in liquid investments (defined as repurchase agreements purchased under the terms of the County's depository contract, open repurchase agreements, negotiable certificates of deposit, banker's acceptance, commercial paper, U.S. Treasury direct and agency obligations, money market funds, all having a maturity of 90 days or less, and SPIA) a minimum balance equal to one-twelfth of the current fiscal year's budgeted operating expenditures. The Board was in compliance with this requirement.

Foreign Currency Risk

The County contributes to the Florida Retirement System (FRS), the investments of which are administered by the State Board of Administration. The FRS's investment policy and exposure to foreign currency risk is disclosed in Note 3 of the State of Florida Comprehensive Annual Financial Report. A copy of this report is available at http://www.myfloridacfo.com/aadir/statewide_financial_reporting/index.htm.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 4. Fixed Assets

A summary of changes in fixed assets and depreciation for the year ended September 30, 2015, follows:

	<u>Beginning Balance</u>	<u>Additions</u>	<u>(Reductions)</u>	<u>Ending Balance</u>
Governmental activities:				
Land	\$ 20,891,310	\$ 0	\$ 0	\$ 20,891,310
Improvements other than buildings	21,510,494	1,892,179	(649,902)	22,752,771
Buildings and improvements	216,727,163	419,956	0	217,147,119
Equipment	57,595,529	6,468,115	(5,232,292)	58,831,352
Construction in progress	9,647,204	8,209,480	(2,236,987)	15,619,697
Totals at historical cost	<u>\$ 326,371,700</u>	<u>\$ 16,989,730</u>	<u>\$ (8,119,181)</u>	<u>\$ 335,242,249</u>

Depreciation on capital assets used in governmental activities is recorded in the county-wide financial statements of Leon County.

	<u>Beginning Balance</u>	<u>Additions</u>	<u>(Reductions)</u>	<u>Ending Balance</u>
Business type activities:				
Land	\$ 1,809,844	\$ 0	\$ 0	\$ 1,809,844
Buildings, improvements, and construction in progress	20,534,898	694,942	0	21,229,840
Equipment	5,491,521	491,204	(512,208)	5,470,517
Totals at historical cost	<u>27,836,263</u>	<u>1,186,146</u>	<u>(512,208)</u>	<u>28,510,201</u>
Less accumulated depreciation for:				
Buildings and improvements	(12,078,603)	(609,537)	0	(12,688,140)
Equipment	(3,097,088)	(358,897)	413,866	(3,042,119)
Total accumulated depreciation	<u>(15,175,691)</u>	<u>(968,434)</u>	<u>413,866</u>	<u>(15,730,259)</u>
	<u>\$ 12,660,572</u>	<u>\$ 217,712</u>	<u>\$ (98,342)</u>	<u>\$ 12,779,942</u>

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 5. Long-Term Debt

A. A summary of changes in the long-term debt of the Board follows:

	<u>Balance October 1, 2014</u>	<u>Additions</u>	<u>(Reductions)</u>	<u>Balance September 30, 2015</u>	<u>Due Within One Year</u>
Long-Term Debt					
Special revenue debt:					
Capital Improvement Revenue					
Refunding Bonds, Series 2005	\$ 20,040,000	\$ 0	\$(20,040,000)	\$ 0	\$ 0
Capital Improvement Revenue					
Bonds, Series 2012A	8,267,000	0	0	8,267,000	0
Taxable Capital Improvement					
Revenue Bonds, Series 2012B	12,679,000	0	(162,000)	12,517,000	166,000
Capital Improvement Revenue					
Refunding Bonds, Series 2014	16,200,000	0	(123,000)	16,077,000	126,000
Capital Improvement Revenue					
Refunding Bonds, Series 2015	0	13,692,000	0	13,692,000	6,806,000
Total special revenue debt	<u>57,186,000</u>	<u>13,692,000</u>	<u>(20,325,000)</u>	<u>50,553,000</u>	<u>7,098,000</u>
Note payable	1,695,793	0	(421,604)	1,274,189	437,540
Liability for compensated					
absences	5,374,508	1,868,046	(2,480,234)	4,762,320	1,441,394
Other postemployment benefits	2,759,355	525,927	(92,659)	3,192,623	0
Arbitrage rebate liability	<u>25,000</u>	<u>0</u>	<u>0</u>	<u>25,000</u>	<u>0</u>
	<u>\$ 67,040,656</u>	<u>\$16,085,973</u>	<u>\$(23,319,497)</u>	<u>\$ 59,807,132</u>	<u>\$ 8,976,934</u>

Total interest costs incurred for general long-term debt by the Board, including bond issuance costs, for the year ended September 30, 2015, was \$1,773,117.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 5. Long-Term Debt (continued)

B. A summary of each special revenue debt obligation outstanding at September 30, 2015 is as follows:

	Outstanding at September 30, 2015
<p>\$8,267,000, Capital Improvement Revenue Bonds, Series 2012A, (i) to refund the County's Capital Improvement Revenue Bonds, Series 2003A of which \$7,965,000 was outstanding and maturing in the years 2018 through 2020, and (ii) to pay a portion of the costs of the acquisition of the Bank of America Building, and (iii) the construction of improvements to the Bank of America Building, and (iv) to finance improvements to the County's courthouse and parking garage. The economic gain resulting from the refunding was \$1,279,488. The bonds dated December 20, 2012, bear interest of 1.65% per annum. The interest on the bonds is payable on April 1 and October 1, beginning April 1, 2013. The bond principal matures serially on October 1 of each year for two years beginning October 1, 2019.</p>	<hr style="width: 100%; border: 1px solid black;"/> <p>\$ 8,267,000</p>
<p>\$12,956,000, Taxable Capital Improvement Revenue Bonds, Series 2012B, to, (i) refund the Capital Improvement Revenue Bonds, Series 2003B of which \$12,465,000 was currently outstanding and maturing in the years 2018 through 2019, and (ii) pay a portion of the costs of the acquisition of the Bank of America Building, and (iii) pay capitalized interest and issuance costs on the Series 2012B bonds, and (iii) pay bond issuance costs. The economic gain resulting from the refunding was \$1,405,034. The bonds dated December 20, 2012 and bear interest of 2.22% per annum. The interest on the bonds is payable on April 1 and October 1, beginning April 1, 2013. The bond principal matures serially on October 1 of each year through the final maturity of October 1, 2019.</p>	<p>12,517,000</p>
<p>\$13,692,000 Capital Improvement Revenue Refunding Bonds, Series 2015, (i) refund the remaining portion of the Capital Improvement Revenue Bonds, Series 2005 of which \$20,040,000 was currently outstanding and maturing in the years 2021 through 2025, and (ii) pay issuance costs on the Series 2015 bonds. The economic gain resulting from the refunding was \$585,711. The bonds dated July 31, 2015 and bear interest of 0.83% per annum. The interest on the bonds is payable on April 1 and October 1, beginning April 1, 2016. The bond principal matures serially on October 1 of each year through the final maturity of October 1, 2017.</p>	<p>13,692,000</p>
<p>\$16,200,000 Capital Improvement Revenue Refunding Bonds, Series 2014, (i) refund a portion of the Capital Improvement Revenue Bonds, Series 2005 of which \$41,415,000 was currently outstanding and maturing in the years 2021 through 2025, and (ii) pay issuance costs on the Series 2014 bonds. The economic gain resulting from the refunding was \$1,695,208. The bonds dated July 23, 2014 and bear interest of 2.69% per annum. The interest on the bonds is payable on April 1 and October 1, beginning October 1, 2014. The bond principal matures serially on October 1 of each year through the final maturity of October 1, 2025.</p>	<p>16,077,000</p>

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 5. Long-Term Debt (continued)

**Outstanding at
September 30,
2015**

The Capital Improvement Revenue Bonds, Series 2012A, the Capital Improvement Refunding Revenue Bonds, Series 2005, and Taxable Capital Improvement Revenue Bonds, Series 2012B are parity bonds payable from and secured by a lien upon certain non-ad valorem revenue. The pledged revenues include the Local Government Half-Cent Sales Tax, Guaranteed Entitlement, Second Guaranteed Entitlement, and additional State Revenue Sharing Funds (less the Guaranteed Entitlement and the Second Guaranteed Entitlement).

Total Special Revenue Bond Obligations

\$ 50,553,000

Note Payable:

SunTrust Equipment Finance & Leasing Corp

On November 18, 2005, the Board borrowed \$4,466,238, (including \$3,986,522 tax exempt, and \$479,686 taxable), under provision of Section 489.145 Florida Statutes. Interest rates are 3.74% and 5.85% for the tax exempt and taxable portion, respectively. The proceeds were used to purchase energy savings equipment. The taxable portion matured on May 18, 2008, and the tax-exempt portion matures on May 18, 2018.

\$ 1,274,189

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 5. Long-Term Debt (continued)

C. A Schedule of Debt Service Requirements, including principal and interest, is as follows:

	Year ending September 30,				
	2016	2017	2018	2019	2020
Capital Improvement Revenue Refunding Bonds, Series 2015	\$ 6,938,900	\$ 6,943,154	\$ 0	\$ 0	\$ 0
Capital Improvement Revenue Bonds, Series 2012A	136,406	136,406	136,406	1,441,406	7,076,871
Taxable Capital Improvement Revenue Bonds, Series 2012B	443,877	443,192	6,938,441	5,636,411	0
Capital Improvement Revenue Refunding Bonds, Series 2014	558,471	559,082	558,585	559,007	558,322
Note payable	484,514	484,514	484,514	0	0
Total Debt Service	<u>\$ 8,562,168</u>	<u>\$ 8,566,348</u>	<u>\$ 8,117,946</u>	<u>\$ 7,636,824</u>	<u>\$ 7,635,193</u>
			Total	Less	Principal
	2021-2025	2026-2028	Payments	Interest	Principal
Capital Improvement Revenue Refunding Bonds, Series 2015	\$ 0	\$ 0	\$13,882,054	\$ 190,054	\$13,692,000
Capital Improvement Revenue Bonds, Series 2012A	0	0	8,927,495	660,495	8,267,000
Taxable Capital Improvement Revenue Bonds, Series 2012B	0	0	13,461,921	944,921	12,517,000
Capital Improvement Revenue Refunding Bonds, Series 2014	16,676,780	0	19,470,247	3,393,247	16,077,000
Note payable	0	0	1,453,542	179,353	1,274,189
Total Debt Service	<u>\$16,676,780</u>	<u>\$ 0</u>	<u>\$57,195,259</u>	<u>\$ 5,368,070</u>	<u>\$51,827,189</u>

D. Refunded Obligations

The Board has refunded certain obligations by placing amounts into an escrow account which will be invested so that the accumulated investment and interest earnings will be sufficient to pay the remaining principal and interest on the refunding obligations as they become due. The refunded obligations are not shown as liabilities of the Board; however, the escrow agreement states that in the unlikely event that the accumulated funds in the escrow accounts are insufficient to meet the required debt service payments, the Board would be required to fund any deficiency.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 5. Long-Term Debt (continued)

At September 30, 2015, \$35,325,000 of outstanding general long-term debt special revenue bonds is considered defeased as follows:

Capital Improvement Revenue Refunding Bonds, Series 2005	<u>\$ 35,325,000</u> <u>\$ 35,325,000</u>
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Note 6. Employees' Retirement Plan

GASB Statement No. 68, *Accounting and Financial Reporting for Pensions*, is effective for all fiscal years beginning after June 15, 2014. This Statement establishes standards for measuring and recognizing liabilities, deferred outflows of resources, and deferred inflows of resources, and expense/expenditures. For defined benefit pensions, this Statement identifies the methods and assumptions that should be used to project benefit payments, discount projected benefit payments to their actuarial present value, and attribute that present value to periods of employee service. As described in Note 1, the financial statements of the Board are fund statements considered to be special-purpose financial statements consistent with accounting practices by the Auditor General, State of Florida. Accordingly, the net pension liability is included at county-wide financial statement level rather than in these Special-Purpose Financial Statements

All full-time employees of the Board are eligible to participate in the Florida Retirement System (FRS). The FRS includes various plans and programs, including a defined benefit pension plan (Pension Plan), which is primarily a cost-sharing, multiple-employer defined benefit public-employee pension plan. Information as to benefits, contribution rates, and vesting requirements by membership category is provided in the county-wide financial statements of Leon County, Florida. Contributions and benefits are established in Section 121.71, *Florida Statutes*.

Participating employer contributions are based upon actuarially determined blended rates established by the State Legislature that are expressed as percentages of annual covered payroll and are adequate to accumulate sufficient assets to pay benefits when due. Prior to July 1, 2011, the FRS was employee noncontributory. Beginning July 1, 2011, employees who are not participating in the Deferred Retirement Option Plan are required to contribute 3% of their salary to the FRS.

The Board also participates in the Retiree Health Insurance Subsidy (HIS) Program, a cost-sharing, multiple-employer defined benefit pension plan established under Section 112.363, *Florida Statutes*. The benefit is a monthly cash payment to assist retirees of state-administered retirement systems in paying their health insurance costs. Additional information regarding benefits is provided in the county-wide financial statements of Leon County, Florida.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 6. Employees' Retirement Plan (continued)

The HIS Program is funded by required contributions from FRS participating employers as set by the State Legislature. Employer contributions are a percentage of gross compensation for all active FRS employees and are reported by employers with monthly payroll reports and included with the amount submitted for retirement contributions. For the fiscal year ended September 30, 2015, the contribution rate was 1.66% of payroll pursuant to Section 112.363, *Florida Statutes*.

The total employer retirement contributions for the fiscal years ended September 30, 2015, 2014, and 2013 were \$3,895,120, \$3,527,043, and \$2,540,719, respectively, which is equal to the required contribution for each year.

The Pension Plan and the HIS Program are administered by the State of Florida Department of Management Services, Division of Retirement. The Division of Retirement issues a publicly available FRS Annual Report that includes financial statements and required supplementary information for the Pension Plan and HIS Program. That report may be obtained by writing to the Division of Retirement, P.O. Box 9000, Tallahassee, Florida 32315-9000, or by calling 850-488-5706.

Note 7. Other Postemployment Benefits

Plan Description

The Board participates in an agent multiple-employer plan administered by Leon County, Florida (the County) under which qualified retired employees are permitted to participate in the health and life insurance benefits program (the Program). The health insurance benefits portion of the Program is considered by the County's insurance provider to be community-rated and, therefore, no Other Postemployment Benefit (OPEB) obligation is calculated for healthcare. The Program may be amended by the Board. A stand alone financial report is not issued for the Program.

Funding Policy

Retired employees and their spouses for their lifetime are eligible for continuation of the benefits offered to active employees and are responsible for paying the required premium contributions.

Annual OPEB Cost and Net OPEB Obligation

As described in Note 1, the Board consists of elected Constitutional Officers of the County. The annual OPEB obligation of Constitutional Officers is recognized in the county-wide financial statements of the County and the obligation associated with each Constitutional Officer is disclosed within the notes of their respective financial statements. The County's OPEB obligation is calculated based on the annual required contribution (ARC) of the employer, an amount actuarially determined in accordance with the guidance provided by Governmental Accounting Standards Number 45, "*Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions*."

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 7. Other Postemployment Benefits (continued)

The ARC represents a level of funding that, if paid on an ongoing basis, is projected to cover normal cost each year and to amortize any unfunded actuarial liabilities (or funding excess) over a period not to exceed 30 years. The following table shows the Board's share of the County's annual OPEB cost, its actual contributions and changes in the Board's share of the County's net OPEB obligation:

Normal cost (service cost for one year)	\$ 199,114
Amortization of unfunded actuarial accrued liability	306,585
Interest on normal cost and amortization	<u>20,228</u>
Annual required contribution	525,927
Interest on net OPEB obligation	110,374
Adjustment to annual required contribution	<u>(153,436)</u>
Annual OPEB cost	482,865
Contributions made	<u>(49,597)</u>
Increase in net OPEB obligation	433,268
Net OPEB obligation at beginning of year	<u>2,759,355</u>
Net OPEB obligation at end of year	<u><u>\$ 3,192,623</u></u>

The Board's share of the County's OPEB cost, the percentage of annual OPEB cost contributed to the plan, and the net OPEB obligation for fiscal year 2015 and the preceding two years is as follows:

<u>Fiscal Year Ended</u>	<u>Annual OPEB Cost</u>	<u>Amount Contributed</u>	<u>Percentage of Annual OPEB Cost Contribution</u>	<u>Net OPEB Obligation</u>
September 30, 2015	\$ 482,865	\$ 49,597	10%	\$ 3,192,623
September 30, 2014	\$ 510,666	\$ 58,372	11%	\$ 2,759,355
September 30, 2013	\$ 517,892	\$ 54,901	11%	\$ 2,307,061

Funded Status and Funding Progress

As of September 30, 2015, the Board's share of the actuarial accrued liability for benefits recognized in the County's financial statements was \$5,513,540, all of which was unfunded. The Board's covered payroll (annual payroll of active employees covered by the plan) was \$34,848,028. The ratio of the Board's actuarial accrued liability to the Board's covered payroll was 16% at September 30, 2015.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 7. Other Postemployment Benefits (continued)

The projection of future benefit payments for an ongoing plan involves estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and the healthcare cost trend. Amounts determined regarding the funded status of the plan and the annual required contributions of the employer are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future.

Actuarial Methods and Assumptions

Projection of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employer and plan members) and include the types of benefits provided at the time of the valuation. The actuarial calculations reflect a long-term perspective and the actuarial methods and assumptions used include techniques that are designed to reduce the effects of short-term volatility in actuarial accrued liabilities and the actuarial value of assets.

For the October 1, 2014 actuarial valuation, the projected unit credit method of funding was used. The objective under that method is to fund each participant's benefits under the plan as they would accrue, taking into consideration the plan's benefit allocation formula. Thus, the total benefit value each participant is expected to become entitled to is broken down into units, each associated with a year of past or future credited service.

The actuarial assumptions included a 4% rate of return based on the estimated long-term investments that are expected to be used to finance the payment of the benefits. In addition, the actuarial assumptions included a 3% salary growth rate. The unfunded actuarial liability is being amortized as a level of percentage of projected payroll on an open basis. The remaining amortization period at September 30, 2015, was 30 years.

Note 8. Risk Management

The County is exposed to various risks of loss related to torts; theft of, damage to and destruction of assets; error and omissions; injuries to employees; and natural disasters. The following is a summary of the County's coverage and exposure relating to the various risks of loss retained as of September 30, 2015.

General Liability

Effective December 15, 2012 the Board purchased commercial insurance for general liabilities from OneBeacon. The Board maintains a \$10,000 deductible with the insurance carrier.

The actuarially determined liability determined below reflects open claims associated with these carriers.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 8. Risk Management (continued)

General Liability (continued)

Changes in the Board's claim liability amount were as follows:

	<u>Beginning of Fiscal Year Liability</u>	<u>Current Year Claims and Changes in Estimates</u>	<u>Claims Payments</u>	<u>Balance at Fiscal Year End</u>
September 30, 2015	\$ 10,281	\$ (586)	\$ 0	\$ 9,695
September 30, 2014	\$ 15,965	\$ (5,684)	\$ 0	\$ 10,281

The claims liability of \$9,695 includes an actuarial valuation for incurred but not reported claims of \$10,000.

Workers' Compensation

The Board maintains a self-insurance Internal Service Fund (the Fund) to account for insurance activities relating to workers' compensation, which is administered by a third-party administrator, Preferred Governmental Claims Solutions. Under this program, the Board absorbs losses up to a maximum of \$500,000 for each claim. At September 30, 2015, the Board had \$67,298 deposited with the third-party administrator for use against future claims. The Board purchases commercial insurance for claims in excess of coverage provided by the Fund. Settled claims have not exceeded the retention level for this commercial coverage in the current year and any of the past five years.

All funds of the Board participate in this program and make payments to the Insurance Service Fund based on payroll exposure in the amounts needed to pay prior and current year claims and to establish a reserve for catastrophic losses. Net position of the Self Insurance Fund is reserved for anticipated future catastrophic losses pursuant to County policy and GASB Statement No. 10.

The actuarially-determined claims liability for workers' compensation of \$3,665,220, which includes incurred but not reported claims of \$2,352,595, reported in the Fund at September 30, 2015 is based on the requirements of Governmental Accounting Standards Board Statement No. 10, which requires that a liability for claims be reported if information prior to the issuance of the financial statements indicates that it is probable that a liability has been incurred as of the date of the financial statements and the amount of the loss can be reasonably estimated.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 8. Risk Management (continued)

Workers' Compensation (continued)

Changes in the Fund's claims liability amount were as follows:

	<u>Beginning of Fiscal Year Liability</u>	<u>Current Year Claims and Changes in Estimates</u>	<u>Claims Payments</u>	<u>Balance at Fiscal Year End</u>
September 30, 2015	\$ 2,781,151	\$ 1,847,069	\$ (963,000)	\$ 3,665,220
September 30, 2014	\$ 2,714,523	\$ 902,628	\$ (836,000)	\$ 2,781,151

Automobile Liability

The Board purchases commercial coverage for automobile liability insurance through the same provider of its general liability insurance. All vehicles are covered for physical damage with a \$1,000 deductible and for liability with a \$10,000 deductible.

All funds of the Board participate in this program and pay premiums to the Insurance Service Fund based on the vehicles used by their personnel. Changes in the Fund's claims liability were as follows:

	<u>Beginning of Fiscal Year Liability</u>	<u>Current Year Claims and Changes in Estimates</u>	<u>Claims Payments</u>	<u>Balance at Fiscal Year End</u>
September 30, 2015	\$ 5,140	\$ (293)	\$ 0	\$ 4,847
September 30, 2014	\$ 36,238	\$ (31,098)	\$ 0	\$ 5,140

The claims liability of \$4,847 includes an actuarial valuation for incurred but not reported claims of \$5,000.

Note 9. Leases

In June 2003, the Board purchased the Bank of America building. There are several noncancellable operating lease agreements for the rental of its building. The lease agreements provide for monthly rentals, which escalate over the lease terms and expire on various dates.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 9. Leases (continued)

Minimum future rentals to be collected under the terms of the lease agreements as of September 30, 2015, are as follows:

<u>Year ending September 30,</u>	<u>Amount</u>
2016	\$ 1,335,720
2017	844,203
2018	471,691
2019	465,601
2020	445,177
2021-2023	<u>149,410</u>
	<u>\$ 3,711,802</u>

In October 2009, the Board purchased the Lake Jackson Oaks Huntington Property. There are several noncancellable operating lease agreements for the rental of its building. The lease agreements provide for monthly rentals, which escalate over the lease terms and expire on various dates. Minimum future rentals to be collected under the terms of the lease agreements as of September 30, 2015, are as follows:

<u>Year ending September 30,</u>	<u>Amount</u>
2016	\$ 253,660
2017	55,735
2018	<u>23,912</u>
	<u>\$ 333,307</u>

Note 10. Other Required Individual Fund Disclosures

Interfund balances in the Governmental Funds primarily represent repayments due from other funds responsible for particular expenditures to the funds that initially paid for them. Interfund balances are due and payable within one year.

Interfund receivable and payable balances at September 30, 2015, are as follows:

<u>Fund</u>	<u>Interfund Receivable</u>	<u>Interfund Payable</u>
General Fund	\$ 97,063	\$ 0
Nonmajor Governmental Funds	0	24,841
Internal Service Funds	0	72,222
	<u>\$ 97,063</u>	<u>\$ 97,063</u>

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 10. Other Required Individual Fund Disclosures (continued)

Each fund has a discrete purpose. However, often, there is a need for one fund to support a portion of another fund's activities. To accomplish this, monies are moved between funds through a process called interfund transfers. Interfund Transfers for the year ended September 30, 2015, consisted of the following:

Transfers to the General Fund from:	
Fine & Forfeiture Fund	\$ 2,400,000
Special Assessment Paving Fund	308,407
Enterprise Fund	<u>28,640</u>
Total Transfers to the General Fund	<u>2,737,047</u>
Transfers to the Grants Fund from:	
General Fund	121,155
Nonmajor Governmental Funds	<u>24,704</u>
Total Transfers to the Grants Fund	<u>145,859</u>
Transfers to the Capital Improvement Fund from:	
General Fund	1,033,500
Nonmajor Governmental Funds	<u>74,334</u>
Total Transfers to the Capital Improvement Fund	<u>1,107,834</u>
Transfers to the Nonmajor Governmental Funds:	
General Fund	15,732,460
Fine & Forfeiture Fund	220,813
Capital Projects Fund	21,830
Other Nonmajor Funds	<u>5,467,366</u>
Total Transfers to the Nonmajor Governmental Funds	<u>21,442,469</u>
Total Transfers to Governmental Funds	<u>25,433,209</u>
Transfers to the Enterprise Fund from:	
General Fund	<u>466,822</u>
Total Transfers to Enterprise Funds	<u>466,822</u>
Total Interfund Transfers	<u><u>\$ 25,900,031</u></u>

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 11. Closure and Post-closure Care Cost

State and federal laws and regulations require the Board to place a final cover on each of its landfill cells when it stops accepting waste and to perform certain maintenance and monitoring functions on each cell for thirty years after closure. Although closure and post-closure care costs will be paid only near or after the date that the landfill stops accepting waste, the Board reports a portion of these costs as an operating expense in each period based on landfill capacity used as of each balance sheet date. The \$10,977,531 reported as landfill closure and post-closure care liability at September 30, 2015, represents the cumulative amount reported to date based on the use of 100% of the estimated capacity of the landfill cells placed in use. These amounts are based on what it would cost to perform closure and post-closure care in 2015 on those cells placed in use. Actual costs may be higher due to inflation, changes in technology, or changes in regulations. The landfill is no longer accepting Class I waste, however it is still accepting residuals from a Class III materials recovery facility and recovered screened materials. Since the landfill is permitted as a single permit, until the entire landfill is closed the Board cannot begin to perform closure and post-closure care.

The Board is required by state and federal laws to make annual contributions to an escrow account to finance a minimum of all closure costs. The Board is in compliance with those minimum requirements, and at September 30, 2015, held investments in the amount of \$7,669,889 for these purposes that are reported as restricted assets on the balance sheet. The Board expects that future inflation costs will be paid from interest earnings on these annual contributions. However, if interest earnings are inadequate or additional post-closure care requirements are determined; these costs may need to be covered by charges to future landfill users or from future tax revenue.

Net income of the landfill fund is accumulated in a reserve for rate stabilization. The fund reported a reserve balance of \$5,320,452 at September 30, 2015. The intent of this reserve is to allow for consistent usage fee charges, construction or acquisition of landfill assets and accumulation of closure and post-closure costs. Because funding for closure and post-closure costs associated with unused capacity of landfill cells is to be derived from future usage fees, the rate stabilization reserve does not represent liquid assets available for that purpose.

Note 12. Component Unit - Housing Finance Authority of Leon County

The Authority had the following bonds outstanding at September 30, 2015, pursuant to its authorization:

	<u>Amount Outstanding</u>
Single Family Mortgage Revenue and Refunding Bonds: Series 1995 A	\$ 65,000
	<u>\$ 65,000</u>

The principal and interest thereon is payable solely from revenues and other amounts derived from the mortgage loans purchased with bond proceeds and certain reserve funds, all of which are administered by trustees. The Authority is not directly or indirectly liable for the collection of the mortgage loans. The principal and interest on the bonds do not constitute an indebtedness, liability, general obligation or pledge of the faith or credit of the Authority, Leon County, the state of Florida, or any municipality or political subdivision thereof.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 13. Commitments and Contingencies

A. Contract commitments:

Grants

The Board is currently receiving, and has received in the past, grants which are subject to special compliance audits by the grantor agency that may result in disallowed expense amounts. Such amounts, if any, constitute a contingent liability of the Board. Accordingly, such liabilities are not reflected within the financial statements.

Long-Term Construction Projects

The Board is committed to various material long-term construction projects at September 30, 2015. These commitments have been included in the 2014-2015 fiscal year budget and the five-year Capital Improvement Program and certain amounts have been reserved in the capital projects fund. Current contracts outstanding as of the report date approximate \$4.1 million.

B. Potential liabilities resulting from litigation:

The Board is a defendant in various lawsuits arising from the normal course of operations. The outcome of these lawsuits is not presently determinable.

On October 1, 2012, the CDA was formed as a separate legal entity by virtue of an Interlocal Agreement between Leon County, Florida, the City of Tallahassee, and the Leon County Sheriff's Office. Subsequent to the CDA's formation and during the course of the CDA providing dispatch services, there have been occasions which have given rise to certain claims and litigation against the CDA itself. At no time has Leon County or the City of Tallahassee been named as a Party Defendant to any of the litigation. To the extent that any Plaintiff or Claimant in this litigation is able to prevail in their claims against the CDA, obtain a Final Judgment against the CDA, it could be covered by the CDA's general liability insurance and would be subject to the statutory mandates of sovereign immunity contained in Florida Statutes, Section 768.28. Thus, should a money judgment be obtained against the CDA, and to the extent it exceeds or is not covered by the CDA's insurance, and to the extent it exceeds the sovereign immunity caps under Section 768.28, and to the extent that the successful Plaintiff seeks a further waiver of the sovereign immunity cap by virtue of filing a Claims Bill in the Florida Legislature, and to the extent that in some year in the future the Florida Legislature actually approves such a Claims Bill, and to the extent that such a Claims Bill requires payment from the CDA which exceeds its existing budgeted funds, then the CDA may seek financial contribution from Leon County and the City of Tallahassee, which the City and the County are not legally obligated to appropriate. Then, to the extent that Leon County and/or the City of Tallahassee chooses to budget and appropriate funds to the CDA to cover the costs set forth in any Claims Bill which is directed to the CDA, then, and only then, would there be a potential financial impact to Leon County and/or the City of Tallahassee.

Board of County Commissioners
Leon County, Florida
Notes to Special-Purpose Financial Statements
Year Ended September 30, 2015

Note 13. Commitments and Contingencies (continued)

C. Encumbrances:

Encumbrances represent commitments related to unperformed contracts for goods or services. They do not constitute expenditures or liabilities. The commitments will be honored in the subsequent year. The Board had \$0 reserved for encumbrances as of September 30, 2015.

Note 14. Subsequent Event

The County has evaluated subsequent events through February 22, 2016, the date the financial statements were available to be issued.

Other Schedules

**Board of County Commissioners
Leon County, Florida**

**Schedule of Receipts and Expenditures of
Funds Related to the Deepwater Horizon Oil Spill**

Year Ended September 30, 2015

<u>Source</u>	<u>Amount Received during the 2014-15 Fiscal Year</u>	<u>Amount Expended during the 2014-15 Fiscal Year</u>
British Petroleum:		
Agreement No. 134036	\$ 746,693	\$0

Note: This schedule does not include funds related to the Deepwater Horizon Oil Spill that are considered Federal awards or State financial assistance. Leon County, Florida did not receive or expend any Federal awards or State financial assistance related to the Deepwater Horizon Oil Spill.

See independent auditors' report.

Internal Control and Compliance Section

Independent Auditors' Report on Internal Control Over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Special-Purpose Financial
Statements Performed in Accordance with *Government Auditing Standards*

September 30, 2015

Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Special-Purpose Financial Statements Performed in Accordance with *Government Auditing Standards*

The Honorable Board of County Commissioners
Leon County, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the discretely presented component unit, each major fund, and the aggregate remaining fund information of the Board of County Commissioners of Leon County, Florida (the Board), which comprise the statement of financial position as of September 30, 2015, and the related notes to the financial statements, which collectively comprise the Board's basic financial statements, and have issued our report thereon dated February 22, 2016.

Internal Control Over Financial Reporting

In planning and performing our audit of the special-purpose final statements, we considered the Board's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the special-purpose financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control. Accordingly, we do not express an opinion on the effectiveness of the Board's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's special-purpose financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency or combination of deficiencies in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The Honorable Board of County Commissioners
Leon County, Florida
Page Two

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Board's special-purpose financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Board's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Board's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

We have issued a management letter to the Board of County Commissioners of Leon County, Florida dated February 22, 2016, presenting certain required disclosures and comments pursuant to the *Rules of the Auditor General*, Chapter 10.550.



Thomas Howell Ferguson P.A.
Tallahassee, Florida
February 22, 2016



Law, Redd, Crona & Munroe P.A.
Tallahassee, Florida

Independent Accountants' Report on Compliance with Section 218.415,
Florida Statutes, Local Government Investment Policies
September 30, 2015

Independent Accountants' Report on Compliance with
Section 218.415, *Florida Statutes*, Local Government Investment Policies

The Honorable Board of County Commissioners
Leon County, Florida

We have examined the Board of County Commissioners of Leon County, Florida's (Board) compliance with local government investment policies provided in Chapter 218.415, *Florida Statutes*, during the year ended September 30, 2015. Management is responsible for the Board's compliance with those requirements. Our responsibility is to express an opinion on the Board's compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining, on a test basis, evidence about the Board's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination on the Board's compliance with specified requirements.

In our opinion, the Board complied, in all material respects, with the aforementioned requirements for the year ended September 30, 2015.

This report is intended solely for the information and use of the Board of County Commissioners of Leon County, Florida and the Florida Auditor General and is not intended to be and should not be used by anyone other than these specified parties.



Thomas Howell Ferguson P.A.
Tallahassee, Florida
February 22, 2016

Law, Redd, Crona & Munroe P.A.
Tallahassee, Florida

Management Letter
September 30, 2015

Management Letter

The Honorable Board of County Commissioners
Leon County, Florida

Report on the Financial Statements

We have audited the special-purpose financial statements of the Board of County Commissioners of Leon County, Florida (Board), as of and for the fiscal year ended September 30, 2015, and have issued our report thereon dated February 22, 2016.

Auditors' Responsibility

We conducted our audit in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, and Chapter 10.550, Rules of the Auditor General.

Other Reports and Schedules

We have issued our Independent Auditors' Report on Internal Control over Financial Reporting and Compliance and Other Matters Based on an Audit of the Special-Purpose Financial Statements Performed in Accordance with *Government Auditing Standards* and Independent Accountant's Report on an examination conducted in accordance with AICPA Professional Standards, Section 601, regarding compliance requirements in accordance with Chapter 10.550, Rules of the Auditor General. Disclosures in those reports and schedule, which are dated February 22, 2016, should be considered in conjunction with this management letter.

Prior Audit Findings

Section 10.554(1)(i)1., Rules of the Auditor General, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding annual financial audit report. There were no findings or recommendations reported in the prior year management letter.

The Honorable Board of County Commissioners
Leon County, Florida
Page Two

Official Title and Legal Authority

Section 10.554(1)(i)4., Rules of the Auditor General, requires that the name or official title and legal authority for the primary government and each component unit of the reporting entity be disclosed in this management letter, unless disclosed in the notes to the financial statements. The name or official title and legal authority for the primary government and each component unit of the reporting entity are disclosed in Note 1 of the Notes to the Special-Purpose Financial Statements. The Leon County Housing Finance Authority, a component unit of Leon County, was authorized pursuant to Chapter 159, Part IV, of the *Florida Statutes* and was created by Leon County Ordinance 80-39.

Other Matters

Section 10.554(1)(i)2., Rules of the Auditor General, requires that we address in the management letter any recommendations to improve financial management. The following recommendation was made.

15-01 Systematic process for back-ups

Our assessment of information technology controls identified that the MIS division does not currently have a formal and comprehensive process for periodically testing the integrity and viability of server and database back-ups. Restores of back-ups were performed to a degree but not in a systematic manner. We recommend that procedures be implemented to systematically restore and test back-ups of IT data, software, and configurations to ensure back-ups are functioning as intended. The plan should be developed using a risk-based approach to guide decisions with regard to selecting which back-ups are to be restored on a test basis and the frequency in which the back-ups are tested. The plan should also provide for assessing the integrity of all back-ups within a defined time period, perhaps annually.

Management's response: We agree with your comment that a systematic and regular test of the backup for the financial system needs to be in a written policy and tested at least annually. We are in the process of developing our policy.

Section 10.554(1)(i)3., Rules of the Auditor General, requires that we address noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but which warrants the attention of those charged with governance. In connection with our audit, we did not have any such findings.

The Honorable Board of County Commissioners
Leon County, Florida
Page Three

Purpose of this Letter

Our management letter is intended solely for the information and use of the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, the Board of County Commissioners of Leon County, Florida and applicable management, and is not intended to be and should not be used by anyone other than these specified parties.



Thomas Howell Ferguson P.A.
Tallahassee, Florida
February 22, 2016



Law, Redd, Crona & Munroe, P.A.
Tallahassee, Florida

Leon County Emergency Medical Services

Standard Operating Guidelines

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LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Attendance & Punctuality
Effective: August 20, 2004
Reviewed: October 2009, December 2012, December 2015
Revision: 2
Pages: 1

I. PURPOSE:

To provide guidelines on absenteeism and punctuality to EMS employees.

II. GUIDELINES:

- Attendance
 - In order to ensure the efficiency and productivity of County operations, regular attendance and arriving at work on time are requirements of continued employment. As a general guideline, missing work three times in a six month period is excessive time missed from work for whatever reason, except as noted below; regardless of whether the absences are excused, unexcused, paid or unpaid. Absences due to Disability Leave, Parental Leave, Compensatory Leave, Administrative Leave or Annual Leave, all which have been scheduled and approved in advance shall not be counted against this standard. Lengthy periods of well documented illness, as well as other unusual circumstances, will be considered in the context of the overall attendance and employment record in applying this standard.

- Punctuality
 - Employees are expected to report to work on time and be ready to work at the beginning of their assigned start time. They are also expected to remain at their work area until the end of their assigned work time. If an employee needs to leave an assigned area for any reason they must first get permission from a supervisor.

 - Two incidents of tardiness in a 6 month period will be considered a tardiness problem. Other factors like the degree of lateness and the reason may be considered. Lateness will not be tolerated and will result in disciplinary action up to and including termination.

 - If an employee is going to be unavoidably late they must notify the on duty System Controller and request them to notify the Shift Supervisor immediately.

 - An employee reporting late for work may be denied the privilege of working that day and will not be permitted to supplement their pay with annual leave.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: EMS Billing Process

CAAS: 104.03.01

Effective: June 1, 2005

Reviewed: March 2009, December 2012, December 2015

Revision: 3

Pages: 3

I. PURPOSE

To provide guidelines for EMS billing and collections.

II. GUIDELINE

Leon County E.M.S. charges all patients for services rendered in accordance with current Federal and State guidelines for E.M.S. billing at the rates established by the Leon County Board of County Commissioners. Leon County E.M.S. will make every effort to collect all money owed to Leon County for services rendered by Leon County E.M.S.

III. PROCEDURE

Responding Crew

The responding crew is responsible for completing a patient care record that accurately describes the services provided to the patient in all instances where the patient is assessed, treated and / or transported. In addition to the patient care information the documentation will include:

- The patient's demographic information including
 - Name
 - Address
 - Date of Birth
 - Social Security number
 - Home telephone number
- The zip code from where the patient was picked up.
- Accurate odometer readings including tenth's of a mile
- Patient's insurance, Medicare and / or Medicaid information including
 - Name of insurance company
 - Name of person primary insured
 - Policy number
 - Group number
 - This information is to be collected on transported patients; it does not need to be collected on Dry Runs/non-transported patients, except when patients have been treated and released.

- On automobile accidents - the automobile insurance for the vehicle in which the patient was a passenger will also be listed and will include:
 - Name of insurance company
 - Name of person primary insured
 - Policy number
 - Group number
 - This information is to be collected on transported patients; it does not need to be collected on Dry Runs/non-transported patients.
- When a transport is a result of a “Baker Act”, the crew will enter “Baker Act” into the insurance section along with the patient’s insurance coverage.

The crew is also responsible for getting *all* patients that are assessed, treated and / or transported to sign the Authorization and Agreement for Emergency Medical Services form or its electronic version. A guarantor may sign for the patient if the patient is unable to sign. If the patient refuses to sign or is unable to sign and there is no guarantor available to sign complete the form and note why it was not signed. If this occurs, document why the form or its electronic equivalent is not signed in the narrative section of the run report as well as in the HEALTH EMS “unable to sign” section.

Electronic paperwork will be submitted by uploading the information into the computer system at the end of each shift. Paper forms shall be placed in the lock box in the crew computer room. County stations will assure security of all paper forms and send them to headquarters with the Shift Supervisor.

Billing Coordinator

The billing coordinator will review all patient care records for completeness and will then transmit the documentation to the contracted billing vendor.

In cases where the patient care records appear to be incomplete the Billing Coordinator will provide the record to the Deputy Chief of Operations for correction. The Deputy Chief will coordinate the corrections with the crew members and provide them with a brief educational session on documentation. Crew members who are found to consistently provide incomplete patient care records will be referred to the appropriate supervisor for Disciplinary Action.

In cases where patient care records are found to be missing insurance information, the Billing Vendor will attempt to make contact with the patient, the receiving hospital and/ or any other entity that may have insurance information and request the information. The insurance information provided will then be added to the patient care record. Crew members who are found to consistently provide incomplete insurance information will be referred to the appropriate supervisor for Disciplinary Action.

Once the patient care record is complete, coded and all attempts have been made to provide insurance information it will be sent to the LCEMS billing vendor for completion of the billing process.

To assure that LCEMS has records of all patients assessed, treated and / or transported, daily dispatch records from the CAD system will be compared to the patient care records received by the Billing Coordinator. Discrepancies will be given to the appropriate supervisor for correction.

The Billing Coordinator will send patient care records to the LCEMS billing vendor in electronic format. The LCEMS billing vendor will provide a confirmation of receipt of the records. The records sent will be reconciled against the receipt of records received to assure that no records were lost in the transfer process. This process will be documented by the Billing Coordinator. When the electronic format is not operating the patient care records will be sent by return receipt registered mail. The Billing Coordinator will document all patient care records sent via mail. The return receipt will confirm that the LCEMS billing vendor has received the patient care records.

The billing coordinator will also facilitate data transfers from receiving facilities and provide the information to the LCEMS billing vendor.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Complaints
CAAS: 102.03.01
Effective: January 2009
Reviewed: December 2012, December 2015
Revision: 3
Pages: 2

I. PURPOSE:

The purpose of this Standard Operating Guideline is to describe the process for handling complaints/concerns received from the public or other agencies. Patient and crewmember safety is the main concern for LCEMS. Any incidents during which safety is compromised must be documented and addressed immediately as referenced in SOG 112.00, Incident Reporting.

II. GUIDELINE:

Leon County EMS will investigate complaints regarding patient care issues involving pre-hospital care providers and or EMS staff. If the complaint/concern is patient care related, a complaint log form shall be completed and the following process will occur:

1. The Medical Director or designate (Deputy Chief of Clinical Affairs in most cases) will review all documentation.
2. Any patient care concerns will be discussed with the prehospital care providers involved.
3. The Medical Director or designate will provide a response to the complainant.
4. A record of all complaints will be maintained by Leon County EMS.

For complaints received by the Leon County EMS that do not involve patient care, a complaint log form shall be completed, entered into the computerized complaint log and take the complainant's contact information and provide it to the on-duty supervisor.

- I. Investigation of incidents
 - A. The on duty supervisor will request that all involved parties complete an incident report.
 - B. Incidents will be investigated immediately by the on-duty supervisor or other Command Staff as deemed necessary.
 - C. Specific attention will be given to all parties involved from their point of view. Additional Incident reports may be requested from other parties involved.
- II. Resolution of incident
 - A. Incidents shall be resolved as soon as all necessary information is obtained and analyzed; it will receive its deserved attention.

Complaints

Effective: January 2009

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- B. The on-duty supervisor will contact the complainant as well as follow up with the crew members in an effort to understand the perspectives of all parties involved and improve their ability to communicate.
- C. If deemed appropriate by the supervisor, the crewmember or persons involved will be counseled and given feedback regarding that specific incident so that future occurrences will not happen. Unless circumstances dictate otherwise, the on duty or acting supervisor of the day will complete all disciplinary action.
- D. A copy of the incident report/complaints will be kept on file in the EMS division. Any additional similar occurrences will be noted as a repeat occurrence and be dealt with on a case by case basis.

III. Tracking and Trending of Complaints

- A. As outlined above, complaints are tracked utilizing a computerized logging system. After appropriate routing to the correct supervisor, the Deputy Chief of Clinical Affairs is charged with reviewing all complaints for trends and making improvements/implementing changes as necessary.
- B. A full review of all customer feedback will be done annually. At that time, complaints will be categorized and trends shall be addressed with assigned continuing educations, memos, or other action as deemed necessary by the Deputy Chief of Operations.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Contacting MIS
Effective: March 21, 2006
Reviewed: March 2006, December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

To provide uniform guidance on who to contact in the event of a problem with a computer, toughbook and / or network.

II. GUIDELINE:

If an employee has difficulty with a computer, toughbook and/or the network make contact with:

1. The MIS representative assigned to EMS. If unavailable call the Help Desk at 606-5500.
2. At all other times contact the on duty supervisor, who will have the contact number of the on-call MIS representative assigned to EMS. As a last resort, the on-duty supervisor may contact the after hours MIS department at 606-5502.
3. All incidents of difficulty shall be reported to the field operations supervisor.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Customer Service

CAAS: 103.01.01

Effective: June 2009

Reviewed: December 2012, December 2015

Revision: 1

Pages: 1

I. PURPOSE:

The purpose of this Standard Operating Guideline is to define the customer base, the customer service goal, and non-discrimination policy regarding provision of service for LCEMS.

II. GUIDELINE:

Recognizing and meeting the needs of our customer base is a vital part of the Leon County EMS mission. It is the guideline of LCEMS that every customer will receive a high level of consistent care and quality service. LCEMS and its employees shall comply with all federal, state, and other applicable laws prohibiting discrimination based on race, color, religion, sex, sexual orientation, national origin, age, or disabled status.

III. CUSTOMER BASE:

The customer base of LCEMS is comprised of the residents of, and visitors to, Leon County and the City of Tallahassee, fellow Emergency Service providers, and fellow Health Care entities and professionals.

LEON COUNTY EMS

Standard Operating Guideline

Title: Policy of Designated Record Sets
Effective: June 2006
Reviewed: December 2012, December 2015
Revisions: 1
Pages: 2

I. PURPOSE:

To provide a guideline that will clearly define the policy on designated record sets

II. GUIDELINE:

To ensure that Leon County EMS Division releases Protected Health Information (PHI) in accordance with the Privacy Rule, this policy establishes a definition of what information should be accessible to patients as part of the Designated Record Sets (DRS), and outlines procedures for requests for patient access, amendment, and restriction on the use of PHI.

Under the Privacy Rule, the DRS includes medical records that are created or used by the County to make decisions about the patient.

III. PROCEDURE:

The DRS should only include HIPAA covered PHI, and should not include information used for the operational purposes of the organization, such as quality assurance data, accident reports, and incident reports. The type of information that should be included in the DRS is medical records and billing records.

The Designated Record Sets

The DRS for any requests for access to PHI includes the following records:

The patient care report or PCR created by EMS field personnel (this includes any photographs, monitor strips, Physician Certification Statements, Refusal of Care forms, or other source data that is incorporated and/or attached to the PCR).

The electronic claims records or other paper records of submission of actual claims to Medicare or other insurance companies.

Any patient-specific claim information, including responses from insurance payers, such as remittance advice statements, Explanation of Medicare Benefits (EOMBs), charge screens patient account statements, and signature authorization and agreement to pay documents.

Medicare Advance Beneficiary Notices, Notices from insurance companies indicating coverage determinations, documentation submitted by the patient, and copies of the patient's insurance card or policy coverage summary, that relate directly to the care of the patient.

Amendments to PHI, or statements of disagreement by the patient requesting the amendment when PHI is not amended upon request, or an accurate summary of the statement of disagreement.

The DRS should also include copies of records created by other service providers and other health care providers such as first responders units, assisting ambulance services, air medical services, nursing homes, hospitals, police departments, coroner's office, etc., that are used by the County as part of treatment and payment purposes related to the patient.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Divisional Compliance

Effective: January 2010

Reviewed: December 2012, December 2015

Revision: 2

Pages: 2

I. PURPOSE:

The purpose of this Standard Operating Guideline is to assist employees in identifying policies and procedures related to compliance and to provide guidance on compliance specific to the EMS Division.

II. GUIDELINE:

Leon County Government strives to maintain the highest ethical standards in the way we serve our customers, conduct business and treat our employees. In doing so, Leon County has established standards of professional conduct and a Code of Ethics that must be adhered to by all employees at all times.

- The following list of County policies relates to employee conduct. It is provided for ease of reference and is not a comprehensive list of all County policies.
 - Policy No. 03-05 – Code of Ethics 1.02.1
 - Section II – Conduct - Leon County Policies and Procedures Manual
- Employees must undergo background checks as outlined in Policy No. 03-11 – Background Investigations 11.01.1. In addition, individuals who are found to have been listed as debarred, excluded or otherwise ineligible for participation in federal health care programs will not be allowed to work in the EMS Division.
- The County has established a compliance phone line (850-606-5304) that employees may use to report incidents of fraud, abuse or unethical conduct they are aware of within Leon County Government operations, such as those outlined within the policies listed. Calls made to this report line are not traced and callers may remain anonymous, and Leon County prohibits retaliatory actions against those who, in good faith, call this line or otherwise report such activities. However, there may be circumstances during the course of an investigation in which a caller’s identity becomes apparent, and reports may be subject to public records requests. This compliance phone line is an additional tool to report fraudulent, abusive or unethical behavior and does not limit other reporting methods such as making a report to a supervisor or the Chief of EMS. Internal staff concerns and disciplinary actions should be addressed through County management and/or human resources’ grievance procedures and not this compliance phone line.

- Any supervisor who is made aware of incidents of fraud, abuse or unethical conduct must immediately report such information to the Chief of EMS. If the supervisor believes a conflict exists by doing so, they may report the incident to higher levels in the chain of command.
- In accordance with Section 12.06.8 of the Leon County Policies and Procedures Manual, an exit interview shall be conducted with all employees terminating employment with the County. Misconduct and incidents of fraud or abuse reported at this time will be treated the same as any other report of same.
- The Federal Anti-Kickback Statute provides criminal penalties for individuals or entities that knowingly and willfully offer, pay, solicit or receive remuneration in order to induce business reimbursed under the Federal and State health care programs. Employees are prohibited from such actions to gain business for the Division.
- The Federal False Claims Act prohibits anyone from knowingly presenting, or causing to be presented, a false or fraudulent claim in order to secure payment from the federal government. Employees are reminded that Standard Operating Guideline 119.00, Patient Care Records and Standard Operating Guideline 102, EMS Billing Process, specifically requires that all information presented in the documentation of the care and transportation of patients to be factual. No employee shall engage in making misleading statements or documentation for any reason, including the purpose of obtaining payments. Additionally, employees are required to accurately obtain appropriate patient signatures and information.

The County utilizes a third party for medical billing. The contract with the third party billing vendor requires that the billing vendor have a corporate compliance program in place and functioning. Additionally, an audit of compliance with OIG standards shall be periodically conducted.

All employees of the EMS Division shall be trained on the compliance standards of the County outlined herein. Initial training shall be conducted during the employee orientation program with each employee receiving annual training.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Employees Volunteering with VFD
Effective: June 2009
Reviewed: December 2012, December 2015
Revision: 1
Pages: 1

I. PURPOSE:

The purpose of this Standard Operating Guideline is to define the role of the LCEMS employee while responding to emergencies as a member of a Leon County based volunteer fire department.

II. GUIDELINE:

The provision of pre-hospital emergency medical care in Leon County is performed under the medical oversight of the medical director. Leon County EMS EMT and paramedic personnel, while on duty for LCEMS, have a duty to act and are governed by LCEMS SOG and Patient Care Protocol. This duty to act is not incumbent on VFD members while responding to a fire related emergency.

III. POLICY:

Employees of the Leon County EMS Division are permitted to respond as a member of a Leon County based volunteer fire department to fire incidents only and are NOT permitted to respond to medical assists.

If, due to extreme extenuating circumstances, you have no choice but to render medical care on the scene of a fire incident you should do so. However in these instances you must report this in writing to the on duty field operations supervisor and record the time worked on your time sheet. Please err on the side of patient safety and care.

LEON COUNTY EMS

Standard Operating Guideline

Title: Equipment & Vehicle Check-in
CAAS: 203.03.02
Effective: June 2009
Reviewed: December 2012, December 2015
Revisions: 2
Pages: 2

I. PURPOSE:

The purpose of this guideline is to define a procedure for checking-in ambulances and equipment at the start of each shift.

II. VEHICLE GUIDELINE:

All employees shall perform a safety check each shift of any vehicle they are assigned to drive. These checks will be documented in Operative IQ on the daily inspection form. .
The safety check will include:

1. Windshield washers and wipers
2. Directional signals / turn signals
3. Tires – check for adequate inflation, damage and tread wear.
4. Lights – all lights must be checked, inside and out, including dash lights. Check both high and low beam headlights.
5. Horn
6. Hydraulic system/ Breaks and Steering – When testing the brakes the engine will be on. They shall be tested by putting the vehicle in gear and applying the brakes to bring the vehicle to a stop. When the pedal is depressed it should move smoothly. When released the pedal should return to the raised position. When stopping there should not be any pulling to either side, grinding sounds or return pressure felt in the brake pedal. If brakes fade or any of the above symptoms are noted immediately notify Logistics or the Shift Supervisor and take the unit out of service.
7. Parking brake – The vehicle should not roll either forward or backward when the parking brake is applied.
8. Back-up alarm
9. Emergency lights
10. Sirens

-
11. Date / mileage due of next preventive maintenance. – Vehicles that are found to be due for preventive maintenance will be immediately reported to logistics.
 12. Damage to the vehicle – all employees will complete the vehicle’s damage report when taking responsibility for the vehicle. Upon return of the vehicle it will be inspected for new damage. Damage not previously noted on the vehicle’s damage report will be assumed to have occurred during the employee’s use of the vehicle. If new damage is noted it will be immediately reported in writing to the shift supervisor.
 13. Motor oil
 14. Brake fluid
 15. Power steering fluid – should be checked while the vehicle is on a level surface and when the engine is warm but not running.
 16. Air ride system
 17. Automatic transmission fluid
 18. Cooling system reservoir
 19. Seatbelts – assure they are in proper working order. Buckles must lock into place and release when the button is depressed. Straps must not be ripped, torn or frayed.
 20. Equipment – assure that all equipment is stored and secured in its proper place. Make certain that nothing can loosen and become a “missile” hazard in the event of a quick stop.
 21. Interior temperature- to assure no extreme temperatures have been met which would affect medications.
 22. Reporting Repairs Needed- Refer to SOG 131.00.

III. EQUIPMENT GUIDELINE:

All employees shall perform an equipment check each shift of any vehicle they are assigned to drive. These checks will be documented in Operative IQ. The equipment check shall include a minimum of: proper function of durable medical equipment, adequate supply of all equipment, expiration dates of medications, and documentation of the crew members completing the check. All deficiencies of equipment and vehicle repairs will be reported each shift.

Supply cabinets shall be secured with serial numbered, tamper evident devices. These are entered in and tracked through Operative IQ. Should the seal be found tampered with or any discrepancy found on check in, the crew shall be responsible for checking the contents of the cabinet, resupply as needed, resealing the cabinet, and documenting it in Operative IQ.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: EMS Posts at Fire Stations
Effective: June 1, 2005
Reviewed: March 2005, December 2012, December 2015
Revision: 3
Pages: 2

I. PURPOSE:

To provide guidelines for LCEMS personnel (Fixed Station Units) at rural fire stations.

II. GUIDELINE:

The EMS posts at fire stations are to be kept in a clean and orderly way at all times.

III. PROCEDURE:

1. General Information

- A. All LCEMS personnel shall be professional, courteous and respect all those at the station regardless of what agency they represent.
- B. Each on duty shift is responsible for maintaining their assigned area in a clean and orderly state. LCEMS personnel will assist with station cleaning. All personnel will clean up after themselves and will not leave messes for others to clean. Cleaning will include, but not be limited to:
 - Make beds in the morning
 - Vacuum, sweep and mop station
 - Clean kitchen (including dishes and appliances)
 - Clean bathrooms
 - Dust or vacuum furniture
- C. Any supplies necessary for restocking and maintenance of vehicles or maintenance of rural post will be replaced by the person(s) using them prior to shift change.
- D. LCEMS personnel will complete vehicle check in at the start of their shift. As part of the check in, at or before 0700 Control will be notified via radio channel one of the crew member change. Vehicle check in must be documented in Operative IQ.

- E. In station problems or issues shall be immediately reported to the Shift Supervisor.
- F. LCEMS is a tobacco free Division. Use of tobacco products while on duty is prohibited.
- G. Crews assigned to fire department post locations will remain at that location unless dispatched on a call or posted to assist in city coverage.
- H. LCEMS personnel will sleep in the bed assigned to them. Beds will be stripped and remade at the beginning of the shift, but not at such a time that it will interrupt sleeping personnel. Naps after 12:00 PM are permissible. There shall be no sleeping on furniture other than the beds. Be courteous for others that are sleeping. Keep noise to a minimum. Televisions or any other device that makes noise may not be used in sleep rooms after 11 PM.
- I. All county EMS personnel will assure that radio, pager, and phone access is available at all times that they are at a county station.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Holidays
Effective: June 1, 2005
Reviewed: March 2005, June 2008, December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

To provide guidelines for holiday pay for EMS field employees.

II. GUIDELINE:

- Holidays will be observed on the day the holiday occurs, not necessarily the day observed by the County offices. The holidays will be determined by the Board of County Commissioners.

- Paramedics, EMTs, controllers, dispatchers, or supply technicians scheduled to work on the designated holiday shall be paid double time for working on the holiday for all hours worked on the holiday. The holiday starts at 1200 am - midnight and ends at 1159 pm. All hours worked on the holiday must be documented on the time sheet. Any hours worked over 40 during the work week are eligible for overtime pay at time and one-half.

- If a full-time employee is not scheduled to work, he/she will receive 8 hours of comp time for the holiday.

- Holidays are considered “special days” for scheduling purposes in the TeleStaff system and requests for leave must be approved by a Deputy Chief in advance. Use of sick leave on a “special day,” including holidays, must be accompanied by doctor’s work excuse. Command Staff will designate what days are “special days” each year as needed for scheduling purposes.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Incident Reporting
CAAS: 202.05.01
Effective: January 2004
Reviewed: May 2008, December 2012, December 2015
Revision: 3
Pages: 3

I. PURPOSE:

The purpose of this Standard Operating Guideline is to describe the process for employees to report incidents and unusual occurrences. Patient and crewmember safety is main concern for LCEMS. Any incidents during which this safety is compromised must be documented and addressed immediately.

II. GUIDELINE:

It is the guideline of LCEMS that every patient will receive a high level of consistent care. In addition, LCEMS personnel have the right to work in a safe environment.

III. PROCEDURE:

1. Incidents requiring documentation
 - A. Any incident that is out of the ordinary shall be documented on the Leon County EMS Incident Report. The information provided on the Incident Report may be inappropriate to document on a Patient Care Report.
 - B. The following types of incidents are required to be documented via a Leon County EMS Incident Report.
 - Explanation of delayed response time
 - Job related injuries
 - Dropping a patient
 - Questionable treatment done by other agencies
 - Medication/ treatment errors
 - To be documented on a Blue IQM incident report
 - Responses to complaints for patients or other members of the community
 - Motor vehicle collisions involving ambulances
 - Incidents during which policy or medical protocol had not been followed
 - Unusual occurrences after which Supervising personnel thinks it appropriate to document

- A crewmember may be required by Command Staff to write an incident report in response to an incident report already written by someone else.
 - Some incidents may not be recognized as needing further documentation until after the end of that shift. In this case, a crew member may be required to write the report at a later date/time.
2. Procedure for filling out Incident Reports
- A. Immediately after the incident, the crew member involved will:
- Notify the supervisor that an unusual occurrence has taken place.
 - Access Infor Public Sector to complete the Incident Report.
 - Accurately document the:
 - ✓ Date of incident
 - ✓ Time of incident
 - ✓ Run number
 - ✓ Date report was completed
 - ✓ Location of incident
 - ✓ Description of incident
 - ✓ Printed name of person filling out report
 - ✓ Signature of person filling out report
 - Submit the Incident Report online in Infor Public Sector.
3. Investigation of incidents
- A. Incidents will be investigated immediately by the on-duty supervisor or other Command Staff as deemed necessary.
- B. Specific attention will be given to all parties involved from their point of view. Additional Incident reports may be requested from other parties involved.
4. Resolution of incident
- A. Incidents shall be resolved as soon as all necessary information is obtained and analyzed; it will receive its deserved attention.
- B. For example, after a medication error the crew member involved will be counseled on the proper treatment/dose and be required to do remedial training in that area before returning to work.
- C. In any event, the crewmember or persons involved will be counseled and given feedback regarding that specific incident so that future occurrences will not happen.
- D. A copy of the incident report will be placed in the crewmember's file. Any additional similar occurrences will be noted as a repeat occurrence and be dealt with on a case by case basis.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: LODD Combined Funeral Service Guidelines
Effective: June 2009
Reviewed: December 2012, December 2015
Revision: 1
Pages: 33

I. STATEMENT:

To provide funeral guidelines in the event of a Line of Duty Death of an employee of Leon County EMS and to provide general guidelines following the sudden death of a spouse or child of an employee.

II. GUIDELINE:

These guidelines should not be interpreted to mandate any particular service or procedure, they are however, offered as a guide to assist the survivors in planning a memorial that meets the needs of the surviving spouse or family members.

III. PROCEDURE:

Upon notification of the death of any Leon County EMS employee the following may be applied either in part or whole to facilitate compassionate timely handling of the memorial service and interment. If applicable, use the employees' Line Of Duty Death Questionnaire for guidance.

Line Of Duty Death: Any employee death that results while on duty or while undergoing medical treatment for any injury or disease resulting from such duty. This also includes the death of a department member while traveling in connection with such duty or while engaged in EMS activities while off duty.

Notification

Next of Kin

The importance of the next of kin notification cannot be over-emphasized. This process sets the tone for the difficult times the surviving family will face. Sensitivity and compassion are paramount.

The name of the deceased employee must never be released by the Department before the immediate family is notified. Do not inform neighbors of the death before telling the family. If asked, inform them you need to find the family regarding a medical emergency and ask if they know where the family can be found.

Family notification should be made as quickly as possible to avoid the family receiving a notification from another outside party. The media may employ many unscrupulous tactics to seek out the name of the fallen EMT or Medic. Use all necessary measures to protect the next of kin from unwanted media exposure.

For this reason, a Notification Team must assemble rapidly. The team should consist, if possible, of the Chief (or the highest ranking available Officer), Chaplain, Clergy (Family bishop, Pastor, Minister, etc.), Family Liaison Officer, and a friend of the family or close civilian family friend. Check the employee's Personal Information Packet for their wishes and or recommendations.

If the fallen employee's family lives far enough out of the area as to make the department's notification impractical, the local law enforcement agency in the area should be notified to make an immediate notification.

In the event that the department experiences the loss of more than one member, then multiple notification teams will be assembled and deployed.

Before arriving at the residence, verify the latest information, decide who will speak and what they will say. Because of the emotional circumstances involved, be prepared for the family to strike out and blame the department for their loss.

AGENCY PERSONNEL

EMS Department Members

It is very important that all members of the Department be notified of the death(s) as soon as possible, including those off-duty and vacationing personnel.

In the event of an on-duty death, the external monitoring of communication frequencies may be extensive. Communications regarding notifications should be restricted to the telephone whenever possible. Department personnel should not give out any information about the incident unless it is approved by the Chief or his designee.

For a line-of-duty death, a message, prepared and/or approved by the Chief, should be transmitted to personnel.

For a death other than a line-of-duty, an announcement should be transmitted to personnel.

Media

The line-of-duty death of an EMT or Paramedic is fortunately a rare occurrence for most EMS departments. When it does occur, the media, as well as many others are interested in obtaining as much detailed information as possible. Every effort should be made to provide *essential* facts, but the information provided should be offered only after the next of kin has been notified. Care should be given so that any information critical to an investigation of the incident is not compromised.

The Public Information Officer (PIO), with the approval of the Chief, can arrange for news conferences, written news releases and interviews. Information provided during a news conference should be prepared in advance. A press kit can be prepared that may include Bio(s), pictures, and service information.

The PIO should engage any media well off site so as not to impede command staff or others in

the organization while constantly searching for the “latest” information. It is important that daily operations are not compromised by crowds of information seekers. Law enforcement should be employed to limit access to headquarters by non staff members.

Staff Assignments

In order to provide the best possible tribute to the fallen, it is extremely important for the department to organize effective team(s) to manage all of the related activities. The EMS Chief or in his absence, The Deputy Chiefs of Operations or Administration, has overall responsibility for directing the activities. It is recommended that the Chief assign, as a minimum, individuals to function as: Family Liaison Officer, if not already chosen by the decedent, Public Information Officer, Other assignments or personnel that may be established are Hospital Liaison, Benefits Coordinator, Agency Liaison, Financial Officer, Investigation Team Leader. It is also recommended that these duties be assigned to individuals now, before an incident occurs. This will allow those individuals an opportunity to research and recommend a course of action for the Department to follow prior to an incident. Backup personnel should also be assigned to positions in the event that the principal is unavailable. Generally command staff will fulfill most obligations. Recall of all Command Staff should begin as soon as the event occurs. All members of Command Staff should be familiar with the guiding principals of this policy and have a cursory knowledge of the different job descriptions necessary to stay ahead of the event. Job Description Sheets will serve to remind each of important tasks that should not be overlooked as well as a time line for implementation of each task.

Initial Actions

An emotional and tense situation occurs at an incident with the death, probable death, or injuries severe enough that they will likely lead to the death of a Paramedic or EMT. Actions; however, need to be taken to control the situation and to prepare for the events which will take place. (Refer to – LODD Checklist)

- ❖ ***Don't forget the rest of the incident.***
- ❖ ***Institute a radio discipline policy.***
- ❖ ***Assign a PIO:***
 - Expect a major media event.*
 - Use prepared scripts so that the release of information is concise and accurate.*
 - Schedule press conferences.*
- ❖ ***Begin notifications:***
 - EMT or Paramedic's family;*
 - Chief and an additional representative from the department should notify (in person) the family of death and facts related to the incident. Have an Ambulance unit nearby, but out of sight.*
 - A family Liaison should remain with and/or be available to the family (24hrs) and should be the official conduit for all information to/from the family.*
 - All department personnel*
 - County Administrative staff*
 - Coroner for an autopsy (May be needed later on)*

❖ **Initiate a thorough investigation into the incident:**

Recover & secure all personal and protective equipment
Secure the scene if possible – consider it a possible crime scene
Establish an investigation team – should be separate and distinct from the Law Enforcement investigation team; but, both should work well together.

❖ **Contact support agencies:**

Provide for critical incident stress debriefing and grief counseling for the department.
Public Safety Officers' Benefit Program (PSOB)
Neighboring departments
Local or departmental clergy

Family Notification Suggestions

Next of Kin

Steps to be taken at the residence:

It is recommended to have a Paramedic and LCSO unit standby near the residence, but not in view, especially if there is a known medical problem with an immediate survivor.

At the door identify yourself and ask to come in. (Notification should take place in a private setting.)

When inside, ensure you are notifying the right person (Know everyone's names)

It is important to put all of the known basic facts into one sentence. Make sure the message is absolutely clear and direct.

Begin with, "I have very bad news" or "I am very sorry to tell you."

Let them know what happened, "Your husband, wife or child was killed while responding to an emergency call or on an emergency call." (Use the victim's first name when appropriate.)

Allow the family to express their emotions. Do not try to talk them out of their grief. Also, since this is a very sad time, do not mask your own grief.

Provide only the facts you know, never speculate. Answer all questions honestly. If you cannot answer a question, find the correct answer.

Avoid the following phrases: a) "I know how you feel" b) "It was God's will" c) "Life will go on" d) "He would have wanted to go this way" e) "Be brave" f) "Passed away."

Ask if the Department can assist by notifying immediate family members (parents, brothers and sisters).

Never leave immediately after making the notification. Have at least one member, preferably two members of the Department stay with the family preferably the Family Liaison Officer and one other. (Take 2 cars)

Do not take the victim's personal items with you.

Ask the survivor(s) if they wish to see the deceased employee, even if the body is badly disfigured. People often have a need to see, touch and hold the deceased; otherwise they may be in denial. This is often very helpful in the family grief process. It gives a sense of finality.

If family members wish to see the EMT or Paramedic, arrangements must be made rapidly for viewing if possible. Sensitivity to the family is very important. Provide the best possible environment and avoid delays that heighten the family's anxiety. (Note If the decedent was involved in what may be interpreted by Law Enforcement to be a possible crime scene or criminal investigation, access to the body for viewing by spouse or family members may be

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delayed or denied temporarily, pending evidence collection by forensics teams or the County Medical Examiner)

Offer to transport the family to the location of the viewing, and help prepare them for what they will see. It is highly recommended that the family not drive themselves. If the family insists on driving, a uniformed EMS agency member should accompany them in the family vehicle.

(NOTE: If family members arrive on the scene during on-going operations it is important to identify them and keep them out of the direct flow of operations, particularly if the body is still trapped or on the scene.)

If you transport the family, advise dispatch that you are transporting the relatives and if possible, turn off your radio or switch to an alternate channel. Communicate by phone.

If the Department's Family Liaison Officer is not present at the notification, the family should be given the name prior to the team deployment. Write down their telephone and pager numbers. If possible, this person should already be known by the family.

Advise the family that the Family Liaison Officer will contact them to assist with the necessary arrangements.

Advise the family of possible media calls. Unwanted media exposure will only add to the difficulty of the tragedy. Suggest that a friend of the family screen incoming calls. Offer to be the media spokes person for the family, consider law enforcement standby at the families home.

Assure the family that their wishes are important to the Department.

Advise the family that an autopsy is often required and why it is necessary.

Ensure that the family understands that they do not have to make any immediate decisions regarding services, mortuary, wills, etc. The Department's Family Liaison Officer will be able to provide assistance.

LODD Checklist

- _____ Notification of Department Chief Officers
- _____ Notification of Leon County Risk Management
- _____ Radio Discipline Policy
- _____ Scene Security
- _____ Notification of local law enforcement agencies
- _____ Employee's Personal Information Packet Referenced
- _____ Notification Team Established
- _____ Notification Team - Verification of Information and deceased (Facts Only)
- _____ Notifications:
 - _____ Family
 - _____ Department Members
 - _____ Local Officials
 - _____ Neighboring Departments
- _____ LODD Investigation Team
- _____ Secure Employee's personal gear and safety equipment
- _____ Contact County Coroner & County or State Medical Examiner
- _____ Autopsy Arranged
- _____ Copies of Death Certificate (Minimum of 6 more is better)
- _____ Contact Support Agencies:
 - _____ Leon County EAP
 - _____ CISD Team
 - _____ Bureau of EMS
 - _____ Public Safety Officers Benefit Program
- _____ LODD Staff Assignments
 - _____ Benefits Officer & HR Liaison
 - _____ Financial Officer
 - _____ Funeral Coordinator
 - _____ Family Liaison Officer
 - _____ Church Coordinator
 - _____ Procession Coordinator
 - _____ Cemetery Coordinator
 - _____ Public Information Officer (Prepared media release)
- _____ LODD Supply Kit (mourning bands, bunting, flag, etc.)

Funeral Coordinator

- _____ Notify off-duty personnel.
- _____ Lower department flags to half mast.
- _____ Notify neighboring agencies.
- _____ Notify other City, County departments.
- _____ Collect and secure deceased members personal items for Family Liaison Officer
- _____ Contact support agencies for assistance benefits
- _____ Arrange for duty coverage during funeral

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- _____ Arrange for law enforcement and other departmental assistance during funeral
- _____ Arrange post-funeral meal/reception
- _____ Coordinate all funeral arrangements with staff coordinators and department

Family Liaison Officer

- _____ Notify deceased members family in conjunction with the Chief
- _____ Contact hospital for family visit, if needed
- _____ Coordinate family's funeral desires with department
- _____ Coordinate benefit applications with family
- _____ Arrange for Family's child care as needed
- _____ Make post-funeral follow-ups with family

Church Coordinator

- _____ Coordinate Viewing/Vigil with Funeral Home Director, Family Liaison Officer and department
- _____ Coordinate church services with church/Funeral Home Director, Family Liaison Officer, and department
- _____ Coordinate Department staff roles
- _____ Coordinate Honor Guard
- _____ Coordinate Pallbearers
- _____ Coordinate/assist with services
- _____ Assist participants with arrival/parking/seating

Procession Coordinator

- _____ Coordinate staging areas
- _____ Establish procession route
- _____ Prepare maps/directions, as needed
- _____ Establish/coordinate processional order
- _____ Prepare Department vehicles
- _____ Coordinate staging, traffic control, etc. with law enforcement agencies

Cemetery Coordinator

- _____ Establish placement of personnel and guests
- _____ Coordinate staging, parking and security
- _____ Coordinate standby medical personnel
- _____ Coordinate Flyover with Air Medical Services
- _____ Coordinate flag presentation
- _____ Coordinate Bugler/Bag Piper

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- _____ Coordinate Last Alarm Ceremony
- _____ Coordinate Dispatch Farewell Message
- _____ Notify participants of post-funeral arrangements

Public Information Officer

- _____ Coordinate all media contacts
- _____ Coordinate notifications
- _____ Surrounding Department Information
- _____ Local Public Officials
- _____ Other related State and local organizations
- _____ Set location for off site media staging

Family Liaison Officer (FLO)

The FLO is the primary EMS agency connection with the family – the conduit for all information that flows to/from the family. The FLO should be assigned a department vehicle for the entire funeral process and should be available to the family 24-hours a day by phone or pager.

The FLO should be prepared to discuss all parameters of the funeral process and ceremonies, and to counsel the family in its decisions. These may include, but are not limited to: the internment; wake; funeral home; religious service; cemetery; burial garment (uniform or other); music; eulogy; procession; reception; child/family care. The FLO needs to know what services the Department can and cannot provide.

The Family Liaison Officer should also work with the family to obtain necessary documentation – autopsy reports, birth and death certificates, marriage certificates, military records, and insurance documents. The FLO can assist in coordinating with the Benefits Officer the benefits due the family such as:

- ❖ Public Safety Officers Benefits
- ❖ Pension/retirement systems
- ❖ Local insurance benefits or Life Insurance
- ❖ Workers' Compensation
- ❖ Social Security
- ❖ Veterans benefits
- ❖ State/Federal education benefits
- ❖ Other local, state or regional organizations
- ❖ Setting up a Family Fund through a local bank.

Funeral Coordinator

The Funeral Coordinator is the overall coordinator for the Department's involvement in the

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planning and participation in the funeral, and the after care for the family. This person must be able to effectively communicate with the Department Chief, funeral team members, Department members, and the public. The Funeral Coordinator, or designee, may have these additional duties:

- ❖ Conduct coordination meetings with key personnel as needed.
- ❖ Assure notification of all off-duty and vacationing personnel.
- ❖ Arrange to have flags lowered to half mast.
- ❖ Notify all other County Departments.
- ❖ Notify neighboring Fire Departments.
- ❖ Make appropriate follow-up contacts when the funeral arrangements have been made.
- ❖ Personally collect all of the deceased personal items and forward them to the Family Liaison Officer.
- ❖ Remain a contact person for outside agencies.
- ❖ Make appropriate arrangements for a post funeral meal/reception.
- ❖ Contact support agencies, as appropriate, to arrange for their assistance.
- ❖ Contact appropriate Department personnel to arrange for finalization of paperwork, forms, etc.
- ❖ Contact neighboring departments for purpose of station coverage during the funeral.
- ❖ Contact law enforcement and other agencies for assistance during the funeral.

Church Coordinator

The Church Coordinator assists with all phases of the funeral and/or memorial services. He/she works closely with the Family Liaison Officer to ensure that the needs and desires of the family are being met. Duties may include:

- ❖ Working with the Funeral Home Director to ensure that the family is taken care of appropriately in the planning of the funeral.
- ❖ Determine whether department vehicles will be used as a funeral coach, family transportation, and for the processional.
- ❖ Coordinate with the Honor Guard.
- ❖ Obtaining and delivering to the Funeral Home Director burial clothing from the family or from the Department.
- ❖ Coordinates any formal walk-through of uniformed personnel during the period of viewing.
- ❖ Assists in coordinating the funeral service such as prayers, readings, music, and eulogies.
- ❖ Assists with arrival and seating of EMS department members, visiting departments, dignitaries, friends, and family

Procession Coordinator

It is the responsibility of the Procession Coordinator to coordinate the procession from the funeral service to the cemetery. Duties may include:

- ❖ Coordinating with other departments that will be involved with the procession.
- ❖ The cleaning and preparing of Department vehicles.
- ❖ Establishing staging areas for vehicles and apparatus at both the funeral service and at the cemetery.
- ❖ Determining if agency vehicles will be used.
- ❖ Contacting and working with the Police Liaison Officer in setting up traffic control, directing traffic, and assisting in the staging areas.
- ❖ Determining and placing the procession vehicles in order.
- ❖ Determining the route of the procession, how long the procession will be and if the procession will pass in front of special locations.
- ❖ Providing maps and directions to the service.
- ❖ Assigning personnel to assist in parking cars as well as setting up personal vehicles for the processional.
- ❖ During a walking procession, directing individuals into proper placement.

Funeral Considerations

Decisions regarding the funeral are the responsibility of the family. However, consideration should be given to the individual's wishes, if he/she communicated those wishes before his/her death (Personal Information Packet); the family's religious traditions; and, Emergency Medical Service traditions.

The honors and support provided by the agency may be affected by circumstances surrounding the death, established departmental protocol and the classification (type) of death.

Classifications

LODD - Death occurs as a result of an on-duty incident or is job related.

NON LODD - Death occurs when an active employee is off-duty and not relating to any emergency activities.

Retiree - Death pertains to a retiree of the department.

Employee Spouse or Child- Full departmental support and attendance as available, Dependent on Employee or Family wishes.

Suggested Services for Funeral Types

Listed below are the different types of situations and suggested services which may be offered to the family. The Family Liaison Officer should coordinate the arrangements with the family. The most important item in any situation is that prior approval of any and all funeral services must be given by the family of the deceased. Under no circumstances should assumptions be made.

Suggested Options

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OPTION	LODD	Non LODD	Retiree
American Flag Presentation	X	X	X
Badge Shrouds	X	X	Opt
Flyover	X	Opt	Opt
Alarm Service	X	Opt	Opt
Bugler/Bag Piper	X	Opt	
Color Guard	X	Opt	
Flower Unit	X	X	Opt
Eulogies	X	X	X
Honor Guards	X	Opt	
Vehicle Bunting	X	X	
Active Member Pallbearers	X	Opt	X
Station Bunting	X	X	
Walk Through	X	Opt	

Funeral/Memorial Service Guidelines

LODD – On Duty

All available department personnel to attend in full uniform, including off duty members.

All members will wear a black band over their badges from the time the death is announced until 24 hours after the finish of service. The department may choose to have the shroud remain on the badge for thirty day mourning period.

All department flags will fly at half-staff from the time of the death is announced until at least 24 hours after finish of service, and up to one week after death.

All Honor Guard members will be covered at all times during the performance of their duties.

Seating will be reserved as such that the family is nearest the casket followed by the Pallbearers, the department officers, descending in rank, followed by all other members of the home department. Following that will be all visiting uniformed agencies, from the longest distance traveled to the least traveled. Leon County Commissioners, Administrators, and other dignitaries (from local to most broad (i.e. Federal), will be seated either to the side of the home department, or directly behind the home department.

Upon conclusion of the service, all personnel starting with the Pallbearers, and going further from the casket, will file out, being the first to leave, to assemble outside in preparation of the passing of the casket.

The casket will precede the family filing through the assembled LCEMS EMT's and Paramedics to the Funeral Coach.

Directly behind the casket as it exits the chapel/church will be the immediate family, followed by extended family and all other attendees.

The Pallbearers will then place the casket in the funeral coach.

Non LODD – Off Duty

All available department personnel asked to attend in uniform, including off duty members.

All members will wear a black band over their badges from the time the death is announced until 24 hours after finish of service, and up to one week after death.

All department flags will fly at half-staff from the time of the death is announced until at least 24 hours after finish of service, and up to one week after death.

Seating will be reserved as such that the family is nearest the casket followed by the Pallbearers, any department officers who wish to attend, followed by all other members of the department. Following that will be any visiting uniformed agencies. Any dignitaries will be seated either to the side of all uniformed employees, or directly behind them.

Upon conclusion of the service, all personnel starting with the Pallbearers, and going further from the casket, will file out, being the first to leave, to assemble outside in preparation of the passing of the casket.

The casket will precede the family filing through the assembled LCEMS EMT's and Paramedics to the Funeral Coach.

Directly behind the casket as it exits the chapel/church will be the immediate family, followed by extended family and all other attendees.

The Pallbearers will then place the casket in the funeral coach.

Retiree Death

All available department personnel are encouraged to attend in full uniform, including off duty members.

All members may wear a black band over their badges from the time the death is announced until 24 hours after finish of service.

All Honor Guard members will be covered at all times during the performance of their duties.

Seating will be reserved as such that the family is nearest the casket followed by the Pallbearers, department officers, all other members of the home department, all visiting uniformed agencies, and any applicable dignitaries.

Upon conclusion of the service, all personnel, starting with the Pallbearers, and going further from the casket, will file out, being the first to leave, assembling outside in preparation of the passing of the casket.

The casket will precede the family filing through the assembled LCEMS EMT's And Paramedics to the Funeral Coach.

Directly behind the casket as it exits the chapel/church will be the immediate family, followed by extended family and all other attendees.

The Pallbearers will then place the casket in the funeral coach.

Employee Spouse or Child

While it may not be appropriate or welcomed by the Spouses family members for an agency to participate in a spouse's or child's funeral services, Employee attendance and

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support for the loss of a fellow department members immediate family member is particularly worthwhile and appropriate. Agency members are encouraged to attend in uniform as a sign of respect and support for a fellow agency member. Should the spouse or family request a private service their wishes will be honored.

Guidelines for Processional to, and Assembly at Graveside

LODD – On Duty

Vehicular Procession

It is again the responsibility of the Procession Coordinator to ensure that the order for the vehicular processional is appropriate, as follows, and that Piper(s), Drummer(s), Bugler/Bag Piper and Color Guard are standing by at the cemetery.

- ❖ Lead Car provided by funeral home, containing appropriate Clergy/Department Chaplain
- ❖ Funeral Coach, with Pallbearers, riding inside, or immediately following family in one vehicle if funeral coach
- ❖ Car or Limousine with Immediate Family
- ❖ EMS Chief Car followed by officer cars and dignitary cars
- ❖ Additional Home Department Vehicles
- ❖ Visiting Department Apparatus from the longest distance traveled
- ❖ All other Home Department Personnel, if in personal vehicles
- ❖ All other Visiting Department Personnel, if in personal vehicles
- ❖ All other Miscellaneous Vehicles

Assembly at Graveside

- ❖ The Bugler/Bag Piper/Bag Piper will be approximately 20 feet past the gravesite.
- ❖ Walk of Honor – the members of the home department shall line up on both sides of the path, in an organized fashion from the Coach to the graveside, approximately 10 feet apart with all additional home, and visiting department agencies lining up behind the front row of LCEMS EMT's and Paramedics.
- ❖ Once the agencies are appropriately assembled, the Color Guard if used will line up at the beginning of the Walk of Honor followed by the Clergy/Chaplain.
- ❖ At this point the Pallbearers will remove the casket from the Coach and the Honor Guard will command "Attention". All uniformed agencies will then come to attention, awaiting the command "Present Arms" which will signal the Pallbearers to begin carrying the casket down the Walk of Honor, and all uniformed agencies will salute.
- ❖ The casket will be followed in order by the Immediate Family, the EMS Chief and Officers, and command staff in descending rank, and other dignitaries.
- ❖ Once the casket reaches the gravesite, any selected music may commence. The

- command “Order Arms, Fall In” will be given, instructing the agencies to move from their places in the Walk of Honor, to, directly behind (or across from) the family, who are to be seated directly in front of the casket.
- ❖ The appropriate Clergy/Chaplain then should step forward with the graveside message, which may include the 23rd Psalm.
 - ❖ At the close of the graveside message, the Clergy/Chaplain may then commence with “Let us now pray.” At this time, all are expected to bow their heads in respect.
 - ❖ Once the Clergy/Chaplain has finished his prayer, all personnel will recover, and the Honor Guard will remove the flag from the casket (if used), and fold it for presentation to the family.
 - ❖ The flag will be passed from one member of the honor guard to the honor guard commander, with both members of the honor guard saluting as it passes.
 - ❖ The presentation to the next of kin will be made by the Chief, who will present it as he explains,
“This flag is presented on behalf of a grateful County, as a small token of our appreciation for the honorable and faithful service, and great sacrifice of your loved one.
 - ❖ It is then appropriate for the dispatcher to announce this farewell message.
“The members of Leon County Emergency Medical Service wish to thank (rank and name) for his/her __# years of services to the citizens of Leon County. Although you are gone, you will never be forgotten.”
 - ❖ At the conclusion, the Honor Guard Commander will command “Attention, Present Arms” and the Bugler/Bag Piper will begin to play ‘Taps’ or some other selected tune(s).
 - ❖ At the conclusion of ‘Taps’ the command “Order Arms” will be rendered, and the Uniformed agencies will stand at attention until the family has begun to depart.
 - ❖ Information about the reception or other family desires may be announced.
 - ❖ At this point the Honor Guard Command will command, “Dismissed” concluding the services.

Non LODD Death

Procession

It is again the responsibility of the Procession Coordinator to ensure that the order for the vehicular processional is appropriate, and that the Bugler/Bag Piper is standing by at the graveside.

- ❖ Lead Car provided by funeral home, containing appropriate Clergy/Chaplain.
- ❖ Funeral Coach, with Pallbearers immediately following family in one vehicle
- ❖ Car or Limousine with Immediate Family
- ❖ EMS Chief Car
- ❖ Additional Home Department Vehicles
- ❖ All other Department Personnel
- ❖ All other Vehicles

Assembly at Graveside

- ❖ The Bugler/Bag Piper if used will be standing approximately 20' past the gravesite.
- ❖ At this point the Pallbearers will remove the casket from the Coach and begin carrying the casket to the graveside.
- ❖ The casket will be followed in order by the immediate family and present uniformed employees.
- ❖ Once the casket reaches the gravesite, any chosen music may begin. The appropriate Clergy/Chaplain then should step forward with the graveside message, which may include the 23rd Psalm, depending upon the wishes of the family.
- ❖ At close of the graveside message, the Clergy/Chaplain may then commence with "Let us now pray." At this time, all are expected to bow their heads in respect.
- ❖ Once the Clergy/Chaplain has finished his prayer, all personnel will recover
- ❖ It is then appropriate for the dispatchers to announce this farewell message. *"The members of the Leon County Emergency Medical Service wish to thank _____ (rank and name) for your service to the citizens of Leon County, although you are gone, you will never be forgotten."*
- ❖ At this point the services are concluded.
- ❖ Information about the reception or other family desires may be announced.

Retiree Death

Procession

It is the responsibility of the Procession Coordinator to ensure that the order for the vehicular processional is appropriate, and that the Bugler/Bag Piper is standing by at the cemetery, according to the family's wishes.

- ❖ Lead Car provided by funeral home, containing appropriate Clergy.
- ❖ Funeral Coach, with Pallbearers immediately following family.
- ❖ Car or Limousine with immediate family.
- ❖ EMS Chief Car
- ❖ Additional Department vehicles
- ❖ All other Department Personnel
- ❖ All other vehicles

Assembly at Graveside

- ❖ The Bugler/Bag Piper if used will be positioned 20' past the gravesite, according to the wishes of the family.
- ❖ At this point the Pallbearers will remove the casket from the Coach and begin carrying the casket to the graveside.

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- ❖ The casket will be followed in order by the immediate family and present uniformed employees.
- ❖ The musician may begin playing as they approach from the distance.
- ❖ Once the casket reaches the graveside.
- ❖ The Clergy should then step forward with the graveside message, which may include the 23rd Psalm, depending upon the wishes of the family.
- ❖ At the close of the graveside message, the Clergy may then commence with “Let us now pray.” At this time, all are expected to bow their heads in respect.
- ❖ Once the Clergy has finished his prayer, all personnel will recover.
- ❖ If it is appropriate, according to local custom, for the dispatch to read this farewell message over the radio. *“The members of Leon County Emergency Medical Service wish to thank (rank and name) for his/her ___# years of services to the citizens of Leon County, although you are gone, you will never be forgotten.”*
- ❖ At this point the services are concluded.
- ❖ Information about the reception or other family desires may be announced at this time.

Viewing/Vigil Considerations

The family may desire to have a time for a viewing or vigil. The Department should coordinate its participation with the Family Liaison Officer. Often the family will request Honor Guards be posted at each end of the casket. It is generally proper protocol for the Honor Guards to wear their uniform hat inside the church or mortuary, including the time spent posted alongside the casket. Gloves should also be worn. It would be acceptable for immediate family members to be escorted by Department personnel to and from the viewing. It may be helpful to have members of the Critical Incident Stress Management (CISM) Team available for counseling.

Memorial Service Logistics

There are a number of issues regarding the memorial service that should be taken into consideration:

- ❖ Ensure the facility is large enough to handle the anticipated numbers. You may have to plan for an overflow.
- ❖ The Department may need to coordinate traffic control and parking with other agencies.
- ❖ Work with the family in establishing the program and obtaining speakers for the service.
- ❖ Assist with the printing and distribution of a written program.
- ❖ Coordinate seating arrangements for the family, VIP’s, Department personnel, visiting departments, officials, and civilian friends.
- ❖ Arrange for an adequate PA system.
- ❖ Coordinate music requests from the family with musicians, etc.
- ❖ If services are held outside, arrangements may be required to a tent, chairs, restrooms, water, stage, power, etc.

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- ❖ Rehearsals may be needed for key personnel particularly Pall bearers
- ❖ Coordinate Last Alarm ceremony with dispatch
- ❖ Provide Lat/Lon coordinates and coordinate timing and direction of over flights with air medical services

Recommended Presentation Order for Memorial Service

- ❖ Invocation
- ❖ Prayer
- ❖ Opening remarks/greetings
- ❖ Special music
- ❖ Special reading/clergy remarks
- ❖ Scripture Speakers
 - County Officials
 - State or Federal officials
 - Family representative(s)
 - Department representatives, friends
- ❖ Eulogy – Chief or designated by Deceased
- ❖ Special music
- ❖ Presentations
- ❖ Closing remarks/prayer
- ❖ Last Alarm Ceremony
- ❖ Dismissal instructions

Suggested Presentation of the Emblem

- ❖ The EMS Chief may present the deceased members badge to the family.

(Name of nearest of kin) it is an honor that I have the privilege of presenting to you an emblem of the Department of which our late brother/sister was a member; his/her emblem symbolizes the esteem we held for him/her. May the memory therefore always bring happiness.

Suggested Last Alarm Ceremony

- ❖ Chaplain or Department member can read or recite:

Throughout most of history, an EMT's or Paramedics life has been closely associated with the sounding of an Alarm. As they began their hours of duty, it was the Alarm that started it off. Through the day and night, each Emergency was sounded by an Alarm, which called them to place their lives in jeopardy for the good of their fellow citizens.

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An now our Brother/Sister _____ has completed his/her task, his/her duties well done, and the Alarm Sounds in memory of, and in tribute to his/her life and service.

- ❖ Officer in charge call the department to Attention.
- ❖ Color Guard called to “Present Arms.”

- ❖ *(Signal Alarm tone for 3 sec. Call “Leon (ID#)” 3 times, brief pause, then “No Response” “Silent now and forever more”*

- ❖ Color Guard called to “Order Arms.”
- ❖ End of ceremony

Recommended Program for Internment

- ❖ Assembly
- ❖ “Attention, salute” (command given, ready two, when casket is placed over the grave).
- ❖ Opening prayer
- ❖ Scripture reading
- ❖ Committal reading, closing prayer
- ❖ Taps/ Bag Piper Music
- ❖ Flag folding (NOTE: Flag option for veterans.)
- ❖ Flag presentation by Chief
- ❖ Gun Salute and/or Last Alarm Ceremony
- ❖ Reception/family announcements
- ❖ Attention, dismissed.

Suggested Graveside Services

- ❖ Chaplain or Department member can read or recite:

Reverently we commit the body of our brother/sister to the grave (flames, if cremation) “Earth to Earth” – “Ashes to Ashes” and “Dust to Dust.” Though our brother/sister has passed beyond our mortal view, through our faith in the Almighty we know that we can leave him/her in the hands of the Supreme Chief of the Universe who doeth all things well; who is glorious in His holiness: wondrous in His power; and, boundless in His goodness and love to His children.

Now, my brother/sister, with a firm faith in the almighty, we know we shall meet

you again in His house and until then – my brother/sister – farewell.

May the Almighty bless thee and keep thee; let His face shine upon thee and be gracious to thee; may the Almighty lift up the light of countenance upon thee and give thee peace. AMEN.

Reception Logistics

It is often the Department's responsibility to organize and provide food and refreshments at a reception at the conclusion of the burial service. This will probably take place at a location away from the cemetery. The Funeral Coordinator should assign an individual to coordinate the activity. The following should be taken into consideration:

- ❖ Location site – to ensure site is suitable in size, with adequate parking and adequate facilities.
- ❖ Maps to be passed out at the cemetery
- ❖ Number of anticipated attendees
- ❖ Anticipated starting/closing times
- ❖ Menu and refreshments (provided by Department or catered).
- ❖ Tableware and seating
- ❖ If outside, tents, restrooms, seating
- ❖ If speakers/program, PA and stage
- ❖ Relocation of flowers
- ❖ Department provided transportation for individuals.

Setting Up Memorials

Paying tribute to the fallen coworker is honorable and should be done. Setting up a memorial can also help with the healing process of the family and the Department. Permission should be obtained from family member before setting up the memorial.

There are several ways a memorial can be made – erecting a permanent memorial marker; establishing a trust or scholarship fund (check with the bank for the proper type and number of accounts); annual Department memorial service; and, national memorial service.

Survivors Benefits

The death of an EMT, Paramedic or coworker is often a difficult time for the entire department. Many details and arrangements need to be addressed in a short period of time. One major item which is often overlooked is the identification and completion of the various claim forms that are required to assure the deceased member's family receives the benefits available to them. The department should take the responsibility for

seeing that this is cared for. The benefits available can vary as a result of the circumstances surrounding the cause of death, whether the employee was fulltime, part time, or PRN, prior affiliations and places of employment and locally established benefit options. The Department should research and prepare a listing of the potential benefits available to its members.

Federal Benefits

Public Safety Officers' Benefit (PSOB) Program

The PSOB Program provides a one-time financial benefit to the eligible survivors of public safety officers whose deaths, or permanent and total disability, are the direct and proximate result of a traumatic injury sustained in the line of duty. The total benefit amount is adjusted annually, as of October 1, 2005, the benefit was set at \$283,385.

Following the death of a Paramedic or EMT, the Department needs to identify a departmental liaison with the PSOB Program. The liaison then needs to:

- ❖ Call the PSOB at 1-888-744-6513 (If you need to notify PSOB on an evening or a weekend, leave a message. Be sure to include all of the required information.)
- ❖ Provide accurate, up to date information including,
 - EMS department name and address
 - Liaison's name
 - Phone number for the department and liaison
 - A fax number or mailing address so the PSOB can send the Death Benefits Questionnaire
 - Deceased employee's name
 - Date of the incident and death
 - A brief description of the incident

The department liaison must complete and return the Questionnaire to PSOB immediately. This information is vital. In describing the incident, as much detail as possible should be given; however, do not speculate if the cause of death is not known.

The PSOB will send an information package with a form (Report of Public Safety Officer's Death) that the department must complete and a form (Claim for Death Benefit) that the survivors must complete and sign. With the form the family submits, several original documents will need to be attached (e.g., birth certificate, marriage license, divorce decree, etc.). PSOB will not return items unless specifically requested to.

Upon verification of the claim, the PSOB will notify the next-of-kin of the status of the claim. The Department liaison should be available to provide assistance to the family.

Department of Veterans Affairs

The Department of Veterans Affairs may be able to provide family assistance for veterans in obtaining a burial site, marker and flag. Contact the VA at 1-800-827-1000.

Social Security Administration

Depending on the work history of the deceased employee, and their participation in the Social Security program, his/her family may be eligible for benefits provided by the Social Security Administration (SSA). Assistance can be obtained from regional SSA offices or at www.ssa.gov.

If eligible, survivor benefits may include:

- ❖ A one-time lump-sum payment of \$255.00 is payable to the surviving spouse provided the deceased employee and the spouse were living together at the time of death, or the surviving spouse is entitled to survivor benefits. If there is no surviving spouse, the lump sum is paid to children who are eligible for benefits. Otherwise, the lump sum is not payable.
- ❖ Social Security will pay survivor benefits to a surviving spouse and dependent children. For the spouse to qualify, he/she must be at least age 60, or between the ages of 50 and 59 and disabled, or any age and caring for a child under the age of 16 or a disabled child. Children may qualify for benefits if they are under age 18 (or under age 19, if in high school) or disabled. Dependent parents and former spouses may also qualify for survivor benefits. The amount of the benefit depends on the deceased employee's Social Security earnings and the number of survivors eligible for benefits.

Family Issues How to Help the Family...

From Time of Death through the Funeral

Only promise what you actually can do. Keep all of your promises

- ❖ Notify the Department of Justice of the Death. This will begin the process of reviewing eligibility for the Public Safety Officers' Benefits Program.
- ❖ Work with the family in planning the funeral. *Remember that the family's wishes should always come first.* If they want a private funeral, the department may consider holding a memorial service; however, the family should still be consulted.
- ❖ If there are children in the family, consider creating a special role for them. Offer to assist with lodging or transportation for out of town relatives and friends.
- ❖ Offer to have a member of the department stay with the family prior to the funeral. In smaller departments, consider rotating people as needed in

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- order to maintain a department presence with the family.
- ❖ Have someone available for tasks such as answering the phone, driving the family to the funeral home to make arrangements, or running errands.
- ❖ Help coordinate household duties such as food preparation, cleaning, and childcare. Do necessary maintenance such as mowing the grass.
- ❖ If donations are collected for the family, set up bank accounts in the families name to deposit these funds.
- ❖ Coordinate with local law enforcement officials to make routine checks of residence and neighborhood.
- ❖ Assign a department member to help the family set guidelines for dealing with the media.

Family Issues

How to Help the Family...

Ongoing Support

Only promise what you actually can do. Keep all of your promises.

- ❖ Instead of saying “Call if you need anything” offer to help with specific tasks and then follow through. For instance, say “I would like to come over on Thursday to fix the fence.
- ❖ Continue to talk with the family about your memories of the EMT or Paramedic. Most families want to hear about their loved one, even if it is emotionally difficult.
- ❖ Remember that parents of a fallen Employee need support and contact just like spouses and children do.
- ❖ Help with what the Deceased used to do – yard work, fixing things around the house, attending children’s sports and school events, etc.
- ❖ Take all steps necessary to secure benefits for the family. The process is often lengthy, so keep the family involved.
- ❖ Continue to invite the family to department events, but don’t be disappointed if they don’t always attend.
- ❖ Remember that some events, such as holidays and the anniversary of the date of death, may be especially difficult for the family. Even families who seem to be doing well may need extra support and contact during these times.
- ❖ Contact the family before releasing any information on investigations, incident reports, etc.
- ❖ Consider creating some kind of tribute to the fallen EMT or Paramedic. This could be a local memorial, a video tribute, a scrapbook, or a scholarship in the employee’s name. Prepare a tribute that is fitting for your service and special to the family.

Resources

Public Safety Officers' Educational Assistance Program, Department of Justice – Provides support for higher education expenses through an established monthly allowance for eligible survivors. It may be used to defray expenses such as tuition and fees, room and board, books, supplies, and other education-related costs. For classes taken after October 1, 2005, the program offers up to \$827 per month for full-time students and lesser amounts for part-time students. This educational assistance program is limited to survivors who qualified for Public Safety Officers' Benefits. Spouses are eligible for benefits at any time. Children are only eligible for expenses that occur prior to their 27th birthday. All awards are reduced by the amount of other governmental assistance that a student is eligible to receive.

Public Safety Officers' Benefits Program Fact Sheet
(Available online at: www.ncjrs.org/pdffiles1/bja/fs000271.pdf)

Public Safety Officers' Benefits Program, Checklist for Public Safety Agencies Filing a PSOB Death Claim
(Available at: <http://www.ojp.usdoj.gov/BJA/grant/psob/PSOBChecklist.pdf>)

Public Safety Officers' Educational Assistance Program
(Available online at: www.ncjrs.org/pdffiles1/bja/fs000270.pdf)
Contact: Public Safety Officers' Benefits Program
Bureau of Justice Assistance
810 Seventh Street NW
Washington, DC 20531
1-888-744-6513 / Fax: 202-616-0314
www.ojp.usdoj.gov/BJA

Funeral Guides

For Those Who Gave So Much: Planning, Preparation, and Officiation of Funerals and Memorial Services for Public Safety Officers. Dwaine Booth, 1993
Contact: Booth/Taylor Publishing
2579 Surrey Drive
Clearwater, FL 34615
(727) 789-3816

IAFC Line of Duty Deaths; Notification, Family Support, Department Support, Benefits, Protocols, Investigation, Appendix
Available at: (<http://www.iafc.org/associations/4685/files/01Notification.PDF>),
(<http://www.iafc.org/associations/4685/files/02famSupport.PDF>),

(<http://www.iafc.org/associations/4685/files/03deptSupport.PDF>),
(<http://www.iafc.org/associations/4685/files/04Benefits.PDF>),
(<http://www.iafc.org/associations/4685/files/05Protocols.PDF>),
(<http://www.iafc.org/associations/4685/files/06Investigations.PDF>),
(<http://www.iafc.org/associations/4685/files/07Appendix.PDF>),
Contact: International Association of Fire Chiefs
4025 Fair Ridge Drive, Suite 300
Fairfax, VA 22033-2868
(703) 273-0911 / Fax: (703) 273-9363
www.iafc.org

IAFF Recommended Protocol for Line-of-Duty Deaths.

(NOTE: The IAFF will provide this protocol at the request of the IAFF District Vice President or local IAFF affiliates.)

Contact: International Association of Fire Fighters
1750 New York Avenue, NW
Washington, DC 20006-5395
(202) 737-8484 / Fax: (202) 737-8418
www.iaff.org

Illinois Fire Chiefs Association, Funeral Service Guidelines, Funeral Committee

(http://www.illinoisfirechiefs.org/data/service/FuneralServiceGuidelines_59.doc)

Sample SOG for Funeral Guidelines

([http://www.illinoisfirechiefs.org/data/service/SOG103.09 \(LineofDutyDeath\) _60.doc](http://www.illinoisfirechiefs.org/data/service/SOG103.09 (LineofDutyDeath) _60.doc))

Contact: Illinois Fire Chiefs Association
P.O. Box 7
Skokie, IL 60076-00071-800-662-0732
www.illinoisfirechiefs.org

Investigations

Guide for Investigation of a Line of Duty Death.

International Association of Fire Chiefs

(Available at: <http://www.iafc.org/associations/4685/files/06Investigations.PDF>)

Contact: International Association of Fire Chiefs
4025 Fair Ridge Drive, Suite 300
Fairfax, VA 22033-2868
(703) 273-0911 / Fax: (703) 273-9363
www.iafc.org

PSOB Fact Sheet

On September 29, 1976, the President signed Public Law 94-430 establishing a death benefit to eligible survivors of firefighters and police officers from local, state and federal organizations. The legislation became known as the Public Safety Officers Benefit Act (PSOB). The Act has been amended several times since 1976. The most profound amendments came in November 1988, November 1990, October 2001, and December 2003.

The PSOB Act, amended in 1988, increased the death benefit to \$100,000. It had an escalator clause tied to the Consumer Price Index, which increases every October 1. Death benefits to public safety officers on and after January 1, 2001, became \$250,000. Based on the Consumer Price Index as of October, 2005, the benefit has increased to \$283,385.

Among the 1988 amended changes made were beneficiary requirements. The Act added benefits for the survivors of single firefighters or police officers, including parents, without regard to dependency. Spouses became eligible automatically, as did stepchildren, adopted children and children born to unmarried parents. Parents also were included if they were the only survivors - whether or not they were dependent on the child - as long as a parent/child relationship existed.

Children over 18 are eligible when they are less than 23 and a full-time student. When there is a surviving child or children, and a surviving spouse, one-half of the benefit will be provided to the child or children of the officer in equal shares. One-half goes to the surviving spouse.

Because the PSOB benefit is not paid into the deceased officer's estate, benefits are not paid when an officer dies without an eligible survivor.

To be covered, a firefighter or rescue squad person must be an officially designated member of a fire or rescue squad (department). Under the law, an "officially designated" person is one who is carried on the department's membership roll as an active member. If not on the listed roll, beneficiaries must prove that the individual was conscripted legally at the scene of an emergency to engage in emergency operations.

To be covered, a firefighter's death must be the result of a traumatic injury suffered in the line of duty. A traumatic injury is a blow to the body by an outside force. An accident in which the victim suffers crushing injuries in a building collapse is eligible, as well as accidents involving apparatus or falls. Burns, smoke inhalation and such climactic injuries as heatstroke or frostbite are considered traumatic injuries.

Death from stress, heart attacks, strokes and diseases, including occupational diseases, are not covered by the law unless a traumatic injury was a substantial factor in the death. To be a substantial factor, a traumatic injury must have been capable in itself of having caused the death. Smoke inhalation is considered a substantial factor in a heart or stroke related death when the firefighter's blood/carbon monoxide level is 10% or greater for nonsmokers, 15% or greater for smokers.

Excluded from the coverage are deaths from suicide, intentional misconduct, gross negligence and voluntary intoxication. Intoxication is described as evidence by a

postmortem blood alcohol level of .20 per centum or greater. A postmortem blood alcohol level of a least .10 per centum, but less than .20, will exclude coverage unless the Bureau receives convincing evidence that the public safety officer was not acting in an intoxicated manner immediately prior to his/her death. Exclusion will also be made if the blood tests show evidence of the introduction of drugs or other substances into the blood. President Bush, on December 1, 1990, signed into law the "Crime Control Act of 1990." This legislation includes a major revision to the PSOB. The revision at that time made available \$100,000 to any public safety officer who becomes permanently and totally disabled as the direct result of a catastrophic personal injury sustained in the line of duty. An amendment to the Crime Control Act of 1992 changed the funding so the death and disability benefits are the same. Thus the disability benefit is \$250,000 until October, 2002. The catastrophic injury is defined as "consequences of an injury that permanently prevents an individual from performing any gainful work." As with the death benefit, the amount of the award will be adjusted annually.

Limitations to the new PSOB are that beneficiaries are not eligible to collect both the disability and death benefits.

An example of this limitation would be if a firefighter became permanently injured, collected the disability award and later died from the injuries, his beneficiaries would not be eligible for the death benefit.

Congress and the President amended the Act in 1998, which the Bureau of Justice Assistance implemented

September 14, 1999, to include a revision to provide educational assistance to spouses and children of all Public Safety Officers killed in the line of duty or permanently and totally disabled by catastrophic injuries sustained in the line of duty. The dependents will be eligible on a retroactive basis if the Safety Officers death or disability occurred on or after October 1, 1997.

On October 25, 2001, the United States Congress voted to significantly increase the benefit to \$250,000. The provision, included as part of the anti-terrorism bill (H.R. – 3162), is retroactive to January 2001.

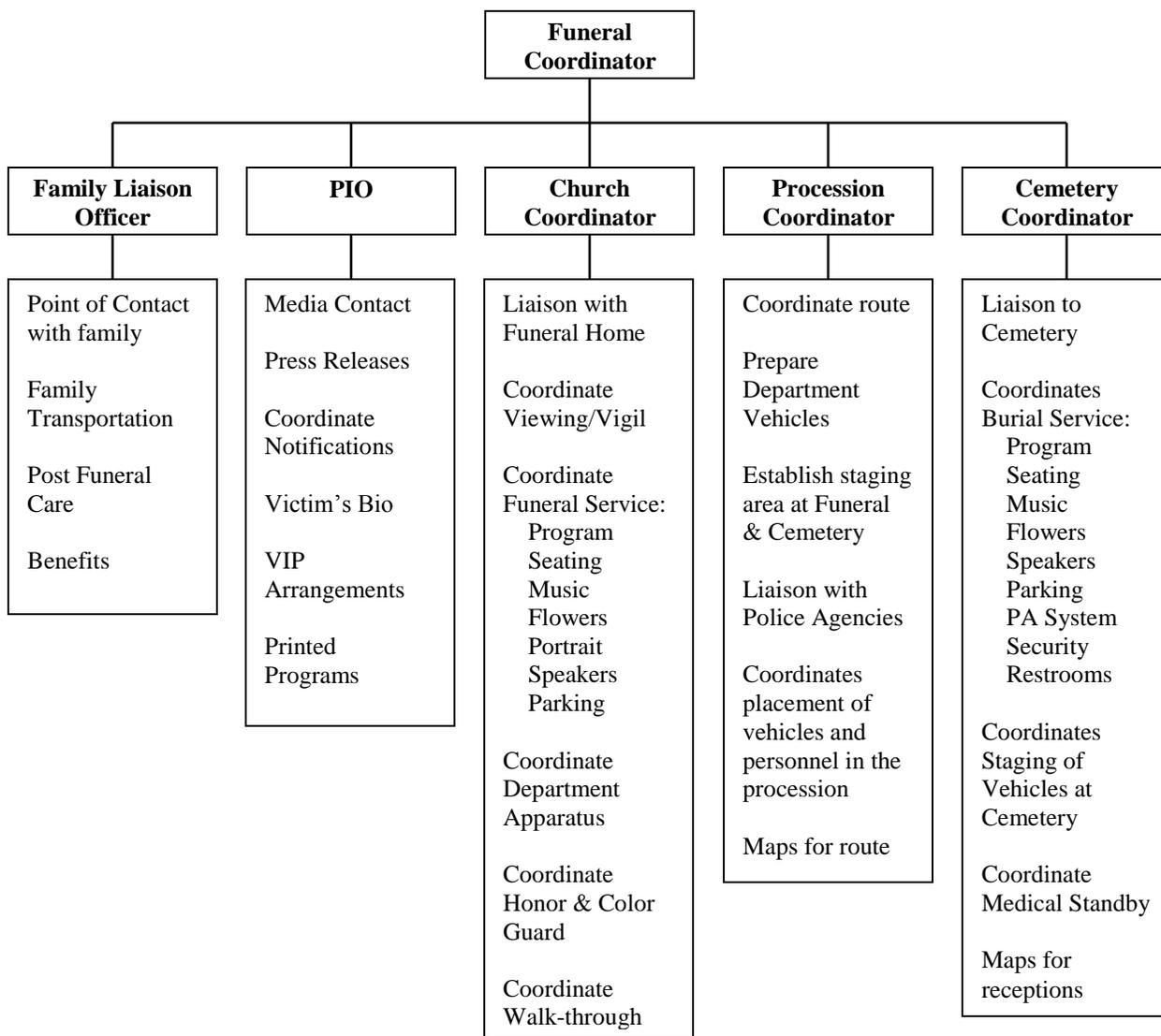
On December 15th, 2003, President Bush signed into law the Hometown Heroes Survivor Benefits Act (S. 459 /

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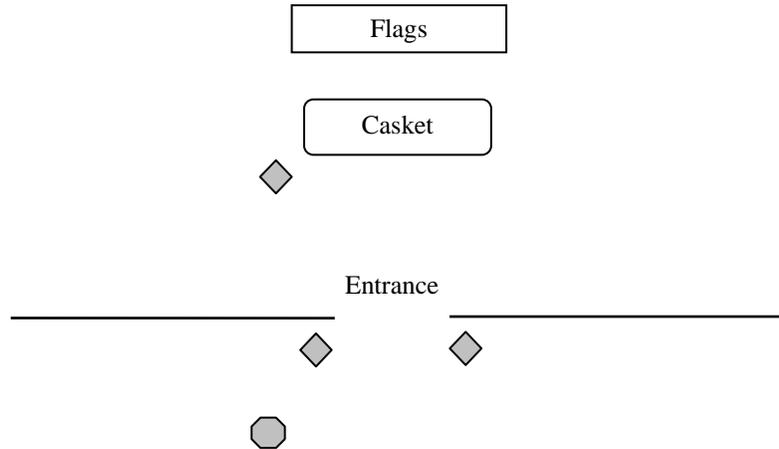
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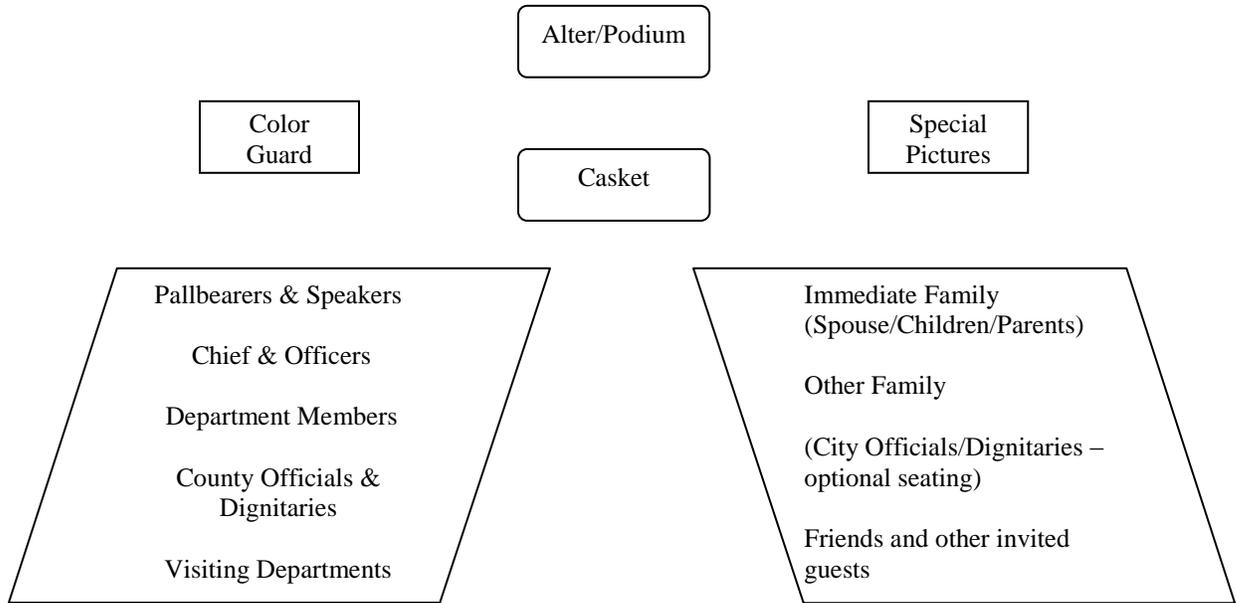
Visitation



- ◆ Honor Guard Member – One member to stand at attention by the foot of the casket during the entire time of visitation and one on each side of the entrance. Rotate Individuals every 30-60 minutes.
- ⬡ Chief or other Department Officer

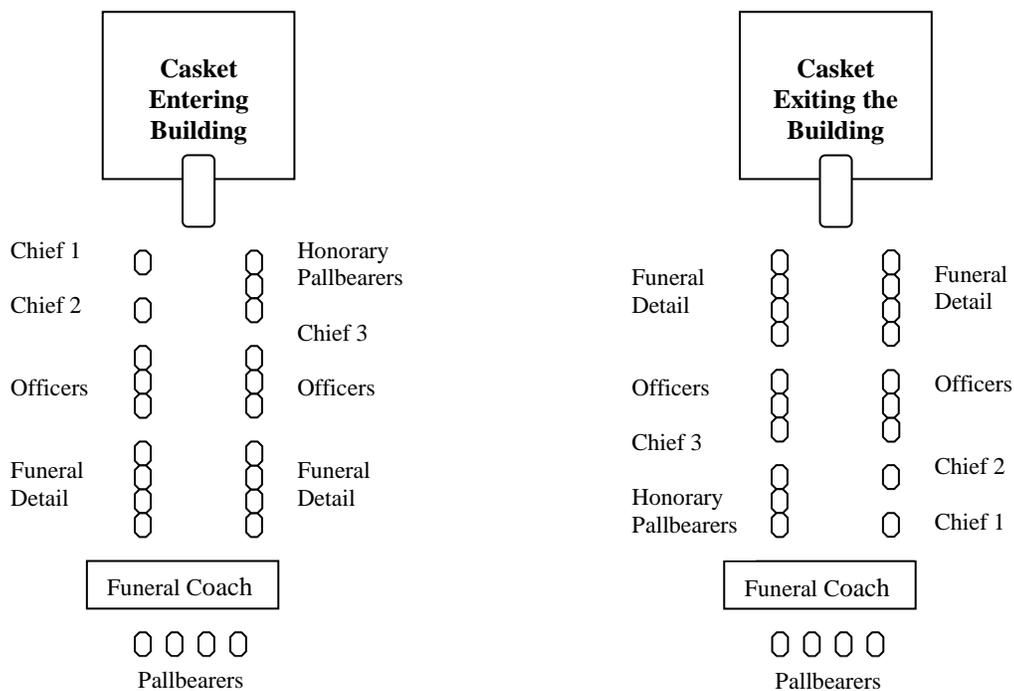
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Inside The Church



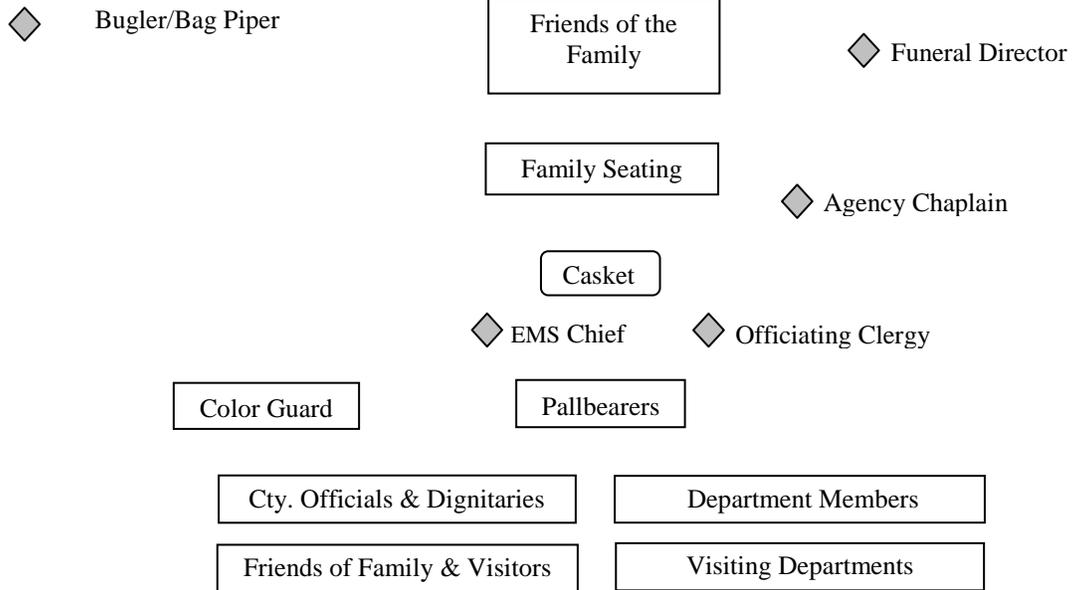
Outside the Church

(The funeral formation is formed before the casket is moved and the casket is then carried through the formation followed by the family and friends)



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Cemetery Service



LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Locker Policy
Effective: June 2009
Reviewed: December 2012, December 2015
Revisions: 2
Pages: 1

I. PURPOSE:

To provide guidance on lockers provided by Leon County for use by employees.

II. GUIDELINE:

Lockers are provided by the County for the convenience of all employees to secure their personal property and County owned property issued to the employee. No other County owned property shall be stored in the lockers. Lockers are considered and remain the property of Leon County.

Employees are responsible for security of the locker at all times and for providing their own lock for use. Leon County assumes no responsibility for loss or damage to the personal property of an employee. If the employee is unable to open the locker due to lock damage, malfunction or loss of key; the employee is responsible for the costs associated with removal of the lock and any damage to the locker as a result.

Employees are responsible for the cleanliness of the locker at all times. The lockers shall not be defaced and no writing, pictures or other materials may be displayed or placed on the outside of the locker.

Lockers shall not be used for the storage of any obscene, hazardous or other prohibited materials considered inappropriate for work purposes.

After termination of employment the employee's assigned locker will be cleaned out in the presence of a supervisor. If the employee is not present or has not cleaned out the locker on the last day of employment, the lock shall be removed by whatever means necessary, including destruction, by the County so that the contents of the locker can be returned to the employee and the locker can be cleaned and readied for use by other employees.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Medical Control Authorization & Protocol Revision
Effective: June 1, 2005
CAAS: 201.02.01
Reviewed: January 2009, December 2012, December 2015
Revision: 4
Pages: 1

I. PURPOSE:

To provide guidelines for medical control authorization and protocols.

II. GUIDELINE:

- EMTs & Paramedics are certified by the State of Florida and must work under the medical license of the service Medical Director. Florida Statute 401 §401.265 (1) states “...*The medical director must supervise and assume direct responsibility for the medical performance of the emergency medical technicians and paramedics operating for that emergency medical services system...*”
- The Leon County EMS Medical Director has full authority to either allow or not allow an EMT or Paramedic to function under his / her medical license. If the LCEMS Medical Director does not allow an EMT or Paramedic to function under his / her license that EMT or Paramedic will not be permitted to work for LCEMS.
- The Leon County EMS Medical Director will authorize medical protocols for use by Leon County EMS EMTs and Paramedics.
- The Leon County EMS Medical director, working with the Deputy Chief of Clinical Affairs, and other Leon County EMS employees, will review and revise the medical protocols as needed, at least every three years.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Minimum Equipment Carried Into a Scene
Effective: October 2007
Reviewed: January 2010, December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

The purpose of this Standard Operating Guideline is to ensure that all appropriate equipment required to provide essential patient care is carried into every scene. Emphasis is placed on airway and breathing.

II. GUIDELINE:

It is the guideline of LCEMS that every patient will receive a high level of consistent care. The “Standard of Care” for LCEMS and supported by the Medical Director is to be appropriately equipped upon arrival at every call. This standard applies to all EMTs and Paramedics, while on duty and responding to calls within our area of responsibility. Any standbys are to be treated as a call.(e.g. if at a fire stand by, have oxygen and jump bag with you). When in doubt, err on the side of caution and have items necessary to provide a level of care indicative of the symptoms conveyed by the dispatcher (e.g. have the cardiac monitor if going to chest pain/cardiac patients; have suction if going to possible airway problems). Delay in treatment of a patient due to lack of available equipment only serves to compromise the appropriate level of care and contribute to an unsatisfactory outcome.

III. PROCEDURE:

1. On all calls you will carry, at an absolute minimum, the Thomas Pack. Equipment in the Thomas Pack should include:
 - Airway Supplies should include; oral airways, nasal airways, BVM, oxygen cannulas, oxygen masks, endotracheal intubation supplies, EGD (King-LTD Airway), 10cc syringe.
 - A portable Suction
 - Glucometer
 - IV supplies (Needles, tubing, tourniquet, tape/dressings and fluids)
 - Minimum drugs: All medications inside the designated drug pouch
2. You must also take in oxygen tank and portable radios.
3. Any additional supplies/equipment can be retrieved or applied once inside the unit pending patient evaluation.

NOTE: As dedicated Healthcare Para-professionals, we are confident you will fully assess and evaluate the call information received and appropriately respond to the scene with those items necessary to properly treat the patient. It’s better to be over prepared, than find yourself without essential items that may make a difference in the outcome.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Open Shifts
Effective: June 1, 2005
Reviewed: March 2006, December 2012, December 2015
Revision: 3
Pages: 1

I. GUIDELINE:

LCEMS shall fill open shifts primarily through the use of TeleStaff™ computerized scheduling software. The use of TeleStaff™ reduces overtime, improves safety, and adds fairness to the system. Only after all possibilities have been exhausted, will shifts be filled with overtime coverage outside TeleStaff™.

II. PROCEDURE:

The Shift Supervisor and System Controller are responsible for monitoring the daily rosters on TeleStaff™ to ensure that all shifts are covered. If an employee calls in sick or requests a day off within 30 days of the shift, the shift opening shall be created in TeleStaff™ in order to allow the system to cover the opening.

The following guidelines shall be followed:

- All shifts that need to be covered will be placed into TeleStaff™ without delay. Holding shifts for coverage will result in disciplinary action.
- All shifts that are greater than 8 hours out will be covered with TeleStaff™. No shifts will be paged before 8 hours out with the exceptions listed below. No employee will pre-notify any other employee of a pending shift in an effort to obtain overtime for anyone.
- Exceptions to the rules above can be approved for special events, educational events, out of town transports, critical care transports, or other issues that require specific personnel as approved by Senior Command Staff (Captain or above).
- No employee will work more than 24 hours within a 32 hour time period without approval from the Chief or a Deputy Chief, no exceptions. It is preferred that no one work more than 14 hours at a time with the exception of the Fixed Station Units and based on the operational needs of LCEMS as determined by the on-duty supervisor.
- Shift swaps must occur within the same pay week and cannot create any overtime. If a requested swap creates overtime, it will not be approved and will be entered into TeleStaff™ as an open shift and the employee taking off must take leave time.
- In accordance with Leon County policy, full time employees may be mandated to work overtime. Failure to work constitutes an absence without authorization and may result in appropriate disciplinary action.

LEON COUNTY E.M.S. Standard Operating Guideline

Title:	Pay Plan
Effective:	October 1, 2004
Reviewed:	September 2006, December 2012, December 2015
Revision:	5
Pages:	2

I. PURPOSE:

To provide guidelines for shift differential and FTO pay for EMS field employees.

II. GUIDELINE:

1. Shift differentials

- a. Shift differential is designed as an incentive for non-exempt EMS employees part-time and PRN employees designated to work system status and all non twenty-four hour night shifts. It is paid in addition to the base rate of pay. Shift differentials are paid when employees are on sick or annual leave and were scheduled to work a shift where the shift differential would have been paid if the employee would have worked.
- b. The system status management shift differential will be paid to part-time and PRN employees scheduled to work under the system status management plan, for the entire shift and until the employee has been released from duty. Employees scheduled for twenty-four hour shifts on Fixed Station Units shall be paid the system status management shift differential for the hours they spend in the system status plan. To be considered in the system status plan the Fixed Station Unit must either be posted at a location other than their regularly assigned post location or respond to a call from a post other than their regularly assigned post location. Employees are responsible for recording the hours worked in the system status plan on their time sheet. Full-time employees who are regularly assigned to non-Fixed Station Units are not eligible for the system status management shift differential and should not record it on their time sheet, as it is combined in their base pay rate.
- c. The high plus differential for working night shifts is only paid to EMT, Paramedic and Controller/Dispatcher positions. Non-Fixed Station Unit shifts that begin in the evening and lasts until the next morning or any hours worked after 8 pm as determined by EMS administration will be eligible for the high plus differential. Special events are not eligible for the high plus differentials. Off-duty transports are eligible for high plus after 20:00 hours.

Example:

- i. The 1800 – 0600, 1900 – 0700 & 2000 – 0800 shifts are paid high plus for

all 12 hours worked.

- ii. The 0900 - 2100 shift is paid high plus from 2000 – 2100 or 1 hour
- iii. The 1500 – 0300 shift is paid high plus from 2000 – 0300 or 7 hours

2. Field Training Officer Special Pay

Paramedic I employees who serve as Field Training Officers (FTO) with approval by the Community Engagement and Operational Development Major will be paid FTO pay in addition to their base pay.

3. Timesheets

- a. It is the responsibility of each employee to accurately record the number of hours worked with in each shift differential and special pay on their timesheets.
- b. Must be completed in accordance with SOG 140.00

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Patient Care Reports
Effective: May 2, 2005
Reviewed: December 2012, December 2015
Revision: 2
Pages: 2

I. PURPOSE:

To maintain an accurate record of medical care given by LCEMS personnel in compliance with standard medical records practices.

II. GUIDELINE:

EMS patient care reports are to be completed on all patients whom LCEMS assesses, treats and / or transports. The patient care record in all instances will accurately describe the services provided to the patient, any and all pertinent scene information, an accurate and complete patient assessment and accurate and complete treatments. All sections of the ambulance run report must be completed in as much detail as possible. Intentional falsification of patient care records is a serious violation of LCEMS policy and will result in disciplinary action up to, and including, termination.

III. PROCEDURE:

1. Patient care reports or ambulance run reports are to be completed as soon as possible after the incident. This assures completeness and accuracy. At no time shall patient information, notes or reports be removed from LCEMS or taken home for completion. All run reports must be completed by the end of the shift.
2. It is the responsibility of the crew member who cared for the patient to complete the patient care record. The other crew member shall review the patient care record for completeness and accuracy. If a dispute arises concerning the content of the report each crew member will provide the Shift Supervisor a written report detailing the dispute. These disputes will be forwarded to the Education / IQM Manager for final resolution.
3. As per the HIPAA policies in place, all LCEMS employees will safe guard all patient information and protected health information. If a LCEMS employee finds unsecured patient information or PHI, that employee will immediately secure the information and then provide it to the Shift Supervisor.
4. The patient's name and incident number will be entered into the LifePak15 for all patients who are placed on the cardiac monitor.

5. LifePak15 – Crews will upload the EKG code summary from the LikePak to their electronic patient care report during or immediately after each call.

6. End of Shift Procedure.
 - A. Electronic reports – all electronic patient care records will be exported in the patient care computer system as soon as possible after the completion of the report. Crews will make sure that all reports are exported prior to the end of their shift. It is the on duty supervisor's responsibility to ensure all patient care reports have been completed and uploaded by the respective crews

 - B. Paperwork – any hard paper created concerning patients will be placed in the locked box located in the crew's computer room at the logistics area. Be sure that the patient's name and incident number are on each piece of paper. Notes containing patient information that are being discarded will be shredded.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Patient Personal Property

CAAS: 202.04.01

Effective: June 2009

Reviewed: December 2012, August 2013, December 2015

Revision: 3

Pages: 1

I. PURPOSE:

The purpose of this Standard Operating Guideline is to define the handling of patient's personal property by LCEMS staff.

II. GUIDELINE:

In order to minimize the potential for misplacing patient's personal property, LCEMS personnel will document in the patient care record (PCR) the disposition of personal property transported with the patient to the destination facility or removed from the patient's person during the delivery of patient care.

III. POLICY:

Patient personal property will remain in the possession of the patient or their family/designee whenever possible.

- Medications, their name, strength, and frequency of use, should preferably be documented in writing as a medications list rather than transported with the patient.
- Personal items such as purses, handbags, wallets, back-packs etc. should remain on the stretcher with the patient. (as patient care needs allow).
- Any jewelry removed from the patient should be given to a family member, or placed in the patient's pocket or purse etc. (Document in PCR).
- Biographical data (Driver's License, Insurance Cards, and Social Security Cards) shall be returned directly to the patient or family member.
- If personal property of a patient is found after a patient has been transferred to the hospital, but before the end of the crew's shift, the crew will contact the on-duty supervisor for permission to return the property to the hospital.
- If personal property of a patient is found after patient has been transferred to hospital, at the end of the crew's shift, (or it is found by another crew) the crew shall place it in a bag, attach a pink slip to it, and turn the property into logistics. The Logistician will then give the property to the Administrative Assistant in the office, who will attempt to contact the patient or a family member to return the property.
- To better assist patients with special needs in their overall care, standard, non-motorized wheelchairs, walkers, and canes should be taken with the patient to the hospital unless patient care is impeded by placing the item in the patient compartment.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Policy & Procedures – Employee Access and Distribution
Effective: June 1, 2009
CAAS: 103.01.02, 103.01.03
Reviewed: December 2012, December 2015
Revision: 2
Pages: 1

I. PURPOSE:

The purpose of this guideline is to provide guidelines for the distribution of policies, procedures, and guidelines applicable to EMS employees and/or any changes there of.

II. GUIDELINE:

- All EMS staff will be supplied access to each of the following manuals during orientation:
 1. Leon County Human Resources Policy & Procedure Manual
 2. Leon County Employee Safety Manual
 3. Leon County EMS Standard Operating Guidelines
 4. Leon County EMS/Tallahassee Fire Department Medical Protocols
 5. EMS Materials Safety Data Sheet
- Hard copies of each of the above manuals will be maintained and available for employee reference at Headquarters in the ambulance check-on area.
- An electronic version of the above listed manuals will also be maintained on the Leon County EMS internal website, which is accessible from any internet connected computer including home computers and Tough-books available on every in-service ambulance.
- Employees will be notified of any changes to the above listed manuals via Leon County E-mail, the primary means of disseminating employee information for Leon County EMS.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Preventative Maintenance of Durable Medical Equipment
CAAS: 203.04.01
Effective: June 20, 2009
Reviewed: October 2011, December 2015
Revision: 1
Pages: 1

I. PURPOSE:

To serve as a guideline for the preventative maintenance and replacement of durable medical equipment.

II. GUIDELINE:

- Durable Medical Equipment, or DME, should be tested, calibrated, and serviced according to manufacturer recommendations. DME includes all equipment that is electrical or mechanical such as cardiac monitor/defibrillators, IV pumps, ventilators, suction units, stretchers, and automated CPR compression devices.
- DME shall be affixed with a sticker indicating the last date of service and initials of the person performing such service.
- The logistics personnel, under the supervision of the Deputy Chief of Operations, should oversee the servicing of DME.
- DME should occur according to manufacturer recommendations and by an authorized or approved service provider if required by the manufacturer.
- DME should be replaced in a schedule in accordance with manufacturer recommendations and industry best practices.
- DME shall be replaced if, during any scheduled maintenance, the person or service provider performing the service recommends the item for replacement.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Professional Conduct

CAAS: 106.07.01

Effective: June 20, 2009

Reviewed: December 2012, December 2015

Revision: 1

Pages: 2

I. PURPOSE:

To serve as a guideline to remind EMS personnel that conduct should remain professional at all times.

II. GUIDELINE:

- **Conduct while on-duty:**
EMS employees should conduct themselves professionally at all times and pursuant to county policy. The following policies and guidelines address specific aspects of professional conduct and should be followed at all times while on duty. Policies and guidelines are listed here only to assist the employee with identifying specific policy and guidelines that apply to professional conduct and are not exclusive of any other policies or guidelines. It is the responsibility of the employee to comply with all applicable policies and guidelines.

Professional Conduct as it relates to:

- a) Patient Confidentiality – Section 17.00 of Board Policy, 05-3, HIPAA
- b) Customer Service – EMS SOG 105.00, Customer Service
- c) Non-discrimination – EMS SOG 105.00, Customer Service
- d) Standards for Appearance – EMS SOG 142.00, Uniform & Appearance Standards
- e) Workplace Conduct – Human Resources Policy & Procedures, Section 2, Conduct
- f) Ethical Behavior – BOCC Policy 03-05; Code of Ethics

- **Conduct while off-duty:**

Human Resources Policy & Procedures - 10.06 County Standards

It is the policy of the County that what a person does on his or her own time is exclusive of employment with the County. However, such policy is not absolute. If an employee's outside conduct impairs the reputation of the County; causes the employee to be unable to perform work or appear at work; or leads to refusal or reluctance on the part of others to work with the employee, barring protection under law; then the appropriate supervisory authority is justified in taking disciplinary action. When an employee is on County property, he or she is

123.00

subject to the County's work standards. Furthermore, an employee officially representing the County at a location other than his or her normal place of work is accountable for compliance with the County's policies, procedures, and standards.

III. PROCEDURE

As specified in the vehicle operations policy, employees must immediately report in writing any revocation, suspension or loss of driver's license to the on duty Supervisor.

In addition, employees must report within 1 hour of reporting to work, in writing, arrest, charge, conviction and / or citation for violation of law and/or ordinance other than parking violations to the on duty Supervisor. The report will include copies of all available citation / charge / arrest paperwork. The written report will include an explanation of the circumstances surrounding the citation / charge / arrest. Failure to comply with this procedure will result in disciplinary action up to and including termination.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Prohibition of Photographs and Videos
Effective: June 22, 2005
Reviewed: December 2012, December 2015
Revision: 2
Pages: 1

I. GUIDELINE:

Employees are prohibited from making or permitting another person under their direct control to make a recording, photograph, and /or video of any patient or incident scene. No photographs and/or video should be taken by anyone in the back on the ambulance with a patient on board.

HIPAA considers recordings, photographs and videos of patients Protected Health Information. Therefore, employees are prohibited from making a recording, photograph and / or video, digital or any other type, of any patient or the scene of any incident including vehicle accidents.

Violation of this SOG will be considered serious and will result in appropriate disciplinary action up to, and including termination.

Exceptions to this SOG are instances where it is necessary for supervisory staff to take pictures of incidents involving County assets and personnel as a part of an official investigation and / or for the creation of an accident / incident report.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Public Service Events
Effective: June 1, 2005
Reviewed: December 2012, December 2015
Revision: 3
Pages: 14

I. PURPOSE:

To provide guidelines for LCEMS crews participating in public service events.

II. GUIDELINE:

LCEMS participates in many types of public service events ranging from public information/demonstration programs to dedicated large scale events. It is the policy of LCEMS to assist the public any way within our means including but not limited to medical education and medical standbys.

III. GENERAL INFORMATION:

1. Requests for standbys will be coordinated and approved by the Deputy Chief – Operations or designee.
2. Dedicated standbys will be charged fees in accordance with the current rates established by the Board of County Commissioners. Payment arrangements will be made prior to the event. The Billing Coordinator must be notified of the event so that these arrangements can be made. Dedicated standbys will be done using additional resources, not scheduled resources. The EMS resources dedicated to the event will remain at the event and not be used in daily responses unless unusual circumstances exist.
3. The ambulance dedicated to a public service event normally will not transport a patient unless the patient has a true life threatening emergency. As soon as patient contact is made, the LCEMS crew should determine the need for a transporting unit and make such a request as needed. However, if the situation would indicate it is imperative to transport immediately, transportation should occur and another ambulance is to be requested to cover the event.
4. LCEMS will normally remain at the event until the event is over and most of the stands are cleared.
5. All patients with whom LCEMS contact is made will have patient documentation completed on them.

125.00

8. All crew members must bring their portable radio with a fully charged battery if they have been issued one and other items such as jackets, rain coats, or other items necessary for appropriate response. In addition, all crew members will bring their complete PPE bag in case of a WMD type of incident.
9. Patient reports must be filled out on all patients seen and transported or with a patient refusal. All paperwork applies just as in a regular shift situation on the streets.
10. Uniforms will be standard issue. No special colors or changes without approval from the Deputy Chief of Operations.
11. All Event units will check on duty with Control on channel 1 as usual and will advise when they are en route to the event, arrived at the event, available from the event, arrived back at HQ, and out of service. In addition all units will advise Control as soon as possible when they have a patient that needs to be transported from the event.
12. This is in accordance to the Event Action Plan.

IV. SPECIFIC EVENTS:

1. HIGH SCHOOL FOOTBALL

A. High School Football

- 1) Standard staffing - one ALS ambulance with two crew members.
- 2) Be in place ½ hour prior to kick-off
- 3) Park in specified place (see site specific maps).

Cox Stadium

1. Obtain a portable radio from the stadium grounds staff in order to communicate with the press box. Perform a radio check to confirm performance.
2. The crew members will keep the portables with them at all times. Return portable to grounds at the end of the game.
3. Remain visible and accessible at all times.
4. One crew member will remain with the ambulance at all times unless responding to a medical emergency.
5. Both crew members will closely listen to the public address and score box/grounds radios for calls for assistance.
6. One crew member may roam the sidelines, but must be conscious of calls for assistance (monitor EMS Channel 1 at all times).
7. The person staying with the ambulance must monitor Channel 1 and the radio

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for the score box/grounds while the other person is away from the unit.

Other High School Football- EMS staff must stay available and visible by the EMS vehicle. Monitor EMS Channel 1 and the Public Address System.

2. COLLEGE FOOTBALL

A. FAMU (map attached)

- 1) Standard staffing - one ALS ambulance and crew members deployed at the direction of the Stadium Controller. Additional staffing will be authorized as needed by the Deputy Chief of Operations.
- 2) One crew member will be designated as Stadium Control as designated by the Deputy Chief of Operations. Stadium Control will act as the event coordinator.
- 3) All crew members will be in place one hour prior to kick-off
- 4) The ambulance will be parked inside the southwest gate and one cart will be available for transport within the stadium.
- 5) One crew member must stay near the ambulance at all times and will monitor Channel 1 and 5 and others as designated by Event Command.
- 6) All crew members will communicate with each other via the radio channel designated by Stadium Control. Radio test with all personnel will occur prior to deployment into the stands.
- 7) Crew members will position themselves on separate sides of the field in order to enhance response times to the patients' sides. Each crew member will have a basic equipment bag with them at all times.
- 8) All crew members must arrive at Headquarters at least 2 ½ hours before the game start time. All crew members are expected to be on time.
- 10) Patient care reports must be filled out on all patients seen and transported or with a patient refusal. All paperwork applies just as in a regular shift situation on the streets. Electronic patient care reports must be completed on all patient contacts.
- 11) All crews must report to their assigned posts when directed to by Stadium Control. All crew members will advise Stadium Control when they arrive at their assigned post and must receive permission to leave their post. All medics will remain in place at their assigned post until they are cleared by Stadium Control at the end of the game.

125.00

12) No staff members are allowed on the field except those that are assigned there or as specified by Stadium Control or the Deputy Chief of Operations.

B. FSU (see map)

1) Standard staffing - ALS ambulances and crew members. Games with extreme heat require additional crew member deployment as directed by the Deputy Chief of Operations.

2) The Stadium Controller will be in place at the Doak Campbell Command Post a minimum of 2 hours before game start time. All other personnel will be in place a minimum of 1 hour before game start time.

3) The Stadium Commander will be in charge of game activities unless changes have been determined before the game by the Deputy Chief of Operations. The Stadium Controller will act as the event dispatcher.

4) One ambulance will be parked at gate "D". The second ambulance is to be parked on the field at the NE corner of the end zone (see map). A Special Operations MCI Unit will be parked on Stadium Drive, for disaster response.

5) Staffing deployment will be directed by the Stadium Command and split appropriately between the field, carts, first aid and any other location deemed necessary by Command.

6) Stadium communication channels will be designated by the Stadium Controller. A radio test will occur with all personnel prior to deployment of staff to their posts.

7) LCEMS staff dispatched to a patient will advise Stadium Control ASAP the patient's condition and if they believe that Cart transport will be necessary.

8) An EMS Cart will be dispatched to all medical emergencies within the stadium and its immediate grounds. The carts should not cross highways off the designated footprint of the stadium unless directed to do so by Stadium Control.

9) EMS calls that are off site of the designated stadium footprint will be referred to LCEMS dispatch for normal EMS response.

10) All crew members must arrive at headquarters at least 2 ½ hours before the game start time. All crew members must be on time.

11) All crew members must bring their portable radio with a fully charged battery if they have been issued one and other items such as jackets, rain coats, or other items necessary for appropriate response.

125.00

12) All crews must report to their assigned posts when directed to by Stadium Control. All crew members will advise Stadium Control when they arrive at their assigned post and must receive permission to leave their post. All medics will remain in place at their assigned post until they are cleared by Stadium Control at the end of the game.

13) No staff members are allowed on the field except those that are assigned there or as specified by Stadium Control or the Deputy Chief of Operations.

14) Several crew members will be assigned to the First Aid Station. When calling the First Aid Station, refer to these personnel as "First Aid". Crew members assigned to First Aid are to remain in First Aid unless given specific approval to leave. When crew members assigned to First Aid are outside of First Aid, they must be available by radio at all times.

16) LCEMS and Red Cross volunteers will work together in the First Aid Room to provide medical care. The Red Cross will handle "walk ins" and minor issues such as band aids. LCEMS will handle all patients brought in by carts and all patients that require medical attention.

17) Upon arrival at the Stadium all crew members will stock carts and prepare the First Aid Room for service. At the end of each game all crew members will clean up the First Aid Room and load equipment into the returning ambulances. Carts and the First Aid Room must be left in an orderly and clean condition.

18) A helicopter landing zone may be designated before each game by the FSU Police. Stadium Control will coordinate any helicopter response to the stadium area.

19) Food will be provided at each game by FSU. Stadium Control will coordinate all crew members getting food.

20) Patient care reports must be filled out on all patients seen and transported or with a patient refusal. All paperwork applies just as in a regular shift situation on the streets. Electronic patient care reports must be completed on all patient contacts.

Stadium Response Procedures

In the case of an emergency or a serious incident at Doak Campbell Stadium, the following procedures will be followed to relocate patrons and/or evacuation of the stadium.

Code Yellow

An emergency, which has the potential for causing injuries to a limited number of spectators, and calls for their immediate relocation to another area within the stadium. A response code yellow may or may not affect or cause stoppage of the

event.

Code Yellow, in most instances, is an appropriate response to the following emergencies:

1. Weather related need for shelter.
2. Localized fire
3. Discovery of a suspected explosive device
4. Utility problem (power outage, pipe burst, etc.)
5. Spectator disturbance
6. Other incidences where it is deemed necessary to move spectators for their safety.

Code Orange

Code orange is an emergency where the severity requires stoppage of the event and the evacuation of all personnel from the stadium and the immediate area outside the stadium. People will be directed to leave the stadium and the immediate area outside the stadium in a normal manner.

Sworn personnel shall attempt to direct people to at least 500 ft from the stadium.

Officers will establish a perimeter around the stadium and space themselves at distances to keep other officers within sight and hearing distance. The officers are to assist the public, direct people to safe areas, aid locations, and respond to incidents requiring law enforcement presence. Officers are to remain calm and strive to maintain order.

Code Orange, in most instances, is an appropriate response to the following emergencies:

1. Impending severe weather.
2. Location of a suspected explosive device
3. Electrical power failure (especially during a nighttime event)
4. Hazmat incident
5. Fire, explosion, or release of hazardous material
6. Structural damage to the stadium

Code Red

A code red emergency requires the stoppage of the event and the evacuation of persons. Code Red requires the immediate evacuation of all to a minimum of 1,000 feet from the stadium.

Depending on circumstances, people parked in close proximity to the stadium may be required to leave their vehicles parked and leave the area on foot. People will be directed to the following zones that allow for the 1,000-foot safety requirement:

1. East of Stadium: Intramural Fields /Walker Street Area
2. West of Stadium: Pensacola Street /Bike trail area past tunnel
3. South of Stadium: Jackson Bluff Road Area
4. North of Stadium: Track Field medical School Complex

Code RED is an appropriate response for a catastrophic event which requires the immediate evacuation of the entire stadium

3. FOURTH OF JULY

A. Standard staffing – two ALS ambulances with five crew members, or as designated by the Deputy Chief of Operations.

B. Hours of deployment are flexible year to year but generally run from 1600. until 2330

C. Ambulance deployment is flexible and is scheduled year to year.

D. Staffing deployment is listed below:

- 1) Law Enforcement Command Post
- 2) First Aid Tent
- 3) Ambulances

4) Carts

E. Numerous First Aid supplies must be planned for including quantities of heat related treatment items.

F. The Deputy Chief of Operations is responsible for adequate planning and acquisition of supplies.

G. All on-site LCEMS staff will communicate with each other on the designated operations channel. In addition, the Paramedic working in the Law Enforcement Command Post must have a separate radio that can be used to monitor and communicate with LCEMS Dispatch. A radio check of all personnel will occur prior to deployment.

H. The Paramedic assigned to the Law Enforcement Command Post will serve as the events coordinator and dispatcher.

4. SPRING TIME TALLAHASSEE

A. Standard staffing (listed by event)

1) Road Race – one ALS ambulance and two crew members, or as designated by the Deputy Chief of Operations, dedicated located at the start/finish line.

2) Celebration in the Park – one ALS ambulance and two crew members. The ambulance location will be based on the request from the Springtime Committee.

a. One crew member will stay with the ambulance at all times.

b. Both crew members will operate on Channel 5 monitoring LCEMS dispatch for response information.

5. GOLF TOURNAMENTS

A. Standard staffing is variable; at a minimum staffing and will directed by the Deputy Chief of Operations.

B. Tournament officials will provide a golf cart for LCEMS use.

C. If an EMS call is received, the on-site LCEMS staff will notify LCEMS dispatch of the green location requesting the dispatch of an ambulance to a point as close as is possible to the green to enhance patient pick-up.

D. Tournament EMS staff will utilize radio channel 1 for communications and will monitor the channel for response information from LCEMS dispatch.

6. PUBLIC INFORMATION/DEMONSTRATION EVENTS

A. Public Information/demonstration Events – frequently LCEMS Division is called upon to educate the public on EMS, E-91 1, etc. It is important that LCEMS staff make an excellent presentation to the group. Clean equipment, uniforms, vehicles, etc. go a long way to enhance Departmental credibility and public confidence. Appropriate handouts based on the age group of the audience are to be distributed. Examples include EMS coloring books, EMS brochures, magnets, etc.

B. Miscellaneous Sporting Events – LCEMS Division supports public health by frequently participating in sporting events by providing non-dedicated on-site medical stand-bys. Again, a professional presentation is essential. All events of this type are scheduled by the Community Engagement and Operational Development Major. Upon arrival the LCEMS crew will:

- Make contact with the event coordinator.
- The crew members will keep the portables with them at all times monitoring channel 1.
- Remain visible and accessible at all times.
- One crew member will remain with the ambulance at all times unless responding to a request.

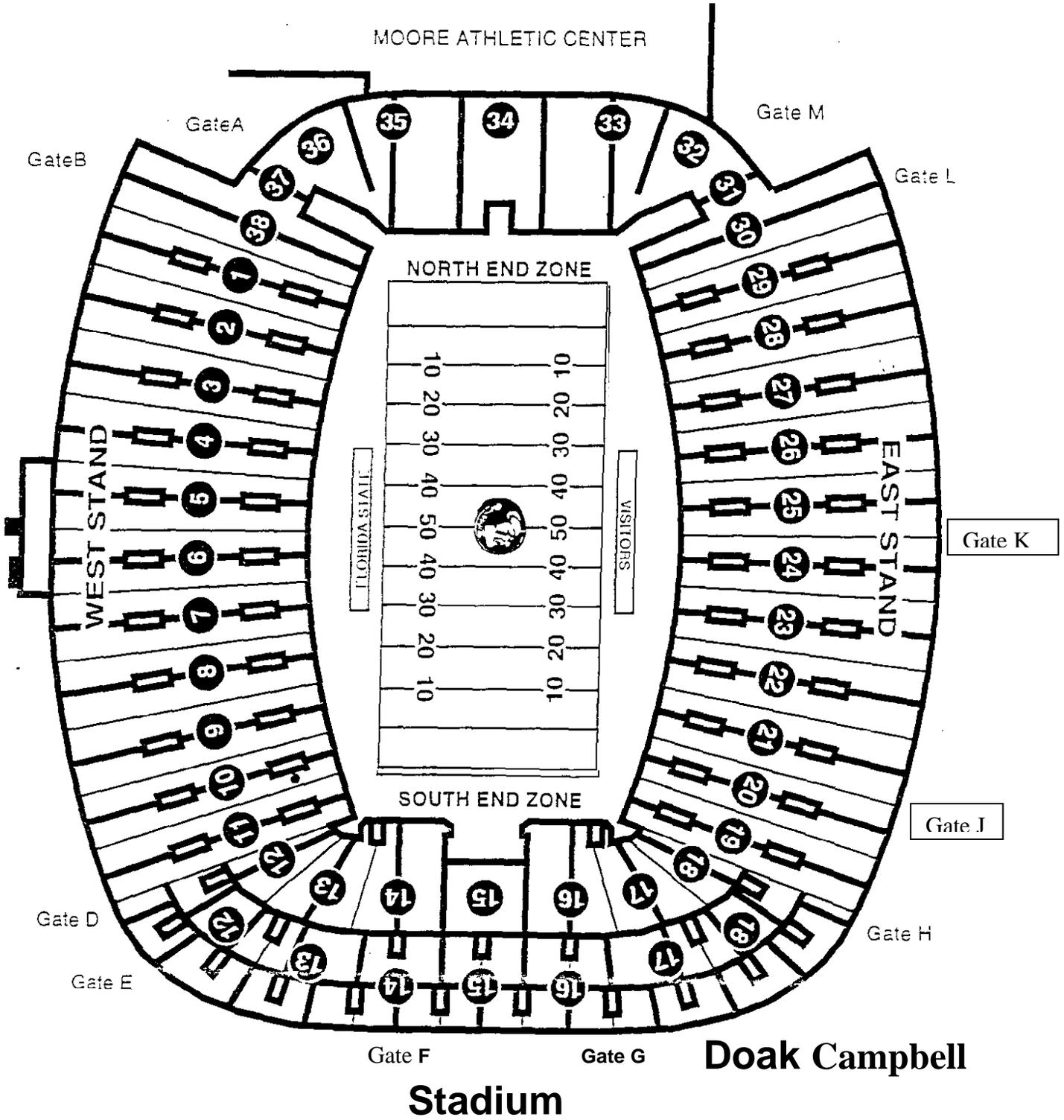
C. Leon County EMS uses various talk groups to facilitate communication. Assignment of talk groups on scene or at events is dependent on established command structure and the various agencies that are co-responding to the dedicated event. Examples of talk groups are listed below.

EMS Template

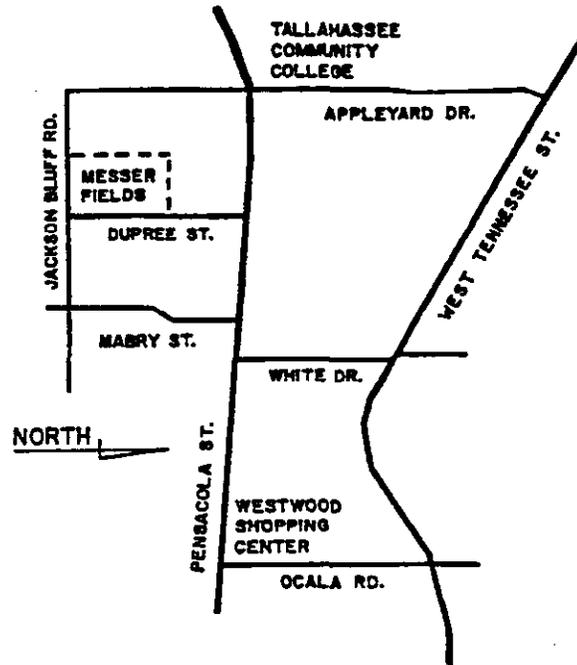
4/24/2009 Zone A		Zone B		EMS		Zone C	
Position	Description	Position	Description	Full Description	Position	Description	Full Description
1	LCEMS-1	1	EMSAD1	EMS Admin 1	1	LEMNTD	Leon Facilities Management Disp
2	LCEMS-2	2	EMSAD2D	EMS Admin 2 radio for ra	2	LESWID	Leon Solid Waste Disp
3	LCEMS-3	3	EMSSPO	EMS Special Ops	3	LEOWKS	Leon Public Works Disp
4	LCEMS-4	4	Med 8	Regional Med Channel	4	LEMOSC	Leon Mosquito Control Disp
5	LCEMS-5	5	LCOS1	LCOS Dispatch 1	5	LEFLT	Leon Fleet Disp
6	SPOP1	6	LCOS3	LCOS Dispatch 3	6	LEOLB	Leon Library Disp
7	TFD1	7	LCOS4	LCOS Dispatch 4	7	LEWKEN	Leon Public Works Engineering Disp
8	LOEMS8/7D	8	FSUBD1	FSU PD Dispatch 1	8	LEPKD	Leon Parks Disp
9	FDTAC 1	9	FAMUPD	FAMU PD Dispatch 1	9	LANCRT	Leon Animal Control Disp
10	SPV10A	10	SPV10B	Special Events 10B	10	SPV10C	Special Events 10C
11	SPV11A	11	SPV11B	Special Events 11B	11	SPV11C	Special Events 11C
12	EMSTC1	12	TCC1	TCC PD Dispatch 1	12	LCSOEM	Leon E/M Unit
13	EMSTC2	13	TPDNW	Dispatch Northwest	13	LEMIS	Leon MIS Disp
14	MDHEL0	14	TPDSW	Dispatch Southwest	14	LCOR1	LCOS Jail
15	GRWGER	15	TPDNE	Dispatch Northeast	15	StarMet1	StarMetro Disp 1
16	TMHER	16	TPDSE	Dispatch Southeast	16	COTEM	City E/M Unit
Zone D		Zone E		ZONE F			
Position	Description	Position	Description	Full Description	Position	Description	Full Description
1	8CALL90D	1	COMMD	Command Channel	1	MACALL	Mutual Aid calling
2	8CALL90D	2	LOGS	Logistics	2	MACALL D	Mutual Aid calling Direct
3	8TAC91	3	STAGE	Staging Area	3	MATAC 1	Mutual Aid TAC 1 Repeater
4	8TAC91D	4	PLAN	Planning	4	MATAC 1 D	Mutual Aid TAC 1 Direct
5	8TAC92	5	FIRE COM	Fire Command	5	MATAC 2	Mutual Aid TAC 2 Repeater
6	8TAC92D	6	EMS COM	EMS Command	6	MATAC 2 D	Mutual Aid TAC 2 Direct
7	8TAC93	7	OPS	Operations Section	7	MATAC 3	Mutual Aid TAC 3 Repeater
8	8TAC93D	8	LETAC1	LE TAC1	8	MATAC 3 D	Mutual Aid TAC 3 Direct
9	8TAC94	9	LETAC2	LE TAC2	9	MATAC 4	Mutual Aid TAC 4 Repeater
10	8TAC94D	10	LETAC3	LE TAC3	10	MATAC 4 D	Mutual Aid TAC 4 Direct
11	MAFLA	11	PSTAC1	PS TAC1	11	MAFLA	Mutual Aid Florida Repeater
12	MAFLAD	12	PSTAC2	PS TAC2	12	MAFLA D	Mutual Aid Florida Radio to Radios
13	LGCALL	13	PSTAC3	PS TAC3	13	DYNGRP	Dynamic Regroup
14	PSCALL	14	LGTAC1	LG TAC1	14		
15	LECALL	15	LGTAC2	LG TAC2			
16	COTEM	16	LGTAC3	LG TAC3			

Encrypted Talk Groups

Florida State University



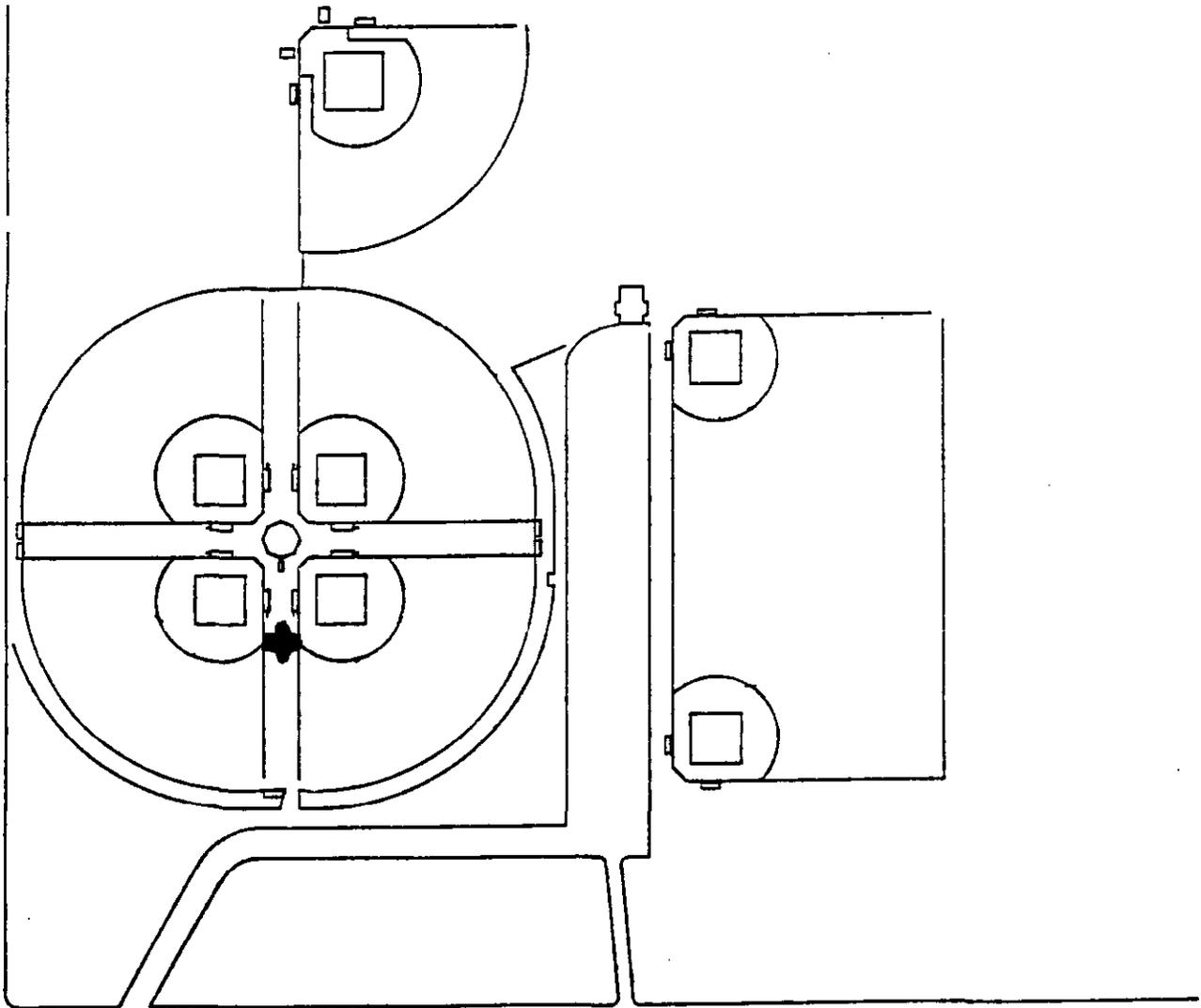
TALLAHASSEE PARKS S RECREATION DEPT. MESSER FIELDS



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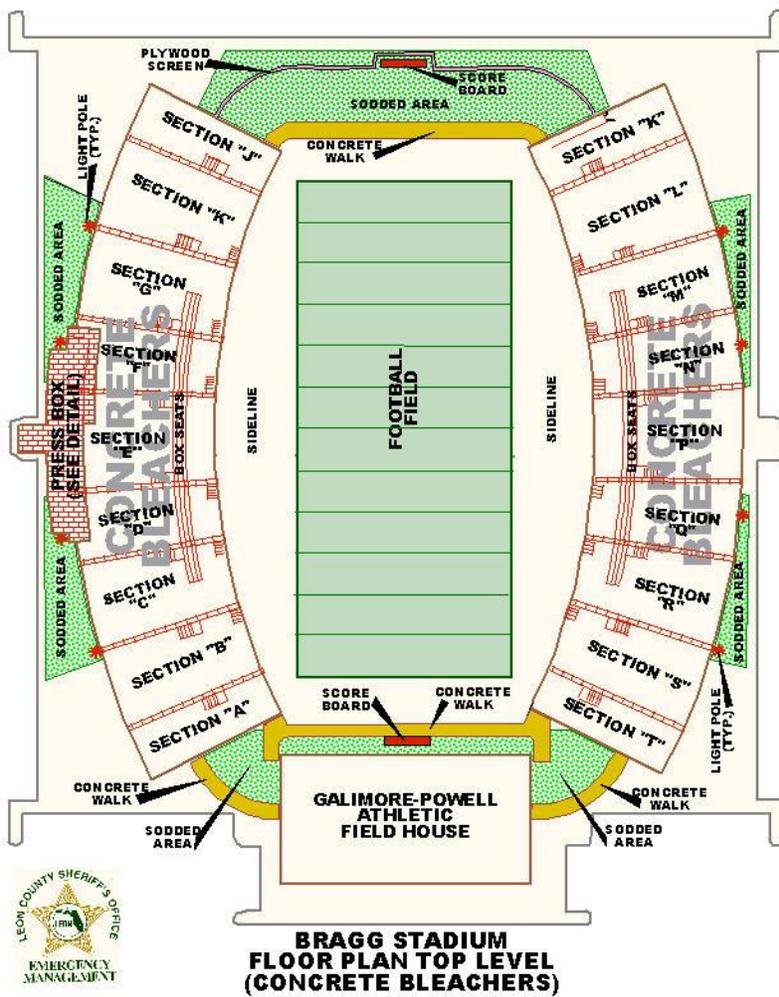
TALLAHASSEE PARKS & RECREATION DEPT. MESSER FIELDS

JACKSON BLUFF RD.

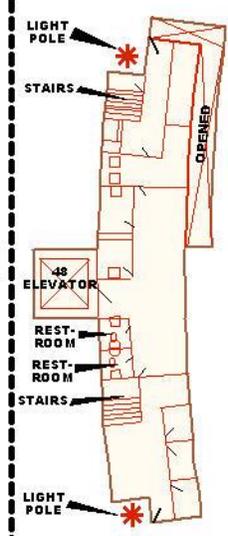


DUPREE ST.

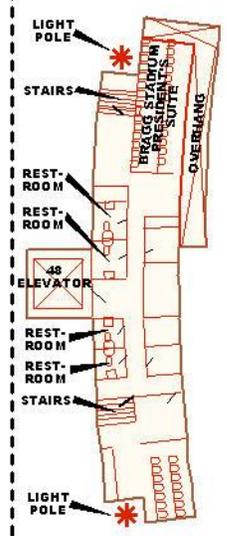
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NOTE:
FOR BRAGG STADIUM
SITE PLAN SEE HOTLINK
"BRAGGSTA.BMP"
FOR LOWER LEVEL SEE
HOTLINK "BRAGGSTB.BMP"



**ENLARGED
DETAIL OF
PRESS BOX
FIRST FLOOR**



**ENLARGED
DETAIL OF
PRESS BOX
SECOND FLOOR**

**BRAGG STADIUM
1601 PERRY STREET
FLORIDA AGRICULTURE
AND MECHANICAL
UNIVERSITY CAMPUS**



BRAGGSTC.BMP

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Rank

Effective: December 31, 2003

Reviewed: September 2008, December 2012, December 2015

Revision: 3

Pages: 1

I. POLICY:

It is the policy of LCEMS to maintain a high level of professionalism and coordination through the use of rank structure.

II. GENERAL INFORMATION:

LCEMS has a formal structure of responsible personnel within the department. Each level has its own level of responsibility and decision making capabilities. The symbols in use represent rank within the EMS department and are used as an easily recognized tool by outside agencies. All personnel will demonstrate a high-level of respect and subordination for higher ranking personnel. The hierarchy and symbols utilized are as follows:

1. Chief – EMS Chief – three stars
2. Deputy Chiefs – Clinical Affairs and Operations – one star
3. Majors – Community Education and Operational Development – oak leaf
4. Captains – Shift Supervisors, Special Ops, Accreditation Manager – two bars
5. Lieutenants – Charge Paramedics – one bar

Officers will be addressed by their rank followed by their last name. For example, if Mary Smith were a Captain she would be addressed as Captain Smith.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Receiving Payments
Effective: June 1, 2005
Reviewed: March, 2005; December 2012, December 2015
Revision: 3
Pages: 2

I. PURPOSE:

To provide a process for the receipt and record of receiving and processing payments received by members of the EMS Division.

II. GUIDELINE:

Payments for EMS treatment and transportation services provided by the County are generally made through the contracted billing vendor utilizing the County controlled lock-box at a designated financial institution.. However, from time-to-time payments are made directly to the EMS Division for these services and for special events and pre-scheduled non-emergency transports where advance payment is required. .

The EMS Division will only accept payments in the following form:

- Personal or corporate check (no starter checks)
- Money Order
- Cashier's Check
- Visa
- Mastercard

No cash will be accepted

All individuals attempting to make a payment shall be referred to the EMS Division administrative offices. Field providers are not authorized to accept payments.

III. PROCEDURE:

Personal / Corporate Checks; Money Orders; Cashier's Checks

All checks and money orders shall be restrictively endorsed immediately upon receipt.

Checks and money orders shall be deposited directly at the County designated financial institution within 24 hours of receipt.

The County's billing / collections vendor shall be notified immediately of payments received

127.00

towards a patient account.

Payments received for special events and pre-scheduled non-emergency transports, not billed by the billing vendor, shall be entered into the County's accounts receivable system.

Credit Card Payments

Credit card payments are generally either from patient accounts and are coordinated through Intermedix or are made for transports that are not covered by insurance. Intermedix will take credit card information on the phone from customers who wish to pay using that method. This information is then processed through the credit card portal Z-pay provided to the finance department to Intermedix, who then processes the credit card payment. However, there are times when credit card payments are made directly to EMS. When this occurs the credit card batches are then sent to the Clerk's Finance Division for further processing. A copy of the receipt is sent to Intermedix so that the patient account can be appropriately credited.

For certain transports, for example organ transport teams, the organizations make credit card payments prior to the transport being completed. These credit card payments are processed by the EMS System Controller. The receipts are then sent to the EMS Billing Coordinator who then processes them and forwards the payment information to the Clerk's Finance Division for final processing.

Deposits

A spreadsheet shall be created for each deposit which provides sufficient detail as to the type of funds; the person who made the payment; the budget account number where funds are to be deposited; and the date of the deposit.

A deposit slip shall be completed for each deposit and attached to the deposit spreadsheet which provides a summary of the type of funds (check or credit card) and total funds being deposited with each deposit.

The spreadsheet and deposit slip shall be reviewed by a supervisor as authorized by the EMS Chief for completeness and accuracy.

Deposits shall be placed in a provided tamper evident bag and delivered to the County approved financial institution.

A copy of the spreadsheet, deposit slip and the bag number of the tamper evident bag shall be immediately forwarded to the Clerk's Finance Division.

Financial information shall be protected and safeguarded in a similar manner as other patient information.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Records Maintenance
CAAS: 103.04.01
Effective: January 2004
Reviewed: January 2010, December 2012, December 2015
Revision: 4
Pages: 1

I. PURPOSE:

The purpose of this Standard Operating Guideline is to describe the storage, retention, and destruction of essential documents.

II. GUIDELINES:

All PHI shall be retained under HIPAA standards. All financial records shall be kept in accordance with Generally Accepted Accounting Practices.

III. PROCEDURE:

- A. Agency records shall be retained for the length of time prescribed by the Florida Department of State General Schedule for Records Management.
- B. Agency records shall be disposed of at the time of and using the method prescribed by the Florida Department of State General Schedule for Records Management.

128.00

128.00

Table of Records Retention

Record	Where Stored	Length of Retention	Method of Disposal	State or Federal Guideline
Dispatch Records	PSC/Emergency Management	30 days. Info related to 9-1-1 1 year	In accordance with EM procedures	GS8 18 GS1 377
Patient Care Reports	EMS Office/ web based	6 years	Overwritten or shredded	45 CFR 164.316 (b) (2)
Financial Records	Clerk's Finance Divison	10 fiscal years	In accordance with Clerk of Court procedures	GS1 317
Vehicle and Equipment Maintenance	EMS Office/ Fleet Management	4 years	Overwritten or shredded	GS8 27 GS1 104
Quality Improvement	EMS Office	5 anniversary years	Overwritten or shredded	GS1 351
Unusual Incidents	EMS Office	5 anniversary years	Overwritten or shredded	GS1 351
Safety Records	EMS Office/ Risk Management	4 anniversary years	Overwritten or shredded	GS1 78
Vehicle Crash Records	EMS Office/ Risk Management	4 anniversary years	Overwritten or shredded	GS1 78
Compliance Program Doc.	EMS Office	6 anniversary years	Overwritten or shredded	GS1 324
Employee Health	HR & Risk Management	30 anniversary years	Overwritten or shredded	GS1 227
Customer Comments	EMS Office	1 year after resolution	Overwritten or shredded	GS1 94
Training	EMS Office	7 years	Overwritten or	GS8 55

128.00

			shredded	
Certification and Credentialing	EMS Office	7 years	Overwritten or shredded	GS8 55
Old Schedules	EMS Office/ web based	7 years	Overwritten or shredded	GS4 126
Controlled Substance Logs	EMS Office	2 years	Overwritten or shredded	Title 21 part 1304.04 Federal Regulation

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Release of Information to the Media
CAAS: 105.03.01
Effective: June 1, 2005
Reviewed: March, 2005, December 2012, December 2015
Revision: 3
Pages: 3

I. PURPOSE:

To provide guidelines for the release of information to the media.

II. GUIDELINE:

LCEMS shall cooperate with the news media through the release of information which will not violate the patient's right to privacy and HIPAA requirements. At all times members of the media will be treated in a professional manner. Information will be released by the County PIO or Chief only after thorough review of the request, which may include consultation with the Privacy/Information Security Officer and County Attorney's Office. Staff members are not permitted to release information to the news media, including patient records or reports at any time unless authorized by the Chief.

III. PROCEDURE:

1. Information and interview requests will be directed to the Community Engagement and Organizational Development Major. When the Community Engagement and Organizational Development Major is not available requests will be directed to Command Staff (Captain or higher). The Chief of EMS will be notified of all media inquiries. The Chief will notify the County PIO and County Administrator.
2. Information releases and interviews will be approved by the County PIO or the EMS Chief, after thorough review of the request by the Privacy/Information Security Officer and the County Attorney's Office, prior to being completed. The exception will be interviews done on the scene of events by Command Staff (on-duty supervisor or higher). In these instances only information such as the type of event, assets being utilized, number injured and basic facts that do not violate patient privacy can be given prior to approval. The following are examples of information that can be released by Command Staff during on the scene interviews:
 - a. Name of hospital. You may provide the name of the hospital to which patients have been transported. (Acceptable Example: The media calls about "the accident at Third and Main earlier this afternoon." You may inform the media "a patient was transported from the accident scene to ABC Hospital."). **THE NAME OF THE PATIENT SHALL NOT BE RELEASED TO THE MEDIA.** It is not

appropriate for us to confirm or deny the identity of a patient. Requests for patient identity should be directed to a law enforcement agency or to the hospital.

- b. Number of patients. You may provide the total number of patients involved in an accident or transported to a facility. You may not indicate specifics about the vehicle a patient was driving or which patient went to a particular facility. (Acceptable Example: You may inform the media that “four patients were transported from the fire at the ABC Chemical Factory. Two were taken to County General and two were taken to the Regional Medical Center.”)
- c. Age & Gender. You may provide the age of a patient and the gender of the patient, unless it could reasonably be used to identify the patient. (Acceptable Example: You may inform the media “a 39 y/o male was transported from the accident on the Interstate.” You would not want to disclose to the media “a 39 y/o male was transported from 124 Main St.”)
- d. Designation of crew members. The designation of crew members as paramedics or EMTs is not protected health information. You may state, for example, that one paramedic and two EMTs were involved in caring for the patients involved in a motor vehicle accident. (DO not identify the names of the personnel who responded). You are not permitted to describe the specific type of care rendered to patients at the scene or on the way to the hospital. Nor may you speculate on what injuries a patient may or may not have sustained. (Acceptable Example: ABC personnel on the scene of the incident included two paramedics and a supervisor and advanced life support was administered.”)
- e. Type of Transport. You may indicate that a particular call was an emergency and that transportation was facilitated by ambulance or helicopter. Do not speculate on the patient’s condition even if you are sure of that condition. For example, do not disclose to a member of the media that a patient was critical or stable unless you are comfortable in knowing this to be their general condition. (Acceptable Example: “Of the 3 patients on the scene of the incident, one was transported by helicopter to the ABC Trauma Center and two were transported as non-emergency patients to the local hospital emergency department.”)
- f. Non-PHI. Information that is not classified as PHI may be released to the media consistent with County policy. For instance, information about a fire response or a standby that did not involve patient care may be released to the media, as may general information about an event. (Acceptable Example: “We treated 45 patients during the two-day festival, and 6 were transported to local hospitals for various heat-related complaints”).
- g. If at any time you are unclear about whether information may be disclosed to the media, always err on the side of caution and do not disclose the questionable item of information.

3. Major incidents and other news worthy events will be immediately reported to the on-duty supervisor. The on-duty supervisor will notify the Chiefs who will then notify the County PIO and County Administrator.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Reporting Off
Effective: June 1, 2005
Reviewed: March 2005, June 2009, December 2012, December 2015
Revision: 4
Pages: 1

I. PURPOSE:

To provide guidelines for EMS field employees to notify LCEMS that they will not be reporting for a pre-scheduled shift.

II. GUIDELINES:

In rare instances, illness or emergencies may arise that will require an employee to call off work. Employees must provide as much notice as possible, preferably 8 hours, so that they can be replaced and their absence does not negatively impact the services provided by LCEMS. To be eligible for sick or annual leave payment the employee must notify LCEMS as soon as the employee knows they will be absent from work.

III. PROCEDURE:

- If outside of 8 hours from the start of the shift, the employee shall utilize the TeleStaff™ system to enter the sick day for the shift. (Note: TeleStaff™ requires supervisor authorization for sick days entered within 8 hours of start time, on a special day, or if the employee has accrued more than 2 sick days in the previous 6 month period.)
- If it is within 8 hours of the start of the shift, or the employee is unable to enter the sick day into TeleStaff™, the employee shall telephone the System Controller at 606-2150 or the on-duty supervisor and provide the following information:
 - Name of employee calling off
 - Shift
 - Nature of circumstances
 - Anticipated date of return
- The System Controller shall notify the on-duty supervisor and enter the shift vacancy into the TeleStaff™ system.
- Unless extended sick leave has been granted, sick leave shall be called in daily by the employee.

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- If an employee is pre-scheduling a sick day due to a procedure, the employee must provide a Physician's excuse to the on-duty supervisor prior to the scheduled procedure date.
- An EMS supervisor may at any time request a physician's note for any sick call in.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Reporting Repairs
CAAS: 203.02.02
Effective: June 1, 2005
Reviewed: March, 2005, October 2011, December 2012, December 2015
Revision: 4
Pages: 2

I. PURPOSE:

To provide guidelines for reporting repairs.

II. GUIDELINES:

All repairs or damage to vehicles, vehicle and medical equipment will be reported to the on-duty supervisor.

III. PROCEDURE:

1. General Information:

- A. All malfunctioning vehicles, vehicle and medical equipment will be reported to the Shift Supervisor or logistics staff. No vehicle perceived to be unsafe will be driven until checked and repaired or deemed safe by Leon County Fleet or the Shift Supervisor on duty. A Repair Request Form must be filled out documenting:
 - Date
 - Time
 - Vehicle #
 - Miles
 - Hours
 - Driver
 - Contact Information
 - Supervisor
 - Work requested and description of the problem
- B. The on-duty supervisor and logistics personnel will coordinate all repairs. The problem will be verified by supervisory personnel before referred for repairs.
- C. As per county policy, all physical damage, however minor, will be reported and an incident report completed. All vehicle damage requires an accident

report.

- D. Repairs, adjustments, alterations and modifications to equipment will be carried out only by qualified persons specifically authorized by Leon County. No employee of LCEMS is to undertake such work unless authorized.
 - E. In the event of equipment malfunction, corrective measures on the part of LCEMS personnel will be limited to verification that line power exists and that all operating controls are in a normal configuration. If such action does not correct the malfunction, the problem will be referred to authorized service personnel, as defined in policy.
2. When a vehicle, vehicular equipment or medical equipment is noted to be malfunctioning; it should be immediately reported to the Shift Supervisor giving the following information:
- A. Item
 - B. Identifying number, serial number or Leon County sticker number
 - C. Location of equipment
 - D. In-service or out-of-service
 - E. Detailed information about problem, in as much depth as possible
 - F. Detailed information about trouble-shooting efforts you have made.
 - F. Make a report in any of the following circumstances:
 - 1. Continued use of equipment may be hazardous;
 - 2. Physical damage of any kind;
 - 3. Failure of any pertinent equipment or system;
 - 4. Tire wear;
 - 5. Mechanical failure of vehicle.
 - 6. Any symptoms indicative of future problems.
3. The Deputy Chief of Operations must be advised immediately when there are no back-up vehicles or equipment available due to maintenance problems.

Forms to Include:

Example of Repair Request Form

Sample Operative IQ Vehicle Repair Request Form

QUESTION	ANSWER	CREW MEMBER	COMMENTS
Crew #1 name			
Crew #2 name			
Shift #			
Date			
Mileage			
When was vehicle problem discovered?			
Was an ambulance run disrupted?			

If Yes, what was your activity?			
Accident Damage			
Body/Cab			
Box/Cab Electrical			
Vehicle Cab			
Cooling System			
Chassis			
Drive Train			

Engine			
Explanation			

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Response Time Standards and Monitoring
CAAS: 201.05.04
Effective: January 2008
Reviewed: January 2009, December 2012, January 2013, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

The purpose of this Standard Operating Guideline is to ensure that the response times to emergency calls for service are monitored for compliance.

II. GUIDELINE:

It is the guideline of LCEMS that every patient will receive a high level of consistent care. Therefore, emergency requests for EMS response will be monitored through CAD data reporting. Response times shall be measured against industry benchmark data (AAA & NFPA 450).

III. PROCEDURE:

1. Responsibilities
 - A. It is the responsibility of EMS Command Staff to monitor, analyze, and report emergency response time data.
 - B. Command Staff will assess operational effectiveness related to response time exceptions.
 - C. Command Staff will continually monitor call patterns, scheduling, and staffing to ensure operationally effective response times.
 - D. Response time reports will be stored in the EMS Central files.
2. Monitored Thresholds: The following are aspirational targets
 - A. Call Processing: 60 seconds to Pre-Alert (Total time to process a call prior to it being assigned to an ambulance; does not include key questioning, pre arrival instructions).
 - B. Unit acknowledgement of call receipt: 30 seconds
 - C. Out of Chute time:
 - Dynamically deployed units – 60 seconds
 - County Stations – 120 seconds
 - D. Emergency Response Time goals:
 - Urban Areas – 8 min, 59 seconds
 - Suburban Areas – 12 min, 59 seconds
 - Rural Areas – 17 min, 59 seconds
 - E. Critical Care Team Request for Service: 60 minutes

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Re-using Medical Equipment
CAAS: 203.05.01
Effective: June 1, 2005
Reviewed: March, 2005, December 2012, January 2013, December 2015
Revision: 3
Pages: 1

I. GUIDELINE:

To ensure a clean and safe environment for our staff and patients it is the policy of LCEMS to clean all reusable medical equipment after each use using currently accepted methods. LCEMS medical equipment designed for single patient use shall be properly disposed of and not re-used.

II. PROCEDURE:

- All reusable medical equipment will be cleaned after each patient use as outlined in the exposure control plan.
- All single use medical equipment will be properly discarded in biohazardous waste receptacles. Single use medical equipment will not be re-used. Replacement equipment can be obtained at EMS Logistics.
- If an ambulance crew exhausts their supply of replacement single-use supplies, the crew will contact the System Status Controller and request permission to go to HQ to resupply from the EMS Logistics.
- Single-use items are any items that the manufacturer has deemed as single-use. These items include and are not limited to trauma dressings, airway adjuncts, oxygen delivery devices, stretcher sheets, IV supplies, and all medications not already in multi-use containers.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Security Plan
Effective: June 22, 2009
Reviewed: December 2012, December 2015
Revision: 2
Pages: 2

I. PURPOSE:

To provide guidelines for EMS facility Security.

II. GUIDELINE:

Public Safety Complex (PSC) EMS Administration

1. The main entrance shall be locked at all times, and staffed by security personnel 24/7. Access is gained by an access card or by identification of personnel by a security guard.
2. The staff entrance will remain locked at all times and access will be controlled with identification and access badges.
3. All visitors must sign in and out of the facility. Visitors will not be unattended while in the facility.
4. Sensitive documents such as Patient Care Records, HIPAA Log, Subpoena Log, and other Protected Health Information will not be kept on the employees' unattended desk.
5. Files containing PHI will be locked at all times when unattended.

Logistics:

The Logistics equipment storage areas will remain locked at all times. Access is limited to Logistics and command staff. This area is under closed circuit recorded video surveillance.

Spare Ambulances: All ambulances not in use will remain locked at all times. The area is monitored by closed circuit recorded video surveillance.

Equipment lockers are located in the Logistics area and are for securing equipment when Logistics or Supervisory personnel are not available to secure the equipment. Lockers will be secured by the lock provided on the lockers. Only Logistics and Supervisory personnel have access to keys. If equipment is placed in a locker the

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Security Plan
Effective: June 22, 2009
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crew will immediately notify the on duty supervisor.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Special Services Pay and Transport Coverage
Effective: July 31, 2006
Reviewed: March 2007, June 2009, December 2012, December 2015
Revision: 4
Pages: 2

I. PURPOSE:

To provide guidelines for employees signing up for and receiving Special Services Pay.

II. GUIDELINE:

Personnel that sign up for Special Services Pay for Out of Town Transports and Tactical Medical Program call will only be on call for that purpose. They will not be on call for regularly scheduled shifts and cannot work a regularly scheduled shift without the approval from the on-duty supervisor. Personnel that sign up for Special Services Pay (SSP) must abide by specific rules and procedures.

III. PROCEDURES:

- Employees shall utilize TeleStaff to sign up for Special Services Pay/Transport call.
- Employees must be available to respond to EMS headquarters and arrive at EMS HQ within 60 minutes.
- Employees must be available for the entire 12 hour shift unless previously agreed upon with the shift Captain of the day.
- The employee cannot be impaired in any way with medication or alcohol during their on call time. The employee must show up in the allotted time with a uniform and any other items needed to complete the shift assignment. The employee cannot turn down any transport or tactical assignment due to the location, partner, type of patient, or amount of time spent on the transport or tactical assignment.
- Employees may not be on call for more than 24 hours at a time without an intervening period of rest.
- Employees are given an appropriate lunch break for each transport depending on the length of the transport; however transport to each location should be accomplished within acceptable time limits.

- If an employee is called in for a transport and the transport is cancelled, the employee will be paid for a minimum of two (2) hours.
- Employees will be paid \$15 for each 12 hour shift on call and paid for each hour actually worked when called in. Each employee will be paid straight or overtime pay based on their actual hours worked. Each employee will be responsible for placing hours worked and call pay on his/her own time sheet.
- A minimum of one Paramedic must be on call for each shift. Second person can be an EMT or Paramedic. Additionally, one designated Critical Care Paramedic (CCP) may also be on-call for specialized critical care transports for each shift. Only one Paramedic will be on call for the Tactical Medical Program.
- The employee must take any transport that comes in during their on call time, even when the transport is close to the end of their call time. A CCP that is on critical care transport call will only be utilized for a specialized critical care transport based on criteria set forth by the medical director. If circumstances warrant, a third crew member may be assigned for selected transports.
- All normal protocols and procedures apply for out of town transports. For specialized critical care transports, the medical director has issued specialized protocols for use by designated Critical Care Paramedics.
- All employees taking a transport must check with dispatch prior to making patient contact to determine special equipment, special treatments, and billing procedures.
- All employees that take a transport must be familiar with the transport destination prior to departure. Computer based routing instructions and maps should be provided to all personnel not familiar with the transport destination. GPS mapping devices are also available for check-out from logistics.
- Any time a patient condition changes while en-route, protocol should be followed and a decision based on the best outcome for the patient should be made by the Paramedic on board. The crew should be familiar with hospitals along the route to the transport destination in case they need to divert to a hospital to stabilize a patient condition.
- The on-duty supervisor has at his or her discretion the ability to send an in service unit on an emergency transport immediately and allow the on call crew to fill in in Leon County. This should only occur when a transport must be sent out immediately.
- Failure to comply with the guidelines for Special Services Pay will result in possible removal from consideration for Special Services Pay in the future.

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Special Services Pay
Effective: June 1, 2006
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LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Shift Change
Effective: June 1, 2005
Reviewed: March 2005, December 2012, December 2015
Revision: 3
Pages: 3

I. PURPOSE:

To provide uniform guidance on shift change and to assure units are ready for service.

II. GUIDELINE:

Fixed Station Units

Start of shift

- Shift change will occur at the County station.
- Secure the keys from the off going crew; this will be done face to face.
- The crew will utilize the on-board computer to sign on duty and contact control on channel one at the beginning of the shift.
- A daily vehicle inspection checklist will be completed by crew members. The logistics staff will be notified via Operative IQ if equipment is needed to restock the ambulance.
- Check the stretcher. Employees must be familiar with the style and model in use. The stretcher must be checked to be certain it raises and lowers smoothly. Check for breaks or cracks in the aluminum, especially around stress points such as wheel areas and flexor points. Inspect all seams, welds, connections, cotter pins or rivets. If any defect is noted, no matter how minor in appearance, it must be reported to the on-duty supervisor and the stretcher shall be replaced with a spare and the defect repaired.
- Inspect the ambulance and report any new damage to the on-duty supervisor.
- Wash the ambulance.
- Clean and wipe down the inside of the ambulance.
- Refuel if needed.

End of shift

- Before the end of the shift assure that the unit is clean inside and out, free of dirt, body fluids, drink cans, food wrappers and garbage.
- Before the end of the shift assure that all patient care records are completed and uploaded to the server.
- Delete all non-essential data from the Lifepak.
- During the face to face transfer, assure that equipment that was used during

your shift has been restocked.

- Assure that you leave the keys with the on coming shift.

Dynamically Deployed Units

Start of shift

- Shift change will occur at headquarters
- Report to the logistics office before the scheduled start time of your shift.
- Units will be assigned by the logistics personnel or on-duty supervisor.
- Sign out controlled items from logistics or the on-duty supervisor:
 - Controlled drugs
 - Keys
 - Mobile phone
 - Tough book
 - Portable radio (when needed)
- Check the unit for essential equipment. If equipment needs replaced notify either logistics or the on-duty supervisor.
- Inspect the ambulance and complete the daily vehicle checklist. Report any new damage or deficiencies to the on-duty supervisor.
- Check the stretcher. Employees must be familiar with the style and model in use. The stretcher must be checked to be certain it raises and lowers smoothly. Check for breaks or cracks in the aluminum, especially around stress points such as wheel areas and flexor points. Inspect all seams, welds, connections, cotter pins or rivets. If any defect is noted, no matter how minor in appearance, it must be reported to the on-duty supervisor and the stretcher shall be replaced with a spare and the defect repaired.
- The crew will utilize the on-board computer to sign on duty and call available on channel one at the beginning of the shift.
- If the vehicle is dirty, wash it.
- While at post the interior of the vehicle will be wiped down with disinfectant solution.

End of shift

- Do not return to Headquarters for shift change until given permission from control.
- Before the end of the shift assure that the unit is clean inside and out, free of dirt, body fluids, drink cans, food wrappers and garbage.
- Fuel the unit.
- Assure that equipment that was used during your shift has been restocked.
- Turn in all controlled items and the daily end of shift report (item usage report) to the logistics personnel or on-duty supervisor.

- Complete all patient care records and ensure reports are uploaded.

III. GENERAL

- In the event of a late call past shift change, the off-going crew will not be responsible for refueling the truck, however, they may not leave without cleaning up the ambulance and equipment.
- Unless released by the on-duty supervisor, all off-going LCEMS crew members must wait until their scheduled relief arrives before leaving.
- All patient care records must be completed and exported before leaving work for the day.
- If an oncoming crew finds a vehicle in poor condition (inventory/cleanliness), the on-duty supervisor will be notified.
- Report all missing, damaged or malfunctioning equipment or vehicles to the on-duty supervisor and complete an Incident Report Form.
- Report problems with Toughbooks or network to EMS – MIS or the on-duty supervisor.

LEON COUNTY E.M.S. Standard Operating Guideline

Title:	Storage, Use and Replacement of Time Dated Drugs and Supplies
CAAS:	203.03.02
Effective:	January 1, 2004
Reviewed:	March 2008, October 2011, December 2012, December 2015
Revision:	3
Pages:	2

Kim Landry, MD – Medical Director

I. PURPOSE:

To provide a guide for meeting requirements of DEA and FL State Bureau of EMS on non-controlled drugs, IV fluids and dated supplies.

II. GUIDELINE:

All requirements of the DEA and FL State Bureau of EMS on non-controlled drugs, IV fluids and dated supplies will be met by LCEMS. Non-narcotic medications and IV fluids not assigned to vehicles will be stored in a locked climate controlled storeroom in the EMS Division.

III. PROCEDURE:

Non-Controlled Drugs, IV Fluids and Dated Supplies (Controlled Drugs– Refer to SOG 407.00)

1. Vehicle Inventory

On the first of the month, the Shift Supervisor will have the on-duty LCEMS crew's inventory and confirm date compliance of all drugs, IV fluids and dated supplies on the ambulances, using the monthly Vehicle Drug, IV Fluid and Dated Supplies Expiration Inventory Form. All outdated non-narcotics or damaged drugs, IV fluids, or dated supplies will be pulled and stored in the "Expired Drugs Box" located in the Soiled Utility Room until they are properly disposed of by the Supply Technician.

2. Inventory/Ordering of Narcotic and Non-Narcotic Medications, IV Fluids and Dated Supplies

A. Monday through Friday, the department's Supply Technicians monitor all supply room item levels and orders stock PRN.

B. During the first week of each month, the process includes inventory of supplies and checking the expiration dates of all IV fluids, narcotic medications,

non-controlled drugs and dated supplies in stock. Any out-of-date items will be removed and replaced. The non-narcotic out-of-date items will be stored in the “Expired Drugs Box” located in the Soiled Utility Room until they are properly disposed of.

C. Narcotic medications expired will be stored in a locked box designated as expired narcotics and will be disposed of by the Logistician in accordance with DEA standards by a DEA approved reverse distributor. Proper DEA forms will be completed and filed (Refer to SOG 407.00)

D. Depleted IV fluids, non-narcotic medications and dated supplies in the ambulances will be resupplied via the LCEMS Supply Technicians or EMS staff.

3. Temperature Extremes

A. The temperature in drug cabinets aboard ambulances will be monitored and documented daily as part of the vehicle check-in process. If a cabinet is found to be out of compliance with established standards then the crew will immediately notify the on-duty supervisor and logistics personnel to replace all medications and IV fluids in the cabinet found out of compliance.

B. Temperature in the drug cabinets will be monitored by portable thermometers that will mark the highest and lowest temperatures reached, allowing the crew members to know, upon truck check in, that the medications and IV fluids were exposed to extreme temperatures.

C. Medication and IV fluids will be removed from the drug cabinets if temperatures reach, or exceed, 104° F (40° C) and discarded (this is defined as “extreme heat” by the United States Pharmacopeia 10.30.80.). Medications and IV fluids will also be removed and discarded if temperatures in the drug cabinet drop below 14° F (-10° C) (this is defined as the highest degree of “freezer” range by the United States Pharmacopeia 10.30.10.).

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Subpoenas & Summonses
Effective: May 2, 2005
Reviewed: December 2012, December 2015
Revision: 1
Pages: 2

I. PURPOSE:

To provide uniform guidance on the receiving and handling of subpoenas and summonses by the EMS Division. This guideline only applies to requests for an employee to appear and does not apply to medical records requests. Subpoenas received for medical records requests will be handled in accordance with the County and Division HIPAA policies, guidelines and procedures.

This guideline does not apply to accepting subpoenas and summonses related to personal matters of employees.

II. GUIDELINE:

The EMS Division will accept subpoenas for all current employees and then assure that the subpoena is immediately delivered to the employee. In doing this the EMS Division will comply with Board Policy No. 04-1 titled "Service of Process of Summonses and Subpoenas."

III. PROCEDURE:

1. Subpoenas will be accepted by an EMS office or administrative employee on behalf of the employee being served. The EMS staff personnel will assure that the employee identified on the subpoena is currently employed at Leon County EMS prior to accepting the subpoena.
2. After acceptance, the subpoena will be stamped with the EMS received date stamp, along with the initials of the person who accepted it.
3. Subpoenas will be entered into the electronic subpoena log.
4. The subpoena will be scanned and e-mailed to the employee identified on the subpoena
5. The original subpoena will be scanned and electronically stored in the EMS document manager
6. The EMS staff personnel will notify the Deputy Chief of Administration to review the subpoena. If deemed necessary by the Deputy Chief of Administration, the County Attorney's office will also be notified.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: SunPass® Use Policy
Effective: January 26, 2007
Reviewed: December 2012, December 2015
Revisions: 1
Pages: 4

I. PURPOSE:

To provide guidelines on the use of SunPass for official Leon County Business.

II. GUIDELINE:

1. SunPass will be stored in the Safe at Logistics. In the Radio Frequency (RF) protective bag.
2. SunPass will be signed out prior to any official travel to areas where tolls may have to be paid.
3. It is the responsibility of the employee using the SunPass to assure proper use of the SunPass and to assure proper attachment to the vehicle.

Where can you use SunPass:

SunPass works on Florida's Turnpike, local expressways and most bridges. When approaching a toll plaza look for the SunPass, E-Pass, O-Pass or LeeWay logos as your transponder will work on all of these roads and bridges.

There are three (3) types of SunPass lanes – view description below and become familiar with the procedures:



These lanes have been installed exclusively for SunPass customers, and therefore are not equipped with toll attendants or coin-operated toll baskets. As a SunPass user, you have the ability to drive straight through these lanes at speeds up to 25 mph.



These lanes are for cars only, no trailers. They are equipped with both traditional, coin-operated toll hardware and SunPass readers. Because of their multiple functions, SunPass customers using these lanes must be careful to watch the vehicles in front of them to determine whether they will stop and pay with change. Even if the lane is clear, **you must come to a stop** and wait for the light to turn green and the gate to rise. Once you hear your transponder beep, the toll has been collected and it is safe to proceed.



These lanes are equipped with both SunPass readers and toll plaza employees who will provide change. Because of their multiple functions, SunPass customers using these lanes must be careful to watch the vehicles in front of them to determine whether they will stop and pay with change. If the lane is clear, you still must come to a complete stop and wait for the light to turn green and the gate to rise. Once you hear your transponder beep, the toll has been collected and it is safe to proceed. **If you are paying with cash, be sure your transponder is in the silver RF bag.**



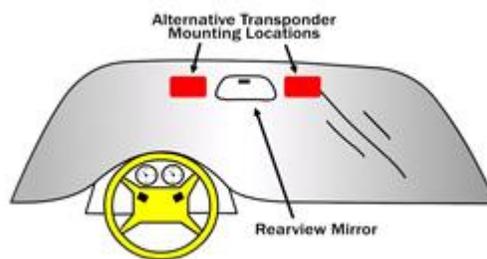
Installing the Transponder:

You are required to properly mount your transponder. Handholding the transponder often causes inconsistent communications between the transponder and the lane reader, which can lead to Uniform Traffic Citations

Suction cups attached to the SunPass now make it easier than ever to mount the transponder to the windshield.



Position the transponder horizontally on the windshield so it is to the right or left of the rearview mirror -- see drawing. It must also be at least 2 inches below the windshield frame.



Alternative transponder mounting locations

If the windshield has a solar tint stripe, install the transponder at least 2 inches below the stripe. Be careful not to position the transponder so it obstructs the drivers forward view.

Transponder “Lights and Sounds”

When you pass through a SunPass toll lane, your transponder will provide information via both lights and sounds (audio tones).

The chart below explains the various combinations of lights and sounds.

If the light is:	And the tone is:	It means:
 Long Green	High	Toll paid - go ahead.
No Light	High Low High Low	Toll paid- go ahead- but you have a low balance in your account.
No Light	Low Low Low	This means one of three things: <ol style="list-style-type: none"> 1. Your transponder is invalid. 2. Your batteries are low. 3. Toll was not paid and you have insufficient funds in your account. Place transponder in silver bag and pay cash. Call 1-888-865-5352
 Flashing Green	High High	Your account has been replenished - toll was paid - go ahead.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Time Sheets
CAAS: 106.02.01
Effective: June 1, 2005
Reviewed: March 2005, October 2008, December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

To provide guidelines for time sheet completion for EMS field employees.

II. GUIDELINE:

- Each employee is responsible for completing and signing their own time card and submitting it by the last Saturday of the pay period to the on-duty supervisor.
- The number of hours worked shall be recorded on the actual day worked. Each workday starts at 1200 am – midnight and goes until 1159 pm.
- It is the responsibility of the employee to record the number of hours of any shift differentials owed to the employee.
- Failure by an employee to submit a time sheet to the supervisor or failure to record all hours worked by the established deadline will result in the hours not reported being paid in the next pay period. Missed time is to be reported at the end of the next pay period on a paper timesheet.
- You must accurately record your hours worked. No one may record hours worked for another person. Falsely recording hours worked or tampering with another's time record may be cause for immediate termination. In the unusual occurrence of an error with the recording of your time you must immediately notify the on-duty supervisor.
- Fixed Station Units who work in the System Status Management plan may claim System Status Shift Differential, as outlined in the pay plan. The number of hours worked in the System Status Management Plan must be recorded on the appropriate line of the time sheet.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Tobacco Free
Effective: June 1, 2005
Reviewed: March 2005, December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

To provide guidelines for tobacco use by EMS employees while on duty.

II. GUIDELINE:

- Emergency Medical Service (EMS) employees are prohibited from using any and all tobacco products, including smokeless tobacco and E-cigarettes, while working and during scheduled work hours. Consistent therewith, tobacco products are strictly prohibited in EMS vehicles or buildings (City or County). This applies to volunteers, students, interns and visitors (including EMS employees who may be on premises, but not working or scheduled to work).
- EMS recruitment announcements shall clearly state that EMS employees will be working in a tobacco free environment.
- Violations of this policy shall result in disciplinary action up to and including termination from employment, and subject violators to fines of up to \$500.00 in accordance with Section 386.208, Florida Statutes.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Uniform & Appearance Standards
CAAS: 106.07.01
Effective: August 20, 2004
Reviewed: February 2007, December 2012, December 2015
Revision: 3
Pages: 10

1. **PURPOSE** – The purpose of this guideline is to establish the official Leon County E.M.S. uniform and personal appearance standards.
2. **SCOPE** – This guideline applies to all certified and logistics personnel of Leon County E.M.S. All non-certified staff will follow the dress code as outlined in the Leon County Human Resources Policy and Procedure manual Section II – Conduct.
3. **DISCUSSION** – LCEMS requires its employees to present themselves in a professional well groomed manner. The appearance and grooming of our employees is extremely important in conveying our professionalism. The LCEMS uniform and the personal appearance of LCEMS team members influences the prestige of the service and the status of the agency in the eyes of the public.
4. **GUIDELINES**–Leon County E.M.S. shall govern the appearance of its employees. All employees are expected to be properly groomed and uniformed at all times as prescribed herein.
5. **PROCEDURE**
 - a. **General guidelines :**
 - i. The official LCEMS uniform and all accessories will be of the style, color and type of material designated by the Chief.
 - ii. LCEMS personnel shall be required to wear their prescribed duty uniforms and accessories when reporting for duty, training or court appearances. If an employee appears for work improperly dressed or groomed they will be sent home and may be directed to return to work in the proper uniform appropriately groomed. If this should occur the employee will not be paid for the time away from work and will be subject to disciplinary action.
 - iii. While on duty employees will keep an extra clean uniform at the duty location.

- iv. All employees will present a neat, clean and professional appearance. All clothing and uniforms must be clean and pressed.
- v. Fingernails shall be clean and neatly trimmed. Clear nail polish, devoid of pigmentation may be worn. For infection control reasons acrylic nails are not permitted.
- vi. Cosmetics and make-up will be subdued. No heavy or dramatic effects are permitted.
- vii. Perfumes and colognes must be minimal and should not be a heavy fragrance that dominates a room.
- viii. Eyewear must be conservative and professional in appearance.
- ix. Neck accessories that could be used to incapacitate an employee or that are visible above the uniform collar are prohibited.
- x. One ring may be worn per hand. Wedding sets worn on the same finger constitute one ring.
- xi. Only female employees may wear one post earring per ear not to extend beyond the earlobe. Male employees may not wear any style or type of earrings.
- xii. Visible non-ear or visible tongue rings of any kind will not be allowed.
- xiii. Hairstyles shall be conservative and well groomed at all times. No hairstyle that creates an unduly singular, odd or unusual appearance may be worn. Hair glitter, unusual colors, and / or sparkling hair pieces are not permitted.

1. Male hairstyles

- a. The hair shall not lap over the shirt collar nor protrude over the ears.
- b. Sideburns shall be uniform from top to bottom, non-flared, neatly trimmed and not be excessively heavy or bushy. Side-burns shall be cut horizontally along the side of the face and shall not extend below the middle of the earlobes.
- c. Mustaches and goatees are authorized and shall be of conventional type, neatly trimmed and not present a

bushy or unkempt appearance. A mustache shall not extend onto or over the upper lip. All other areas of the face must be freshly shaved. Facial hair cannot interfere with respirator / N95 mask fits.

2. Female hairstyles

- a. Hair should not extend below the lower edge of the uniform collar. Longer hair must be pulled up or may be secured to or on the head using clasps, pins, barrettes or bands. These shall be the color of the hair, the uniform or uniform brass and shall be functional not decorative in nature.

b. **Standard Field Uniform Specifications**

- i. Headgear – Only hats approved by the Chief are permitted to be worn. Hats will be worn with the title to the front of the head with the lower edge of the sweatband no more than one-half inch above the eyebrows. Hats are not issued by LCEMS.
- ii. Shirts – The red polo style shirt provided by the County is the standard uniform shirt. Undershirts shall be white in color and not extend past the shirt sleeve.
- iii. Accessories – Only accessories issued by LCEMS will be worn on the uniform.
- iv. Badge – The Leon County E.M.S. badge shall be agency issue. It will be worn on the trouser belt in a location that is visible from the front.
- v. Public Safety Complex (PSC) security name tag – The name tag shall be County issued and worn in a manner that makes it easily readable from the front.
- vi. Insignias, emblems and pins – No emblems, medals, insignias, pins or patches will be worn on the uniform shirt except those issued by LCEMS or specifically authorized by the Chief.
- vii. Trousers – The standard uniform trousers shall be County issued dark blue “EMS” pants. They will be properly tailored and fit around the waist. Proper length is determined by the front crease touching midway on the instep of the shoe. All pocket buttons and closures will remain closed and must be replaced when necessary.
- viii. Trouser belt – The uniform trouser belt shall be County approved. A black leather basket weave belt that fastens with a gold or silver

tone metal buckle or a black nylon style belt with black buckle is to be worn. The buckle shall be in proportion to the belt width. Decorative or ornamental type buckles with insignias, names or logos are not permitted. Only approved items appropriate for the job may be worn on the belt.

- ix. Footwear – Footwear shall be made of black leather or simulated leather composition and approved by the County. They must present a polished and clean appearance. Pants may not be worn inside the boots. If socks are visible they must be dark in color. If white socks must be worn for purposes of foot hygiene, they will be worn under the dark socks.
- x. Uniform jackets – The uniform jacket shall be County issued and worn as required over the standard uniform. No other style or type jacket may be worn unless specifically approved by the Chief. Sergeants and above shall display their rank by wearing the County issued rank insignias on the collar of the jacket. The EMT or Paramedic patch will be displayed on the right sleeve one half inch below the shoulder seam, centered on the sleeve and the LCEMS patch will be displayed on the left sleeve one half inch below the shoulder seam, centered on the sleeve. No other accessories shall be worn on the uniform jacket unless specifically approved by the Chief.
- xi. Rain jackets – The rain jackets shall be County issued and worn as required over the standard uniform. No other style or type of rain jacket may be worn unless specifically approved by the Chief.

c. **Class “B” Uniform Specifications**

- i. Class “B” uniforms shall be worn by Supervisors while on duty as the field operations supervisor. Field personnel may wear Class “B” uniforms as long as both crew members on a unit are wearing the same uniform style. Any personnel may be required to wear the Class “B” uniform at the direction of the Chief. Uniform areas not specifically addressed in this section default to the standard field uniform specifications.
- ii. Shirts – A white short sleeve uniform shirt with sewn in military creases and epaulets is the class “B” uniform shirt. During winter months a long sleeve white uniform shirt with sewn in military creases and epaulets may be worn. All shirt pockets will remain secured at all times. A white crewneck unadorned tee shirt will be worn under the uniform shirt. Buttons must be replaced when necessary. Undergarments may not extend past the shirt sleeve.

- iii. Accessories – Only accessories issued by LCEMS will be worn on the uniform.
- iv. Badge – The Leon County E.M.S. badge shall be agency issue. It will be worn centered above the left shirt pocket in the appropriate openings provided.
- v. Nameplate – The nameplate shall be County approved and worn centered over the right shirt pocket. The pins shall be inserted against the top of the pocket flap and centered on the middle seam of the pocket.
- vi. Collar brass – The collar brass shall be County issued and worn on the end of the collars at the lowest part parallel to the base. Ranked employees will wear their rank insignia in place of the collar brass.
- vii. Insignias, emblems and pins – No emblems, medals, insignias, pins or patches will be worn on the uniform shirt except those issued by LCEMS or specifically authorized by the Chief.
 1. Rank insignia – The rank insignia shall be County issued and will be worn on the end of the collars at the lowest part parallel to the base.
 - a. Chief – three stars
 - b. Deputy Chief – one star
 - c. Medical Director – star of life
 - d. Major – oak leaf
 - e. Captain – two bars
 - f. Lieutenant – one bar
 2. Pins - A pin of the American flag may be worn centered one quarter inch above the nameplate. No other flag pins will be displayed. If a CAAS pin, FTO pin, tactical medic pin, and/or Critical Care pin is also going to be worn, it/they will be one quarter inch above the name plate and the American flag pin will be one quarter inch above it/them. CAAS, tactical medic, and critical care pins will be standardized and approved by the Chief.
 3. Award pins/bars may be worn ¼ inch above the nameplate, below a specialty pin (CAAS, FTO, tactical medic, critical care). If a member has two award pins/bars, they will be worn side by side, centered ¼ inch above the nameplate. All award pins/bars will be standardized and approved by the Chief.

4. An EMT or Paramedic insignia patch shall be affixed to the right sleeve one half inch below the shoulder seam and centered to the epaulet of the uniform shirt.
5. A LCEMS insignia patch shall be affixed to the left sleeve one half inch below the shoulder seam and centered to the epaulet of the uniform shirt.

d. Class “A” - Dress Uniform Specifications

- i. Class “A” dress uniforms will be worn to functions as directed by the Chief. Uniform areas not specifically addressed in this section default to the standard uniform specifications.
- ii. Headgear – hats will not be worn as part of the dress uniform.
- iii. Shirts – A white long sleeve uniform shirt with sewn in military creases and epaulets is the dress uniform shirt. All shirt pockets will remain secured at all times. A white crewneck unadorned tee shirt will be worn under it. Buttons must be replaced when necessary.
- iv. Tie – The standard uniform tie, as specified below, shall be worn as a part of the Class A uniform.
 1. Female tie specifications
 - a. The tie tab is the standard uniform tie for female employees. The tie tab is a navy blue or black inverted-V, with self-fastening tails.
 - b. The tie must not have a design or sheen. The fabric for ties can be polyester, wool, synthetic, or blends. The tie shall not have a visible fastening button.
 2. Male tie specifications
 - a. The standard uniform tie shall be pre-tied and either clip-on or Velcro quick release style.
 - b. The tie must not have a design or sheen. It can be 2 or 3 inches wide and may be tapered at the center with a pointed end. The fabric for ties can be polyester, wool, synthetic, or blends and shall be navy blue or black in color.
- v. Accessories – Only accessories issued by LCEMS will be worn on the uniform.

- vi. Badge – The Leon County E.M.S. badge shall be agency issue. It will be worn centered above the left shirt pocket in the appropriate openings provided.
- vii. Nameplate – The nameplate shall be County issued and worn centered over the right shirt pocket. The pins shall be inserted against the top of the pocket flap and centered on the middle seam of the pocket.
- viii. Collar brass – The collar brass shall be County issued and worn on the end of the collars at the lowest part parallel to the base. Ranked employees will wear their rank insignia in place of the collar brass.
- ix. Insignias, emblems and pins – No emblems, medals, insignias, pins or patches will be worn on the uniform shirt except those issued by LCEMS or specifically authorized by the Chief.
 - 1. Rank insignia – The rank insignia shall be County issued and will be worn on the end of the collars at the lowest part parallel to the base.
 - a. Chief – three stars
 - b. Deputy Chief – one star
 - c. Medical Director – star of life
 - d. Major – oak leaf
 - e. Captain – two bars
 - f. Lieutenant – one bar
 - 2. Pins - A pin of the American flag may be worn centered one quarter inch above the nameplate. No other flag pins will be displayed.
 - 3. An EMT or Paramedic insignia patch shall be affixed to the right sleeve one half inch below the shoulder seam and centered to the epaulet of the uniform shirt.
 - 4. A LCEMS insignia patch shall be affixed to the left sleeve one half inch below the shoulder seam and centered to the epaulet of the uniform shirt.
- x. Trousers – The dress uniform trousers shall be County issued dark blue trousers. They will be properly tailored and fit around the waist. Proper length is determined by the front crease touching midway on the instep of the shoe. All pocket buttons and closures will main closed and must be replaced when necessary.

- xi. Trousers belt – The uniform trousers belt shall be County approved. A black leather basket weave belt that fastens with a gold or silver tone metal buckle is to be worn. The buckle shall be in proportion to the belt width. Decorative or ornamental type buckles with insignias, names or logos are not permitted. Nothing may be worn on or hanging from the belt.
- xii. Footwear – Footwear shall be made of black leather or simulated leather composition low quarter shoes as approved by the Chief. They must present a polished and clean appearance. Pants may not be worn inside the boots. If socks are visible they must be dark in color. If white socks must be worn for purposes of foot hygiene, they will be worn under the dark socks.

e. Court Appearances

- i. Employees appearing for Court, including depositions, while representing Leon County shall wear a Class “B” uniform with the following exceptions:
 - ii. Shirts – A white long sleeve uniform shirt with sewn in military creases and epaulets is the dress uniform shirt. All shirt pockets will remain secured at all times. A white crewneck unadorned tee shirt will be worn under it. Buttons must be replaced when necessary.
 - iii. Tie – The standard uniform tie, as specified below, shall be worn.
 - 1. Female tie specifications
 - a. The tie tab is the standard uniform tie for female employees. The tie tab is a navy blue or black inverted-V, with self-fastening tails.
 - b. The tie must not have a design or sheen. The fabric for ties can be polyester, wool, synthetic, or blends. The tie shall not have a visible fastening button.
 - 2. Male tie specifications
 - a. The standard uniform tie shall be pre-tied and either clip-on or Velcro quick release style.
 - b. The tie must not have a design or sheen. It can be 2 or 3 inches wide and may be tapered at the center with a pointed end. The fabric for ties can be polyester, wool, synthetic, or blends and shall be navy blue or black in color.

f. Public Relation / Special Event Specifications

- i. Employees representing the agency at public relation events shall wear the Class “B” uniform in accordance with the specifications above.
- ii. The Chief may authorize special event uniforms to be worn to a specific event. All employees assigned to the event will wear the specified special event uniform.

g. Training Specifications

- i. Employees attending training, who are being paid by the County for attending the training, shall wear the standard field uniform.

h. Other County Clothing

- i. All non-uniform clothing that contains emblems and / or the name of the County or E.M.S. Division shall be considered property of the County and shall be governed by sections i. Agency Issued Equipment and Uniforms and j. Employee to Surrender Agency Property of this SOG.
- ii. Employees assigned to non-field duties, excluding training, are permitted to wear approved clothing containing the emblems and / or the name of the County or E.M.S. Division while assigned to those duties. Employees must maintain a professional appearance consistent with Section II of the Leon County Human Resources Policy and Procedure manual.

i. Agency Issued Equipment and Uniforms:

- i. Certain items of equipment and uniforms will be issued by LCEMS for use by employees while performing their job functions for Leon County. Initial issue of such items will be done at the expense of the County. Employees receiving equipment and uniforms will inventory and sign for each item and is responsible for its safekeeping, care and return. Equipment, uniforms and uniform components provided by the County will at all times remain the property of Leon County and shall only be used while working for Leon County and shall not be worn while off duty or when working for another employer. Further when off duty, LCEMS uniforms in part or whole will not be worn into drinking establishments, for unauthorized political activities or at other locations that could damage the reputation of LCEMS or Leon County.
- ii. Issued property rendered not usable through normal wear and tear or that becomes unacceptable in appearance will be exchanged at LCEMS expense. This requires returning the item(s) for reissue of new item(s). Such reissue requires supervisor approval.

- iii. Loss or damage of items by neglect, misuse or abuse will be replaced at the employee's expense. Loss or damage of issued equipment in this circumstance by the employee shall be documented on a LCEMS incident report form and directed to the on-duty supervisor.
- iv. Theft or damage of any item(s) issued as a result of a criminal act shall be reported to the appropriate law enforcement agency. Such item(s) properly justified as stolen or damaged through no negligence of the employee will be replaced at LCEMS expense. A copy of the investigative report and a completed LCEMS incident report form shall be directed to the on-duty supervisor.

j. Employee to Surrender Agency Property

- i. Whenever an employee is suspended from regular duty, his/her identification card and badge shall be retained by on-duty supervisor during the period of suspension.
- ii. Upon separation from LCEMS all uniforms and other County property issued to an employee shall be returned and inventoried. The employee will be financially responsible for any uniforms or equipment not returned, lost or damaged above normal wear and tear.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Use of Electronic Mail and Facsimile Transmissions
Effective: July 2005
Reviewed: December 2012, December 2015
Revision: 2
Pages: 3

I. PURPOSE:

To provide guidelines on the use of electronic mail and facsimile transmissions.

II. GUIDELINE:

Leon County EMS Division is responsible for ensuring the privacy and security of all patient information that we create, receive, or use under both the Privacy Regulations (Privacy Rule) and the Security Regulations (Security Rule) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Facsimile transmission is a common method for general communication, sending and receiving patient information. We need to ensure that faxes are sent to and received by the proper person.

In the event that e-mail and faxes are sent to or received by a person not designated to receive the information, it is important to provide notices and disclaimers on these transmissions to alert the receiving party that the transmission may be confidential and to give them steps they should take to alert us and to return the transmitted information.

III. PROCEDURE

Electronic Mail

1. Electronic mail is intended to be used as a tool to facilitate communications and the exchange of information. Staff members are required to check email regularly.
2. Occasional personal use is permissible so long as:
 - a. It does not consume more than a trivial amount of resources
 - b. Does not interfere with staff member productivity

- c. Does not take priority over County business
 - d. Comports with our e-mail use and harassment policies
 - e. Complies with County Policy on email use.
3. In all cases, users of our electronic mail system have an obligation to use it appropriately, effectively, and efficiently.
4. Staff members must be aware that e-mail can be forwarded, intercepted, printed and stored by others. Therefore, users must utilize discretion and confidentiality protections equal to or exceeding that which is applied to written documents.
5. E-mail accounts and passwords should not be shared or revealed to anyone else besides the authorized users
6. All electronic mail transmissions that contain confidential information originating from LCEMS staff members must contain, at the minimum, a signature section that contains the following information:
 - a. The sender's full name
 - b. Leon County EMS Division
911 Easterwood Dr
Tallahassee, Fl 32311
Phone – 850- 606-2100
Fax – 850-606-2101
7. Below the signature section, the following notice and disclaimer must appear in all transmissions from LCEMS staff members in at least 10 point font:

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential, propriety, and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy, or distribute this e-mail message or its attachments. If you believe you have received this e-mail and message in error, please contact the sender by reply e-mail and telephone immediately and destroy all copies of the original message.

Facsimile Transmissions

1. As with e-mail transmissions, the transmission of documents by facsimile machine requires similar protections and safeguards.
2. Must use the Leon County Emergency Medical Services cover sheet. If not available then use #3.

3. All facsimile transmissions that contain PHI must contain a cover sheet that includes at a minimum, the following information:
 - a. Leon County EMS
 - b. Name of the intended recipient
 - c. Name of sender
 - d. Facsimile number of the recipient
 - e. Telephone number of the sender
 - f. Date of the transmission
 - g. The number of pages in the transmission

4. At the bottom of the facsimile cover sheet, the following notice and disclaimer must appear in at least 10 point font:

CONFIDENTIALITY NOTICE: This facsimile transmission is confidential and is intended only for the review of the party to whom it is addressed. It may contain propriety, and/or privileged information protected by law. If you are not the intended recipient, you may not use, copy, or distribute this facsimile message or its attachments. If you believe you have received this transmission in error, please immediately telephone the sender above to arrange for its return.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Use of Mobile / Cellular Devices
Effective: June 1, 2005
Reviewed: March 2005, December 2012, December 2015
Revision: 2
Pages: 1

I. PURPOSE:

1. To serve as a back-up communications device when there is a failure of either the radio or telephone system.
2. To augment communications for on-duty supervisors in implementing system coordination.

II. GUIDELINE:

1. LCEMS shall provide constant communications with field staff and administration. The cellular telephone will be considered part of the LCEMS communications system.
2. County mobile / cellular telephones issued to field staff will be used for county business. Employees making emergency personal phone calls will be responsible for paying fees associated with personal use and must report personal use in writing to the on-duty supervisor.
3. Drivers of county vehicles shall only use mobile / cellular devices while utilizing a hands free adapter.
4. Use of personal mobile / cellular devices while in the public or with a patient is not permitted. They shall be kept in a silent or vibrating alert ring and shall not be answered.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Work Schedule
Effective: June 1, 2005
Reviewed: March 2005, August 2007, January 2010, April, 2011, December 2012, December 2015
Revision: 6
Pages: 4

I. PURPOSE:

To provide guidelines for the scheduling of EMS field employees.

II. GUIDELINES:

Due to the unique nature of the positions in EMS, scheduling of work hours will be made at the sole discretion of Leon County which will include night, weekend and holiday shifts. LCEMS reserves the right to schedule any employee at any time or change the schedule in accordance with its needs. All attempts will be made to notify the employee of any changes in a posted schedule. It is your responsibility to work your entire scheduled shift, unless you have been pre-approved for time off. No guarantee or promise as to what shift any particular EMS employee will be scheduled can be made. At no time will an employee be scheduled to work more than 24 hours straight in a 32 hour period; unless approved by the Chief or a Deputy Chief, no exceptions. Every effort will be made to ensure that employees have a minimum of 8 hours rest between consecutive shifts

III. PROCEDURE:

1. The TeleStaff system will be utilized for the development of the field schedule. Employees can access TeleStaff either by a County computer, via the internet or by phone.
2. Part-time and PRN employees must submit their rolling availability with a continuous 40 day window of intention via the appropriate work code in TeleStaff. TeleStaff will utilize a series of algorithms to fill available shift openings and offers vacancies to part-time personnel who have entered their available / unavailable work codes into TeleStaff on a first come, first served basis. It is necessary for part-time and PRN employees to enter the days that they are available and unavailable to work in the TeleStaff system.
3. Part-time and PRN employees working for other employers shall mark the subject shift schedule as "unavailable days" in TeleStaff as far out as possible inside the 40 day rolling window of intention.
4. Part -time and PRN employees are required to meet the established minimum of their employment status, specifically PRN employees are required to work a minimum of 40

hours per calendar month and Part-time employees are required to work 30 hours per calendar week to satisfy the minimum requirements of their positions. The availability submitted by Part-time and PRN staff must include a minimum of 2 night shifts, 2 weekend shifts and 50% or ½ of special days (once special days are identified).

5. Scheduling Leave Time

- a. Leave time will be scheduled at the mutual convenience of LCEMS and the employee. In the event of a scheduling conflict the Chief or his designee will make the final decision. Final approval will be based on operational needs and available personnel. The submission of a request for leave time is not a guarantee that the request will be approved.
- b. Leave time is to be scheduled as far in advance as possible in order to facilitate effective crew scheduling. Requests for leave time must be made utilizing the TeleStaff system. If you are unable to request leave time through TeleStaff, a written request must be made to the on-duty field operations supervisor utilizing the County's leave / compensation request form.
- c. Employees are encouraged to submit leave requests as soon as possible. Requests will be honored on a first come first served basis. Requests must be submitted at least one month before the leave occurs.
- d. Requests for leave days occurring less than one month before the beginning of the schedule that the leave will occur during will require the employee to complete a "Request-Off form and submit it to the on-duty supervisor for approval and input into TeleStaff..
- e. In times when operational demand requires, the Chief may cancel any previously approved leave time.

6. Special Day Rules

- a. Certain days, such as holidays and Special events when operational demand requires, have been designated as Special Days in TeleStaff. Employees are not permitted to utilize leave time or comp time leave during Special Days or trade or give-a-way shifts occurring during Special Days without specific written authorization from the Deputy Chief of Operations and compliance with the following:
 - i. Full time employees shall request Special Days off in writing to the Deputy Chief of Operations with a minimum of thirty days advance notice. There is no guarantee that a Special Day off request will be authorized.
 - ii. Employees are not permitted to trade or give-a-way a shift occurring during a Special Day without the specific written authorization of the

Deputy Chief of Operations or his designee.

7. Trading shifts

- a. Shift trades may be authorized by a Captain provided a completed shift trading form signed by both employees is submitted at least 1 day in advance. Trades may not be permitted when the schedule change results in overtime or one or more employee is scheduled for more than 24 consecutive hours. Shift trades are intended to be a swap of hours scheduled within the same pay week between two similar class employees.
- b. Shift trades between employees must have common qualifications. No shift trade will be authorized when employees are not equally qualified for the same position. An example of common qualifications would be attempting to trade a shift where the person trading the shift must be trailer or cart trained with a person that does not have the equivalent trailer or cart training to fill that position. Such a Shift trade as described in the preceding sentence will not be authorized.

8. Guidelines for filling vacant positions / shift assignments – the following are general guidelines for the filling of shift vacancies.

- a. The EMS Division will first offer shift assignments to current employees before assigning these shifts to new employees. Field staff may only voluntarily change shift assignments twice per rolling year. For example, if an employee voluntarily changes their shift assignment in July and again in September, they are not eligible for a voluntary shift change until July of the next year.
- b. Staff will be notified via e-mail of possible shift assignment and are required to respond to this e-mail to express interest in a new shift assignment. There may be instances where shifts must be filled on a temporary basis, prior to permanent assignments being made.
- c. Employees shall be assigned to shifts based on the operational need of and at the sole discretion of the County. Shift assignments may be altered or changed at any time and there is no guarantee or promise as to what shift any particular employee shall be scheduled.
- d. Vacancies shall be filled based on the interest solicited with the e-mail announcement. The following shall be considered when filling shifts:
 - i. Length of full-time employment of the employees making a request and service needs with regard to Paramedic or EMT positions.

- ii. The general employment history of the employees, including evaluations and disciplinary actions.
 - iii. Field Training Officers shall only be assigned to the following shifts:
 1. MED 1 or 21
 2. MED 2 or 22
 3. MED 3 or 23
 4. MED 4 or 24
 5. MED 5 or 25
 6. MED 6 or 26
 7. MED 11
 8. MED 18
 9. MED 20
 10. Med 19
 - iv. Due to operational advantages; preference shall be given to Paramedic / Paramedic crew configurations in the following situations:
 1. 12 and 14 hour shifts
 2. Units with a Paramedic II
 3. Units with a Charge Paramedic
9. Employees that fail to follow the work schedule policy may be subject to progressive disciplinary action up to and including termination.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Security Incident Management
Effective: June 2006
Reviewed: December 2012, December 2015
Revisions: 1
Pages: 2

I. PURPOSE:

To provide guidelines for Security Incident Management

II. GUIDELINE:

Incidents that could compromise our electronic information system are serious as critical patient information may be damaged or lost. This policy establishes Leon County EMS Division's general policy on how to report a security incident and the steps that will be taken to investigate and take action when a potential to actual security incident occurs.

III. PROCEDURE:

Security Incident Defined

A "Security Incident" is an attempted entry, unauthorized entry, or an information breach or attack on our electronic information system. It includes unauthorized probing and browsing of the files, a disruption of service from any cause, and incidents where electronic information has been altered or destroyed.

Security incidents may include such things as a virus or a worm, or unauthorized use of computer accounts and computer systems. It may also include complaints or reports of improper use of our information system.

Reporting a Security Incident

All staff members are responsible for immediately reporting a security incident or suspected security incident immediately.

When a suspected security incident occurs, an Incident Report will be completed.

The Privacy/Information Security Officer will be responsible for initiating an immediate investigation to isolate the problem and take whatever action is necessary to protect the

information system and e-PHI and other vital electronic information. All actions will be done in a coordinated manner with Leon County MIS.

The Privacy/Information Security Officer will notify management immediately in the event the incident cannot be immediately corrected, or if any e-PHI or other vital information is altered or destroyed. Management will also be notified of any completed investigation and the outcome of the investigation. In the event of a suspected computer crime, or other unlawful activity via the use of the information system, local, state, or federal law enforcement may need to be notified. That determination will be made by management with recommendation from the Privacy/Information Security Officer.

The Information Security Officer is responsible for coordinating communications with the county departments and divisions and outside organizations.

Whenever a security incident, such as a virus, worm, hoax e-mail, discovery of hacking tools, altered data, or other event that could harm the information system is suspected or confirmed, remedial action will be taken, confirmed that they caused or contributed to the incident.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Policy on Security, Levels of Access and Limiting Disclosure and Use of PHI
 Effective: June 2006
 Reviewed: December 2012, December 2015
 Revision: 1
 Pages: 5

I. GUIDELINE:

To outline levels of access to Protected Health Information (PHI) of various staff members of Leon County Emergency Medical Services and to provide a policy and procedure on limiting access, disclosure, and use of PHI.

II. POLICY:

Leon County Emergency Medical Services retains strict requirements on the security, access, disclosure and use of PHI. Access, disclosure and use of PHI will be based on the role of the individual staff member in the organization, and should be only to the extent that the person needs access to PHI to complete necessary job functions.

When PHI is accessed, disclosed and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

III. PROCEDURE:

Role Based Access

Access to PHI will be limited to those who need access to PHI to carry out their duties. The following describes the specific categories or types of PHI to which such persons need access is defined and the conditions, as appropriate, that would apply to such access

Job Title	Description of PHI to Be Accessed	Conditions to Access to PHI
EMT	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Paramedic	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty

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Billing Coordinator, Administrative Associate V's		May access only as part of duties to complete patient billing record requests and follow up and only during actual work shift
Shift Captains, FTO's	Intake forms from dispatch, patient care reports	May access only as part of completion of a patient event and post-event activities, as well as for quality assurance checks and corrective counseling of staff
Charge Paramedics/ Lieutenants	Intake forms, preplanned CAD information on patient address	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty
EMS Quality Improvement & Education Manager / Medical Director	Intake forms from dispatch, patient care reports	May access only as a part of training and quality assurance activities. All individually identifiable patient information should be redacted prior to use in training and quality assurance activities
Deputy Chiefs / Chief	Intake forms from dispatch, patient care reports, billing claim forms, remittance advice statements, other patient records from facilities	May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel
MIS		May access only to the extent necessary to maintain computer systems.

Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on Leon County Emergency Medical Services' reasonable determination of the persons or classes of persons who require PHI, and the nature of the health information they require, consistent with their job responsibilities

Access to a patient's entire file will not be allowed except when provided for in this and other policies and procedures and the justification for use of the entire medical record is specifically identified and documented.

Disclosures to and Authorizations from the Patient

You are not required to limit to the minimum amount of information necessary required to perform your job function, or your disclosures of PHI to patients who are the subject of the PHI. In addition, disclosures authorized by the patient are exempt from the minimum necessary requirements unless the authorization to disclose PHI is requested by Leon County Emergency Medical Services.

Authorization received directly from third parties, such as Medicare, or other insurance companies, which direct you to release PHI to those entities, are not subject to the minimum necessary standards.

For example, if we have a patient's authorization to disclose PHI to Medicare, Medicaid or another health insurance plan for claim determination purposes, Leon County Emergency Medical Services is permitted to disclose the PHI requested without making any minimum necessary determination.

LCEMS Requests for PHI

If Leon County Emergency Medical Services needs to request PHI from another health care provider on a routine or recurring basis, we must limit our requests to only the reasonably necessary information needed for the intended purpose, as described below. For requests not covered below, you must make this determination individually for each request and you should consult your supervisor for guidance. For example, if the request is non-recurring or non-routine, like making a request for documents via a subpoena, we must make sure our request covers only the minimum necessary PHI to accomplish the purpose of the request.

Holder of PHI	Purpose of Request	Information Reasonably Necessary to Accomplish Purpose
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Hospitals	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Mutual Aid Ambulances / First Response Services	To have adequate patient records to conduct joint billing operations for patients mutually treated/transported	Patient care reports

	by the County	
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For all other requests, determine what information is reasonably necessary for each on an individual basis.

Incidental Disclosures

Leon County Emergency Medical Services understands that there will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common health care practices that are essential in providing health care to the individual. Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversation between health care providers, or when patient care information in written or computer form is left out in the open for others to access or see.

The fundamental principle is that all staff needs to be sensitive about the importance of maintaining the confidence and security of all material we create or use that contains patient care information. Coworkers and other staff members will not have access to information that is not necessary for the staff member to complete his or her job. For example, it is generally not appropriate for field personnel to have access to billing records of the patient.

But all personnel must be sensitive to avoiding incidental disclosures to other health care providers and others who do not have a need to know the information. Pay attention to who is within earshot when you make verbal statements about a patient's health information, and follow some of these common sense procedures for avoiding accidental or inadvertent disclosures:

Verbal Security

Waiting or Public Areas: if patients are in waiting areas to discuss the service provided to them or to have billing questions answered, make sure that there are no other persons in the waiting area, or if so, bring the patient into a screened area before engaging in discussion.

Garage Areas: Staff members should be sensitive to that fact that members of the public and other agencies may be present in the garage and other easily accessible areas. Conversations about patients and their health care should not take place in areas where those without a need to know are present.

Physical Security

Patient Care and Other Patient or Billing Records: Patient care reports shall be stored in safe and secure areas. When any paper records concerning a patient are completed, they shall not be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should

have access to any paper records.

Billing records, including all notes remittance advices, charge slips or claim forms should not be left out in the open and should be stored in files or boxes that are secure and in an area with access limited to those who need access to the information for the completion of their job duties.

Computers and Entry Devices: Computer access terminals and other remote entry devices such as PDAs and laptops should be kept secure. Access to any computer devices should be by password only. Staff members should be sensitive to who may be in viewing range of the monitor screen and take simple steps to shield viewing of the screen by unauthorized persons. All remote devices such as laptops should remain in the physical possession of the individual to whom it is assigned at all times.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Medical Error Reporting

CAAS: 202.05.01

Effective: June 15, 2012

Reviewed: December 2012, December 2015

Revision: 2

Pages: 2

I. PURPOSE:

The purpose of this Standard Operating Guideline is to describe the process for employees to report erroneous medication administration. Any incidents involving improper medication administration must be documented and addressed immediately.

II. GUIDELINE:

It is the guideline of LCEMS that every patient will receive medications in accordance with medical protocol or online medical direction. Medication errors will be treated with the utmost confidentiality. Any person who is aware of details regarding a medication error is expected to handle them with the utmost discretion.

III. PROCEDURE:

1. Every medication error must be documented on a Leon County EMS Medical Quality Assurance Report. This documentation may be completed by any field staff member.

The following types of incidents are considered medication errors.

- Any medication given when not indicated by the most current version of Leon County EMS medical protocols or expressly ordered by online medical direction.
- Any medication given in dosage not indicated in the Leon County EMS medical protocols or expressly ordered by online medical direction.

2. Procedure for filling out Medical Quality Assurance Report

A. Immediately after the incident, the crew member involved will:

- Locate the blue Medical Quality Assurance Report in the clipboard in the ambulance or in logistics
 - Accurately document the
 - ✓ Date of error
 - ✓ Time of error
 - ✓ Run number
 - ✓ Date report was completed
 - ✓ Location of error
 - ✓ Description of error
 - ✓ Printed name of person filling out report
 - ✓ Signature of person filling out report
 - Personally turn in the Medical Quality Assurance Report to the Deputy Chief of Clinical Affairs or place the report in the locked office of the Deputy Chief of Clinical Affairs.
- B. If a medication error is discovered during the IQM process as a part of run report review, the person noting the error will complete the Medical Quality Assurance Report and personally turn in the Medical Quality Assurance Report to the Deputy Chief of Clinical Affairs or place the report in his/her locked office.
3. Investigation of medication errors
 - A. Medication errors will be investigated immediately by the Deputy Chief of Clinical Affairs.
 - B. Specific attention will be given to all parties involved from their point of view. Additional Incident reports may be requested from other parties involved.
 4. Resolution of incident
 - A. An incident may or may not be resolved in a timely manner, but the matter will receive its deserved attention.
 - B. The crew member involved will be counseled on the proper treatment/dose and be required to do remedial training in that area before returning to work.
 - C. In any event, the crewmember or persons involved will be counseled and given feedback regarding that specific incident so that future occurrences will not happen.
 - D. A copy of the Medical Quality Assurance Report will be placed in the crewmember's file. Any additional similar occurrences will be noted as a repeat occurrence and be dealt with on a case by case basis.
 5. All medication errors will be reviewed at a monthly IQM meeting with the Medical Director.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Communications – 10-24 Request From Crew
Effective: June 6, 2005
Reviewed: September 2008, December 2012, December 2015
Revision: 2
Pages: 1

I. Purpose:

To define the duties and procedures that should be taken by dispatchers in the event of a 10-24 (Emergency) request for assistance.

II. Responsibility:

In this case, no delineation is made between the responsibility of the System Status Controller or the EMS dispatcher. Both persons should be equally alarmed and take the steps outlined in this procedure together.

III. Guideline:

In the event that a crew member on a unit assigned to a call states “10-24,” the following steps should be taken:

1. Every local law enforcement agency with jurisdiction in the location of the call will be notified and asked to respond 10-18 (with lights and sirens.)
2. Once law enforcement has been notified, the dispatcher will state on the radio channel where the call for help was placed: “...Copy 10-24 Medic ##, help is on the way.” If the unit replies and cancels the assistance, the dispatcher should request the unit call via telephone to confirm all clear.
3. The on-duty supervisor should be notified of the call for help and the location of the call and the supervisor should be placed en route to the crew in the CAD.
4. The unit will notify the dispatcher of their status and the need for any additional ambulances only after law enforcement arrives on scene and the scene has been secured.

In the event that a crew member activates their 800MHz alarm (**Orange Panic Button**), the unit should be called no more than twice to determine their status. If after a second attempt, the unit does not respond, the dispatcher should immediately take the steps outlined above in the call “10-24” procedure. The phrase *"Medic 10- 24 is OK"* indicates same as 10-24 and may be used if a crew member has activated the "man down button" on the radio and is unable, due to bystanders, clearly indicate a need for help.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Airport / Aircraft Emergencies
Effective: June 6, 2005
Reviewed: September 2008, December 2012, December 2015
Revision: 2
Pages: 1

I. Purpose:

To outline the procedures that should be taken by EMS in the event that EMS is notified of an airport/aircraft emergency.

II. Responsibility:

It will be the responsibility of the LCEMS System Status Controller (SSC) and Field Operations Supervisor to evaluate each individual airport/aircraft emergency and provide an appropriate response given the available information.

III. General Information:

The Airport Operations Chief on duty will advise EMS when an “Alert” has been declared by the tower and any other available specifics available. The following are the general categories of FAA Alerts and examples of each:

Alert I – (1) Rough Running Engine
 (2) Physiological Incident/Medical emergency on board
 (3) Lost/disoriented pilot
 (4) Precautionary Landing

Alert II – (1) Engine out
 (2) Fire On-board aircraft
 (3) Unknown Landing gear configuration
 (4) Hydraulic/Electrical System Failure

Alert III – When an accident/crash has occurred or is imminent.

Alert IV – When an aircraft has landed/crashed off of airport property.

IV. Guideline:

All Alert I’s and Alert II’s will be prioritized code 2 unless there is available information that warrants the System Status Controller making the decision to upgrade the response. An Alert III or IV will be prioritized code 3 and the first responding crew will make the determination of a need for additional units.

LEON COUNTY E.M.S.
Standard Operating Guideline

Title: Communications – Alert Procedures
Effective: June 6, 2005
Reviewed: June 2009, December 2012, December 2015
Revision: 3
Pages: 2

I. Purpose:

To identify the policies, procedures, and responsibilities involved with alerting aero-medical services and receiving facilities of critical patients and impending calls for service. Also, to minimize scene times once a critical patient has been identified.

II. Policy:

It will be the policy of Leon County EMS to make every possible attempt to give receiving facilities advanced notice of critical patients, to include, but not be limited to: trauma alerts, stroke alerts, cardiac alerts, and multiple patient incidents. It will also be the policy of LCEMS to attempt to predetermine the need for possible helicopter assistance as early as possible after receipt of the initial call and notify the closest aero-medical service of an impending call for service.

III. Responsibility:

It will be the responsibility of the responding crew to notify the System Status Controller (SCC) by radio, on LCEMS Channel 1, of any alert based on the condition of their patient. It will also be the responsibility of the responding crew to advise the SSC by radio, on LCEMS Channel 1, to have a helicopter stand-by, stand-down, launch, or cancel; the responding crew must also coordinate with other responding agencies regarding the best possible Landing Zone.

IV. Guideline:

The System Status Controller will notify the Emergency Department Charge Nurse of the receiving hospital of the following Alerts: Trauma, Stroke, and Cardiac (STEMI). The SSC will provide an age, sex, and chief complaint of the patient, if available. It is not necessary to obtain a full report with vital signs at the time of the initial alert.

The System Status Controller will monitor on-scene times. Once a critical patient alert has been received, and the on-scene time has reached 10 minutes, the System Status Controller will multi-select channels 1 and 2, broadcast an approximately 3 second alert tone (tone #3 on the radio),

and advise the unit that 10 minutes have elapsed. The field unit does not necessarily need to respond to the notification. If a critical patient is identified by TFD prior to the LCEMS unit arrival, the 10 minute clock starts upon the unit's arriving on scene. Notes will be added to the CAD record to document the above notifications and requests.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Automated Vehicle Location Policy (AVL)
Effective: June 6, 2006
Revised: June 2008, December 2012, December 2015
Revisions: 3
Pages: 2

I. STATEMENT:

To ensure appropriate use and operation of the Automated Vehicle Location (AVL) system utilized by LCEMS.

II. GUIDELINE:

Leon County EMS will maintain an AVL system that will track and assist EMS field units and the Controller in dispatch.

III. PROCEDURE:

- Dispatch Operations
 - System Controllers will at the beginning of each shift and as each field unit checks on, ensure that the AVL for each unit is operational and working properly.
 - If an AVL unit is not working properly, the Crew will notify the LCEMS / MIS person or the on-duty supervisor immediately by phone or email if during the day or by email after normal business hours.
 - While AVL should automate many dispatch functions such as unit arrivals and availability, Controllers should monitor the system at all times to be sure the system is functioning correctly and recording properly.
 - If an AVL unit is not functional or is not reporting in the CAD, The Controller will consider moving the field crew to a functional unit or will need to dispatch the unit only by radio and pager.
 - Controllers must remember that AVL is a tool to be used to enhance unit selection and overall EMS system control, however if common sense and experience warrant an override of the system recommendations at any time, then the Controller is expected to make the correct decision based on their knowledge and experience at the time.

- With AVL, Controllers should be cognizant of the locations of all EMS units at all times and this should enhance their ability to send the closest unit to an emergency and to reduce or eliminate unnecessary post to post moves.
- Field Operations
 - At the beginning of each shift, field crews should check on by logging on to the AVL computer in the vehicle.
 - The crew on each unit must verify that the AVL unit is operational and functioning properly.
 - If an AVL unit is not working properly, the Field crew will notify the LCEMS / MIS person by phone or email immediately if during the day or by email after normal business hours.
 - If an AVL unit is not functional, then field crews should consider moving to another unit if one is available or working the shift by radio and pager only.
 - All movements of the vehicle to and from calls should be called in using the radio. The AVL computer is there to assist crews with navigation and should not replace radio traffic.
 - Attempting to disable or damage an AVL unit will result in severe disciplinary action up to, and including, termination.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Dispatch Cards for Use During Computer Failure
Effective: June 6, 2005
Reviewed: September 2008, December 2012, December 2015
Revision: 2
Pages: 1

I. Purpose:

To outline the procedure and means the dispatcher will utilize to record and manage call information when there is a failure of the CAD.

II. Guideline:

If a computer failure disables the CAD:

1. An announcement will be made on all LCEMS Channels that the CAD is down and they will not be receiving call information over pager. The Last Run# used on a call for service will be logged in a safe place.
2. EMS Case Entry/Dispatch pads will be distributed to the call-takers and dispatcher for use when taking calls. As per the Consolidated Dispatch Agency's (CDA) communication policy, call-takers will utilize the MPDS card sets to process the calls.
3. The CDA Management Staff will be immediately notified in order to facilitate the recall of appropriate IT staff to evaluate and fix the problem.

If a power/computer failure disables all computers including E-9-1-1 service:

1. An announcement will be made on all LCEMS Channels that the CAD is down and they will not be receiving call information over pager. The Last Run# used on a call for service will be logged in a safe place.
2. The on-duty supervisor (Rescue 10) will report to the designated backup center (Leon County Jail) to assist in answering EMS 9-1-1 calls and relay call information via phone/cell-phone to the SSC. Dispatch cards will be available at the Leon County Jail site and calls should be tracked redundantly until Computer operations are restored or the CDA is brought online.
3. The SSC should call in an additional controller and notify both hospitals as well as LCEMS Command Staff if a massive and prolonged failure of equipment and/or software occurs.

Attached: Case Entry/Dispatch pad

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Emergent/Non-Emergent Requests for Service

CAAS: 201.05.01

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 3

Pages: 4

I. Purpose:

The purpose of this policy and procedure is to standardize the methods of emergency and non-emergency response dispatching in order to enhance efficiency and meet the division's response time standards. This SOG covers all calls being fielded through the communications center including E-9-1-1 calls.

II. Policy:

All requests for service will be processed, the proper response for EMS and associated agencies will be determined and all necessary resources will be dispatched to adequately handle the requests in the fastest and most efficient manner possible.

III. General Information:

- A. Speaking in a calm manner will help calm an excited caller.
- B. An incoming call on the E-9-1-1 will indicate the location and phone number of the caller. You must confirm the information provided and whether or not the location indicated is where EMS needs to respond.
- C. Maps are provided in both the Motorola P1 CAD and E-9-1-1 to aid in verifying the location. Several Map books as well as Visual GIS are available.
- D. The following questions may be useful in making certain of the location:
 - 1. Name of the nearest cross street or primary road?
 - 2. Street, Avenue, Drive or other suffix?
 - 3. Residence or Apartment?
 - 4. If apartment, complex name, building number and apartment number?
 - 5. If a commercial establishment, name and former name?
 - 6. If a remote location, ask for detailed directions and ask that someone go out to meet the ambulance.
 - 7. Ask for a caller to step out or leave the front door open.
- E. Use the cross reference book for difficult address; also check with other agencies... LCSO, TPD, TFD may have an idea where the address is.

IV. Guideline:

The most important underlying concept is to have the shortest possible response time for each emergency request.

Receiving Requests & Vehicle Notification:

1. Answer the telephone: “Leon County EMS, how may I help you?” Remember keep your tone of voice positive and professional. E-9-1-1 calls should be answered: “9-1-1 EMS, What is the address of your emergency?”
2. Open the Motorola P1 CAD screen and obtain:
 - a) Address of the incident and location details
 - b) Call back number
 - c) Chief complaint

At this point, if taking a call from the general populous, the EMS Call taker should hit the ProQA™ button and begin the Q & A process. Callers with critical complaints should be kept on the line.

3. Once the call has been input and saved or the call is in the pending incident box (ProQA™ calls will automatically move to the pending incident box once the call taker has asked a determinant question) the System Status Controller will immediately:
 - a) Select the EMS unit that can get to the scene in the shortest amount of time, taking into account current traffic patterns, known road obstructions, construction, etc. This is done by comparing the vehicles on the map to the location of the call and/or polling the trucks in transit to posts for their location in relation to the call, etc. The information in the preferred/fixed recommendation screen of the P1 CAD is NOT to be used as a stand alone resource. This resource, while at times helpful, only reflects the mileage between two points in a straight line and does not reflect traffic patterns, layout of roads, bodies of water, driving mileage, interstates, etc. Computerized map programs are not a substitute for the judgment, experience, and knowledge of the System Status Controller. The MARVLIS deployment planner’s recommendations shall also be used as a resource to determine the closest unit. Once a unit is selected, the call should be assigned to that unit, thus automatically generating a page to the crew of that unit. An ambulance responding to a code 1 or 2 call should be diverted to the higher priority assignment if they are the closest unit. It remains the responsibility of the SSC to review the ProQA™ summary of the call and ensure it has been appropriately prioritized. (Calls should not be downgraded unless there is specific information that suggests otherwise.)
 - b) If necessary, clone the call to other agencies (TFD, TPD, LCSO).
 - c) For a call assigned to a City SSM deployed unit, generate an alert tone on Ch.1 of the radio and provide the call information; A primary road and cross street may also be added/substituted. For a call assigned to a County Stationed unit, page out the unit on Ch.4 and provide the COMPLETE call information, as some Volunteer F.D.’s monitor this channel for calls in their respective area.
 - d) Any problems/unusual occurrences or additional requests should be added to the call under “trip notes.”
4. While the EMS crew is en route to the call, the Call taker should obtain further

- information as needed such as hazards, number of patients, and any other information that would be helpful or requested by the crew or System Status Controller (SCC).
5. The SSC will allow up to 30 seconds for the dispatched units to acknowledge receipt of the call. If there is no response after 30 seconds, the SSC will attempt to raise the unit by radio and/or pager to verify receipt of the call. If unable to make contact with the unit, the next closest unit will be dispatched through the steps listed above and the on-duty supervisor will be contacted and sent to the last known location of the out-of-contact unit.
 6. Once the unit has called en route on ch.2, the ch.2 EMS dispatcher will provide the dispatch priority code, the address of the call, location specifics, primary route, major cross streets, the reference of the call and the ProQA™ summary, if applicable. The ch.2 dispatcher is also responsible for providing any additional dispatch information noted in the call and handling any requests regarding the call made by the responding crews. (This does not include specific alerts such as trauma, stroke, etc.; see sec 2.7)
 7. Notification of any other agencies needed, will be made by telephone or through the P1 CAD. A location/address of the call and the reference will be provided. The notification of additional agencies will be logged in the “trip notes” section of each call.
 8. Cancellation/Downgrading. LCEMS will downgrade or cancel an emergency response based on information received from TPD, TFD, LCSO, FHP, FSUPD, FAMUPD, TCCPD, CPD, or FDLE. Cancellation/Downgrade must be accomplished on a recorded telephone line/radio channel.
 9. If LCEMS arrives on scene first, any pertinent information shall be relayed to all other agencies responding to the call.
 10. The Unit on scene will be responsible for notifying the SSC on Ch.1 of the need for any additional back-up units or other resources. (Man power, animal control, utilities, etc.)
 11. The EMS dispatcher operating ch.2 will be responsible for checking on the status of a unit that has been on scene for 30 minutes. (Unless the crew has already advised of the situation)

Multiple Vehicle Response Criteria:

1. It will be the responsibility of the SSC to evaluate the need for a multi-vehicle response if information received during the request(s) for service warrants it. Listed below are examples of situations that may result in the dispatching of multiple EMS units to one scene.
 - Multi-vehicle MVC
 - Multiple gun shot wounds
 - Multiple patient stabbings
 - Confirmed Aircraft incidents
 - Train Incidents
 - Bus Incidents
 - Multi-patient violent riot (only with a secure scene)
 - Multi-patient structure fire (i.e. nursing home fire)

- Multi-patient cardiac arrests
- 2. The on-duty supervisor will be dispatched at the discretion of the SSC or if a unit on scene requests they respond. Listed below are some examples of situations where the SSC may choose to dispatch the on-duty supervisor.
 - Gun shot wounds
 - Stabbings
 - Cardiac arrest
 - Drowning
 - Multi-vehicle/Multi-patient MVC
 - Electrocutions
 - HAZMAT incidents
 - Train incidents
 - Bus Incidents
 - Multi-patient structure fires
 - Extended extrication/entrapment
 - Potential RSI patients

Requests for Service from other agencies:

Calls received from other agencies should be given the same priority as emergency calls on E-9-1-1 and should be handled similarly. When taking calls from another agency, the call taker should utilize the SEND™ Protocol. (Secondary Emergency Notification of Dispatch) The following information should be obtained.

1. Chief complaint and incident type?
2. Approximate Age?
3. Conscious: Yes/No...or alert?
4. Breathing: Yes/No...or difficulty?
5. Illness cause (age 35 or over): Is there chest pain?
6. Accident/injury cause: Is there severe bleeding (spurting)?
7. Response mode: Emergency or Routine...and why? (if not obvious)

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Emergency Contingency/Evacuation Plan

CAAS: 204.02.01

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015, February 2016

Revision: 3

Pages: 1

I. Purpose:

The purpose of this policy is to define the procedure to follow should the CDA Communications Center be evacuated.

II. Procedure:

In the event that the CDA Communications Center is evacuated, the on-duty supervisor shall immediately be notified. The SSC will log the position of all on-duty units and follow the CDA SOP for evacuating.

Should the SSC require any further assistance during the evacuations, he/she may ask that the on-duty supervision or the closest unit report to the CDA to provide that assistance.

The EMS Communications Supervisor shall be responsible for ensuring adequate supplies are kept and maintained at the backup center; to include notepads, pens, headsets, card sets, and all dispatch related forms.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – FCC Rules Summary

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 2

Pages: 1

I. Guideline:

LCEMS personnel will at all times adhere to all local, state, and federal laws that pertain to radio communications. Listed below are clear violations of some of the above listed laws.

- A. To transmit superfluous signals, messages, or communications of any kind.
- B. To use profane, indecent, or obscene language.
- C. To willfully damage or permit radio apparatus to be damaged.
- D. To cause unlawful or malicious interference with any radio communications.
- E. To intercept and use or publish the contents of any radio message without the express permission of the proper authorities in your department.
- F. To make unnecessary or unidentified transmissions.
- G. To transmit without first making sure that your intended transmissions will not cause harmful interference.
- H. To make any adjustments, repairs, or alterations, whatsoever to your radio transmitter. It is required by law that only a professional radio technician, holding a second class license or higher, make any adjustments or repairs.
- I. To deny access to your radio equipment if a properly identified representative of the Federal Communications Commission asks to inspect it. The equipment must be made available for inspection at any reasonable hour.
- J. To transmit a call sign, unit ID, letter or number that has not been assigned to your unit or station.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Communications – Hazardous Scene Response

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 2

Pages: 1

I. Policy

It is the policy of Leon County Emergency Medical Services that we shall not knowingly put our employees in harms way, by dispatching them to scenes that are known to contain hazards not part of “normal EMS” operations, without informing them of that hazard. Some examples of hazardous scenes are:

- Suicide attempt involving a weapon
- Domestic Violence
- Assault or Battery
- Fights or Brawls
- Stabbing or GSW
- Hazardous Materials Incidents
- Structure Fires
- Call for Unknown problem
- Electrocutions

II. Guideline

The System Status Controller (SSC) or dispatcher will inform a responding crew of any potentially hazardous conditions on the scene of a call at the time of dispatch. The SSC or dispatcher will also verify that appropriate law enforcement or other agency is en route to the call and then will advise the responding crew that another agency is also en route. Once a scene is secured, the dispatcher shall advise the crew it is safe to approach.

A responding crew may ask for an additional resource to respond once they are on scene. The dispatcher should request the resource and monitor the status of the scene until they know that that resource has arrived.

If at any point, the CDA Communication Center receives information on possible hazards on a scene, the dispatcher should immediately notify the responding crew, even if that crew is already on scene. The dispatcher should also request any other appropriate resource upon receiving any new information on hazards.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Language Line
Effective: June 10, 2009
Reviewed: December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

Callers requesting Emergency Medical Services may not always be fluent in English. The Consolidated Dispatch Agency (CDA) has subscribed to the *Language Line* service for use with non-English speaking patients.

II. GUIDELINE:

Call-takers, Dispatchers and Controllers in the CDA Communications Center may utilize the *Language Line* service, if needed.

III. PROCEDURE:

The *Language Line* transfer number is listed above the telephone at every station in the CDA Communications Center. In the event that a non-English speaking caller needs to be transferred to *Language Line*, the call-taker, dispatcher, or controller making the transfer should remain on the line to receive the information from the interpreter.

The caller's phone number, obtained through caller ID or ANI/ALI, should be documented in the CAD (computer aided dispatch system) prior to initiating the transfer so that contact can be re-established in the event that call is disconnected.

Additionally, it should also be noted in the CAD that the call was transferred to *Language Line* so that the responding crew is aware of the potential language barrier.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Long Distance Transport Requests

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 2

Pages: 1

I. Guideline:

In the event that a long distance transfer cannot be completed by Leon County EMS, another agency may be requested (by the original requestor) to respond to Leon County in order to transport a patient. Prior to responding to the request, the outside agency must obtain approval from the agency that holds the certificate of public necessity for that county. In the case of Leon County, LCEMS holds the certificate.

As a matter of practice, the agency requesting to respond will send a form via facsimile requesting a signature from an appropriate EMS official. After checking with the on-duty supervisor to double check that the transport cannot be completed by LCEMS, the SSC is authorized to sign the approval form and fax it back to the requesting agency.

A copy of all requests to respond is kept in a file in the Communications Center.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – MCI Checklist

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 3

Pages: 1

I. Purpose:

The purpose of this policy is to outline the duties and responsibilities of LCEMS Communications personnel during an MCI (Mass Casualty Incident). Because the extent and specific circumstances of each potential MCI are unknown, this checklist should be used only as a framework to assist the dispatcher or SSC and not necessarily dictate his/her actions.

II. Guideline:

The System Status Controller (SSC) shall attempt to predetermine the need for and request the resources necessary to handle a Mass Casualty Incident. The SSC should remain in constant contact with the on-duty supervisor to ensure that all needs are met. The following is a checklist of tasks that may be performed, depending on the nature and extent of the MCI:

- Notify the County Warning Point (at CDA) so that they may make appropriate notifications at the State level.
- Advise all units to move any “unit to unit” radio traffic to LCEMS channel 3 or designated TAC channel.
- As early as possible, advise all on-duty crews of any required PPE for the incident and who will be the LCEMS Incident Commander.
- Notify the charge RN at both Emergency Departments of the incident. Confirm with CDA dispatchers that the TFD division chief is notified of the incident and who the LCEMS Incident Commander is.
- Call in an additional System Status Controller to assist in Control.
- Notify LCEMS Administrative Staff.
- Notify surrounding counties of possible impending requests for mutual aid. (Specifically: Gadsden, Wakulla, and Jefferson.)
- Notify the area helicopter services of possible impending requests for service.
- Page/call the special operations captain and/or other applicable staff.
- If the incident involves burns, notify the Burn Center at Shands of the incident.
- Consider moving to OPCON 2 and notification and recall of all personnel..
- Cancel all routine/non-emergency requests for ambulance service during the duration of the MCI event. All tasks should be logged in the CAD as they are completed, to include the time, contact person, and person completing notification.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Communications – Mutual Aid

CAAS: 102.01.01 & 102.01.02

Effective: June 6, 2005

Reviewed: January 2010, December 2012, December 2015

Revision: 3

Pages: 2

I. Purpose:

To outline the procedures that should be taken if LCEMS Communications staff receives a request for mutual aid from another agency.

II. Policy:

Leon County Emergency Medical Services maintains mutual aid agreements with surrounding counties. Signed copies of said agreements can be found at LCEMS Headquarters and at the Leon County Courthouse. The agreements cover liability, fees charged for services, communications, reciprocity, and mutuality of assistance offered.

III. Guideline:

In the event that another agency requests mutual aid from LCEMS, that request shall be honored immediately, **provided that units are available**. The on-duty supervisor should be notified of any request for mutual aid. The following are situations in which another agency may request mutual aid from LCEMS (it is not the responsibility of the controller to verify that the circumstances exist):

1. Equipment Malfunction.
2. Prolonged response time due to vehicle location.
3. Exceptional number of requests for emergency services that temporarily exceeds the capacity of that agency.
4. The occurrence of an exceptionally severe accident situation which exceeds the temporary capacity of that agency but does not constitute a “disaster.”

In the event that another agency is requesting mutual aid assistance for a “**disaster**” situation, that request will be honored immediately, and may include taking the following steps:

1. Provide appropriate back-up assistance to that agency.
2. Cancel all routine/non-emergency requests for ambulance service during the duration of the “disaster” event.
3. Call in additional personnel to provide a maximum number of ambulances, if the “disaster” calls for it.

4. Assist within the provision of regional communications, coordinating between and among agencies in the region.
5. Email the Deputy Chief of Operations with details of the mutual aid request.
*The on-duty supervisor will make the decision on items 2 & 3 in the above list in consultation with on-call LCEMS administration.

A “**Disaster**” situation is defined as any circumstance in which the need for emergency medical services grossly exceeds the capacity of the existing EMS service provider and requires the coordinated efforts of other EMS providers within the region to effectively meet the needs of the affected jurisdiction.

IV. Review Process:

The Deputy Chief of Operations is responsible for reviewing any and all requests for mutual aid and compliance with existing guidelines and agreements. The System Status Controller (SSC) on duty will notify the deputy chief of operations of any instance where mutual aid is requested.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Notification of Command Staff Matrix

Effective: December 3, 2012

Reviewed: December 2012, December 2015

Revision: 2

Pages: 1

I. PURPOSE:

To provide an efficient method for notification of the appropriate Command Staff members when needed.

II. GUIDELINE:

Any on-duty crew member may make a Level 1 notification when necessary. The on-duty supervisor is responsible for determining when the level of notification required on an incident by incident basis.

III. PROCEDURE:

Level 1 Incidents: Notification of On-Duty Supervisor

- Any incident requiring an incident report
- Any vehicle crashes involving an ambulance

Level 2 Incidents: Notification of On-Duty Supervisor, Deputy Chief of Operations, and Division Chief

- Mass Casualty Incident involving less than 25 patients
- Ambulance crash involving serious injuries

Level 3 Incidents: Notification of On-Duty Supervisor, Deputy Chief of Operations, Deputy Chief of Clinical Affairs, CEOD/Major, Division Chief, Captains, and Risk Manager

- Mass Casualty Incidents involving greater than 25 patients
- Ambulance crash involving bystander/patient fatality

Level 4 Incidents: Notification of On-Duty Supervisor, Deputy Chief of Operations, Deputy Chief of Clinical Affairs, CEOD/Major, Division Chief, Captains, Lieutenants, Risk Manager and Leon County Public Information Officer

- Line of Duty Deaths

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Organ Transplant Transports

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 2

Pages: 1

I. Purpose:

To outline the priority that LCEMS will give to transporting an organ transplant team.

II. Guideline:

Upon notification of organ procurement, the System Status Controller should enter the ETA into the CAD in order to prepare for the arrival of the team and/or the need to transport the team back to the airport. All calls for service involving a transplanted organ (post procurement) will be prioritized based on the need of the particular transport, as determined by the organ transplant team. A code 3 organ transplant request will be given the same importance as an emergency call for service due to the time-sensitive nature of organs viability. An organ transplant team can be transported in an ambulance with one Paramedic on board driving.

The Pre-arranged transport form should still be used for these transports.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – IRIS Notifications and Pagers

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 3

Pages: 1

I. Purpose:

The purpose of this policy is to set a standard for the use of the IRIS notification system and pagers to page out available shifts, important information, or available transports to EMS Staff.

II. Procedure:

The System Status Controller (SSC) or on-duty supervisor may utilize the pager function of the CAD or the IRIS system to attempt to cover shifts following the guidelines below:

- No pages for shift coverage shall be sent out before 6 AM or after 11 PM (the only exceptions are emergency disaster recall, a 6 AM shift, or emergency out of town transports).
- Pages should be sent to the appropriate group(s), if at all possible... i.e. A paramedic short should not be paged out to EMT's.
- The same shift should not be paged out more than ONCE every hour until covered.
- Shifts for transports are NOT to be paged out until the transport is confirmed as paid and scheduled.

IRIS notifications shall be sent to the appropriate group (OT list for shift shorts and transports, Captain specific lists for shift information, etc).

As a General Rule, pagers and the IRIS system should be used as sparingly as possible to communicate information to staff in order to encourage staff members to carry and monitor their pagers and cell phones at all times.

Pagers should be limited to 150 characters and/or spaces due to the limited capacity of the system. Consider shortening or splitting a particularly lengthy message in order to achieve this.

Pagers and the IRIS system are to be utilized for LCEMS business only.

“Code Expedite” is to be used at the discretion of the SSC, based on availability of units and general need.

Members have the option to opt out of the OT list at any time, but shall remain in their Captain shift list and main EMS group in order to receive important messages concerning staff recall or critical incidents.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Post Plan

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 3

Pages: 1

I. Policy:

It is the policy of Leon County Emergency Medical Services to utilize the principles of System Status Management (SSM) to post in-service ambulances in Leon County.

II. Procedure - Post Plan

It will be the responsibility of the System Status Controller (SSC) to move the in-service units from post to post so that the correct posts are occupied as listed in the post plan. The post plan contains a list of which post should be filled depending on the number of in service units, and is available both on paper and in the CAD. The post plan varies from day to night and also provides guidelines for when the SSC may choose to deploy the County “fixed station” units, into the dynamic System Status Posting Plan.

The SSC should attempt to determine if a unit will be transporting, either from the nature of call on dispatch, or from the crew on scene, before moving another unit into that zone.

Posts should be assigned to units based on their location in relation to each post, and no SSM unit will have a “home” or “favorite” post.

The Posts being utilized in Leon County are:

Post 1 – 2626 Capital Medical Blvd	Post 10 – Blair Stone Rd and Capital Circle SE
Post 2 – 2825 Municipal Way	Post 11 – N. Monroe St and Fred George Rd
Post 3 – Orange Ave and S. Monroe St	Post 12 – TFD Station 12 – Chaires
Post 4 – 1300 Miccosukee Rd	Post 13 – TFD Station 13 – Woodville
Post 5 – N. Monroe St and Interstate 10	Post 14 – TFD Station 14 – Ft. Braden
Post 6 – Apalachee Pkwy and Blair Stone Rd	Post 15 – 1583 Pedrick Rd
Post 7 – Copeland St and W. Tennessee St	Post 16 – 3401 W. Tharpe St
Post 8 – Thomasville Rd and Timberlane Rd	HQ – 911 Easterwood Dr
Post 9 – Thomasville and Kerry Forest Pkwy	

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Prearranged Transports (Payment)

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 2

Pages: 1

I. Policy:

Pre-arranged transports shall be paid for prior to the transport, if at all possible. If pre-payment is not possible, payment arrangements must be made and responsibility must be in writing from the guarantor prior to completing the transports.

Transports that constitute an emergency are exempt from this policy.

II. Procedure:

Arrangements should be made at the time a transport is requested for payment to be made. The payee's may pay by corporate check (no personal checks), credit card, or money order. The System Status Controller (SSC) should utilize the credit card machine in dispatch to receive the payment.

The confirmation number of all credit card payments should be logged in the CAD with the call under a billing note. The SSC should also complete a pre-arranged transport confirmation form and forward it, along with the original receipts printed from the credit card machine, to HQ for processing.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Public Service Events

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 3

Pages: 1

I. Procedure:

All Public Service Events shall be tracked in the CAD. If a request comes into the Control center on the 606-5808 line, it may be recorded on the appropriate computerized public event form, or if time permits, the caller may be referred to Headquarters to speak to one of the LCEMS staff assistants.

All public event forms received from HQ via the computerized event log shall be entered into the CAD by the System Status Controller (SSC). Any questions regarding public events shall be handled by the Deputy Chief Operations or his/her designee.

Units assigned to public events/service, shall remain on and monitor LCEMS Channel 1 regardless of whether or not the event is dedicated or non-dedicated.

During a Large scale Public Event, where multiple EMS personnel are on scene, those crew members should utilize a Special Event Channel to communicate with each other on the radio. The officer in charge at an event is responsible for monitoring LCEMS Channel 1.

A patient care report will be filled out by the crew for each event on the day of the event.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Radio Communications
Effective: June 1, 2005
Revised: September 2008, December 2012, December 2015
Revision: 3
Pages: 3

I. PURPOSE:

To provide uniform radio designations and usages

II. GUIDELINE:

The radios will be operated in conformity with the FCC rules and regulations. Only approved Codes and clear text will be used unless an exception is clearly specified.

III. PROCEDURE:

- The following designations will be used for all Department vehicles.
 - A. Two person ALS vehicles:
 - Medic 1, 2, and so on based on shift assignment.
 - B. One person units:
 - Rescue 10 – Shift Supervisor
 - Rescue 11 – Additional Supervisor Staff
 - Car 1- Department Chief
 - Car 2- Deputy Chief, Clinical Affairs
 - Car 3- Deputy Chief, Operations
 - Car 4- Community Engagement and Organizational Development Major
 - C. Two person ALS carts:
 - Cart 1, 2, and so on based on assignment by event supervisor.
 - D. County units will use the following identification numbers regardless of the unit number assigned for use at the County stations:
 - County Station 12 – radio ID = Medic 12
 - County Station 13 – radio ID = Medic 13
 - County Station 14 – radio ID = Medic 14
 - E. When extra two person ALS transporting units are put on the road (MCI, Football coverage, etc.), the controller on duty will assign it a successive Medic unit designation (Med 40, 41 and so on or Special Ops 1, 2 and so on) based on

the designations provided in the CAD or the System Status Controller (SSC).

- Only the following Ten Codes will be used by LCEMS:
 - 10 – 4 Affirmative
 - 10 – 7 Out of service
 - 10 – 8 In service
 - 10 – 9 Repeat
 - 10 – 24 Emergency assistance needed
 - 10 – 38 Premise Hazard
 - Signal 7 Dead on scene
 - CODE Cardiac arrest

Phrases such as "copy call", "en route", "on scene", "en route to _____ with ___patients", "arriving _____", "available," etc. should be utilized on the radio.

DISPATCH CODES

- Code 1 Scheduled transport
- Code 2 Respond without lights & sirens - Needs routine evaluation & care
- Code 3 Respond with lights & sirens - Needs emergent evaluation & care
- Code 4 Cardiac Arrest

PATIENT CONDITION TRANSPORT CODES

- Code 1 Stable – scheduled transfers only
- Code 2 Any non-critical patient going to the Emergency Room
- Code 3 Critical – may be unstable & life-threatening. Immediate intensive care needed on arrival.
- Code 4 Cardiac or respiratory arrest. CPR in progress.

- The LCEMS 800 MHz system will be the primary radio system used by LCEMS. UHF radios will be used to contact hospitals and at other times as necessary. In the event of failure of the primary 800 MHz system utilize the regional Med 8 channel, or county assigned cell phone..

All radio transmissions require acknowledgment and confirmation from both parties involved. Example of vehicle radio transmission: "Med 1 Control" (wait for answer). Dispatch response: "Medic 1?" Response from dispatch vehicle radio transmission: "Medic 1 is 10-8". Dispatch response: "10-4 Medic 1". **No one-way messages!** Clear Text will be used as the primary radio messaging process

- LCEMS channel one will be utilized by the system controller to coordinate the entire EMS system. Channel one will use the identifier "control."
- LCEMS channel two is utilized to relay dispatch information and to record times and mileages. Channel two will use the identifier "EMS."

- On-duty personnel will remain available for call by monitoring channel one of their radio and LCEMS CAD pager at all times. Radio and pager must be on or within reach of on duty personnel at all times and must be in an operational manner.
- System Status Management (SSM) units will be dispatched on LCEMS channel one by Control. County units will be dispatched on LCEMS channel four by Control.
- Once dispatched on a call, the EMS crew will immediately acknowledge the radio transmission on channel one by stating their Medic number and repeating the message delivered.
- Peak ambulances are required to be en route to the site of any type of call within 60 seconds of dispatch. Rural ambulances are to be en route within 120 seconds of alert.
- The unit will call en route by mobile radio on channel two to EMS as soon as the vehicle begins to respond.
- All other aspects of the call will be radioed to EMS on channel two, i.e., arrival on scene, en route to hospital, 10-8, etc.
- Control will be notified when a LCEMS unit departs a previously reported location. This includes fuel and supply acquisition.
- Once on scene, the LCEMS crew will as quickly as possible size-up the situation and inform control if they are going to transport or not.
- During post to post moves, Medic units are to be en route to the newly assigned post within three minutes of notification. Exceptions must be approved by dispatch. To request an exception, the affected LCEMS crew must contact dispatch and explain the reason for the time limit exception such as needing to get lunch to go, etc.
- The Regional channel UHF Med 8 is used for medical resource coordination between county bases and out of county ambulances and as a secondary Emergency Department channel for TMH or CRMC. Anything said on the regional channel can be received by base stations anywhere in the Big Bend area.
- Telephones should be used in accordance with policy as an alternative communication device for sensitive radio transmissions.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Radio and Dispatching

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 1

Pages: 2

I. Purpose:

The purpose of this policy and procedure is to provide a framework with rules for all LCEMS radio communications in order to facilitate the most effective and orderly transfer of information.

II. Policy:

1. Radio equipment will at all times be operated in accordance with current FCC regulations, which will be kept on file at the Communications Center.
2. Responses for requests for service received at the same time will be dispatched according to the principles of triage.
3. The Communications Center EMS watch officer (a.k.a. System Status Controller) will operate LCEMS Channel 1 and be identified on the radio as “Control.”
4. The EMS dispatcher assigned to LCEMS Channel 2 will be identified on the radio as “EMS.”
5. The System Status Controller (SSC) will be responsible for dispatching the closest unit(s) capable of providing the help required to a call.
6. LCEMS will primarily utilize Clear Text in order to better prepare the agency for interoperability in the event an Incident Management Plan involving multiple agencies was to be put to in place.

III. Guidelines:

General Radio Procedures:

1. Initial Dispatch, Post moves, and any other traffic not related to a call will take place on LCEMS Channel 1.
2. All call related traffic such as, on-scene, en route, at destination, etc., will take place on LCEMS Channel 2.
3. Any extended conversation between two units, such as a dry run approval or reporting problem to a supervisor, shall take place on LCEMS Channel 3. LCEMS Channel 3 shall be considered the EMS “talk around” channel.
4. Dispatching of Fixed Station Geographically deployed units (a.k.a. the County Stations), including the transmission of encoded pages for station pager activation, will take place on LCEMS Channel 4.
5. Radio Communication between responding TFD units and LCEMS units will take place on LCEMS Channel 2. LCEMS Units responding to emergency calls shall monitor LCEMS Ch. 2 for TFD communication.

6. Upon receiving a call from their dispatcher, TFD will switch to LCEMS channel two and call en route. LCEMS dispatcher will then give any information to TFD. Radio communication between LCEMS and TFD will continue on LCEMS Ch. 2 throughout the duration of the call.
7. Upon receipt and acknowledgement of a call, LCEMS units shall go to LCEMS Ch. 2 for the duration of the call. Units shall return to LCEMS Ch. 1 after becoming available from a call.
8. Units interacting on the radio shall simply call their ID and wait to be acknowledged by the channel operator. (Example: *Unit*: “Medic 2...” *Dispatch*: “Medic 2, go ahead.”)
9. Individuals that need to interact on the radio will use their 3 digit Radio ID number.
10. All on-duty personnel will be continuously available by radio and pager. Problems with contacting personnel must immediately be reported to the on-duty System Controller.
11. Radio transmissions made by units will be acknowledged by the dispatcher by repeating the EMS unit designation. This is done to ensure that the correct traffic for the correct unit is recorded.

General Dispatch Procedures:

1. The SSC will be responsible for assigning the closest unit capable of providing the required help to all calls.
2. The SSC will also be responsible for notifying the Tallahassee Fire Department of all code 3/Emergency Calls not occurring at a medical facility, and all cardiac arrests, regardless of location. If an emergency call occurs in a geographic zone covered by a Volunteer Fire Department, then TFD will be responsible for notifying the respective VFD.
3. Campus Police Departments will be advised of any call on FAMU, FSU, or TCC property.
4. The on-duty supervisor will be notified of critical calls and may respond at his/her discretion. Examples of such a call are: cardiac arrest, multiple vehicle accidents, unstable patients, calls involving prolonged extrication, etc.
5. A unit in transit to a call for service called by a dispatcher will respond by giving its unit number and present location.
6. The SSC will notify a requestor anytime a scheduled transport is delayed or is expected to be delayed for more than 15 minutes and provide a new ETA for the transport.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Radio Failure

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 3

Pages: 1

I. Purpose:

To outline the procedure and means the dispatchers and crews will utilize to contact each other when there is radio failure.

II. Guideline

If there is a failure of radio communication, the following should occur:

A. Communications Center:

1. The paging or IRIS system shall be used to communicate messages to Field Personnel.

B. Field Personnel:

1. If field personnel are unable to contact the dispatcher by radio on the usual assigned channel, after a reasonable number of attempts, then they should contact dispatch on alternate channels. (For instance, if a unit is attempting to make contact with EMS on ch.2, the next step would be to try to contact Control on ch.1) If this also results in no contact, field personnel should contact dispatch by telephone and/or UHF radio.
2. Unless they are engaged in an ambulance call, personnel will advise the System Status Controller (SSC) of their location, and will remain available at that telephone number until advised that radio communications have been restored. The telephone should be used as little as possible during that time.
3. If a unit is en route to a scene, contact the Communications Center when you arrive preferably by telephone; this may also be done through law enforcement, fire, or other agency on scene if their radios are working.
4. If a unit is en route to the hospital with a patient, mileage information and transport status should be called in by telephone.

Total Communications Failure: In the event of a total communications failure (Radio, telephone, cell phone, and pagers) City System Status Management (SSM) units should complete their assigned calls, if any, then immediately report to HQ to await instructions. Fixed station units should return and remain at their station.

LEON COUNTY EMS

Standard Operating Guideline

Title: Refusal Radio Report
Effective: June 20, 2005
Reviewed: December 2012, December 2015
Revisions: 1
Pages: 3

I. PURPOSE:

To provide uniform guidelines for the reporting and recording of Patient Refusals over the radio.

II. GUIDELINE:

It is the policy of Leon County Emergency Medical Services although it may not be possible, that all patient refusals will be evaluated by the Paramedic on scene.

III. PROCEDURE:

1. It is the responsibility of the Paramedic to give accurate, concise information about patient condition and hazards associated with the patient's refusal of care during evaluation and treatment for possible injury so that the patient will be properly informed.
2. It is the ultimate responsibility of the Paramedic on Paramedic/EMT teams and the Paramedic charging the call on Paramedic / Paramedic teams to properly evaluate the patient and advise the patient of possible injury and adverse effects of refusing treatment and transport to an Emergency facility for evaluation by a doctor.
 - A. **If the Patient was witnessed having a seizure**, you must inform the patient (and if family is on scene make them aware as well) that the patient is not to drive any kind of vehicle, operate any kind of machinery, work at any heights, take a bath or swim alone (shower OK) until they are cleared by their medical doctor (or a medical doctor) to do so. You **MUST DOCUMENT** in the report that you informed him/her of these very words.

223.00

If the patient is in a vehicle and wants to drive off you may notify law enforcement of the incident/situation but you **CANNOT STOP THEM** from driving off. EMS is not obligated, but we do have the authority to report an individual to the DMV in the state of Florida. The DMV could potentially revoke their driving privileges until cleared by a medical doctor. Unless LCEMS is called to a scene more than one time for the same patient who is behind the wheel of a vehicle, we are not required to turn ever seizure patient over to the DMV, but do use your best judgment.

3. It is the responsibility of this same Paramedic to record the specifics of the patient's refusal of care and transport to the on-duty supervisor or other person designated to receive such a report over the 800 MHz radio channel 3. A sample Refusal Report script is provided below for reference.

Sample Refusal Radio Report

This is medic # _____

We are on scene at _____ with a _____ year old
Male / Female patient.

EMS was called by: Bystander, Family Member, Friend, patient, and Law Enforcement, Unknown Person, etc...

We have one patient (Multiple Patients) whose Chief complaint(s) is/are
Chest pain, SOB, Trauma from fall, MVC, Diabetic problem, N&V, Dizziness, CVA etc..

Pt's Vital Signs are:

Pulse: _____
BP: _____
Resp: _____
BGL: _____ as applicable
SaO2: _____ as applicable
12 Lead ECG as applicable.

Pt has a HX of: SOB, Cardiac. Diabetes, N & V, COPD, Asthma, CVA, etc...

Pertinent Findings are Wheezes, SOB, Chest Pain, Dizziness, Trauma to..., etc... ECG
Finding are: Name that rhythm!

223.00

Pt is refusing EMS Transport to the Emergency Center for evaluation by a MD for the following reason(s): Not injured, has another method of transport, will follow with private MD later, Feels better now, Parent or Guardian refusing care, etc.....

I/we have advised patient that I/we are not able to make a complete evaluation in the field and that I/we advise the patient to go via EMS to the hospital or go to the hospital via personal vehicle to be evaluated by a physician, the patient has refused multiple offers/ attempts to transport via EMS. I/we have advised patient that it is possible that their condition could suddenly change and get worse and this could cause them to suddenly become incapacitated or cause their immediate and sudden death. The patient is at this time conscious alert and oriented has acknowledged the potential for serious complications as a result of this refusal but continues to refuse our care and transport. The patient has been advised to call us back on 9-1-1 if condition warrants.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Search and Rescue

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 2

Pages: 1

I. Guideline:

In the event that there is a Search and Rescue Operation being conducted inside Leon County and LCEMS is asked to participate, the System Status Controller may, after checking with the on-duty supervisor, dispatch a unit to the designated location of the operation. Participation in search operations shall be limited by the number of units needed to maintain appropriate coverage of Leon County. LCEMS units will not participate in rescue operations that they are not trained or properly equipped for however; they may stand-by if so requested.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Communications – Severe Weather

Effective: June 6, 2005

Reviewed: September 2008, December 2012, December 2015

Revision: 3

Pages: 1

I. Purpose:

The purpose of this procedure is to define the duties and responsibilities of LCEMS Communications personnel as it pertains to Severe Weather operations.

II. General Information

Examples of severe weather include: Tornadoes, Severe Thunderstorms, Flash Floods, Electrical Storms, Hailstorms, or Hurricanes. A **watch** is issued when the risk of a hazardous weather event has increased significantly, but its occurrence, location, and/or timing are still uncertain. It is intended to provide enough lead time for those who need to set their plans into motion to do so. A **warning** is issued when a hazardous weather event is occurring, is imminent, or has a very high probability of occurring. A warning is used for conditions posing a threat to life and/or property.

III. Procedure

1. Watch - In the event that a severe weather watch is issued, the System Status Controller shall be responsible for notifying all on duty crews via their alphanumeric pagers and notify the on-duty supervisor via telephone.
2. Warning – In the event that a severe weather warning is issued, the SSC shall be responsible for notifying all on duty crews via their alphanumeric pagers and broadcasting the weather bulletin on both channels 1 and 4.

It will be the responsibility of the on-duty supervisor to coordinate with the appropriate LCEMS administrators regarding the extent of response that LCEMS crews will perform during extended periods of severe weather such as hurricanes. Once a decision has been made, the SSC should inform all on duty crews to report to the nearest TFD station or other safe location to stand-by until the weather improves and normal response operations resume. It may be necessary to limit responses to life-threatening emergencies only; this decision will also be made by the on-duty supervisor. Refer to the Emergency Operations Plan, 409.00, for more information..

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – 9-1-1 Calls from Hospitals

Effective: June 15, 2007

Reviewed: September 2011, December 2012, December 2015

Revision: 3

Pages: 1

I. Purpose:

The purpose of this guideline is to define the procedure to be followed should a 9-1-1 call be received from inside a Hospital.

II. Procedure:

In the event that a 9-1-1 call is received from a hospital, the call-taker should enter the call in the CAD and immediately notify the System Status Controller (SSC). Additionally, either the call-taker or the SSC should attempt to obtain as much information about the location of the patient and the situation at hand, up to and including a name of the patient, department and/or floor location, room number (if applicable), a call back number, and the nature of the problem. In most cases, the call shall be transferred to the EMS System Status Controller so the most appropriate action can be determined.

After obtaining the information and, if appropriate, dispatching a unit, the SSC should immediately make contact with the appropriate person at each hospital as specified below:

Location of Call	Contact Person	Telephone Number
TMH In-Patient, Any Department	Nursing Supervisor	(850)431-1155, ask for Nursing Supervisor
TMH Emergency Dept or E.D. Waiting Room	Emergency Department On-Duty Nurse Manager	(850)431-0906, ask for Nurse Manager
CRMC In-Patient, Any Department	Nursing Supervisor	(850)325-8282 direct or operator at (850)325-5000
CRMC Emergency Dept or E.D. Waiting Room	Emergency Department On-Duty Charge Nurse	(850)325-5090, ask for On-Duty Charge Nurse
Apalachee Center, PATH, Eastside, or Detox	On-Duty Facility Charge Nurse	(850)523-3333, press 1, then 1 again, speak to RN

The System Status Controller should document the time of the call and the person notified in the CAD. The EMS on-duty supervisor should also be notified at the discretion of the SSC. If there is any question as to the exact location of a patient and whether or not they are presently under care of a hospital provider, (such as in a parking lot or outdoors) the SSC should not hesitate in dispatching a unit and allow the responding crew to ascertain the exact situation.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Poison Center Use/Transfer Calls

Effective: October 11, 2007

Reviewed: December 2012, December 2015

Revision: 2

Pages: 2

I. Purpose:

Pursuant to Florida Statutes 401.268 and 395.1027, the purpose of this guideline is to define the procedure to be followed should a 9-1-1 call be received from a patient or by-stander wanting assistance and/or information on poisonings or insect bites (as specified below).

II. Procedure:

For 911 calls received from a caller requesting assistance and/or information on exposure to, or ingestion of, any of the following, the EMS call-taker should follow the steps outlined:

- Bites & stings from insects, spiders, or marine life
- Household & personal products
- Pesticides & chemicals
- Food poisoning
- Plants and mushrooms
- Prescription & over-the-counter medicine
- Herbal & dietary supplements/drugs

1. Open the Motorola P1 CAD call taking screen and obtain:
 - a) Address of the incident and location details
 - b) Call back number
 - c) Chief complaint (MUST note specifics in addition to selecting a nature)
2. Launch ProQA™ and begin the Q & A process utilizing the appropriate protocol (either 2 or 23).

For Protocol 23: If, after completing the key questions for protocol 23, the call is coded as an omega level call, read the “omega response” statement to the caller, but advise them that you will be remaining on the line. Transfer the call to the poison center using the appropriate transfer button and remain on the line to see if the poison center recommends an EMS response. If possible, while monitoring the line, alert the System Status Controller (SSC) to the status of the call.

For Protocol 2: If, after completing the key questions for protocol 2, the call is due to bites or stings from insects, spiders, or marine life AND the call has been coded as an alpha level call (no priority symptoms present), proceed to the case exit instructions and read the “omega referral” statement to the caller, but advise them that you will be remaining on the line. Transfer the call

to the poison center using the appropriate transfer button and remain on the line to see if the poison center recommends an EMS response. If possible, while monitoring the line, alert the SSC to the status of the call.

If there are any PRIORITY SYMPTOMS present at any time, DO NOT transfer the call to the poison center. Follow the appropriate protocol and remain on the line with the caller until help arrives. Priority symptoms are defined by NAEMD as the presence of abnormal breathing, chest pain, decreased level of consciousness, or serious hemorrhage.

This procedure is intended as a guideline. A call may still be transferred to the poison center for a reason not listed above, at the direction of the on duty EMS SSC.

Note: If after receiving advice from the poison center, the caller still desires an EMS response, note that in the call and advise the caller that the first available ambulance will be sent and to call back if anything gets worse or changes.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: System Status Management & Resource Utilization
Effective: June 1, 2005
Reviewed: March 2006, December 2012, December 2015
Revision: 3
Pages: 4

I. GUIDELINE:

LCEMS utilizes the principles of System Status Management (SSM) to effectively utilize the resource of the department. Adherence to policy and procedure is necessary for system performance success.

II. GENERAL INFORMATION:

1. It is essential that all Communications Personnel function similarly and as consistently as possible in order to eliminate variation based on the individual dispatcher.
2. This system includes mechanisms to monitor and modify procedures to achieve consistent levels of performance.
3. The LCEMS plan includes Flexible Deployment which is a combination of fixed station geographic deployment and Demand Deployment.
4. Two components of System Status Management:

Geographic Coverage - Similar to the type of coverage provided by fixed location deployment systems. Geographic coverage is relatively static, in that it does not vary significantly based on time-of-day and system activity levels.

Demand Coverage - This component of coverage is highly variable. It is designed to incorporate enough capacity to accommodate the normal demand experienced by the service. Demand posts can be identified by the analysis of historical patterns and are often identifiable by the time of day and day of week.

These two components are designed to match resources to demand while providing excess capacity to geographic coverage requirements. This type of coverage is designed to allow the services to respond to requests within the defined response time standards and provides a margin of safety by utilizing the capacity of geographic coverage to address periods of exceptional demand.

5. Staffing - The staffing plan is driven by the historical call data by time of day and the day of the week. The plan, which is reviewed at least bi-annually, will dictate the various staffing hours and patterns needed to meet the demand. Staff schedules will be adjusted accordingly, to meet the needs of the plan. If an unexpected demand arises, such as a

large public service event, natural disaster, etc. then staff will either be scheduled over and above what the plan requires or staff will be called in to assist. Extra planned events, such as public services, are usually well thought out and planned with regards to staffing needs.

6. Field providers may from time to time have a question about an assignment or their workload statistics. It is important that they be given as much insight as possible for the situation in question. A brief explanation can lead to a great deal of understanding and cooperation.

7. The on-duty System Status Controller (SSM) or on-duty supervisor will make the final decision regarding any non-emergency or post assignment that may be questioned by a crew.

III. POST IDENTIFICATION:

1. Post Locations

Headquarters	- 911 Easterwood Dr
Post 1	- 2626 Capital Medical Blvd
Post 2	- 2825 Municipal Way
Post 3	- Orange Ave & South Monroe St
Post 4	- 1300 Miccosukee Rd
Post 5	- 27 North (Monroe St) & I-10
Post 6	- Apalachee Parkway & Blair Stone Rd
Post 7	- Copeland & Tennessee St
Post 8	- Thomasville Rd & Timberlane
Post 9	- Thomasville Rd & Kerry Forest Parkway
Post 10	- Blairstone Rd & SE Capital Circle
Post 11	- North Monroe St and Fred George Rd.
Post 12	- Chaires Fire Station
Post 13	- Woodville Fire Station
Post 14	- Fort Braden Fire Station
Post 15	- 1583 Pedrick Rd
Post 16	- 3401 W. Tharpe St.

Units shall remain within a ½ mile of their assigned post location. Crews are permitted to exceed this ½-mile restriction for meals and other instances approved by the system controller or supervisor.

IV. POSTING PROCESS:

Posting - The primary premise of posting is to maintain adequate coverage to the areas with highest numbers of calls.

1. Based on historical data, a post plan has been developed and implemented.
2. LCEMS uses the positioning post plan as a guide for resource deployment. LCEMS uses the posting plan in the city of Tallahassee on a 24/7 basis.
3. Repositioning of a unit will not take place until
 - A. Dispatch is confident the responding unit is going to transport based on information received during the initial call
 - OR**
 - B. The unit on scene advises that they are going to transport.
4. If resource posting is necessary, Controllers must use their judgment and common sense. For instance, if the CAD recommends repositioning a unit to a post that another unit is closer to then a domino type move is to be made moving the closer unit to the vacant post and refilling the closer units post with the CAD recommended unit. As an example, Post 2 becomes vacant. The CAD says send Post 4 to Post 2 but Post 1 is covered, it is recommended that the controller move the Post 1 crew to Post 2, then move the Post 4 crew to Post 1. **DO NOT REPOSITION A UNIT PAST AN OCCUPIED POST!** (Exceptions: see Workload Management).
5. It is important to understand how the geo posts are identified in developing the deployment plan. No service area can be analyzed as an isotopic plane in that a vehicle cannot move from one location to another in a straight line or at the same speed for all possible locations.
6. A unit's response time range is the distance it can travel within a specified time frame. In the post location study for Leon County, this travel time period was set at six minutes. The six minutes standard allows for an eight minute response time given a one minute dispatch and a one minute out-of chute time component. **HOW DOES A UNIT'S RESPONSE TIME RANGE CHANGE?** Even though posts are selected primarily on a basis of coverage, distance, and time, other factors impact the distance which can be covered in a given period of time. The two most obvious factors are weather and traffic. For example, at 8:00am during rush hour, traffic flow into the city makes travel in that direction by an ambulance difficult. Therefore, the unit's response time range is decreased in that direction. At 3:00 am the unit's response time range may be at its maximum because of negligible traffic. Inclement weather can also decrease a unit's range, as can physical obstruction such as trains, traffic accidents, parades, etc.
7. Use moving units to improve coverage by assigning routes to available units, it is possible to improve coverage. Having units travel through areas in which there are no ambulances available en route to their post will enhance coverage. Likewise, avoid utilizing limited access roadways such as Interstate 10 to move from post to post as a unit on the interstate is essentially “out of the plan.”

8. The post plan is programmed so that the most important post to be filled for that hour is listed first. Lower priority posts are listed by their importance for coverage. A copy of the post plan is available in the dispatch office for reference.

9. At shift change, during the times for posting, use the CAD to fill the most important post first and lower priorities next.

10. If a post plan issue develops, it is to be referred to the Deputy Chief of Operations for guidance.

V. VISUALIZATION:

A key skill for the Dispatcher is to learn to visualize the system. Part of that visualization process includes thinking in terms of unit range rather than a unit at a particular location. As units move and the system changes, response time ranges move, expanding and contracting. The Dispatch CAD is being utilized to facilitate our system visualization process.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Bariatric Unit Deployment
Effective: June 7, 2010
Reviewed: December 2012, December 2015
Revision: 3
Pages: 1

I. Purpose:

To outline the procedures to be taken by EMS in the event that deployment of bariatric equipment is required for patient transport.

II. Responsibility:

It will be the responsibility of the LCEMS System Status Controller (SSC) and on-duty supervisor to evaluate and provide an appropriate response given the available information.

III. General Information:

In an effort to provide the highest level of care, safety and dignity to an ever-increasing population of morbidly obese patients, LCEMS has developed a “Bariatric Transport Unit” equipped with innovative equipment designed to transport patients weighing up to 1,600 pounds.

IV. Guideline:

While assessment of patient weight is not typically part of the Emergency call taking process, the caller may volunteer this information. If patient weight is known, this information should be added to the call notes and passed on to the responding unit(s).

Patient weight is frequently assessed in the Non-emergency transfer request process and should be utilized in determining the need for bariatric unit deployment.

Upon determination of bariatric equipment need, the communications center inform the on-duty supervisor and logistics so the equipment can then be brought to the crew. The bariatric equipment will be installed in the active truck, and patient will be safely transported.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Rough Terrain Unit Deployment
Effective: June 7, 2010
Reviewed: December 2012, December 2015
Revision: 2
Pages: 1

I. Purpose:

To outline the procedures to be taken by EMS in the event that deployment of rough terrain equipment is required for patient transport.

II. Responsibility:

It will be the responsibility of the LCEMS System Status Controller (SSC) and on-duty supervisor to evaluate and provide an appropriate response given the available information.

III. General Information:

In an effort to provide the highest level of care, safety when access to the patient is impaired due to terrain or distance from navigable roadways, LCEMS has a 6 wheel drive, Polaris ASAP, patient transport ATV.

IV. Guideline:

In the event that access to the emergency scene or patient is impeded by terrain or distance from navigable roadways, the SSC, on-duty supervisor, and or, responding unit may initiate the deployment of an ATV to facilitate patient access and transport. This resource is housed at EMS HQ and will be deployed by towing the ATV to the scene. The on-duty supervisor, logistics staff, or other appropriate persons trained in vehicle towing, may be utilized to deliver the ATV as needed. The potential for utilization of the ATV should be assessed and implemented as early as possible due to the potential time involved in deploying this resource.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications – Inter-Facility Requests Critical Care Transport (CCT)

CAAS: 103.01.01

Effective: January 1, 2012

Reviewed: June, 2012, December 2015

Revision: 2

Pages: 3

I. Purpose:

The purpose of this policy and procedure is to standardize the methods of inter-facility/Critical Care Transport response dispatching in order to enhance efficiency and meet the division's standards for handling all requests for service.

II. Policy:

All inter-facility/CCT requests for service will be processed, and appropriate staffing and equipment needs will be determined and all necessary resources will be dispatched to adequately handle the requests in the most efficient and consistent manner possible.

III. General Information:

Patient Criteria for Activation & Use of Critical Care Transport Team:

- Any patient being transferred from an ICU/Critical Care Unit to another ICU/Critical Care Unit.
- Any patient being transferred from an ER to an ICU/Critical Care Unit.
- Any critically ill or injured patient being transferred from an ER to an ER.
- Patient who is intubated or being ventilated via a tracheostomy.
- Use of one or more of the following medications: **See note*
- Chronotropic or inotropic agents (ie, Dopamine, Dobutamine).
- Any medication used for cardiovascular support or stability:
- Vasopressors (ie, Epinephrine, Levophed)
- Antiarrhythmics (ie, Cardizem, Amiodarone, Lidocaine)
- Antihypertensives (ie, Cardene, β -blockers)
- Heparin
- Nipride
- Nitroglycerin
- Any paralytic
- Any medication used for sedation or that alters level of consciousness (ie, Propofol, Versed)

- Tocolytics (ie, Terbutaline, Magnesium) to arrest labor

- Patient with a chest tube.
- Patient with a ventriculostomy tube.
- Administration of blood or any blood product.
- Arterial lines for monitoring of pressures (ie, Swan Ganz, Arterial Lines).
- Patient receiving “wide open” fluids to treat shock.
- Patient with recurrent ventricular tachycardia (V. Tach) or ventricular fibrillation (V. Fib).
- Patient with 3rd Degree Heart Block and SBP <90.
- Patient with any type of cardiac support device (LVAD, IABP, transvenous or transcutaneous pacer)
- Patient with any intermittent/transient unstable dysrhythmia.
- Abnormal vitals (any one of the following in an adult):
- SBP <80 or >200, HR <45 or >130, RR <10 or >28, SpO2 <90%
- Abnormal labs or studies (any of the following in an adult):
- Hgb <6.5, Hct <25, Plt <80, K+ <2.6 or >6.0, pH, <7.3 or >7.5, pCO2 <25 or >60, pO2 <80, Glucose <60.
- Abnormal CXR: pneumothorax, severe pneumonia with pO2 <80 or SpO2 <90%.
- Request of physician.
- Patient who is felt to be at an increased risk for clinical instability (ie, respiratory distress patient who may need to be intubated, dissecting aortic or thoracic aneurysm, CVA with altered or decreased level of consciousness, patient with multiple co-morbidities).
- *Remember that pediatric patients have different vital signs and lab values. Consider using a critical care paramedic in any pediatric patient with “critical” lab values or vital signs.

****Note: All medications with the exception of those given as a bolus, single dose or prn MUST be administered via an IV pump.***

IV. Guideline

The most important underlying concept is to have the most appropriate response for each non-emergency request in the time frame necessary for the capable handling of the request.

Receiving Requests & Vehicle Notification

1. Answer the telephone: “Leon County EMS, how may I help you?” Remember keep your tone of voice positive and professional
2. Open the Call taking screen in the P1 CAD and obtain:
 - a) Call back number and name of requestor
 - b) Name and location of the patient
 - c) Transferring facility and physician
 - d) Receiving facility and physician

- e) Destination room number
 - f) Any specialty care equipment needed (vent, pumps etc.)
-
- 3. Once the call has been input and saved the System Status Controller will contact the on duty supervisor to coordinate assignment of an on-duty CCT crew or potentially activate on-call CCT personnel
 - 4. Ideally, critical patients will be attended by at least two licensed crew members, one of whom must be a CCT certified paramedic.
 - 5. Once the appropriate crew and equipment needs have been determined, the System Status Controller will dispatch the unit, and will notify the requesting facility of the unit's ETA.
 - 6. CCT inter-facility patients are, by definition, critical patients. If, during the course of transport, the unit encounters an accident or other EMS scene; Leon County SOG 413.00 states:

“III. PROCEDURE:

If, while transporting a critical patient under lights and sirens, a crew comes across the scene of another incident, that crew will continue on its way to the hospital without stopping to render assistance. The driver will contact EMS dispatch of the situation requesting appropriate assistance to respond.”



EMS Case Entry/ Dispatch Pad



To Be Used with EMD Cardset during CAD failure

Date:	Time:	EMD ID#:	Run#:
Address of Emergency:			
Apt/Business/Rm# Name: (Verify)			
Call-back Number:	Source: E-911 EMS Phone SO Phone Tie Line		
Okay, tell me exactly what happened?:			
Are you with the patient now? <input type="checkbox"/> Yes <input type="checkbox"/> No How many people are hurt? <input type="checkbox"/> Single <input type="checkbox"/> Multiple _____			
How old is the patient? _____ years/months (Unsure - Appx age??)			
Is the pt conscious ? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the pt breathing ? <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> male <input type="checkbox"/> female			
Signature of Calltaker:		Dispatch Code:	
~ Dispatch ~			
Unit Assigned:		Responding From:	
<input type="text"/>	Dispatch Time		
Controller:		Ch 2 Dispatcher:	
<input type="text"/>	En Route; Code 1 2 3		
<input type="text"/>	On Scene: 1st On w/TFD w/TPD w/LCSO w/other:		
<input type="text"/>	Transporting: mileage _____ Code 1 2 3 4 Destination: TMH CRMC Other:		
<input type="text"/>	At Destination: ending mileage _____ Total mileage _____		
<input type="text"/>	Available		
<input type="text"/>	Cancelled/Dry Run at:		
<input type="text"/>	Disposition:		
<input type="text"/>	Available Location:		
Additional Notes:			
Entered into CAD on:		Entered By:	



LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Bio-hazardous Waste Management

CAAS: 203.05.01

Effective: June 1, 2005

Reviewed: March 2005, December 2012, December 2015

Revision: 3

Pages: 4

I. PURPOSE:

To provide guidelines, procedures and responsibilities for the identification, safe handling, storage, disposal, labeling, use of personal protective equipment and program auditing, with respect to the management of biohazardous waste by LCEMS.

II. GUIDELINE:

The program implements applicable requirements of Federal and State Waste Management laws. The Deputy Chief of Operations is designated as the Biohazardous Waste Coordinator and shall provide technical guidance to employees and agencies involved in this program.

III. PROCEDURE:

1. Definitions:

A. Biohazardous Waste – any solid or liquid waste which may present a threat of infection to humans. This term includes, but is not limited to:

- 1) Nonliquid human tissue and body parts
- 2) Discarded sharps
- 3) Human blood and blood products
- 4) Human body fluids
- 5) Used absorbent materials such as bandages or gauzes
- 6) Used sponges that are supersaturated with the potential to drip and splatter
- 7) Intravenous tubing and catheters
- 8) Medical devices used in the treatment of HIV or Hepatitis B suspected

or positive patients

B. Biohazardous Waste Generator – any facility or person(s) who produces or generates Biohazardous Waste. Emergency Medical Services are included under this definition.

C. Leon County EMS employees shall regard **all** human blood and body fluid as infectious for HIV/HBV and other bloodborne pathogens and take appropriate protective steps to protect themselves from unprotected contact with such fluids. Though HIV/HBV transmission has **not** been documented from urine, feces, vomitus, sputum, saliva, sweat or tears, employees are directed to consider **all** body fluids as potentially hazardous and protect themselves accordingly. This is primarily due to the frequently uncontrolled conditions present in pre-hospital emergency medical services making fluid differentiation difficult if not impossible.

D. Decontamination – the process of rendering biohazardous waste to solid waste

E. Disinfection – a process that destroys or irreversely inactivates the vegetative cells of microorganisms.

F. Human Blood and Blood Products – includes whole blood, serum, plasma or blood components

G. Point of Origin – the area where the bandage, sponge or other object becomes contaminated with body fluids or blood

H. Saturated – the point at which no more can be absorbed, received or combined; or has the potential to drip or splatter

I. Sealed – free from openings that allow the passage of liquids

J. Sharps – devices with physical characteristics capable of puncturing, lacerating, or otherwise penetrating the skin

K. Significant Exposure – major contact with blood or body fluids whether with or without proper protective equipment

2. Responsibilities

A. Biohazardous Waste Management Coordinator(s) (BWMC) – responsible for the development and implementation of the Biohazardous Waste Management Program, auditing the Division for compliance and providing technical and educational support to employees

B. Deputy Chiefs and Shift Supervisors – assist the BWMC with monitoring for compliance to this program

C. Employees – compliance with this Waste Management Program. Report any noncompliance to Shift Supervisors or the Waste Management Coordinator.

3. Identification/Quantity and Location of Biohazardous Waste Collection Point

A. Type of Waste – Biohazardous mainly composed of sharps, bandages, gauzes and sponges.

B. Quantity – No estimate can be given, dependent upon call type and volume. Not to exceed twenty-five (25) transport pounds at any one time

C. Location – EMS Operations Building, Soiled Utility Room

4. Guideline and Procedure for Handling Biohazardous Waste

Note: The following sections pertain only to Biohazardous Waste generated by LCEMS that is/was not disposed of at the receiving hospital.

A. All Biohazardous Waste shall be identified and segregated from other solid waste at the point of origin. Biohazardous waste will only be placed in approved containers and will not be placed with any other solid type waste (garbage).

B. If Biohazardous Waste is found in non-hazardous waste (garbage), it will be managed as Biohazardous Waste per this program.

C. Biohazardous Waste, except sharps, shall be packaged in impermeable red polyethylene or polypropylene plastic bags, sealed and labeled utilizing Biohazardous Labels.

D. Discarded Sharps will be segregated from all other wastes. Discarded sharps will be placed directly into leak resistant, rigid, puncture resistant containers. The containers shall be designed primarily for the containment of Sharps and pre-labeled with the international biological hazard symbol.

5. Pick Up and Disposal of Biohazardous Waste

A. All Biohazardous Waste bags including Sharp containers will be removed from the ambulances by the EMS crew members and/or the EMS Supply Technician.

B. Personnel collecting, transporting and disposing of Biohazardous Waste will

use Personal Protective Equipment as deemed necessary.

C. EMS crew members and/or the Supply Technician will inspect all bags and containers, including Sharps, for leakage at the time of pick up and later disposal. If leakage is noted, wearing PPE, the material will be re-bagged and labeled accordingly. In the event of a spill, procedures outlined under Management of Biohazardous Spills will be utilized.

D. After removal, the Biohazardous Waste will be placed in the EMS Soiled Utility Room at Headquarters. Biohazardous Waste will be placed in the disposal boxes supplied by the disposal vendor. All PPE worn during pick up will be red bagged.

E. Biohazardous Waste can also be disposed of at the appropriate sites at Tallahassee Memorial Hospital and Capital Regional Medical Center.

F. Disposal vendor invoices will be retained by LCEMS and filed for a period of three years.

6. Biohazardous Waste Spills

A. In the event of a Biohazardous Waste spill or leakage, personnel clothed with PPE will immediately initiate the following procedures:

- 1) Contain the spill utilizing absorbent material
- 2) Isolate the area, allow no one to interfere
- 3) If liquid material is present in the spill:
 - a. Flood the area with a germicide that is tuberculocidal prior to cleaning with absorbent
 - b. After bulk cleanup, the area will be decontaminated by mopping with a fresh germicidal solution
 - c. All material used to clean up the spill, including mop heads will be red bagged for disposal
 - d. All PPE will be red bagged for disposal

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Driver Monitoring Program
Effective: April 2, 2006
Reviewed: May 2008, December 2012, December 2015
Revision: 2
Pages: 2

I. PURPOSE:

To provide uniform guidelines for the use and monitoring of the driver monitoring program.

II. GUIDELINE:

The driver monitoring system, known as “idrive,” is to be used as a training tool to improve the safety and protection of LCEMS personnel, equipment, and the citizens of Leon County or any area that is served by LCEMS. Disciplinary actions may be taken as outlined in the procedure section (III, 3).

III. PROCEDURE:

1. The “idrive” incidents will be reviewed weekly by the designated supervisor or his/her designee. A level of infraction will be assigned to the incident and referred to the employee’s supervisor for appropriate follow-up action.
 - A. No Fault. Examples include: false trigger, manual trigger, non-preventable collision
 - B. Minor Incident. Examples include: pothole, speed bump, road dip, driveway, rough surface
 - C. Erratic Driving. Examples include: hard braking, hard cornering, excessive acceleration, skidding, rough use of vehicle, vehicle abuse, unsafe speed, lane weaving.
 - D. Serious Incident. Examples include: no seatbelt, run stop light or stop sign, failure to yield, serious traffic violation.
 - E. Most Serious Incident. Examples include: major collision (driver at fault), intentional damage, reckless/ dangerous Driving, road rage, driving under the influence, tampering with the camera.
3. Disciplinary action for the different levels of offences is at the discretion of the employee’s direct supervisor and may take into account an employee’s individual driving history with LCEMS and other applicable factors. After an event is reviewed, any recommendations will go

to command staff for review and final approval. All actions taken in accordance with this guideline are administrative. If the driver's partner's actions are deemed negligent, the partner will be subject to the same disciplinary actions as the driver. In lieu of Suspension and/or Termination, **Paramedic** driving privileges may be suspended and/or terminated. The matrix below serves as a general guideline for supervisors and employees as it relates to discipline and driving infractions.

A. No Fault: No action will be taken.

B. Minor Incident: Oral warning if it is an unnecessary, continued pattern. If pattern is continued, progressive discipline may be followed.

C. Erratic Driving:

- 1st Offence: Counseling
- 2nd Offence within 1 year: Oral warning
- 3rd Offence within 1 year: Written warning
- 4th Offence within 1 year: Smith System Driver training and/or EVOC
- Continual Offences: Suspension and/or Termination

D. Serious Incident:

- 1st Offence: Written warning
- 2nd Offence within 1 year: Smith System Driver training and/or EVOC
- 3rd Offence within 1 year: Suspension and/or Termination

E. Most Serious Incidents: Any offence of this level will be judged on the severity of the incident and will result in one of the following:

- Written warning
- Written warning and Smith System Driver training and/or EVOC
- Suspension and/or Termination

4. Good Driving Recognition will be as follows:

All drivers with no offences will be submitted for the County's Safe Driver Award, provided annually through the office of risk management.

For specific incidents in which exceptional driving is identified, the reviewing supervisor may choose to provide the employee with verbal praise and/or an e-mail, a letter from a Deputy Chief and/or Chief, or county wide recognition.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Exposure Control Plan
Effective: June 1, 2005
Reviewed: March 2005, December 2012, December 2015
Revision: 3
Pages: 29

I. GUIDELINE:

LCEMS is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens." And the Needlestick Safety and Prevention Act (PL 106-430)

The ECP is a key document to assist our service in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

1. Determination of employee exposure
2. Implementation of various methods of exposure control, including:
 - Universal precautions
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
 - Hepatitis B vaccination
3. Post-exposure evaluation and follow-up
4. Communication of hazards to employees and training
5. Record keeping
6. Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

II. PROGRAM ADMINISTRATION:

1. LCEMS is responsible for the implementation of this ECP. In concert with the County Risk Manager, the Deputy Chief of Operations will maintain, review, and update the ECP at least annually, and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. Review of the sharps injury log will be a part of these reviews to identify problem areas and/or ineffective devices which may need replacement. Documentation relating to the consideration and implementation of appropriate commercially available and effective engineering controls designed to eliminate or minimize exposure and the procedure used for evaluation of circumstances surrounding exposure incidents will be included with the annual update.
2. Those employees or auxiliary members who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
3. LCEMS will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. LCEMS will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. .
4. The County Risk Manager will be responsible for ensuring that all medical actions required are made available and that appropriate employee health and OSHA records are maintained. Contact the County Risk Manager at (850) 606-5120.
5. The Community Engagement and Organizational Development Major will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Contact EMS Major at (850) 606-2100.

III. EMPLOYEE EXPOSURE DETERMINATION:

The Center for Disease Control and Prevention (CDC) has established the following job task classification system to determine which employees may be exposed to bloodborne disease:

Category I. Tasks That Involve Exposure To Blood, Body Fluids, or Tissues.

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids or tissues, or a potential for spills or splashes of them, are Category I tasks. Use of appropriate protective measures shall be required for every employee engaged in Category I tasks.

Category II. Tasks That Involve No Exposure to Blood, Body Fluids, Or Tissues, But Employment May Require Performing Unplanned Category I Tasks.

The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment.

Appropriate protective measures shall be readily available to every employee engaged in Category II tasks.

Category III. Tasks That Involve No Exposure To Blood, Body Fluids, Or Tissues, And Category I Tasks Are Not A Condition of Employment.

The normal work routine involves no exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid, or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones, and personal contacts such as handshaking are Category III tasks.

Employee Identification

Category I Tasks

Employees in the EMS Operations have been identified as routinely performing Category I tasks. Examples include:

- Bleeding control and bandaging.
- Intravenous access and phlebotomy.
- Other injection procedures.
- Endotracheal intubation and other airway control procedures
- Cleanup of blood and other body fluids

Category II Tasks

No employees of the EMS Division have been identified as routinely performing Category II tasks.

Category III Tasks

Employees in other job safety categories are not exposed to blood or body fluids in their normal work routine. Their work is classified as Category III and is not applicable to this program.

The following is a list of all job classifications at our establishment:

JOB TITLE	DEPARTMENT/LOCATION	CLASSIFICATION
• EMS Staff Assistants	EMS Division	CATEGORY III
• EMS Supply Technician	EMS Division	CATEGORY I
• Emergency Medical Technician	EMS Division	CATEGORY I
• Paramedic	EMS Division	CATEGORY I
• EMS Lieutenants	EMS Division	CATEGORY I
• EMS Captains	EMS Division	CATEGORY I
• EMS Majors	EMS Division	CATEGORY I
• EMS Deputy Chiefs	EMS Division	CATEGORY I
• EMS Chief	EMS Division	CATEGORY I

IV. METHODS OF IMPLEMENTATION AND CONTROL:

The following control methods have been adopted by Leon County EMS and employee compliance is required.

1. Universal Precautions – Body Substance Isolation

Leon County EMS, employees shall regard **all** human blood and body fluid as infectious for HIV/HBV and other bloodborne pathogens and take appropriate protective steps to protect themselves from unprotected contact with such fluids. Though HIV/HBV transmission has **not** been documented from urine, feces, vomitus, sputum, saliva, sweat or tears, employees are directed to consider **all** body fluids as potentially hazardous and protect themselves accordingly. This is primarily due to the frequently uncontrolled conditions present in pre-hospital emergency medical services making fluid differentiation difficult if not impossible.

All employees will utilize universal precautions in accordance with the Leon County E.M.S. Policy with all patient contacts. Universal precautions are defined as the use of all appropriate preventative equipment. This equipment includes the proper use of gloves, gowns, face and eye protection and other such equipment as provided or authorized by LCEMS.

Precautions for Patients With Known Infectious Diseases

- In the event that transportation is requested for a patient who is known to be the carrier of an infectious disease, the crew will be provided with all appropriate information. The crew will receive all information that has been provided to the LCEMS dispatcher. Under no circumstances will LCEMS refuse service / treatment / transport to a patient based on their infectious status.
- Upon arrival at the pickup facility, the crew shall confirm the infectious condition of the patient, and any specific precautions to be aware of.
- Upon arrival at the receiving facility, the crew shall notify the person assuming responsibility for the patient's care of the patient's condition and infectious status. This notification shall be made in a discreet fashion both verbally to the receiving personnel and in writing on the patient care report.

2. Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed during their state mandated HIV Refresher. All employees have an opportunity to review this plan at any time during their work shifts by consulting the safety manual which contains this ECP. If a personal copy of this ECP is requested, contact the EMS Major at (850) 606-2100, and EMS will provide an employee with a copy of the ECP free of charge within 15 days of the request.

In concert with the County Risk Manager, the Deputy Chief of Clinical Affairs is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures, which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure as determined by the Centers for Disease Control (CDC) or other applicable agency.

3. Engineering Controls and Work Practices

Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- A. The following engineering controls have been developed to minimize the risk of exposure.

- Impervious sharps / needle disposal containers in every ambulance
- Impervious sharps / needle disposal / protection devices in carry-in equipment
- Waterless alcohol-glycerin based hand cleaner in every vehicle
- Disposable bag valve mask resuscitators in every ambulance
- Labeled red plastic biohazard bags in every ambulance
- Personal protective equipment (PPE) provided for all Category I and II employees
- Approved disinfectant provided on all ambulances
- Use of needless systems – a device that does not use needles for: 1. the collection of body fluids or withdrawal of body fluids after initial venous or arterial access is established; 2. The administration of medication or fluids; or 3. Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
- Use of retractable lancets for blood glucose sample retrieval

B. Work Practices are defined as those practices utilized by personnel in the performance of their job to assist in the prevention of exposures. Specific examples of work practice controls are:

- Disposable gloves must be worn when any contact with body fluids is anticipated.
- Employees will cover and protect from body fluid exposure while on duty all open cuts, abrasions and otherwise non-intact skin.
- Employees will flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with body fluids.

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- Hands and other skin surfaces shall be washed immediately and thoroughly. Hot water and soap with vigorous lathering of the entire area for at least 15-30 seconds is recommended. If running water and soap is not available, the alcohol-glycerin based hand wash provided shall be utilized. This is the approved cleaning for field settings. The above mentioned soap and water washing should be done as soon as possible after the use of any alcohol-glycerin based hand wash. Thorough washing of hands should occur:
 - Between patient contact
 - Following glove removal
 - After using restroom facilities
 - Prior to eating
 - After covering nose and mouth when coughing or sneezing
 - After trash and/or infectious waste disposal
 - Any time hands are visibly soiled
 - After care of patients with open skin lesions, or when cleaning of rectal or genital areas is required

 - **All** used needles and sharps shall **not** be recapped, bent, broken or sheared unless you are administering a controlled drug via injection route. Recapping of a controlled drug shall be done using a single handed scoop technique in which the hand holding the sharp is used to scoop up the cap from a flat surface. This procedure is only permitted after the administration of a controlled drug via injection route due to the need to account for un-used controlled drugs. When controlled drug is administered via IV route the needless system will be used. All used needles and syringes must be placed **directly** into designated containers/holders. Under no circumstances are they to be placed unguarded on any surface or in carry-in equipment.

 - Full sharps containers shall be properly sealed, removed from the ambulance and disposed of in a safe manner in accordance with the Leon County EMS Biohazardous Waste Management Program.

 - All spills of blood/body fluid shall be cleaned up as soon as possible. While wearing PPE, soak up visible contaminants with paper towels and follow by cleaning with soap and water then a soaking spray of disinfectant, allowing the manufactures recommended soak prior to wiping off. Place towels and gloves in red biohazard bag and dispose of in designated infectious waste container.

- When starting IV's, an absorbent barrier shall be placed under the limb to absorb blood.
- Contaminated *reusable* equipment shall be washed in hot soapy water, rinsed and disinfected with an approved disinfectant or bleach solution of 1:10 using approved universal precautions during cleaning.
- Drivers are to properly remove and dispose of their PPE after loading the patient in the patient compartment and wash their hands using the alcohol-glycerin based hand wash before entering the cab of the vehicle. Drivers are to wear new PPE prior to unloading the patient from the ambulance.
- Family members, walking wounded, and other non-employees shall not be permitted to ride in the cab of the ambulance if they are visibly contaminated with blood or other body fluids, under any circumstances.
- Employees shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in any patient areas, including any area to the rear of the bulkhead of the ambulance. These items are permitted in the cab of the vehicle provided the pass through door/window is kept closed at all times when a patient(s) is/are in the patient compartment. Anytime food, drinks, cosmetics, lip balm, contact lenses, etc. are transported in the cab, they shall be handled in a reasonable manner to prevent contamination by keeping containers closed and covered. Any contamination of the cab shall require that the cab be immediately decontaminated. Hand cream is not considered a cosmetic and is permitted. It should be noted that some petroleum-based hand creams can adversely affect glove integrity and should be washed off prior to use of gloves.
- Employees shall not store food in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops, or any other location in which blood or other potentially infectious materials are present or are likely to be present.
- Employees shall attempt to minimize the spray, splash, or splatter of blood or other potentially infectious materials while performing procedures that involve these substances.

- Employees shall not mouth pipette/suction blood or other potentially infectious materials. Except when using a DeLee suction when clearing an infant's airway in an emergency; when no other method is available; and a trap which prevents suctioned fluid from reaching the employee's mouth is inserted in-line between the infant and the employee.

- During post-mortem procedures the following shall take place:
 - The blood and all body fluids of all deceased patients should be considered potentially infectious;
 - Employees shall wear PPE when contact with blood and other body fluid is anticipated.

- Employees shall tape and secure all specimens of blood to the outside of the IV bag or to the stretcher sheet and will take every precaution to prevent the accidental breakage of the specimen tubes.

- Employees shall assure that all equipment which may become contaminated with blood or other potentially infectious materials is examined and decontaminated as necessary prior to servicing, shipping, or reusing. Equipment that remains contaminated shall be labeled as specified in this exposure control plan.

LCEMS identifies the need for changes in engineering control and work practices through employee input and involvement. LCEMS will solicit input from non-managerial employees responsible for direct patient care in the identification, selection and evaluation of effective engineering and work practice controls. Methods of soliciting employee input will include employees providing ideas and suggestions through the suggestion box and in the participation of the evaluation of devices through pilot testing. The opportunities for employee input will be effectively communicated to employees during their annual ECP training.

LCEMS evaluates the need for new procedures or new products by attending infection control symposiums and by placing equipment/product on EMS units for evaluation, with employee feedback.

The following staff is involved in the review process for engineering controls and work practices:

- Deputy Chief of Clinical Affairs will be the lead contact for any solicitation or evaluation of new equipment/products.
- EMS Captains are involved in relaying information on such equipment and employee comments on usage to the Deputy Chief of Clinical Affairs.
- Employees voice their ideas, suggestions, and concerns in writing directly to the Deputy Chief of Clinical Affairs.

The Deputy Chief of Clinical Affairs will formulate a report that includes the recommended change of policy, engineering controls or work practices and provide that report to the County Risk Manager and EMS Chief for consensus. After approval has been granted the Deputy Chief of Clinical Affairs will ensure implementation of these changes.

4. Personal Protective Equipment (PPE)

LCEMS will provide at no cost to the employee, personal protective equipment which does not allow the penetration of blood and other potentially infectious materials to work clothes, undergarments, skin, eye, mouth, and mucous membranes. The PPE must be worn as specified in this policy and in the Personal Protective Equipment policy. Uniforms that are provided by LCEMS are not intended to be and should not be considered personal protective equipment. LCEMS shall repair or replace any lost, stolen or damaged issued PPE.

Equipment

LCEMS provides training in the use of the appropriate PPE for the tasks or procedures employees will perform. It is the policy of LCEMS that appropriate PPE will be used on all patient contacts. As part of the new employee Orientation/Training Program, all new employees must be required to demonstrate knowledge of the PPE location and procedure for use.

The on-duty crew members are responsible for having their PPE with them in appropriate quantities. PPE shall be carried aboard each emergency vehicle in a quantity sufficient to protect all crew members and anyone else (students, ride along, etc) on board the emergency vehicle. PPE will be accessible to all potentially exposed employees. Employees are responsible for carrying their issued PPE at all times while out of the emergency vehicle. Replacement PPE may be obtained as necessary through EMS Supply. All employees are responsible for ensuring that assigned vehicles are stocked with PPE of all sizes at all times. LCEMS shall maintain the following items in all emergency vehicles:

- Disposable Impervious Gowns
- Face mask/Eye Shield Combination Device
- Disposable Exam Gloves of various sizes
- Waterless hand wash
- Bio-Hazard bags with Warning Labels
- Puncture Resistant Sharps Container
- Portable Puncture Resistant Sharps Container (in carry in equipment)
- Pair Protective Eyewear (Goggles)
- High Level Disinfectant Solution

Employees will wear the following personal protective equipment in the following instances:

Nitrile / Latex Gloves shall be worn in the following situations:

- All patient encounters where blood or body fluids are visible or have the potential to become present;
- Handling soiled linen;
- Touching/cleaning soiled surfaces;
- Performing invasive and vascular access procedures;
- Handling blood or other body fluids in containers;
- Starting IV's, drawing blood, and manipulating stopcock of lines;
- Emptying the drainage from urinary catheters;
- Digital examinations of mucous membranes;
- Endotracheal suctioning;
- Endotracheal intubation;
- All patient encounters where employees have open sores on hands.
- Never wash or decontaminate disposable gloves for reuse.
- Replace gloves between patients and if: torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

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. It will be the responsibility of the employee to notify the Deputy Chief of Administration in writing that such an allergy exists so that proper stock levels can be maintained.

Eye Protection will be worn during intubation and in any situation when there is any anticipation of spraying or spattering of any body fluids and in any situation that has the potential for eye injury, i.e. flying debris, chemical splashing, etc. Also must be carried when contacting patients.

Masks, face shields and protective eyewear will be worn to prevent exposure of the mucous membranes of the mouth, nose and eyes and the upper respiratory tract. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

- During procedures likely to generate droplets of blood or other body fluids;
- During direct contact with a patient who is coughing excessively or is intubated and/or being suctioned;

Impervious Gowns shall be worn during procedures likely to generate splashes of blood or other body fluids

Guidelines for Specific Medical Procedures

Endotracheal Intubation / King Airway Insertion

- Personnel performing this procedure must wear gloves, mask and protective eyewear.
- Personnel assisting with this procedure must wear gloves, mask and protective eyewear.

Suctioning

- Personnel performing this procedure must wear gloves, mask and protective eyewear.
- Personnel assisting with this procedure must wear gloves, mask and protective eyewear.

Intravenous Access

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Needle Thoracostomy

- Personnel performing this procedure must wear gloves and protective eyewear
- Personnel assisting with this procedure must wear gloves and protective eyewear.

Mouth-to-Mouth Ventilation

Employees should not perform direct mouth-to-mouth ventilation at any time.

Other adjunctive devices such as pocket masks, bag-valve-mask devices, or

demand valves should be utilized in lieu of making direct skin contact with patients.

Mouth-to-Mask Ventilation

- Personnel performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves and protective eyewear.

Bag-Valve-Mask Ventilation

- Personnel performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves and protective eyewear.

Intraosseous Insertion

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

OB Deliveries

- Personnel performing this procedure must wear gloves, mask, gown, and protective eyewear.
- Personnel assisting with this procedure must wear gloves, mask, gown, and protective eyewear.

Bleeding Control with spurting blood

- Personnel performing this procedure must wear gloves, gowns, mask, and protective eyewear. When bleeding is controlled, only disposable gloves are required.
- Personnel assisting with this procedure must wear gloves, gowns, mask, and protective eyewear. When bleeding is controlled, only disposable gloves are required.

Bleeding Control with minimal bleeding

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Cardiopulmonary Resuscitation (CPR)

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Administering Intramuscular (IM), Subcutaneous (SQ), and Sublingual (SL) Medications

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Administering Nebulized Medications

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Administering Intravenous Medications (IVP)

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

REQUIRED PERSONAL PROTECTIVE EQUIPMENT

Task / activity	Disposable Gloves	Gowns	Mask	Protective Eyewear
Bleeding control with spurting blood	YES	YES	YES	YES
Bleeding control with minimal bleeding	YES	NO	NO	NO
Emergency childbirth	YES	YES	YES	YES
Drawing blood	YES	NO	NO	NO
Starting an IV line	YES	NO	NO	NO
Endotracheal intubation Combitube use	YES	NO	YES	YES
Oral / nasal suctioning, manually cleaning airway	YES	NO	YES	YES
CPR	YES	NO	NO	NO
Needle Thoracostomy	YES	NO	NO, unless splashing likely	YES
Mouth-to-mask ventilation	YES	NO	NO, unless splashing likely	YES

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Bag-valve-mask ventilation	YES	NO	NO, unless splashing likely	YES
Intraosseous	YES	NO	NO	NO
Giving medications IM/SQ/SL	YES	NO	NO	NO
IV medication administration	YES	NO	NO	NO
Nebulized medication administration	YES	NO	NO	NO
Handling and cleaning instruments with contamination	YES	NO, unless splashing likely	NO, unless splashing likely	NO, unless splashing likely

NOTE: The list above is the **required** PPE to use for each procedure listed. In no way, does the above listing restrict personnel from using any and all PPE that the employee deems appropriate.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE. Use of an alcohol-glycerin based hand sanitizer is permitted, but in no way is use of a sanitizer to replace hand washing at the first available opportunity. Please refer to hand hygiene section.
- Remove PPE and replace between patients, if torn punctured, contaminated or if its ability to function as a barrier is compromised.
- In no instance is a vehicle to be driven while wearing PPE that have been used to examine or touch patients, potentially exposed waste materials, blood products or body fluids. All PPE should be removed before getting into the front of an ambulance.
- Employees shall remove all personal protective equipment and place it in a designated container immediately after use.

- Wear gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces.
- Remove immediately or as soon as feasible any garment or uniform contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface as much as possible. Employees will have a back up uniform available and ready for use and will change into back up uniform immediately or as soon as feasible. Employees needing to change their garment or uniform will do so before responding on any other calls. To minimize migration of contamination beyond the work area, employees must remove any contaminated garments or uniforms and wash up before leaving the work area and going into a non field work area.

Compliance

LCEMS shall assure that all employees use the appropriate personal protective equipment when there is potential for occupational exposure to blood or other potentially infectious materials

In cases when an employee temporarily and briefly declined to use personal protective equipment, 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 health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker (danger to self/patient, or an impairment in the ability for the employee to provide timely care to the patient), the employee(s) shall document the incident in writing and submit the report to the Deputy Chief of Administration. This report will be required whether or not the employee perceives that an actual exposure occurred or not. The Deputy Chief of Administration shall review all such incidents on a case-by-case basis to determine the appropriateness of the employee's actions and if any change in procedures or policies should be considered.

In the event that any employee is discovered to not have their PPE accounted for as stated previously, or any employee is observed not complying with any provision of this procedural guideline, the employee shall be subject to disciplinary action up to and including termination of employment.

5. Hand Hygiene Guidelines

The following guidelines are taken from the CDC's Recommendations and Reports on Hand Hygiene in Healthcare Workers:

- If hands are visibly dirty or contaminated with material, or are visibly soiled with blood or other body fluids, wash with either an antimicrobial or non-antimicrobial soap and water
- If hands are not visibly soiled, use an alcohol-based hand rub for routine decontamination or wash hands with antimicrobial soap and water.
- Decontaminate hands before having direct contact with patients (no gloves worn)
- Decontaminate hands after contact with a patient's intact skin (i.e. taking B/P) (no gloves worn)
- Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, if hands are not visible soiled.
- Decontaminate hands after removing gloves
- Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.
- Antimicrobial wipes may be considered as an alternative to washing hands with non-antimicrobial soap and water. They are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water, thus they are not a substitute for using alcohol-based hand rubs or antimicrobial soap.
- When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hands and rub hands together, covering all surfaces of the hands and fingers, until dry.
- Do not wear artificial fingernails or extenders when having direct contact with patients at high risk.
- Keep natural nail tips trimmed to less than a ¼ inch long
- Wear gloves when contact with blood or OPIM, mucous membranes, and non-intact skin could occur.
- Remove gloves after caring for a patient. Do not wash gloves between uses with different patients
- Change gloves during patient care when moving from a contaminated site to a clean body site.

6. Housekeeping

All employees will comply with the following housekeeping and decontamination procedures:

Employees shall wear gloves and other personal protective equipment deemed necessary while cleaning and decontaminating all ambulances and equipment. LCEMS shall assure that all supplies and equipment are cleaned and disinfected with an appropriate disinfectant registered with the EPA. Manufactures recommended usage for the disinfectant will be followed. Disinfectant is available from EMS supply and will be carried on all LCEMS vehicles.

Equipment/Materials Processing

All equipment, supplies, or other materials that are non-disposable (cardiac monitor/defibrillators, traction splints, etc.), and used in direct contact with patients that must be turned in for repairs or servicing shall be decontaminated before being sent for repairs. If any of these items can not be decontaminated they shall be marked with a biohazard label indicating what area is contaminated and what needs repaired.

Trash Receptacles

Trash receptacles in the ambulance shall be emptied at the end of every call. These receptacles shall be inspected daily for contamination and be cleaned or replaced as needed.

Hands-Free Cleanup

In the event any glass items shatter/break or sharps are discovered loose, the glass fragments/sharps shall be collected up using mechanical means, such as plastic paddles and dust pan so that the employee is not handling the item(s) directly in his/her hand. The glass fragments/sharps shall then be dropped in an appropriate sharps receptacle without direct contact with the gloved/ungloved hand. This “hands-free” cleanup procedure shall be utilized whenever the potential exists for a cut or abrasion to occur to the employee’s glove/ungloved hand in a potentially contaminated environment. In no case is broken glass or sharp objects to be picked up by hand or vacuum cleaners. The tools which are used in cleanup must be properly decontaminated after use.

Disposal of Contaminated Waste

Contaminated / biohazardous waste shall be disposed of in accordance with the LCEMS biohazardous waste management program. Contaminated waste is to be placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled (see Labels) prior to disposal, and closed prior to removal to prevent spillage or protrusion of contents during handling. These containers are in no circumstance to be filled to a level that would require force to close. Contaminated / regulated waste will only be disposed of at the receiving hospital in an appropriate biohazard waste container. In cases where contaminated / regulated waste cannot be disposed of at the receiving hospital it can be placed in the biohazardous waste bins at Headquarters. At no time will contaminated / regulated / biohazardous waste be disposed of in the regular garbage.

Cleaning the Ambulance

Routine Cleaning

Employees shall wear disposable gloves when performing routine cleaning of the ambulance. The cab of the ambulance and all horizontal surfaces in

the patient compartment (shelves, bench, seat, ceiling, floor, etc.), shall be wiped with disinfectant solution at the beginning of each shift. This daily cleaning shall be documented on the daily checklist.

Post Call Cleaning

After transporting any patient thorough cleaning shall be carried out. At a minimum this cleaning shall include disposal of paper sheets, removal of all trash, removal of contaminated waste, and a wipe down of the ambulance stretcher mattress and other non-disposable equipment that was in contact with the patient with a disinfectant solution. The paper sheets on the stretcher must be changed at the end of every call. Cleaning and disinfectant solutions, paper towels, and other materials must be disposed of as regular trash unless contaminated.

Decontamination

Bins, equipment, and vehicle interiors (e.g. vehicle bins, Defibrillator, countertop areas inside vehicle) are cleaned and decontaminated as soon as feasible after visible contamination. Employees shall wear disposable gloves and protective eyewear when performing decontamination cleaning. Regardless of the patient's infectious disease status, gross contamination (contaminants that can be seen with the naked eye or can be reasonably anticipated to be present), shall be removed to the fullest extent possible utilizing paper towels and then clean with soap and water then sprayed with the disinfectant solution. After the disinfectant solution has been on the surface for the period of time recommended by the manufacture, the solution shall be wiped off with a paper towel. All disinfecting solutions, paper towels, and other materials utilized in decontaminating the patient compartment and non-disposable equipment shall be disposed of as infectious waste.

Terminal Cleaning

In the event that a patient has been in strict or respiratory isolation and is transported, specific cleaning procedures shall be initiated. The ambulance crew shall notify the on duty supervisor of the need for disinfection. Disposable gloves are to be worn by all personnel engaged in terminal cleaning procedures. When there is potential for splashing of liquids, personnel are required to use protective eyewear.

All contaminated equipment will be scrubbed clean with a detergent, rinsed with water, wiped off then rinsed with a disinfectant solution and wiped dry. All stretcher parts and parts of the mattress that come in contact with the patient will be cleaned with disinfectant. All floors will be sponged or mopped with a detergent solution, then a disinfectant.

Disposition of Soiled Uniforms

All field employees are required to bring a second uniform (pants, shirt), with them to work. Impervious gowns should be worn whenever the employee anticipates encountering an environment where aerosolization of body fluids or splashing of blood is likely to occur. In the event that accidental soiling of the uniform with a patient's body fluid occurs, the uniform shall be removed immediately and double-bagged in biohazard bags (labeled with the crewmember's name), located in each vehicle. The contaminated uniform shall be turned in before the end of the shift for processing at no expense to the employee. The uniform shall be laundered appropriately for decontamination and will be returned to the employee.

All contaminated sharps are to be discarded immediately into containers that are closable, puncture resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are to be available in all EMS units and smaller sharp containers located in EMS carry-in kits. If a sharps container is to be moved from its designated location it will be closed immediately prior to removal to prevent spillage or protrusion of contents. It will be placed in a secondary container if leakage is possible. The secondary container shall be closable, constructed to contain contents and prevent leakage and labeled as described in section 8. EMTs or Paramedics may turn filled and properly sealed and labeled Sharps containers into EMS Supply for appropriate disposal via the contracted disposal company. Container should be removed from service when approximately $\frac{3}{4}$ full. A new sharps container will be received from EMS Supply.

7. Laundry

Cloth towels are provided by LCEMS to aid crews. But at no time are the towels to be used to clean up spills of contaminated or biohazardous materials. Paper towels are provided for this purpose and should be used exclusively to minimize the volume of contaminated materials that must be processed and decontaminated.

Linen (cloth) sheets are not provided by LCEMS and shall not be used on the ambulance stretcher at any time. Cloth blankets are provided by LCEMS for the patient's comfort and should be replaced in-between patients and anytime the blanket becomes contaminated or it is reasonable to assume that the blanket is contaminated.

Linen contaminated with blood or body fluids, shall be double-bagged in biohazard bags and placed in the closest LCEMS linen hamper or returned to Headquarters and placed in the soiled laundry bin. All biohazard linen will be labeled according to labeling requirements in section 8. Laundering of towels and blankets for patient use will be done via a contractually retained agency. Contaminated blankets and towels shall not be rinsed or sorted prior to depositing the item(s) in biohazard bags. Nor should they be left at the scene of an incident. Handle contaminated laundry as little as possible, with minimal agitation. Employees will wear appropriate PPE when bagging or handling contaminated laundry

8. Labels

LCEMS shall assure that all containers in which infectious waste has been discarded has a warning label affixed to it and can be read at a distance of at least five (5) feet. The warning label shall be as follows:



All labels will be orange-red with contrasting colors for lettering and symbols. Red bags or containers may be used as a substitute for labels.

LCEMS will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into vehicles or facilities. Red biohazard bags, sharp containers are available from EMS supply, and ordered on the Daily Check Sheet. Employees are to notify the Shift Supervisor on duty if they discover regulated waste containers, contaminated equipment, etc. without proper labeling.

All red-bagged waste and sharps containers used at LCEMS will be red bagged or disposed of with disposal boxes located in the EMS Supply area by the EMS Supply Technicians.

V. HEPATITIS B VACCINATION:

LCEMS will provide information to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost to the employee after BBP training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. The hepatitis B vaccination series will be started before the employee is occupationally exposed. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

The County's employee health provider will make a determination during the post-offer physical examination as to if an employee should be vaccinated against Hepatitis B. The County's employee health provider will submit to the County a healthcare professional's written opinion. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination. At the employee's request, Leon County will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the receipt of the evaluation by the County.

Prevaccination screening for antibody status will not be required of an employee.

If an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee's confidential medical file.

Vaccination provided by all Patients Firsts will be preformed under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional and will be administered in accordance with current U. S. Public Health Service, CDC guidelines including tests after completion of the series for anit-HBs. A copy of OSHA standard Bloodborne pathogens 1910.1030 will be provided by County Risk Management to the County's employee health provider providing the vaccination.

LCEMS will not permit employees to use his/her healthcare insurance to pay for the series nor will LCEMS institute a program in which the employee pays the original cost of the vaccine and is reimbursed by the employer if she/he remains employed for a specified period of time. Nor will LCEMS institute an "amortization contract" which requires employees to reimburse the County for the cost of the vaccination should they leave his/her employment prior to a specified period of time.

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service, CDC, at a future date such booster doses shall be made available at no cost to the employee.

VI. GENERAL POST-EXPOSURE EVALUATION AND FOLLOW-UP:

LCEMS provides the following procedures for follow-up of our employees who have had an occupational exposure.

1. For definition purposes, exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM), including contaminated sharps injuries that results from the performance of an employee's duties regardless of the use of provided personal protective equipment.
2. Immediately (if possible) or as close to the occurrence of an exposure as possible, the employee should clean all body surfaces and flush mucous membranes that have been in **direct contact** with blood or OPIM.
3. All personnel are required to notify their shift supervisors immediately upon occurrence of any and all exposure incidents. The employee is also responsible for completing an incident report that details route of exposure, the circumstances under which the exposure incident occurred including; engineering controls in use at the time, work practices followed, a description of devices in use, protective equipment or clothing that was used at the time of the exposure, the location of the incident, the procedure being performed and post incident actions.
4. It is the responsibility of the exposed employee's shift supervisor to notify immediately the Deputy Chief of Administration or designee of the nature of and if possible the extent of the exposure. Determination shall be made as to the type and severity of the exposure in conjunction with the receiving hospital. It is the responsibility of the Deputy Chief of Administration to insure that all required forms and telephone notifications are completed as soon as possible.
5. Following the initial first aid the following activities will be performed:
 - A. Document the routes of exposure and how the exposure occurred. Confirm that the employee has completed the necessary exposure forms; First Notice of Injury, accident reports, and incident reports, etc.
 - B. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
 - 1) The Shift Supervisor in cooperation with the receiving hospital will obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity. In order to test a source individual (patient) with whom there has been a significant exposure, the exposed employee must also be tested. If legally-required consent is not obtained, the

employer must establish this fact and document it in writing. If consent is obtained and the test is conducted the test results shall be provided to the exposed employee.

- 2) When the source individual's (patient) consent is not required by law, the source individual's blood, if available (voluntarily drawn for other purposes) shall be tested and the results provided to the exposed employee.
 - 3) If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed. However, in order for no testing to occur, these results must be on file for the patient and absolute confirmation of the positive HIV/HBV status must be thoroughly documented. Notification will be provided to the exposed employee by the receiving facility.
6. The Deputy Chief of Administration will act as the liaison between the employee and the receiving medical facility and the County employee health provider. Their goal is to insure that testing and treatment regimens (as needed) are accomplished after notification of exposure. The Deputy Chief of Administration will provide to the employee health provider a copy of OSHA 1910.1030 Bloodborne Pathogens, a description of the exposed employee's duties as they relate to the exposure incident, documentation of the routes of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available; and all medical records relevant to the appropriate treatment of the employee including vaccination status which are the County's responsibility to maintain.
 7. An exposed employee will be offered a confidential medical examination and follow-up care, including counseling as needed. In any exposure event, the medical examination and follow-up treatment will comply with the treatment standards for the exposure type, and in accordance with the Centers for Disease Control and when medically indicated as recommended by the CDC will include post-exposure prophylaxis.
 8. In all cases where the employee will be tested the consent of the employee must be obtained before the collection and testing of their blood. Pre-test counseling will be provided **BEFORE** sample collection and must include:
 - A. Purpose of the test
 - B. Information about HIV and/or HBV will be provided to include risk of infections and the need to evaluate for HIV/HBV early.

- C. If the source has positive HIV, or refuses to be tested, the exposed employee is informed to report and seek additional medical attention for any febrile illnesses that occur within 12 weeks of exposure.
9. If the exposed employee consents to baseline collection, but does not give consent at that time for HIV serologic testing, the employee health provider will be requested to preserve the sample for 90 days. If within 90 days of the exposure incident, the employee elects to have baseline sample tested, such testing will be completed as soon as possible.
 10. The exposed employee will contact the employee health provider to arrange receipt of test results and follow-up on the exposure.
 11. The County Risk Manager shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of receipt the completed evaluation. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - That the employee has been informed of the results of the evaluation; and
 - 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
 - All other findings or diagnoses shall remain confidential and shall not be included in the written report. Any information regarding the results of the employee's evaluation or medical conditions must be conveyed by the healthcare professional to the employee alone and not as part of the written opinion provided to the County.

VII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT:

The Deputy Chief of Administration or designee and the County Risk Manager will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

If it is determined that revisions need to be made in protective equipment, engineering controls, work practices and/or employee training, the Deputy Chief of Administration will ensure that appropriate changes are made to this ECP and are enacted. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

VIII. EMPLOYEE TRAINING:

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by LCEMS at no cost to the employee during working hours on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. This program will cover a number of bloodborne diseases in addition to HIV and HBV such as Hepatitis C (HCV) and syphilis. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection, information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used by LCEMS.
- an opportunity for interactive questions and answers with the person conducting the training session.

Training will also be conducted when there is a change in an employee's responsibilities, procedures or work situation and when changes are made to the ECP.

VIII. RECORDKEEPING:

1. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the EMS Division.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed in writing to the County Attorney's Office.

2. Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records."

The County Human Resources Department is responsible for maintenance of the required medical records. These confidential records are kept for the duration of employment plus 30 years as required by law.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be made in writing to Human Resources.

The records shall include:

- The name and social security number of the employee
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- The employer's copy of the healthcare professional's written opinion
- A copy of the information provided to the healthcare professional

These records will not be disclosed or reported without the employee's express written consent to any person within or outside of the workplace except as required by OSHA 1910.1030 or as required by law.

3. OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by Leon County Risk Management. All work-related injuries from needlesticks and cuts, lacerations, punctures and scratches from sharp objects contaminated with another person's blood or OPIM shall be recorded on the OSHA 300 or equivalent as an injury. To protect the employee's privacy the employee's name may not be entered on the OSHA 300. Leon County Risk Management will keep a separate confidential list of the case numbers and employee names so they can update the cases or provide them if asked by the government. If the employee develops a bloodborne disease, the entry must be updated and recorded as an illness.

Leon County Risk Management will establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The sharps log shall contain at a minimum:

- The type and brand of device involved in the incident
- The department or work area where the exposure incident occurred
- Explanation of how the incident occurred.

The sharps injury log must be saved for at least five years following the end of the calendar year that they cover.

HEPATITIS B VACCINE DECLINATION

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 myself. 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 at no charge to me.

Print Name: _____

Signed: _____

Date: _____

Witness Printed Name

Witness Signature

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Patient Handling
CAAS: 202.03.01
Effective: June 1, 2005
Reviewed: January 2010, December 2012, December 2015
Revision: 4
Pages: 3

I. PURPOSE:

To provide guidelines for patient handling, lifting, moving, and for maintaining patient safety in the ambulance.

II. GUIDELINE:

It is the policy of LCEMS to safely handle, lift and move patients to prevent injury to the patient, EMS crew and public. All personnel will be trained in the proper use of patient handling, lifting and moving equipment and methods prior to patient use.

III. GUIDELINES:

The actual procedures used may vary slightly from those listed below, depending on the methods of training, the required movement, the location of the patient, personnel and materials available.

General

- All equipment in the back of the ambulance should be secured while the ambulance is in motion.
- Any child or infant being transported in the back of the ambulance should be secured in the built in child safety seat or be transported using the *PediMate* device, secured to the stretcher.
- Patients will always be secured to the moving device, including ambulance stretcher, using all safety straps, including shoulder harness straps.
- When taking a patient on the ambulance stretcher from a hospital, skilled nursing facility or private residence, etc., the patient will be turned on a level surface and brought up head first to the waiting ambulance.
- Use caution when moving the ambulance stretcher across uneven terrain. Keeping the stretcher in a lower position helps prevent overturning it.

- Consider the use of a stair chair when carrying patients down stairs. If the stretcher has to be used, the patient always travels head first when sitting up, and feet first when lying flat.
- Remember the ambulance stretcher adds weight to the lift. Carrying it up and down stairs is not always the easiest / safest way to move a patient.
- If the employee does not think he or she can handle the lift, the employee is instructed to call for assistance. Don't risk injury to the patient or yourself.
- When loading the stretcher into the ambulance assure that the safety bar is able to engage the catch before lifting the stretcher. When unloading the stretcher be sure that the safety bar has engaged the catch before pulling the stretcher further out of the ambulance. Assure that the stretcher has locked before putting weight on it. This assures that the head end of the stretcher will not fall from the ambulance.

Employee Safety

- The key to employee safety regarding the use of lifting equipment and the movement of patients is proper body mechanics. Before lifting the patient, the attendant should evaluate the situation, make certain they are aware of what needs to be done and assure that they have the necessary equipment and assistance to accomplish the task.
- The equipment is positioned by placing the wheelchair, stretcher or other equipment, as close to the patient as possible and in proper alignment for the shortest and easiest transfer. Necessary adjustments are made by raising or lowering the equipment to bed level or vice versa, and lowering any handrails or side rails. This minimizes the amount of lowering or lifting required. The wheels on the chair or bed must be locked.
- Holding the patient close helps balance and reduces strain on the arms and back. Keeping the feet apart provides a stable base, helps maintain balance, and leaves more energy for lifting. Employees use their arms and legs in proper proportion. Bending the elbows to hold the patient close and makes the lift easier.
- Lifting is always performed in unison. When working with others, everyone must know what to do in advance and move at the same time. Counting out loud may help (e.g., "1-2-3 Move"). Sudden, jerky movements must be avoided. Good team communication is important.
- Balance - It takes a certain amount of effort just to balance the weight of one's own body. Keeping a low center of gravity over a stable base expends less energy balancing the load, and more energy is available for lifting and carrying.

- **Pull or Push When Possible** - Less energy is used to pull or push than to lift an object. When lifting or carrying, the force must be overcome and the load balanced at the same time. By pulling or pushing, it is only necessary to overcome the friction between the object being moved and the surface on which it rests. Whenever possible, push rather than pull.
- **Think Ahead** - Attendants should always think ahead and be sure to assess each patient's medical condition, strength, mobility, etc. before attempting to lift or carry. The patient should be informed exactly as to what is going to happen, so as to calm any fears and encourage their cooperation.
- **Don't Guess** - Only those procedures with which the employee is familiar are to be used. Guessing the correct procedure, improvising, or failing to exercise proper caution when lifting or moving a patient may be harmful to both the patient and the attendant. If at any time an employee feels uncomfortable with a lifting situation, they will call for additional assistance.
- **Avoid Twisting** - If it is necessary to turn while lifting or moving something, it is better to change the position of the feet than to twist at the waist. By moving the feet, it is possible to balance the load being carried and minimize the strain on the back and abdominal muscles.
- **Using a Draw Sheet or Gait Belt** - There may be times when a draw sheet or Gait Belt is the only device practical or available when moving a patient. When using a draw sheet to move a patient, the attendants stand on either side of the patient and grasp the draw sheet at the patient's shoulders and hips. A third attendant or assistance may be needed to support a patient's legs. Pulling the draw sheet tight, the attendants move the patient across the bed to the stretcher. When reaching across the bed, brace your torso with one hand.
- **Stretcher Lifting Technique** - Lifting can be done safely by following these simple steps: One foot is next to the stretcher and the other foot behind. The back is kept straight, chin tucked in, so the head and neck continue the straight back line. A firm grip on the lower stretcher bars with the palms of the hands is necessary, because the palms are stronger than the fingers alone. Both partners must be properly situated by drawing the stretcher close, with arms and elbows tucked under the sides of the bodies to keep body weight centered. Staff should use teamwork and a standard "1-2-3" count, lifting straight up using the strength of their legs.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Personal Protective Equipment

Effective: June 1, 2005

Reviewed: March 2005, December 2012, December 2015

Revision: 3

Pages: 8

I. GUIDELINE:

Leon County EMS will provide employees and trainees with the personal protective equipment (PPE) necessary to protect themselves from exposure to infectious diseases at no cost to the employee. The PPE must be worn as specified in the Personal Protective Equipment List. Employees are responsible for carrying their own PPE at all times while out of the ambulance. Additionally, LCEMS shall repair or replace any lost, stolen, or damaged Emergency Medical Services- issued PPE at no cost to the employee/trainee.

As part of the new employee Orientation/Training Program, all new employees must be required to demonstrate knowledge of the PPE's location and procedure for use. The on-duty crew members must be responsible for having their PPE with them in the quantities specified and in the location designated by this procedural guideline.

II. PROCEDURE

1. Equipment

PPE shall be carried aboard each emergency vehicle in a quantity sufficient to protect all crew members and anyone else (students, ride alongs, etc) on board the emergency vehicle. LCEMS shall maintain the following items in all emergency vehicles:

- Disposable Impervious Gowns
- Face mask/Eye Shield Combination Device
- Disposable Exam Gloves of various sizes
- Waterless Hand Sanitizer
- Bio-Hazard bags with Warning Labels
- Puncture Resistant Sharps Container
- Portable Puncture Resistant Sharps Container (in carry in equipment)
- Pair Protective Eyewear (Goggles)
- High Level Disinfectant Solution

2. Compliance Monitoring

In such cases when circumstances preclude the use of PPE as outlined herein (danger to self/patient, or an impairment in the ability for the employee to provide timely care to the patient), the employee(s) shall document the incident in writing and submit the report to the Deputy Chief of Operations. This report will be required whether or not the employee perceives that an actual exposure occurred or not. The Deputy Chief of Operations shall review all such incidents on a case-by-case basis to determine the appropriateness of the employee's actions and if any change in procedures or policies should be considered. In the event that any employee is discovered to not have their PPE accounted for as stated previously, or any employee is observed not complying with any provision of this procedural guideline, the employee shall be subject to disciplinary action up to and including termination of employment.

3. Procedures For Preventing Exposure

Universal Precautions for ALL Patients

The following precautions are to be observed for **all** patients, both emergency and non-emergency. Since it is impossible to determine with 100% accuracy what the patient's infectious disease status is, all patients shall be assumed to be carriers of infectious diseases.

- Wear disposable latex exam or high-risk gloves prior to and during all patient interactions.
- Wear protective eyewear prior to and during all patient interactions where splashes of blood or other body fluids are likely to occur.
- Wear HEPA particulate respirator mask on all patient contacts where confirmed or suspected Tuberculosis infection is present. Note: Protective eyewear is always worn in conjunction with the HEPA mask.
- Apply a surgical (fiber) mask to all patients who have a productive cough who are not on oxygen by mask.
- Assure that the appropriate masks, gowns, goggles, and latex gloves are worn by all personnel assisting with patient care.
- Drivers are to remove and dispose of their gloves after loading the patient in the patient compartment but before entering the cab of the vehicle. Drivers are to re-glove with new gloves prior to unloading the patient from the ambulance.

- Wash hands and arms thoroughly using soap and water, or waterless hand wash if hand washing facilities are not immediately available, as soon as reasonably possible after removing latex gloves.
- Family members, walking wounded, and other non-employees shall not be permitted to ride in the cab of the ambulance if they are visibly contaminated with blood or other body fluids, under any circumstances.
- For employees; All open cuts, sores, or abraded skin must be covered with appropriate bandages, latex gloves, and/or the employee's uniform. If this is not possible or not practical, the employee shall not work in the field environment until the wound has healed or can be properly protected.
- Food, drinks, cosmetics, lip balm, contact lenses, etc., shall not be permitted to be consumed or applied in the patient compartment. Exceptions may be made for long distance transports when the patient may need food or drinks for medical or comfort reasons. These items are permitted in the cab of the vehicle provided the pass through door/window is kept closed at all times when a patient(s) is/are in the patient compartment. Anytime food, drinks, cosmetics, lip balm, contact lenses, etc., are transported in the cab, they shall be handled in a reasonable manner to prevent contamination by keeping containers closed and covered. Any contamination of the cab shall require that the cab be decontaminated.

Precautions for Patients With Known Infectious Diseases

- In the event that transportation is requested for a patient who is known to be the carrier of an infectious disease, the crew will be provided with all appropriate information. The crew will receive all information that has been provided to the LCEMS dispatcher.
- Upon arrival at the pickup facility, the crew shall confirm the infectious condition of the patient, and any specific precautions to be aware of.
- Upon arrival at the receiving facility, the crew shall notify the person assuming responsibility for the patient's care of the patient's condition and infectious status. This notification shall be

made in a discreet fashion both verbally to the receiving personnel and in writing on the patient care report.

3. Vehicle & Equipment Sanitation

Equipment/Materials Processing

All equipment, supplies, or other materials used in direct contact with patients that are non-disposable and must be turned in for repairs or servicing (cardiac monitor/defibrillators, traction splints, etc.), shall be decontaminated as outlined below before being turned in. If any of the above mentioned items can not be decontaminated they shall be marked with a biohazard label indicating what area is contaminated and what needs repairs.

Trash Receptacles

Trash receptacles in the ambulance shall be emptied at the end of every call as outlined below. These receptacles shall be replaced daily or sooner if they become contaminated.

Hands-Free Cleanup

In the event any glass items shatter/break or sharps are discovered loose in the patient compartment, the glass fragments/sharps shall be collected up using pieces of cardboard or stiff paper so that the employee is not handling the item(s) directly in his/her hand. The glass fragments/sharps shall then be dropped in an appropriate receptacle without direct contact with the gloved/ungloved hand. This “hands-free” cleanup procedure shall be utilized whenever the potential exists for a cut or abrasion to occur to the employee’s glove/ungloved hand in a potentially contaminated environment.

Disposal of Contaminated Waste

Contaminated / biohazardous waste shall be disposed of in accordance with the LCEMS biohazardous waste management program.

Towels and Blankets

Cloth towels are provided by LCEMS to aid crews. But at no time are the towels to be used to clean up spills of contaminated or biohazardous materials. Paper towels are provided for this purpose and should be used exclusively to minimize the volume of contaminated materials that must be processed and decontaminated.

Linen (cloth) sheets are not provided by LCEMS and shall not be used on the ambulance stretcher at any time. Cloth blankets are provided by LCEMS for the patient’s comfort and should be replaced anytime the blanket becomes contaminated or it is reasonable to assume that the

blanket is contaminated.

Blankets/towels contaminated with blood or body fluids, shall be double-bagged in biohazard bags and returned to Headquarters in the designated area in accordance with the Biohazardous Waste Management Program. Contaminated blankets and towels shall not be rinsed or sorted prior to depositing the item(s) in biohazard bags.

Cleaning the Patient Compartment

Routine Cleaning

Employees shall wear disposable latex gloves when performing routine cleaning of the patient compartment. All horizontal surfaces in the patient compartment (shelves, bench, seat, ceiling, floor, etc.), shall be wiped with disinfectant solution at the beginning of each shift. This daily cleaning shall be documented on the daily checklist.

Post Call Cleaning

After transporting any patient, very thorough cleaning shall be carried out. At a minimum this cleaning shall include disposal of paper sheets, removal of all trash, removal of contaminated waste, and wipe down of the ambulance stretcher mattress and other non-disposable equipment that was in contact with the patient with a disinfectant solution. The paper sheets on the stretcher must be changed at the end of every call. Cleaning and disinfectant solutions, paper towels, and other materials must be disposed of as regular trash unless contaminated.

Decontamination

Employees shall wear disposable latex gloves and protective eyewear when performing decontamination cleaning. Regardless of the patient's infectious disease status, gross contamination (contaminants that can be seen with the naked eye or can be reasonably anticipated to be present), shall be removed to the fullest extent possible utilizing paper towels and then sprayed with the disinfectant solution. After the disinfectant solution has been on the surface for 10 minutes, the solution shall be wiped off. All disinfecting solutions, paper towels, and other materials utilized in decontaminating the patient compartment and non-disposable equipment shall be disposed of as infectious waste. This procedure shall apply for decontaminating non-disposable PPE items as well. Particulate respirator masks may be worn on one or more calls

during a 24 hour shift by the same crewmember. The respirator is to be wiped off with disinfectant solution between patient contacts. At the end of the shift, contaminated respirators are to be placed in biohazard bags and left for pick-up and disposal.

Terminal Cleaning

In the event that a patient has been in strict or respiratory isolation and is transported, specific cleaning procedures shall be initiated. The ambulance crew shall notify the on duty supervisor of the need for disinfection. Latex gloves are to be worn by all personnel engaged in terminal cleaning procedures. When there is potential for splashing of liquids, personnel are required to use protective eyewear.

Prior to initiating terminal cleaning procedures, the patient compartment will be aired for five (5) minutes. All contaminated equipment will be scrubbed clean with a detergent, rinsed with water, wiped off/rinsed with a disinfectant solution and allowed to air-dry. All stretcher parts and parts of the mattress that come in contact with the patient will be cleaned with disinfectant. All floors will be sponged or mopped with a detergent solution, then a disinfectant.

Disposition of Soiled Uniforms

All field employees are required to bring a second uniform (pants, shirt), with them to work. Impervious gowns should be worn whenever the employee anticipates encountering an environment where aerosolization of body fluids or splashing of blood is likely to occur. In the event that accidental soiling of the uniform with a patient's body fluids occurs, the uniform shall be removed immediately and double-bagged in biohazard bags (labeled with the crewmember's name), located in each vehicle. The contaminated uniform shall be turned in before the end of the shift for processing at no expense to the employee. The uniform shall be laundered appropriately for decontamination and will be returned to the employee.

4. Specific Isolation Guidelines

Strict Isolation

Diseases: Abscess (unknown etiology), draining wounds, major burns, Diphtheria, disseminated Herpes Simplex, Impetigo, Meningitis (unknown etiology), Pediculosis (lice), Pneumonic Plague, Pneumonia, Rabies, Rubella, Scabies, Smallpox, Chicken Pox, Shingles, etc.

Precautions: Gown (all persons in unit), gloves (all persons in unit), mask (all persons in unit), and protective eyewear. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient. Articles contaminated with infective material must be discarded or decontaminated. Patient compartment must be disinfected after the patient is removed.

Respiratory Isolation

Diseases: Epiglottitis, Measles, Meningitis (H, flu/Meningococcal), Mumps, Pertussis, Pneumonia, *Tuberculosis*, SARS, etc.

Precautions: Gloves (all persons in unit), HEPA particulate mask (all persons in unit), protective eyewear (all persons in unit), mask on patient if coughing, when possible. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient. Articles contaminated with infective material must be discarded or decontaminated. Patient compartment must be aired out five (5) minutes after patient is removed and any surfaces contaminated with infective material must be disinfected.

Blood and Body Fluid Precautions

Diseases: AIDS, HIV positive, Hepatitis-B, Hepatitis non-A/non-B, tick fever, Creutzfeldt-Jakob Disease, Malaria, Rat Bite Fever, Syphilis, etc.

Precautions: Gown (all persons in unit), gloves (all persons in unit), mask (only if possibility of the patient's blood or body fluids to be aerosolized or splashed), and protective eyewear. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient. Articles contaminated with infective material must be discarded or decontaminated. Patient compartment must be disinfected after patient is removed.

Drainage and Secretion Precautions

Diseases: Abscess (unknown etiology), draining wounds, major burns, skin infections, Anthrax, Cellulitis, Gangrene, Cytomegalovirus, Endometriosis, Herpes Simplex, Herpes Zoster, Bubonic Plague, Pneumonia, Scarlet Fever, Syphilis, Tuberculosis, Chicken Pox, etc.

Precautions: Gown (all persons having contact with patient or patient articles), gloves (all persons in unit), protective eyewear (all persons in unit). Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient. Articles contaminated with infective material must be discarded or decontaminated. All surfaces contaminated with infective material must be disinfected after the patient is removed.

Enteric Precautions

Diseases: Amebic Dysentary, Cholera, Diarrhea, Encephalitis, Salmonella/Shigella Poisoning, Hepatitis-A, Viral Meningitis, Poliomyelitis, Typhoid Fever, Viral Pericarditis, etc.

Precautions: Gown (all persons having contact with patient or patient articles), gloves (all persons in unit), protective eyewear (all persons in unit). Hands must be washed after touching patient or potentially contaminated articles and before taking care of another patient. Articles contaminated with infective material must be discarded or decontaminated. All surfaces contaminated with infective material must be disinfected after the patient is removed.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Respiratory Personal Protective Equipment Guidelines
Effective: October 1, 2007
Reviewed: June 2009, December 2012, December 2015
Revision: 3
Pages: 9

I. PURPOSE:

The purpose of the Leon County Emergency Medical Service (LCEMS) Respiratory Personal Protection Guideline is to provide all LCEMS employees with clear guidelines for the selection, use and care of the proper respiratory Personal Protective Equipment (PPE) when faced with a situation that involves a suspected infectious disease, chemical, biological component or potentially related to a Weapons of Mass Destruction response plan. It is not directed toward Hazmat or other specially trained emergency response teams whose primary purpose is to enter a known “Hot Zone” and rescue victims. These guidelines do not constitute a response protocol but serve as a guideline for the respiratory personal protection of each of our responders.

II. GUIDELINE:

It is the policy of Leon County Emergency medical Service to use an abundance of caution when faced with respiratory threats. Since most respiratory threats are invisible to the human eye and absolute detection cannot be assured. Specific respiratory threats are natural and manmade, intentional and unintentional. Infectious threats are common in the health care setting and must be planned for in advance. This guideline specifies actions both to employ and avoid, and should be referred to periodically for personal edification. Specific guidelines regarding usage, training, fit testing; cleaning, storage and inspection follow specific OSHA/NIOSH standards and must be adhered to.

III. PROCEDURE:

It is the responsibility of each individual employee to fully familiarize themselves with The Respiratory Personal Protection Guidelines offered here. Employees must fully evaluate each and every patient encounter and scene to estimate the likelihood of a respiratory threat that may require respiratory protective measures to be initiated. It is also the individual employee’s responsibility to attend all offered training, fit testing, and use classes on the proper donning and doffing of the various types of PPE provided for their personal safety. When considering the use of PPE employees must also consider the

need for other PPE provided for their safety, Universal Precautions and other eye and environmental protection devices should be considered as well.

Special Note: *LCEMS employees are specifically not permitted to enter enclosed spaces where an air oxygen percentage of < 19.5% exists, nor are they to enter the “Hot Zone” or “Warm Zone” of any chemical scene involving contaminants of any description where respiratory PPE has been mandated. LCEMS employees are permitted to function in the “Cold Zone” of scenes provided they are using the proper PPE for the scene. LCEMS does not transport “contaminated” patients nor does it “Decontaminate” patients for transport .all patients received by LCEMS from any other entity involved on scene must be properly decontaminated prior to treatment and transport by LCEMS. Respiratory PPE equipment is provided for the protection of employees should a unsuspected hazard present itself in the normal course of duty, specific threat hazards should be identified and verified prior to using “tight fitting” respiratory protection equipment so that the filtering NBC cartridge employed meets the anticipated threat specifications. Employees must assume that any hazard that presents a need for significant tight fitting respiratory protection also will likely meet the criteria for decontamination and should not doff PPE until and unless definitive decontamination methods have been initiated.*

Definitions

The following definitions are important terms used in the respiratory protection guideline.

Air-purifying respirator means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

Canister or cartridge means a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

Demand respirator means an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

Employee exposure means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

Filter or air purifying element means a component used in respirators to remove solid or liquid aerosols from the inspired air.

Filtering facepiece (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT.)

High efficiency particulate air (HEPA) filter means a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

Immediately dangerous to life or health (IDLH) means an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Level “C” PPE means Personal Protective Gear that is provided to employees that is OSHA/NIOSH approved for use as Nuclear, Biological, and Chemical protective equipment. The equipment consists of a Tight Fitting Mask; NBC Air Filtering cartridge, chemical protective suit, inner and outer gloves, boots or boot covers, tape, chemical identification card, that is cached in a protective duffel designed for rapid acquisition by crew members in a chemical or biological emergency.

Loose-fitting facepiece means a respiratory inlet covering that is designed to form a partial seal with the face.

Negative pressure respirator (tight fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator. (APR)

Oxygen deficient atmosphere means an atmosphere with available oxygen content below 19.5% by volume.

Positive pressure respirator means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

Powered air-purifying respirator (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

Qualitative fit test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

Service life means the period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

This section means this respiratory protection guideline.

Tight-fitting face piece means a respiratory inlet covering that forms a complete seal with the face.

User seal check means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

Written protection program. This written respiratory protection program uses required worksite-specific procedures and elements for respirator use. The program is administered by the Deputy Chief of Administration for Leon County Emergency Medical Service who has the knowledge, skills and authority to oversee this program. In addition any scene where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer has established and implemented a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. LCEMS provides only OSHA/NIOSH approved respiratory protection equipment for use by its employees.

IV. GENERAL CONSIDERATION for RESPIRATORY PPE SELECTION:

LCEMS personnel are routinely called to treat and transport patients with infectious disease. This may include a patient with Infectious Pulmonary Tuberculosis or the flu. You may also be called to a patient who is carrying a disease delivered by a bio terrorist. In any instance immediately available universal precautions and PPE are available without turning initially to your level “C” equipment. Initial protection with a properly fitting N-95 mask, Tyvek gown, gloves and face shield or safety glasses will serve to protect you from most threats that present themselves. Patients that present to you with fever and extensive rash are possible biologic threats and should be considered contagious, if there are multiple patients on scene with similar symptoms or a series of patients from the same area complaining of similar problems you should become suspicious and initiate PPE precautions. In any circumstance communication with EMS control and the hospital *prior to transporting the patient from the scene* will help to mitigate what may be a possible contamination event. Should you encounter a scene of this type immediately don PPE and notify the receiving hospital of your findings, try to communicate directly with a ER doctor and be as specific as possible. Proper scene control and astute observation will possibly prevent cross contamination with other agencies and the receiving facility and help mitigate the spread of the possible contaminate.

Remember: *Use of a fit tested N95 respirator, with standard/universal airborne and droplet precautions, will protect providers from infectious disease that is naturally occurring or man made.*

V. FIT TESTING:

It is the policy of LCEMS that each employee prior to use of respiratory PPE be properly fit tested using the Qualitative Fit Test (QLFT) method. Facial hair, beards, mustaches, sideburns, or any object that interferes with the mechanical seal between bare skin and the edge of the mask will affect the integrity of the safety equipment and is not permitted. Respiratory PPE is safety gear and proper fit and function rely on effective fit testing.

N95 protective masks are fit tested to the above standard and require the same mask to skin seal as the “tight fitting” APR and PAPR masks. Fit testing is mandated by federal guidelines and is inherent to the integrity of the program; there are no current alternatives to proper fit testing.

Skin must be bare to achieve an adequate fit test.

- Fit testing and instruction in the proper donning and doffing of the PPE gear will be completed on each new employee hired for duty in the field prior to assuming that duty. Annual fit testing may be necessary as part of a comprehensive program to ensure continuing compliance with federal regulations.
- Fit testing for individual employees may be necessary for significant changes in weight > 20#, or if significant changes in facial symmetry, endentulation or structural facial surgery are observed.

Specific OSHA fit testing procedures are performed using OSHA approved fit testing equipment to achieve a Qualitative Fit Test. Respirator Fit Test Records are maintained for each employee, records indicate the type of test solutions used and whether or not the individual was able to detect the solution. If the individual was unable to detect the solution then a repeat test will be conducted with an alternate solution and those results are documented. Any possible conditions that affect testing are also noted. All testing is performed by an individual that has been specifically trained and certified to perform this testing. Appropriate MSDS for solutions used during testing are available during the testing procedure for review by each employee tested. The specific equipment used for fit testing is:

Allegro Industries
Qualitative Respirator Fit Test Kit
(Bitrex part # 2041)
(Saccharin part # 2040)

VI. PROCEDURES for SELECTING RESPIRATORS (Biologic Threat):

Potential exposure to infectious disease during an emergency response call is not a particularly new threat to LCEMS. Patients with measles, influenza, or chickenpox are no less infectious than patients with an infectious disease caused by a WMD biological

agent. As an EMS provider you have had extensive training in the use of Standard/Universal Precautions for both airborne and patient contact situations. Utilizing this knowledge and the practice of these skills will protect EMS providers from exposure to infectious biologic threats and benefit patients. Should you encounter a suspected biologic threat of unknown origin don immediately available respiratory PPE (N95) protection and other universal protection (Gloves, goggles or safety glasses, gowns, shoe covers, face shields) as the situation demands. Your individual safety is your primary objective. Biologic infectious events are generally slowly evolving events with incubation periods of one or more days prior to symptom development. EMS employees are to look for patterns of calls or patients with similar symptoms in close proximity. If you encounter these types of patients you should become highly suspicious and relay your concerns through your supervisor and the receiving hospital. Level “C” PPE is generally not required for slowly evolving biologic events.

VII. PROCEDURES for SELECTING RESPIRATORS (Chemical Threat):

Unfortunately in the event of a chemical WMD event first in responders will probably not understand the nature of the threat they face in the first few minutes of an event, responders will likely fall victim to the agent employed while still in the initial evaluation of the scene. Chemical threats by their very nature are far more life threatening, rapidly evolving scenarios. It is of paramount importance for the arriving responders to use the information provided by call takers to formulate a hypothesis of the possible scene environment and consider staging upwind and uphill from the call. If there is a scene where multiple patients are present near a chemical facility, laboratory, or material processing facility suspicion should be high for possible chemical involvement. In these types of situations LCEMS is not to enter the scene or accept any patients that may self evacuate until the threat has been determined by a bonafide hazmat response complement. Retreat is the best option until the exact cause has been determined.

LCEMS provides level “C” PPE gear for protection of its employees, this level of protection does not protect against all hazards. Does not provide supplemental oxygen in environments with ambient oxygen content of < 19.5% and is applicable to only certain chemical precursors or compounds. Suit permeability is different for each chemical encountered and dependent upon chemical concentration, vapor or aerosol, powder or liquid, and proximity to the particular threat. In chemical contamination events Respiratory Personal Protection from environmental chemical insult is of primary importance, rapid acquisition of APR’s or PAPR’s with NBC filters is imperative even during a retreat. Chemical vapors or clouds can travel with air movement or seek low spots and can gather some distance from the scene. Depending on time of day and ambient weather, lethal chemical fumes or vapors can travel some distance from the release area.

Without a doubt the tight fitting respirators provided along with a properly fitted NBC cartridges offer the best level of protection from the most chemical threats of IDLH. The same tight fitting respirator and NBC cartridge provide protection from all biologic threats.

The particular brand of equipment LCEMS provides is the 3M Brand tight fitting full face respirator Model 6900DIN that can be configured to use a 3M Turbo Unit if available, capable of increasing filter area 3 times with a full complement of 3M FR-57 NBC filter cartridges. This equipment meets current OSHA/NIOSH requirements.

The current Combination Cartridge / High Efficiency Filter FR-57 provided is capable of filtering the following chemicals in concentrations not IDLH or in atmospheres that are oxygen deficient:

AM-Ammonia, CD-Chlorine Dioxide
CL-Chlorine, FM-Formaldehyde
HC-Hydrogen Flouride, MA-Methylamine
OV-Organic Vapor, SD- Sulfur Dioxide, HE-High Efficiency Particulate Air Filter

The filter cartridges are not specified for use with other than the above listed chemicals, and therefore may not be effective if used in environments where the chemical composition is unknown. Again retreat is the best option for survival until Hazmat Teams can determine the chemical threat and concentration.

VIII. MEDICAL EVALUATIONS

Leon County EMS provides free post offer, pre employment physical medical evaluations to its prospective employees for the purpose of determining suitability of individuals to work in conditions of high performance or high stress. Initiating respiratory PPE may also indicate a need for medical evaluation should an employee realize respiratory compromise from the use of the described safety equipment. Employees will be provided with free medical evaluation from the county's medical provider to determine whether a current employee is able to utilize the equipment provided. Reasonable allowances will be made for employees that are unable to use the equipment provided and will be evaluated on a case by case basis. New employees will be medically evaluated at the time of their pre employment physical for adaptability to PPE equipment prior to final determination.

VIII. CLEANING and STORAGE OF RESPIRATORY PPE:

Each crewmember employed by LCEMS is provided with their own individually fit tested tight fitting mask in the proper size established during fit testing. The tight fitting masks and cartridges are part of a level "C" personal protection cache issued to each employee. All equipment is in new unused condition and has never been exposed to a

contaminated atmosphere of any type. Each tight fitting mask (TFM) is enclosed in a secure bag that also contains appropriately sized chemical protective suit, gloves and boots.

All equipment bags are sealed to assure the respective users that no equipment is missing and that the interior of the cache is maintained in a clean environment. Employees are instructed to treat the equipment with care and not to crush, bend, abuse, or otherwise damage the bag or its contents. All bags are clearly marked with the users name and ID number.

Reusable equipment is cleaned after training and fit testing with a 5% solution of Distilled Water and Bleach, the interior of the mask is cleaned and dried and replaced in the gear bag and resealed with a numbered seal.

Disposable N95 masks are discarded after each use; masks are worn once and discarded in the appropriate Biohazard container for disposal.

X. INSPECTION AND REPAIR:

Individually issued Respiratory PPE equipment is inspected annually by a designate from the Special Operations Manager that is familiar with the proper function of the equipment, individual equipment is checked for cleanliness damage, degradation, missing parts and serviceability. Additionally equipment is evaluated each time it is reassigned to a new user whether yearly as part of a scheduled inspection or at each new reassignment. Equipment that has been identified as defective will be returned to the manufacturer for refurbishment or replacement as deemed necessary by their inspection and repair process. Equipment will be replaced with like models, size and style so as to maintain familiarity to the end user. Inspection records will be maintained showing the last inspection date, condition, and model or serial number of the equipment if identified by serialization. Otherwise issued equipment will be identified by employee name and identification number.

XI. TRAINING PROCEDURES:

Employees are trained in the use and care of equipment at annual training sponsored by LCEMS by instructors specifically trained in instruction on the use of Respiratory PPE. Instructors have been certified as trainers by recognized instructor training colleges or agencies specifically chosen for their expertise. New employees are provided with of respiratory PPE training that coincides with other PPE training offered. Classes consist of didactic training using slides and other presentations by certified instructors followed by practical hands on training with the specific equipment discussed in the didactic portion. Each employee has the necessary time to familiarize themselves with actual equipment used and instructors available to facilitate full

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Effective: October 1, 2007

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instruction. Any employee has the ability to request remedial instruction at anytime to reacquaint themselves with the equipment provided.

Training regimens are evaluated periodically for applicability in the field and throughout the industry. Instructors are encouraged to enhance the training process with further education opportunities made available to them. The LCEMS training manager has responsibility to schedule continuing education in PPE as part of the continuous learning process of each LCEMS employee.

Employees are annually trained in the possible scenarios in which they may encounter possibly hazardous conditions by certified HAZMAT instructors, classes consist of didactic instruction and updates in new technology available to our industry. A typical HAZMAT update includes 4-5 hours of lectures and video presentations in the identification and mitigation of HAZMAT scenes.

LEON County EMS provides OSHA/NIOSH respirators that are adequate to protect the health of the employee and ensure compliance with all other OSHA statutory and regulatory requirements, under routine and reasonably foreseeable emergency situations. These guidelines are reviewed from time to time to insure compliance with standards and review new processes that may enhance the ability of LCEMS to provide a greater level of protection for our employees.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Protective Clothing Policy
Effective: September 1, 2007
Reviewed: June 2009, December 2012, December 2015
Revisions: 3
Pages: 10

I. PURPOSE:

In an effort to safeguard employees from injury, it is the intent of the County to provide employees with protective clothing and equipment that is appropriate for the various activities and services being performed. Further guidance on the use of personal protective equipment for protection from bloodborne pathogens can be found in the personal protective equipment standard operating guideline.

II. GUIDELINE:

Protective clothing shall be approved by the EMS Chief. No other protective apparel shall be permitted. Employees shall utilize and wear their protective clothing and safety gear as prescribed by this standard operating guideline.

Protective clothing shall be carried by all personnel every time that they are working and assigned to an ambulance shift. Exceptions to this rule would be in some cases where employees are attending special functions, working in an administrative capacity, or special events as determined by the EMS Chief.

Use of protective clothing and safety gear as defined and prescribed within this standard operating guideline shall be considered mandatory during emergency operations and/or whenever the chance or risk of personal injury may exist. Employees are directly responsible for their personal safety and shall utilize proper protective clothing in accordance with this guideline and the manufactures recommendations.

DANGER

Wearing any elements of your protective clothing and equipment may increase your risk of heat stress which may cause injury or illness. At the first sign of heat stress, immediately move out of the risk area. When in a safe location, doff the personal protective clothing and equipment and seek medical treatment if necessary.

Personnel engaged in emergency operations that pose a potential threat to their safety shall utilize protective clothing and equipment. It is impossible to outline every instance where protective clothing and equipment should be utilized. This standard operating guideline presents instances where the equipment shall be utilized; however there may be more instances where the use of the protective clothing and equipment is appropriate. Personnel must use good judgment identifying other instances where protective clothing and equipment should be utilized.

Personal protective clothing and equipment may not be modified, changed or altered in any manner by the employee. This includes adding decals, labels, pins, stickers, patches, painting or otherwise changing the look of the equipment.

Personal protective clothing and equipment should not be stored in direct light as ultraviolet rays will cause degradation of the materials and the safety value.

Personal protective clothing and equipment shall be inspected by the wearer prior to the start of each shift and following each use to determine the condition and to assure readiness of the equipment. Every six months; the employee shall certify on a standardized form that their gear has been inspected and cleaned in accordance with this standard. It is the responsibility of the field operations supervisors to assure that inspections and cleaning of personal protective clothing and equipment is occurring as outlined in this standard operating guideline. Deficiencies found during the inspection process will be immediately reported to the field operations supervisor so that proper corrective action can occur. Employees shall not repair nor attempt to repair personal protective clothing and equipment. The County will arrange for repairs to be made by a qualified vendor to assure the continued reliability of the protective qualities of the equipment.

Personal protective clothing and equipment shall be stored in the gear bags provided. This equipment shall NOT be stored in direct sunlight, when wet or moist, or in abrasive environments or in contact with sharp objects. All protective equipment shall be clean and dry before storage.

Personal protective clothing and equipment shall be retired at such a time as when determined during the inspection process that the gear is damaged and unrepairable.

Head Protection

- Employees are provided with helmets that will provide head protection when properly used. Helmets are equipped with a faceshield designed for impact and penetration resistance and earlaps for protection of the neck and ears.

- Faceshields, earlaps and the chinstrap are not to be removed from the helmet; as this voids the safety certification.
- The use of an approved safety hat is required in those areas or operations wherein there are hazards of bumping one's head, having it struck or having harmful materials fall/spill on the head.
 - Personnel are required to wear their approved safety hat when exposed to an area or operation where such equipment is necessary to protect the employee from recognized hazards.
 - The following are examples of when head protection shall be utilized; this list is not all inclusive and personnel need to use appropriate judgment when faced with situations not listed below:
 - Vehicle crashes where disentanglement and extrication is necessary
 - Construction, industrial and other sites that are designated as "HARD HAT AREAS" or similar wording that indicates head protection is required.
 - In areas where there is a possible danger of impact from falling or flying objects or striking fixed objects such as when work is being done overhead that may result in an object falling. This includes during severe storms when tree branches are at a higher risk of falling.
 - Operations in areas of potential civil unrest
 - Head protection shall not be worn in instances where no hazards are present; such as medical calls where no apparent dangerous situation exists.
 - Markings – in an effort to standardize the appearance of the helmets and assure compliance with appropriate safety standards; only the markings and decals provided by the County shall be allowed to be placed on the helmets. These markings, including the reflective bars, shall not be removed by the employee. Each helmet shall be marked as follows:
 - Leon County EMS reflective emblem on the helmet front
 - Reflective certification crescent on each side of the helmet
 - Rank crescent inside the certification crescent, when appropriate
 - Ratchet and chinstrap adjustment:
 - Open the headband by turning the ratchet knob counter-clockwise
 - Place the helmet on your head. While holding the helmet down on your head, push the ratchet knob inward and turn clockwise (it adjusts in 1/8" increments) until it is snug and comfortable

- Fasten the chinstrap and adjust to a snug fit
- Eye protection – Faceshield
 - Remove protective covering from lens
 - To raise or lower the faceshield, loosen the knobs on both sides of the faceshield brackets.
 - Adjust the faceshield and tighten the knobs
- Cleaning
 - Helmets must be kept clean and free from contaminants. Helmets shall be cleaned every six months and after each use where it has been soiled or exposed to blood or body fluids, tars, fuels, resins, paints, acids, by-products of combustion or other hazardous materials.
 - If contaminated and when possible, flush the protective equipment with water at the scene or as soon as possible after emergency operations are complete.
 - Never use a helmet that is wet from use or cleaning. Allow parts to dry before use.
 - Faceshield
 - Use mild cleaning agents such as ethyl alcohol or a mild detergent and water and a soft sponge or cloth. Never use abrasives, solvents paint removers, acetone, paint or lacquer thinner, or any chlorinated organic solvents.
 - Removal of light scratching and stains can be achieved through the use of jeweler’s polish.
 - Helmet Shell
 - Helmets should be hand washed in a sink using water that is between 105 and 110F
 - Do NOT machine wash helmets – helmets should always be hand washed
 - Protective gloves should be used to avoid contact of the wash water with the skin
 - Remove faceshield before cleaning
 - Use mild household detergent or ethyl alcohol and water
 - Do NOT use other materials such as strong (industrial strength) detergents, solvents, petroleum products. These will damage the shell and faceshield and reduce the protective capability of the helmet.

- Forced ventilation air drying is recommended; this can be achieved by using a fan. Drying can also be achieved by hanging the helmet in a shaded area and allowing it to air dry.
 - Do NOT machine dry helmets
-
- Inspection
 - Inspect the helmet, including all accessories after each use for impact, thermal and use damage. Never use a damaged helmet. If there is any damage, remove the helmet from service immediately and repair or replace the damaged component before using the helmet.
 - Helmets that have been exposed to excessive heat, taken an impact or sustained damage shall be taken to the shift operations supervisor for further inspection.
 - Helmet shall be inspected for overall cleanliness. If dirty, it shall be immediately cleaned.
 - Helmet Shell – replace if any of these conditions exist
 - Cracks longer than one inch
 - Any size crack that is completely through the shell material
 - Soft spots equal to or large than thumb pad. Smaller soft spots require further inspection by a supervisor.
 - Edge trim
 - Reattach if separated but intact
 - Replace if broken or aluminum core is exposed
 - Reflective trim – replace if any of these conditions exist
 - Charred
 - Partially detached
 - Non-reflective
 - Missing
 - Faceshield and Hardware – replace if any of these conditions exist
 - Blistered, bubbled, cracked or charred faceshield
 - Missing E-ring
 - Shaft not intact
 - Breakaway tabs – replace if any of these conditions exist
 - Missing, bent or damaged tabs
 - Chinstrap – Replace if any of these conditions exist
 - Frayed, missing or broken parts
 - Missing, cut frayed or broken stitching
 - Clogged or worn-out Velcro
 - Brittle, broken or missing quick release button
 - Loose postmans slide
 - Suspension Straps
 - Ensure straps lie flat and pass between alignment guides

- Replace if any of these conditions exist
 - Missing, cut or broken stitching
 - Tears or abrasions on straps
 - Brittleness
 - Discoloration
- Earlap – Replace if any of these conditions exist
 - Missing, cut or broken stitching
 - Nomex layer discolored, charred, or perforated
 - Flannel liner torn or seared
- Headband – replace if any of these conditions exist
 - Brittle, torn, cracked or broken
 - Holes
 - Able to open ratchet by tugging on legs

Hand Protection

- Work gloves shall be provided for use when an employee is working in an area where they are exposed to injury to the hands or fingers from material, machinery, heat, chemicals, sharp objects or other hazards.
- The gloves provided do not provide protection from bloodborne pathogens and as such gloves for protection from bloodborne pathogens shall be worn under these work gloves.
- The following are examples of when hand protection shall be utilized; this list is not all inclusive and personnel need to use appropriate judgment when faced with situations not listed below:
 - Vehicle crashes where broken glass is present
 - Vehicle crashes where disentanglement and extrication is necessary
 - In any situation where injury to the hand or fingers is probable
- Work hand protection shall not be worn in instances where no hazards are present; such as medical calls where no apparent dangerous situation exists.
- Cleaning
 - Wash with warm water and mild detergent
 - Allow to air dry; do NOT machine dry
- Inspection
 - Check for cleanliness
 - Replace if any of these conditions exist:
 - Stiff or rigid
 - Stitching worn or rotten
 - Glove insulation is worn through

- Leather split
- Holes or tears
- Improper fit
- Not issued or approved by the County

Protective Jackets

- The protective jackets supplied may be worn for general purposes under the guidelines of the appearance and uniform standard operating guideline. This standard operating guideline only outlines when the jacket must be worn for protective purposes.
- The jacket meets protective standards for emergency medical services and liquid-borne pathogens. The shell is made of the fire retardant material NOMEX. However this garment may burn and melt if exposed to high heat or flames. It has not been required to meet a flammable performance requirement and it is not designed nor intended to be used for firefighting activities. While this jacket is resistant to penetration from liquid-borne pathogens, due to a Crosstech fabric liner, no protective garment can provide absolute protection. The Crosstech liner also provides penetration resistance against NFPA “common chemicals” such as battery acid (37% sulfuric), gasoline (Ref. Fuel C), hydraulic fluid, aqueous film-forming foam (AFFF) and swimming pool chlorine solution.
- The garment should not be punctured in any manner; doing so compromises the protective qualities of the jacket. Pins, patches or any other emblems or insignias shall **NOT** be placed on the jacket by the employee.
- The following are examples of when protective jackets shall be utilized; this list is not all inclusive and personnel need to use appropriate judgment when faced with situations not listed below:
 - Vehicle crashes where disentanglement and extrication is necessary
 - In areas where there is a possible danger of fire, falling or flying objects, or contact with sharp objects.
 - During emergency operations where there is a large amount of blood or other potentially infectious materials.
- Cleaning
 - Machine wash in warm water (less than 130F) with all closures fastened.
 - Wash separately from other garments in the machine located in logistics
 - The outer shell should be washed separately from the fleece liner
 - Use detergent such as liquid Tide or Cheer

- Dry by hanging in shaded area or by using forced ventilation air drying; this can be achieved by using a fan
- Do NOT machine dry
- Do NOT dry clean
- Do NOT use chlorine bleach
- Do NOT spray with a high velocity power washer
- Inspection
 - Check the integrity of all major seams on the outer shell. This shall be done by pulling on the seams in a way comparable to the stress put on a seam when the garment is worn. If repair is necessary, the county will make all necessary arrangements. Repair should not be done by the employee.
 - Inspect all hardware such as snaps, zippers, suspender buttons, etc. Do this by gently pulling on buttons and rivets to make sure they are secure, opening and closing snaps. Any loose or missing hardware should be replaced.
 - Inspect all hooks and loops (Velcro) to assure cleanliness and that stitching is intact.
 - Check reflective trim for broken thread and stitching, rips and badly soiled areas and for cracks with water vapor and debris under the coating. Check reflectivity by testing the trim in a darkened area with a flashlight. Sections of trim that has lost its reflectivity and where stitching has broken or frayed should be repaired. Repairs should not be done by the employee.
 - Look for worn and abraded areas. If these areas exist, the garment should be taken to a field operations supervisor for corrective action.
 - Inspect the liner checking for wear and tear. Check the seams for failure or separation.

Protective Pants

- The pants meet protective standards for emergency medical services and liquid-borne pathogens. The shell is made of the fire retardant material NOMEX. However this garment may burn and melt if exposed to high heat or flames. It has not been required to meet a flammable performance requirement and it is not designed nor intended to be used for firefighting activities. While the pants are resistant to penetration from liquid-borne pathogens, due to a Crosstech fabric liner, no protective garment can provide absolute protection. The Crosstech liner

- also provides penetration resistance against NFPA “common chemicals” such as battery acid (37% sulfuric), gasoline (Ref. Fuel C), hydraulic fluid, aqueous film-forming foam (AFFF) and swimming pool chlorine solution.
- The garment should not be punctured in any manner; doing so compromises the protective qualities of the jacket. Pins, patches or any other emblems or insignias shall **NOT** be placed on the jacket by the employee.
 - The following are examples of when protective pants shall be utilized; this list is not all inclusive and personnel need to use appropriate judgment when faced with situations not listed below:
 - Vehicle crashes where severe disentanglement and extrication is necessary
 - In areas where there is a possible danger of fire, falling or flying objects, or contact with sharp objects.
 - During emergency operations where there is a large amount of blood or other potentially infectious materials.
 - Cleaning
 - Machine wash in warm water (less than 130F) with all closures fastened.
 - Wash separately from other garments in the machine located in logistics
 - The outer shell should be washed separately from the fleece liner
 - Use detergent such as liquid Tide or Cheer
 - Dry by hanging in shaded area or by using forced ventilation air drying; this can be achieved by using a fan
 - Do NOT machine dry
 - Do NOT dry clean
 - Do NOT use chlorine bleach
 - Do NOT spray with a high velocity power washer
 - Inspection
 - Check the integrity of all major seams on the outer shell. This shall be done by pulling on the seams in a way comparable to the stress put on a seam when the garment is worn. If repair is necessary, the county will make all necessary arrangements. Repair should not be done by the employee.
 - Inspect all hardware such as snaps, zippers, suspender buttons, etc. Do this by gently pulling on buttons and rivets to make sure they are secure, opening and closing snaps. Any loose or missing hardware should be replaced.

- Inspect all hooks and loops (Velcro) to assure cleanliness and that stitching is intact.
- Check reflective trim for broken thread and stitching, rips and badly soiled areas and for cracks with water vapor and debris under the coating. Check reflectivity by testing the trim in a darkened area with a flashlight. Sections of trim that has lost its reflectivity and where stitching has broken or frayed should be repaired. Repairs should not be done by the employee.
- Look for worn and abraded areas. If these areas exist, the garment should be taken to a field operations supervisor for corrective action.
- Inspect the liner checking for wear and tear. Check the seams for failure or separation.

Protective Footwear

- The footwear provided is designed to provide limited thermal and physical protection of the feet and ankles.
- Cleaning
 - Use a light bristled brush to remove all dirt from the boots before cleaning with mild soap and water and a damp cloth. Do not use solvents or other cleaners, as they may adversely affect the protective properties of the footwear.
- Inspection
 - Look carefully for cleanliness, excessive tread wear, tears, cracks, holes, leakage, missing stitches, soft spots or any physical damage. Report any damage.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Mycobacterium Tuberculosis Control Guidelines
Effective: June 2004
Reviewed: Jan 2009, December 2012, December 2015
Revision: 3
Pages: 7

I. PURPOSE:

The purpose of the Leon County Emergency Medical Service Mycobacterium Tuberculosis (TB) Control Program is to provide all LCEMS employees with the most current Center for Disease Control (CDC) information about TB control guidelines and procedures to avoid the contraction and spread of Tuberculosis.

II. GUIDELINE:

It is the policy of LCEMS to treat all suspected TB patients as infectious and take all necessary precautions to avoid contraction of the disease through the use of proper personal protective equipment and procedures to safeguard themselves while in the proximity of suspected TB patients. This guideline also provides for periodic pre and post exposure testing and medical surveillance should a documented exposure occur.

III. PROCEDURE:

It is the responsibility of the patient caregiver to familiarize themselves with the guidelines and uses of PPE provided and carefully evaluate each patient contact for signs and symptoms of respiratory compromise and the possibility of exposure, to determine the proper level of PPE in each situation and to use the appropriate PPE and techniques to minimize transmission possibilities.

Definitions

Exposure Incident: Any event during which an employee had unprotected contact with a person with active, contagious tuberculosis disease.

Fit Testing: An OSHA approved procedure used to determine the correct size and type of personal protective respirator an individual must use to achieve a proper seal.

TB: Mycobacterium Tuberculosis

Tuberculosis is a **highly contagious disease** that is transmitted during coughing and sneezing. Many people are exposed to tuberculosis, yet not everyone develops tuberculosis disease

Some people may carry tuberculosis infection for many, many years before developing tuberculosis disease. Others may have a tuberculosis infection, yet never develop tuberculosis disease. Those people who do develop tuberculosis disease, will experience signs and symptoms of tuberculosis.

It is believed that the strength of the immune system determines whether a tuberculosis infection develops into tuberculosis disease. People with weakened immune systems, such as those with HIV/AIDS, are more susceptible to developing tuberculosis disease.

Unlike tuberculosis infection, tuberculosis disease is contagious. This is because the Mycobacterium that causes the disease is active. People infected with tuberculosis disease may experience any of the following signs and symptoms:

- Nausea / weakness / fatigue
- Rapid weight loss
- Fever
- Night sweats
- Cough
- Chest pain
- Hemoptysis

TB Testing: Laboratory, Medical or Radiological procedure used to determine if an employee is infected with the TB bacteria. Methods may include blood testing using Quantiferon- TB gold test (QFT-G), Mantoux or PPD testing, Sputum culture or radiological exam.

Tuberculosis Disease: The active stage of tuberculosis where the bacteria is present in sufficient quantity to cause illness. A patient with active TB is contagious and will normally show signs and symptoms of the disease.

Tuberculosis Infection: An inactive stage of tuberculosis infection where the tuberculosis bacteria is present but not in sufficient quantity to cause disease. The patient will test positive but may not show signs and symptoms and is not

contagious. It is estimated that 10% of infections will develop into active TB disease.

Respirator: A respiratory personal protective device that meets OSHA and NIOSH standards for Fit and Filtration and is provided by LCEMS to all of its employees as part of the Personal Protective Equipment cache that is located on every licensed vehicle operated by LCEMS.

Universal Precautions: A method of infection control in which all human blood and body fluids are treated as if known to be infected with HIV or HBV. A corresponding level of personal protective equipment is used to mitigate the threat. PPE may include the use of impermeable gloves, goggles or face mask, respirators, safety glasses, gowns, caps and shoe covers

Responsibilities:

A. Employee Responsibilities

- Attend and participate in all related TB and respirator training and comply with training requirements
- Comply with established TB pre exposure and post exposure testing requirements
- Comply with procedures for respirator fit test requirements, usage, storage and inspection
- Report any known defect or difficulty in respirator usage to the Shift Supervisor.
- Report any known or suspected exposure incidents to his/her supervisor immediately and complete Incident Report as required
- Comply with medical follow up recommendations / treatments and reports progress to appropriate administrative contact regularly.

B. Supervisor Responsibilities

- Review incident report for completeness
- Determine need for First Report of Accident or Injury/Illness
- Notify Infection Control contact of possible exposure and employee involved
- Notify safety officer of possible exposure
- Determine employees suitability for continuing shift duties

C. Program Manager

- Coordinates TB testing and medical evaluation forms for new hires.
- Coordinates follow up TB testing for existing employees.
- Coordinates original Fit Testing and follow up fit testing as required.

- Ensures all new employees are oriented to the program and trained in the use and care of PPE issued equipment prior to deployment to the field.
- Collects and maintains TB Test Roster for all employees and maintains the most current date of TB testing or a waiver for each employee in the database.
- Collects and maintains fit test data and reviews fit test techniques for compliance.

D. Program Manager / Training Manager or Designee

- Fit Tests new employees upon presentation from Training Manager
- Maintains respirator and fit test kit supply inventory
- Reviews program annually and makes revisions as necessary

Risk Assessment:

Current risk stratification estimates based on data obtained from both hospital infection control directors and Leon County Health Department Officials of actual cases of reported active TB place LCEMS Employees are reviewed annually. Current practice is to conduct Quantiferon-TB Gold (QFT-G) testing at the time of employment, annually thereafter, and after a documented exposure event per OSHA and CDC standards. Employees are permitted to refuse testing subsequent to pre hire evaluation but must complete and sign a waiver; an employee may change their mind at any time and continue with annual or semi annual precautionary testing if initiated due to increased frequency of contact.

LCEMS Employees who are determined to be at increased risk of exposure to TB include those employees in direct care settings and initiating high risk procedures, those employees include:

- Emergency Medical Technicians
- Paramedics
- Controllers
- Supervisors
- Licensed Administrators

Some examples of high risk procedures are:

- Transporting patients in an enclosed patient care area of an ambulance
- Oropharyngeal Suctioning
- Stoma Suctioning
- Intubation
- BIAD Initiation and placement
- Procedures that induce a cough

Non licensed LCEMS employees who do not work in patient care areas and do not perform any direct patient care are not considered at risk. Examples of these employees are:

- Office clerical staff
- Logistics technicians

Control Procedures and practices:

- A. Immediately available universal precautions, respirators and other OSHA/NIOSH approved PPE barrier devices designed to physically shield the wearer from contact with contaminated surfaces or environments.
- B. Environmental filtration devices and precautions that function to eliminate airborne particulates from recirculation throughout a closed environment.
- C. Decontamination of work surfaces with OSHA approved cleaners specifically formulated and tested then supplied for use in the patient care arena.
- D. Training in the specific use of personal protective equipment. How, when and where personal protective practices must be employed so as to provide a maximum level of effectiveness and safety for the user.
- E. Continuing education in TB treatment modalities and evolving trends in healthcare for patients with TB.
- E. Interactive Quality Management and direct medical oversight of suspected exposures and oversight of the clinical management of patients.
- G. Effective and timely infection control feedback from receiving hospital staff if a documented exposure occurs, clinical follow up from health care provider for evaluation of employee exposures for treatment recommendations.
- H. Pre-employment employee exposure testing by providing either a blood assay for mycobacterium tuberculosis (BAMT) or two step tuberculin skin test (TST) for baseline and post exposure follow up testing as part of a monitoring program.
- I. Initial and continued fit testing of employees for respiratory personal protective equipment using OSHA/NIOSH standards and practices to correctly train and fit employees prior to deployment to the field and after any significant perceptible change in employee facial symmetry or significant weight gain or loss of more than 20 # while in continued employment.

LCEMS maintains an aggressive, comprehensive, respiratory protection standard that involves training in the use, cleaning, care and fit testing of respiratory equipment for its employees against respiratory threats occurring in the environment from both natural and manmade threats. Specific guidelines of this program can be found in the Respiratory Protection Guidelines located in the services general operating guidelines.

Control Technique: (Ground Ambulance Transport)

- A. Upon presentation of a patient that exhibits signs and symptoms of TB immediately move upwind of the patient and increase distance; if practical initiate universal precautions.
- B. Ask patient if they have TB or have ever had or been treated for TB.
- C. Immediately retrieve and don the appropriately sized N-95 respirator mask and verify correct fit.
- D. Place surgical mask over patients mouth and nose and consider the use of oxygen via non rebreather mask at sufficient flow
- E. Place ambulance ventilation system in non recirculation mode or turn off and open windows to maximize outdoor air intake.
- F. Turn on exhaust fan.
- G. If vehicle uses HEPA filtration system filters, maximize airflow through filter elements by increasing fan speed.
- H. Airflow should ideally flow from the front of the vehicle past you then over the patient then either out the back windows, or out of the rear vent or through the HEPA filter before recycling back into the patient care compartment. If possible physically separate the front compartment from the patient care area by closing the door or window between the two areas.
- I. Notify the receiving facility of a possible TB patient and follow the directions from staff about transfer inside of the facility.

Control Technique: (Transfer to another service)

- A. Upon presentation of a patient that exhibits signs and symptoms of TB as above, that will be packaged by LCEMS for transfer by a secondary service to their ultimate destination. Initiate the above guidelines and inform the receiving service of the possibility of TB. Mask the patient as above and provide full patient care summary.

Training:

- A. Continuing TB education is provided to employees during yearly annual training and includes the most current Center for Disease Control data available at the time of training. TB fact sheets are distributed and guidelines for care are reviewed for consistency. Face mask donning guidelines are reviewed and hands on practices are held by applying N-95 respirators and

tight fitting respirators according to manufacturer's instructions. Guidelines for environmental control of patient care compartment and HEPA air filtration techniques. Education in the proper cleaning of environmental areas and the use of appropriate disinfectants.

Exposure Incident Reporting:

Exposure incident reporting is outlined in the LCEMS policy and procedure manual and exposures must be reported even in cases where full protection was used in order to determine exposure frequency. This information is used to determine risk stratification and the need for possible increases in group TB testing frequency. If a shift supervisor, acting shift supervisor or program manager is notified of a bona fide exposure incident by hospital infection control after a patient transport has been completed, the supervisor will immediately notify involved employees and send them to the appropriate facility for medical evaluation and follow up TB testing if indicated.

Medical Surveillance:

Medical surveillance by the county's authorized workers comp medical provider will be initiated and provided for all employees who have occupational exposure to TB. This surveillance will include appropriate medical interview, documentation and baseline evaluation for risk of exposure. This medical surveillance may also include:

- Baseline TST or BAMT testing
- Annual or semi annual TST or BAMT retesting
- Medical evaluation and follow up for employees when an employee has documented unprotected contact with a known active TB case where contact has been determined by a medical practitioner to suggest infection.
- Medical Evaluation when an employee has a skin test conversion or positive BAMT finding.
- Medical treatment and monitoring for an employee if he or she develops LTBI or Active TB disease as a result of an occupational exposure.

Written Program

This document is part of LCEMS's SOG manual which is readily available to all employees on all shifts. It will be reviewed and revised annually and as necessary by the Program Manager and the Deputy Chief of Clinical Affairs. It will be made available upon request to designated employee representatives, OSHA and NIOSH officials.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Reporting Hazards
Effective: June 1, 2005
Reviewed: March 2005, December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

To provide guidelines for reporting hazards.

II. GUIDELINE:

All employees have a responsibility to immediately report hazardous conditions to LCEMS Command Staff. Employees are required to report conditions and situations that may cause danger to patients, employees and / or the public. Further, employees are encouraged and supported to provide suggestions on how to improve overall safety. This policy does not replace and is not a substitute for other policies that require mandatory reporting.

III. PROCEDURE:

- Employees will provide written documentation of the hazardous condition to the on duty Shift Supervisor. The employee should also make verbal contact with the on duty Shift Supervisor, who can then determine the immediate nature of the condition and corrective action necessary.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Safety Vests
Effective: August 21, 2006
Reviewed: November 2008, December 2012, December 2015
Revision: 2
Pages: 1

I. PURPOSE:

To provide guidelines for the use of high visibility safety vests compliant with The Code of Federal Regulations Title 23 (Highways) Part 634., known as the “Worker Visibility Rule”.

II. GUIDELINE:

All field employees shall utilize their issued high visibility safety vest in accordance with this SOG and the County safety policy.

III. PROCEDURE:

- All field employees will be issued an ANSI / ISEA 107 or ANSI / ISEA 207 high visibility safety vest. It is the responsibility of the employee to bring the vest to work with them each day and to maintain the vest in an acceptable condition. High visibility safety vests shall be returned to the County by the employee upon termination of employment.
- High visibility safety vests shall be worn as the outermost garment in the following situations:
 - All incidents located on a roadway, median or side of a roadway, or other areas where vehicles will pass nearby, including vehicle collisions and medical incidents.
 - All mass causality incidents or drills
 - Any incident where the crew deems a need for increased visibility
 - As directed by a supervisor
- When engaged in operations that may result in direct exposure of flame, fire, heat, and/or hazardous materials; the personal protective, retro-reflective “turn-out” gear shall be worn in lieu of the high visibility safety vest. Examples would include a vehicle collision where active extrication is taking place.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Sanitation and Cleaning
CAAS: 203.01.02
Effective: June 1, 2005
Reviewed: March 2005, December 2012, January 2013, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

To provide cleaning and sanitation guidelines.

II. GUIDELINE:

A superior state of cleanliness and sanitation will be constantly maintained on all ambulances.

III. PROCEDURE:

- Each ambulance will be thoroughly cleaned in accordance with the Bloodborne Pathogens Exposure Control Plan, Housekeeping Section.
- Each in-service ambulance will be washed and cleaned on each shift. Cleaning will include, but not be limited to, a wipe down of all interior surfaces, sweeping, mopping and removal of all garbage, marks, etc. from all surfaces. Exterior surfaces will be washed if the ambulance is visibly soiled.
- After each patient transport, or anytime a patient is brought into the back of the ambulance, the crew will visually inspect the ambulance and clean interior surfaces as appropriate.
- The exterior of the ambulance will be cleaned by the crew assigned to that vehicle whenever there is visible dirt on the vehicle and weather permits.
- All reusable equipment will be cleaned after each use with germicidal disposable wipes in accordance with the manufacturer's guidelines.
- Special detail will be given to vehicles/equipment that has come into contact with patients with communicable diseases.
- Ideally, ambulances will be stripped of equipment, fully decontaminated and waxed outside once every six months.

311.00

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Workplace Safety
Effective: June 1, 2005
Reviewed: January 2010, December 2012, December 2015
Revision: 4
Pages: 8

I. PURPOSE:

Leon County Emergency Medical Services have established a series of safety policies to control hazards and minimize the risk of workplace injuries & illnesses. It is the expectation of LCEMS that these policies are observed and followed at all times.

While the list of safety policies appears to be comprehensive, every loss producing exposure may not be addressed. We ask that all hazards not addressed in these policies be reported to the on-duty supervisor so that LCEMS can take appropriate corrective action. LCEMS welcomes active participation by all employees in the ongoing development and review of these safety policies to ensure they adequately meet our needs.

The following policies have been established for Leon County Emergency Medical Services. While the policies listed here are general, more specific policies are in place where needed.

II. GUIDELINES:

All areas

Safe Workplace Conditions

- Fire extinguishers and first aid kits will be provided for all work areas including company vehicles.
- Smoke detectors will be provided in all crew quarters.
- Circuit breaker protected multi-outlet strips shall be provided for multiple appliance loads.
- Seatbelts shall be provided in vehicles at all approved seating positions.
- Hand trucks and/or dollies shall be available.

Personal Protective Equipment

- Gloves, masks, eye protection and gowns will be provided in appropriate areas for protection against bloodborne disease.
- “Universal precautions” using appropriate personal protective equipment must be taken whenever blood or body fluids are present.
- PPE will be worn by all responders entering a vehicle or in area immediately around vehicle during patient extrication

Safe Work Practices

- Report all unsafe conditions to your supervisor.
- Report all occupational accidents, injuries and illnesses to the Shift Supervisor.
- Horseplay and use of intoxicating substances is prohibited.
- Smoking, use of tobacco products, and electronic cigarettes are prohibited in all LCEMS buildings and vehicles. Further tobacco and electronic cigarette use is prohibited by all LCEMS employees while on duty.
- If fire occurs, employees must place safety for themselves and others ahead of concerns for vehicles and property.
- Any fire, which cannot be quickly extinguished, must be reported to 9-1-1 and the building evacuated.
- If fire occurs in a moving vehicle, stop in a safe area and request assistance by radio or cellular phone, then ensure that engine and all electrical circuits are turned off.
- Employees shall not attempt to fight fuel fires.
- If vehicles or buildings are abandoned due to spreading fire, withdraw at least 1500 feet due to hazard from rupturing oxygen/compressed gas cylinders.
- Fire extinguishers shall be maintained, tested and recharged at appropriate intervals and kept accessible at all times.
- Fire extinguishers should only be operated by employees trained in their use.
- Fire extinguishers may be used on small fires after all occupants have exited the vehicle.

- Smoke detectors must be operational at all times. Battery removal or other means of disabling smoke detectors is strictly prohibited.
- Worn or frayed wiring shall be promptly reported for repair or replacement.
- Exits shall be kept clear, well lit and will be able to be opened from the inside without taking extra steps to unlock the door.
- Open doors slowly, stand to one side when approaching doors that open towards you.
- Excessive paper shall not be stored in work areas.
- Aisles and hallways to be kept clear at all times.
- Hand carts and dollies shall be available for heavy loads.
- Work, break and storage areas shall be kept clean, orderly, clear of debris and floor storage and electric cords at all times.
- Cords and cables are to be secured out of the way to prevent tripping and fraying hazards.
- File cabinets must have only one drawer open at a time. Close drawer when finished.
- Empty file cabinets shall be filled bottom to top.
- Keep hands clear when closing all drawers.
- Desk chairs shall be adjustable.
- Computer terminals shall have adjustable positions.
- “No glare” screens may be provided when requested as appropriate.
- Padded wrist rests, adjustable keyboards and document stands (holders) may be made available to employees performing four or more hours of keyboard entry per day as appropriate.
- Telephone headsets or padded cradles may be provided to those employees spending four or more hours per day on the telephone as appropriate.

- In locations where disinfectants are used, closed containers shall be provided and placed away from food preparation areas.
- Spilled liquids or dropped ice shall be cleaned up immediately.
- Where disinfectants, petroleum products and chemicals are used, closed containers shall be provided with appropriate identification and hazard prevention information.
- Employees shall use caution and personal vigilance to prevent hand injuries when moving compressed gas cylinders.
- Approved cylinder hand trucks shall be used whenever possible when moving large compressed cylinders (“M” or “H” type).
- Security chains must be adjusted and re-attached after moving compressed gas cylinders.
- Valve caps (threaded protective covers for use on large compressed gas cylinders) shall be used on all “M” cylinders and “H” cylinders.
- Seatbelts shall be worn at all times except when providing specific patient care which prevents such use.
- Driver shall systematically scan for potential hazards in the near, middle and far zones ahead of the vehicle.
- Driver shall make gradual and smooth lane changes, signaling well in advance.
- Driver shall maintain a safe following distance behind the car ahead, adjusting distances in response to actions of other drivers.
- Driver shall practice defensive driving at all times.
- Driver shall not exceed posted speed limits or speed safe for conditions.
- Driver shall not operate a motor vehicle when too tired to do so safely.
- Drivers shall only back with a ground guide. If alone, driver must exit vehicle to check behind before reversing.
- Employees must be certain fingers and hands are clear before closing vehicle doors.

- Employees shall not attempt to lift loads heavier than their ability. Assistance must be obtained prior to moving overly heavy loads.
- When necessary to lift and turn at the same time, employees shall move feet rather than twisting torso whenever possible.
- Lift properly using bent knees and straight back.
- Vary position periodically during prolonged activity.
- All portable ladders shall be maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached and movable parts operating freely without binding or undue play.
- Top steps of ladders shall never be used as steps.
- Metal ladders shall not be used around electrical equipment.
- All tools and equipment (both Company and employee-owned) used by employees at their workplace shall be in good condition at all times. All equipment must conform to applicable safety and industry regulations.
- Employees are required to follow need stick prevention procedures and policies in accordance with the revised Bloodborne Pathogens Standard and Needle stick Safety and Prevention Act (PL 106-430).

EMS Operations

Safe Workplace Conditions

- Impervious needle disposal containers and red plastic Biohazard bags shall be provided on every ambulance.
- Oxygen cylinder dollies will be available at locations where main tanks are changed.
- Waterless hand cleaner for use in the field shall be provided.
- HazMat reference materials and protective specialized equipment appropriate for treating exposed patients shall be provided.

Personal Protective Equipment

- Gloves, masks, eye protection and gowns shall be available at all times in the ambulance for protection of the employees

Safe Work Practices

- Smoke detectors shall be maintained in all crew quarters.
- Stretchers shall be serviced at regular intervals in accordance with manufacturer's instructions. Employees must report to their Shift Supervisor any equipment in need of repair.
- During Code 3 operation, driver shall never drive faster than is safe for conditions with due regard for the safety of all persons using the highway.
- During Code 3 operation, driver must continuously exercise due regard for the safety of all persons using the highway.
- During Code 3 operation, driver must come to a complete stop at every stop sign or red light, proceeding slowly through the intersection after obtaining clear passage with due regard for the safety of all persons using the highway.
- During Code 3 operation along the shoulder of a highway, the driver must slow and proceed only when safe to do so with due regard for the safety of all persons using the highway.
- Employees shall keep windows tightly shut when the siren is in operation.
- The ambulance shall be parked out of the line of traffic, whenever possible at the scene, and shielded by other emergency vehicles.
- Double-bag infectious waste in red Biohazard bags and dispose of at designated facilities in appropriate receptacles.
- Employees shall wash their hands after every patient contact, using waterless hand cleanser when running water is not available.
- When unloading a patient, employee shall confirm that the stretcher is locked prior to transferring weight to lowered wheels.
- The inclined loading position of the stretcher shall only be used to load and unload; never to roll for any distance.
- Employees shall obtain assistance whenever they hand collapse stretchers.

- When moving patients, employees should take advantage of every opportunity to brace or otherwise support their upper torso.
- Crews shall seek assistance, whenever possible, when carrying patients downstairs.
- Employees shall not place themselves in hazardous extrication situations.
- Crews should stage their vehicle some distance away from unsecured crime scenes and not approach until advised by dispatch that the scene is “secure”.
- Employees should request police assistance any time they believe they are in danger of assault by patients or bystanders.
- Employees should plan an “escape route” whenever interacting with a disturbed patient; similarly allowing the patient a perceived route of “escape”.
- Crews should clearly identify themselves and their mission to people present in potentially threatening situations.
- If physically assaulted, employees must **Retreat** if possible, and summon assistance using **Defensive** physical techniques only (dodge, deflect, block, etc.). Offensive techniques (punch, jab, kick, etc.) are only to be used if cornered with no escape route and being physically assaulted.
- Crews should approach all scenes with caution, alert to the possible presence of unrecognized hazardous materials.
- If first on scene of a HazMat incident, crews must withdraw an appropriate distance as trained. Request additional assistance, isolate the scene, and deny entry.
- Employees must remain in the cold zone at all times during HazMat incidents and must only care for properly decontaminated patients.
- Employees shall utilize incident - specific advice from Poison Control vs. HazMat officials when determining decontamination requirements and secondary contamination risks to themselves and others, when no other Public Safety representative is available.
- Employees shall at all times function in accordance with company and jurisdictional HazMat policies.

Personal Protective Equipment

- Employees shall wear appropriate personal protective equipment when exposed to blood and specific body fluids when performing procedures.
- Employees shall wear latex gloves, surgical masks, protective eyewear, waterproof shoe covers and biohazard - type impervious gowns when the potential for exposure exists and as outlined in the bloodborne pathogen exposure control plan.
- Employees using high-level disinfectant solutions to treat airway/ventilation instruments are required to wear impervious gloves and eye protection when exposed to solution.
- Employees shall wear protective clothing and helmet when circumstances dictate their usage.
- Employees shall carry on their person or be within contact distance of their radio and pager at all times for response call outs and when away from their station, must carry their radio and pager on their person at all times if active on a ambulance.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Critical Care Team Personal Protective Equipment

Effective: July 15, 2012

Reviewed: December 2012, December 2015

Revision: 1

Pages: 7

I. GUIDELINE:

Leon County EMS will provide Critical Care Paramedics (CCP) with the personal protective equipment (PPE) necessary to protect themselves from exposure to infectious diseases at no cost. The PPE must be worn as specified in the Personal Protective Equipment List. LCEMS shall repair or replace any lost, stolen, or damaged Emergency Medical Services- issued PPE at no cost to the employee/trainee. (Reference All Employee Personal Protective Equipment SOG 305.00).

II. PROCEDURE

1. Equipment

PPE shall be carried aboard each emergency vehicle in a quantity sufficient to protect all crew members and anyone else (students, ride alongs, etc) on board the emergency vehicle. Due to the length of some Critical Care transports, sufficient amount of PPE shall be provided for the CCP(s). LCEMS shall maintain the following items in all emergency vehicles:

- Disposable Impervious Gowns
- Face mask/Eye Shield Combination Device
- Disposable Exam Gloves of various sizes
- Waterless Handwash
- Bio-Hazard bags with Warning Labels
- Puncture Resistant Sharps Container
- Portable Puncture Resistant Sharps Container (in carry in equipment)
- Pair Protective Eyewear (Goggles)
- High Level Disinfectant Solution

2. Compliance Monitoring

- In such cases when circumstances preclude the use of PPE as outlined herein (danger to self/patient, or an impairment in the ability for the CCP to provide timely care to the patient), the CCP(s) shall document the incident in writing and submit the report to the Deputy Chief of Administration. This report will be required whether or not the CCP

perceives that an actual exposure occurred or not. The Deputy Chief of Administration shall review all such incidents on a case-by-case basis to determine the appropriateness of the CCP's actions and if any change in procedures or policies should be considered. In the event that any CCP is discovered to not have their PPE accounted for as stated previously, or any CCP is observed not complying with any provision of this procedural guideline, the employee shall be subject to disciplinary action up to and including termination of employment.

3. Procedures for Preventing Exposures

- Universal Precautions for ALL Patients.
- Precautions for Patients With Known Infectious Diseases
 - In the event that transportation is requested for a patient who is known to be the carrier of an infectious disease, the CCP(s) will be provided with all appropriate information. The CCP(s) will receive all information that has been provided to the LCEMS dispatcher.
 - The CCP(s) will return to Head Quarters to pick up any PPE supplies required for the transport.
 - Upon arrival at the pickup facility, the CCP(s) shall confirm the infectious condition of the patient, and any specific precautions to be aware of.
 - Upon arrival at the receiving facility, the CCP(s) shall notify the person assuming responsibility for the patient's care of the patient's condition and infectious status. This notification shall be made in a discreet fashion both verbally to the receiving personnel and in writing on the patient care report.

4. Specific Isolation Guidelines

Strict Isolation

Diseases: Abscess (unknown etiology), draining wounds, major burns, Diphtheria, disseminated Herpes Simplex, Impetigo, Meningitis (unknown etiology), Pediculosis (lice), Pneumonic Plague, Pneumonia, Rabies, Rubella, Scabies, Smallpox, Chicken Pox, Shingles, etc.

Precautions: Gown (all persons in unit), gloves (all persons in unit), mask (all persons in unit), and protective eyewear. Gloves must be removed and sanitizer gel used after touching the patient or potentially contaminated articles. Hands must be washed as soon as possible after transport is complete. Articles contaminated with infective material must be discarded or decontaminated. Patient compartment must be disinfected after the patient is removed.

Respiratory Isolation

Diseases: Epiglottitis, Measles, Meningitis (H, flu/Meningococcal), Mumps, Pertussis, Pneumonia, *Tuberculosis*, SARS, etc.

Precautions: Gloves (all persons in unit), HEPA particulate mask (all persons in unit), protective eyewear (all persons in unit), mask on patient if coughing, when possible. Gloves must be removed and sanitizer gel used after touching the patient or potentially contaminated articles. Hands must be washed as soon as possible after transport is complete. Articles contaminated with infective material must be discarded or decontaminated. Patient compartment must be aired out five (5) minutes after patient is removed and any surfaces contaminated with infective material must be disinfected.

Blood and Body Fluid Precautions

Diseases: AIDS, HIV positive, Hepatitis-B, Hepatitis non-A/non-B, tick fever, Creutzfeldt-Jakob Disease, Malaria, Rat Bite Fever, Syphilis, etc.

Precautions: Gown (all persons in unit), gloves (all persons in unit), mask (only if possibility of the patient's blood or body fluids to be aerosolized or splashed), and protective eyewear. Gloves must be removed and sanitizer gel used after touching the patient or potentially contaminated articles. Hands must be washed as soon as possible after transport is complete. Articles contaminated with infective material must be discarded or decontaminated. Patient compartment must be disinfected after patient is removed.

Drainage and Secretion Precautions

Diseases: Abscess (unknown etiology), draining wounds, major burns, skin infections, Anthrax, Cellulitis, Gangrene, Cytomegalovirus, Endometriosis, Herpes Simplex, Herpes Zoster, Bubonic Plague, Pneumonia, Scarlet Fever, Syphilis, Tuberculosis, Chicken Pox, etc.

Precautions: Gown (all persons having contact with patient or patient articles), gloves (all persons in unit), protective eyewear (all persons in unit). Gloves must be removed and sanitizer gel used after touching the patient or potentially contaminated articles. Hands must be washed as soon as possible after transport is complete. Articles contaminated with infective material must be discarded or decontaminated. All surfaces

contaminated with infective material must be disinfected after the patient is removed.

Enteric Precautions

Diseases: Amebic Dysentary, Cholera, Diarrhea, Encephalitis, Salmonella/Shigella Poisoning, Hepatitis-A, Viral Meningitis, Poliomyelitis, Typhoid Fever, Viral Pericarditis, etc.

Precautions: Gown (all persons having contact with patient or patient articles), gloves (all persons in unit), protective eyewear (all persons in unit). Gloves must be removed and sanitizer gel used after touching patient or potentially contaminated articles. Hands must be washed as soon as possible after transport is complete. Articles contaminated with infective material must be discarded or decontaminated. All surfaces contaminated with infective material must be disinfected after the patient is removed.

5. Guidelines For Specific Medical Procedures

Endotracheal Intubation / King Airway Insertion

- Personnel performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves and protective eyewear.

Suctioning

- Personnel performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves and protective eyewear.

Intravenous Access

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Needle Thoracostomy

- Personnel performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves and protective eyewear.

Mouth-to-Mouth Ventilation

Employees should not perform direct mouth-to-mouth ventilation at any time.

Other adjunctive devices such as pocket masks, bag-valve-mask devices, or demand valves should be utilized in lieu of making direct skin contact with patients with unknown infectious disease status.

Mouth-to-Mask Ventilation

- Personnel performing this procedure must wear gloves and protective eyewear.

Bag-Valve-Mask Ventilation

- Personnel performing this procedure must wear gloves and protective eyewear.

Intraosseous Insertion

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

OB Deliveries

- Personnel performing this procedure must wear gloves, mask, gown, and protective eyewear.
- Personnel assisting with this procedure must wear gloves, mask, gown, and protective eyewear.

Bleeding Control with spurting blood

- Personnel performing this procedure must wear gloves, gowns, mask, and protective eyewear. When bleeding is controlled, only gloves are required.
- Personnel assisting with this procedure must wear gloves, gowns, mask, and protective eyewear. When bleeding is controlled, only gloves are required.

Bleeding Control with minimal bleeding

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Cariopulmonary Resuscitation (CPR)

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Administering Intramuscular (IM), Subcutaneous (SQ), and Sublingual (SL) Medications

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Administering Nebulized Medications

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Administering Intravenous Medications (IVP)

- Personnel performing this procedure must wear gloves.
- Personnel assisting with this procedure must wear gloves.

Arterial Blood Gas Sampling (Restricted to MD or RT)

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Blood Transfusion

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Chest Tubes

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Emergency Escharotomy

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Homodynamic Monitoring (Including: CVP monitoring, Arterial Line/BP monitoring, Swan Ganz monitoring (must have Critical Care Nurses))

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

ICP (Increased Intra-Cranial Pressure) Monitoring

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Ventricular Assist Device

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

I-Stat

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Pericardiocentesis

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Temporary Cardiac Pacing

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Tracheostomy Care

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Venous Access Devices

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

Ventilator

- CCP performing this procedure must wear gloves and protective eyewear.
- Personnel assisting with this procedure must wear gloves.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Airport Transfers
Effective: November 1, 2006
Reviewed: December 2012, December 2015
Revision: 1
Pages: 1

I. PURPOSE:

To establish guidelines for transports to Tallahassee Regional Airport for continued transport via fixed wing or rotor wing aircraft.

II. GUIDELINES:

All prescheduled transports to and from the Tallahassee International Airport are by nature non-emergency and do not usually require the use of lights and sirens. However rare circumstances may exist that warrant the use of lights and sirens.

III. PROCEDURE:

1. The crew will work within the parameters of care for the particular patient condition encountered. Generally only non-emergency transport is required when en route to the airport with patient and aircrew.
2. Requests by an air flight crew for lights and siren transport to the airport must be medically necessary and approved by the on-duty supervisor prior to upgrading.
3. Airport transports of an organ harvest team with a harvested organ onboard are acceptable candidates for emergency transport mode (refer to SOG 215.00).
4. Crews that drive up on an accident with a transfer patient on board may stop if their patients care is not compromised. Crews that drive up on an accident while returning with flight crew members and no patient, must stop and render aid until other units arrive to take over patient care appropriately.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Approved Medical Equipment
Effective: January 1, 2004
Reviewed: October 2005, May 2008, December 2012, December 2015
Revision: 4
Pages: 1

I. PURPOSE:

To provide Medical Director approval for cervical immobilization, rapid blood glucose monitoring, nebulized breathing treatment equipment and 12 Lead EKG transmission by Leon County E.M.S.

II. GUIDELINE:

- Cervical Spine Immobilization – The following equipment is approved for use on adult and pediatric patients requiring cervical spine immobilization.

Cervical collars – AMBU Perfit ACE – Adjustable Collar - Extrication
AMBU Mini perfit ACE – Adjustable Collar – Extrication

Cervical Immobilization Device – AMBU Head Wedge

- Rapid Blood Glucose Monitoring – The following device is approved for use on adult and pediatric patients requiring blood glucose monitoring.

Glucometer – Ascensia Elite Blood Glucose Monitor; or
Ascensia Contour Blood Glucose Monitoring System

- Nebulized Breathing Treatment – The following device is approved for use on adult and pediatric patients requiring nebulized breathing treatments.

Nebulizer – Curaplex small volume nebulizer

Medications - Atrovent
Albuterol

- 12 Lead EKG transmissions – Leon County E.M.S. Paramedics are permitted to transmit 12 lead EKGs to the emergency departments via modem connections. Furthermore, all cardiac monitors will be equipped with strip chart recorders.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: BA 52 Patient Transports
Effective: November 1, 2006
Reviewed: December 2012, December 2015
Revision: 1
Pages: 2

I. PURPOSE:

To provide guidelines for safe transportation of “Baker Act” patients to continuing care facilities from acute care facilities.

II. GUIDELINE:

All “Baker Act” patients transported by Leon County EMS will be evaluated by the EMS crew prior to departing the Emergency Department for possible safety or elopement issues prior to assuming care of the patient in the Emergency Department.

III. PROCEDURE:

1. The EMS crew transporting a “Baker Act” patient to another facility for continuation of care will, prior to assuming care, evaluate the patient in the Emergency Department for safe transport.
 - A. The charge crew member will make contact with the P.E.R.P. staff and receive a brief report on the patient’s mental status and determine if crew safety issues are present as determined by patient behavior.
 - B. If patient behavior issues are present and the crew members feel that transport by EMS would be unsafe for the crew members, the crew member in charge will then contact the on-duty supervisor and advise of the situation.
 - C. The on-duty supervisor will then proceed to the Emergency Department and make a “go” / “no go” decision for transport via EMS.
 - D. If a “no go” decision is reached by consensus between the transporting crew and the on-duty supervisor then the patient will be refused transport by EMS and law enforcement will be summoned.
 - E. Once a “no go” transport decision has been made by the on-duty supervisor, the patient will no longer qualify for transport by EMS for the duration of the patient’s Emergency Department stay.
 - F. Any patient transported by EMS must be searched by Emergency Department Security for weapons or contraband both on their person and in their belongings

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prior to EMS transport.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Blood Alcohol Sampling
Effective: May 15, 2012
Reviewed: December 2012, December 2015
Revision: 2
Pages: 2

I. PURPOSE:

To provide guidelines for LCEMS personnel asked to perform blood sampling by law enforcement personnel.

II. GUIDELINE:

Paramedics may, at the request of law enforcement personnel, obtain a blood sample for the purposes of legal blood alcohol testing. Requests for blood testing only should be reported to the on duty supervisor and the Deputy Chief of Operations. The request shall be considered a low priority and will only be fulfilled when there are a satisfactory number of EMS units available based on operational demands.

III. PROCEDURE:

Section 316.1932(1)(f)2.a. Florida Statutes (2015), "Only a physician, certified paramedic, ...acting at the request of a law enforcement officer, may withdraw blood for the purpose of determining the blood alcohol content thereof or the presence of chemical substances or controlled substances therein..." **DRAWING A BLOOD ALCOHOL SAMPLE SHOULD NOT DELAY TRANSPORT OF A CRITICAL PATIENT.**

1. The EMS patient care report (PCR) shall contain the following information:
 - a. A blood alcohol kit was used.
 - b. Betadine (povidone-iodine) solution (or hydrogen peroxide/acetone if allergic to iodine) was used for the skin preparation.
 - c. Name of law enforcement officer requesting blood sample
 - d. Time of draw.
 - e. The paramedic completing the blood draw should be the one to complete the PCR and sign it.
2. All blood samples taken shall be surrendered to the requesting law enforcement officer.
3. The paramedic:
 - a. May be required to obtain multiple samples

- b. Shall obtain a minimum of two samples per person/per draw.
 - c. Shall render emergency medical service or treatment as necessary prior to the drawing of the blood and alcohol samples.
 - d. Shall obtain blood alcohol samples only at the request of a law enforcement officer, either in the field or upon arrival in the Emergency Department.
4. Blood specimen collection instructions:
- a. The blood specimen must be drawn by a paramedic. The blood draw must be at the request of a law enforcement officer, and observed by that officer.
 - b. The officer will remove the parts of the kit and hand them to the paramedic drawing the blood as needed. Two vials from the kit will be filled with blood. **NOTE: The tube marked CONTROL will remain in the kit at all times. It will not be used for the collection of blood**
 - c. The paramedic drawing the blood should use the pad provided in the kit to clean the area where the needle is going to be inserted. If the provided pad is not used, make sure that a non-alcoholic solution is used. The foil envelope that the swab came in should be placed back in the Biological Specimens box. The swab may be disposed of by the paramedic drawing the blood.
 - d. The paramedic drawing the blood should hand the vials back to the officer as they are filled. The officer should gently rock the vials (at least 10 times) to mix the anticoagulant with the blood. Do not shake them vigorously!
 - e. The paramedic drawing the blood may now dispose of the needle and holder along with any other contaminated parts not needed as evidence.
 - f. The paramedic that drew the blood must sign the Blood Collection Form (section three: Certification of Blood Withdrawal).
 - g. The officer is responsible to complete steps 7 – 10 noted on the instruction form noted on the kit.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Aquatic/Water Rescue
Effective: January 15, 2010
Reviewed: December 2012, December 2015
Revision: 1
Pages: 1

I. PURPOSE:

Leon County Emergency Medical Services have established a series of safety policies to control hazards and minimize the risk of workplace injuries & illnesses. To provide guidelines for how personnel should react at a scene involving a water rescue. It is the expectation of LCEMS that these policies are observed and followed at all times.

II. GUIDELINE:

For the purpose of emergency response, a water rescue shall be defined as any incident that involves the removal of victim(s) from any body of water other than a swimming pool. This shall include rivers, creeks, lakes, washes, storm drains, or any body of water, whether still or moving. EMS personnel are not routinely trained nor equipped to effect water rescue. EMS personnel shall not **enter** the water in an attempt to rescue individuals other than swimming pools.

In the event EMS personnel encounter a victim in need of **water rescue**, consider requesting assistance from the following:

- a. Tallahassee Fire Department (Boats)
- b. Leon County Sheriff's Office Dive Team
- c. **Reach**- Attempt to reach the victim with a rescue hook or skimmer pole.
- d. **Throw**- Attempt to throw the victim a life ring, buoy, or rope if available.

In the event EMS personnel encounter a victim in need of rescue from a **swimming pool**, in addition to c. & d. (above), EMS personnel may;

Go- As a last resort, enter the pool to effect rescue.

- The rescuer shall take into consideration his/her ability to swim, the depth, condition, and clarity of the pool water before entering.
- Rescuer should remove electronic devices, shoes, or any other encumbering clothing and equipment.
- Enter the pool via steps or pool-side ladder.
- **DO NOT DIVE INTO THE POOL.**
- Bring victim to nearest edge of pool and immobilize and or remove as patient conditions and complaints dictate

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Civil Unrest
Effective: June 1, 2005
Reviewed: March 2005, December 2012, December 2015
Revision: 3
Pages: 8

I. PURPOSE:

To provide a guideline for LCEMS personnel in instances of civil unrest.

II. GUIDELINE:

Upon notification that a civil disturbance exists, LCEMS personnel and vehicles will not enter civil disturbance areas unless notified by the appropriate Law Enforcement Agency that the area is secure and safe for LCEMS personnel to respond and work.

III. PROCEDURE:

1. **OPCON 1**

A. Normal operations of LCEMS is such that the in-service ambulances will be stocked and staffed so as to respond to the normal EMS events of the day.

B. Should the Shift Supervisors receive information from a reliable source that events are about to unfold that would seriously exceed the abilities of normal staffing, then the Shift Supervisor will initiate LEVEL 1A

1) **LEVEL 1A** requires notification of superiors of the potential situation. LCEMS Dispatchers are to begin utilizing their "Disaster Checklists". (See "Plan A".) Notifying the following of the situation:

1. Chief
2. Deputy Chiefs

2) An immediate analysis of vehicles, equipment, and extra staff in an effort to meet the possible demand will be done. Efforts will be made to enhance fleet readiness by attempting to retrieve vehicles at repair shops and stocking and fueling extra vehicles.

3) At the discretion of the Chief or Deputy Chiefs - dispatch will contact

off-duty personnel notifying EMS staff of the potential pending recall and will advise all contacted staff to monitor their pagers for possible recall and cancellation, and to charge both batteries. All staff will be reminded to have on their person their LCEMS ID tags if recalled.

- 4) The on-duty supervisor will attempt to arrange the removal of the private autos of the EMS staff whose stations are located within the potential problem areas.
- 5) LEVEL 1A can be canceled by the on-duty supervisor upon receipt of information to that effect by a reliable source.

2. OPCON 2

LEVEL 2 is initiated when a confirmed civil disturbance exists. Such confirmation must come from a reliable source.

A. Requires the immediate recall of all available LCEMS staff and has them respond to Headquarters with their radios, extra batteries and chargers, and uniforms with I.D. tags. Dispatch is to continue to utilize their "Disaster Checklists".

B. The on-duty supervisor will respond to the Law Enforcement command Post on scene and assume EMS command. LCEMS Command will establish and maintain on-scene EMS operations such as triage, communications, and transportation. If a Law Enforcement EOC is activated consideration must be given to EMS being represented.

C. LCEMS Command must evaluate the EMS needs of the situation and consider the activation of mutual aid. If mutual aid is activated, EMS Dispatch will coordinate the response routes of the mutual aid EMS vehicles. All mutual aid vehicles will be advised as to what EMS channel to utilize for the event. This decision is to be coordinated by Dispatch and EMS Command. It is the intent of this plan to utilize only LCEMS units during escort situations. (See "Escort Operations" at the end of this policy.) LCEMS requests that are not located within the troubled areas will be handled with LCEMS units and mutual aid units.

D. EMS Dispatch will advise all surrounding counties of the local situation. Each county will be notified that radio approval of inbound vehicles prior to entry into Leon County is necessary in order to eliminate the accidental entry of an out-of-town EMS unit into a hazardous area.

E. A command officer will represent LCEMS at the County EOC.

F. The following additional operation positions must be filled ASAP with recalled personnel.

- 1) Dispatch – Additional dispatcher.
- 2) Equipment and Supplies – Recall the Supply Tech's.

G. The remaining recalled EMS staff will be assigned duties PRN.

H. All LCEMS units that are taking calls within the troubled areas will respond to Command Post authorized requests for service utilizing Command Post authorized routes with law enforcement escorts. Under no circumstances will any LCEMS personnel respond to any requests for service within an active disturbance area. Law enforcement will coordinate the removal of victims from an active disturbance area.

I. If tear gas is being used by Law Enforcement, field crews will utilize the patient isolation coveralls, jumpsuits, goggles/gas masks (depending on the situation), and double gloves for protection during patient care situations. Extreme caution must be exercised not to cross contaminate the EMS responder. EMS command will consider the need to prepare one or more EMS units as contaminated patient transport units. (See the guide for contaminated transport units following LEVEL 5.)

J. It will be the discretion of the LCEMS personnel as to whether or not to stop for private citizens attempting to flag down an ambulance. The decision must be made based on current environment, location, etc.

K. No red lights or sirens will be used near civil disturbance areas.

L. If at any time LCEMS unit/crew is threatened, attacked, etc., personnel will withdraw immediately to a safe area. Communication of such an event must be relayed immediately to EMS command.

M. Ideally, LCEMS personnel will treat and transport decontaminated patients. If a patient that requires transport has not been decontaminated, LCEMS staff will wear protective clothing and will isolate the patient to prevent cross contamination. E.R. notification must be made early so that proper preparations can be made.

N. Patients that are under arrest will be accompanied of a Law Enforcement representative on board during transport. This may need to be coordinated

through EMS command.

P. A stand down of LEVEL 2 will occur after consultation between EMS command and the EMS Liaison in the EOC.

Q. LCEMS staff must do a thorough secondary survey of all patients in order to discover weapons that may be on the patient. Weapons are to be turned over to the Law Enforcement Officer on scene or Security at the hospitals.

R. During LEVEL 2 only the family members of young children will be allowed to ride with the patient in the ambulance.

3. OPCON 3

LEVEL 2 must be fully operational.

A. If the situation appears to be of long duration and the EOC is activated, then LCEMS will move to LEVEL 3.

B. Legal authority now changes to the Leon County Sheriff or Tallahassee Police Department. Senior EMS supervisory staff will be assigned to the County EOC for resource coordination, if not already implemented. EMS Command will relocate to or in some way participate in the City/County EOC and will change in designation to EOC EMS Command.

C. During LEVEL 3 a law enforcement escort staging area will be established. EOC EMS COMMAND will coordinate staffing of the escort staging area. All EMS units assigned to the staging area operations will utilize channel 2 for escort control. All other EMS units will remain on the LCEMS Channel 1.

D. Law enforcement escorts are designed to provide protection to the LCEMS or Fire units responding to "safe" areas within the troubled zone. All responses will be in the non-emergency mode.

E. Under hazardous situations, law enforcement will extricate the patient. The law enforcement vehicle will then meet EMS at a safe area for patient delivery.

4. OPCON 4

LEVEL 2 and 3 must be operational.

A. Florida National Guard now on the scene, Tallahassee has been declared an area of civil disturbance by the Governor and resources are unable to cope with

the situation. All operation centers will remain open.

B. All EMS responses inside the City limits will originate from Headquarters. Each EMS response will have police and/or National Guard protection and will respond under this protection to non- hostile areas.

5. OPCON 5

LEVEL 2, 3 and 4 must be operational.

A. Federal Law Enforcement Agencies and/or U.S. Armed Forces have now moved in to assist the National Guard with military and police actions. EOC, LCEMS communication and command posts will continue to function in the same locations. LCEMS actions and objectives remain the same.

B. LEVEL 3, 4, 5 stand downs require authorization from EMS command and the EMS Administrative Liaison.

6. CONTAMINATED PATIENT TRANSPORT UNITS

A. EOC EMS Command will see to it that an adequate number of vehicles are prepared for the transportation of patients contaminated with CS or CII gas. Every effort will be made to utilize the "prepared" vehicles if possible.

- 1) If the need arises to transport patients contaminated with CS or CII, such as patients that have time urgent injuries, the following items must be completed:
- 2) The entire patient compartment of the ambulance(s) must be lined with plastic.
- 3) Utilize the minimal equipment and supplies in the exposure area.
- 4) All on-board EMS staff will utilize the gas masks and full protective clothing.

B. The units utilized to transfer the contaminated patients will be re-used for these types of patients until the event is over. No non-contaminated CS or CII patients are to be transferred in the previously contaminated vehicles.

C. Decontamination will be completed based on the advice of TFD command.

7. ESCORT OPERATIONS

In order to respond to patients in the troubled areas, LCEMS, Fire, and Law Enforcement will respond together in order to enhance the safety of the emergency responders. The staging area for Escort Operations will be at TFD station #4 on the training field unless otherwise directed by EMS command.

- A. A "staging coordinator" will be assigned by LCEMS Command, and three EMS units will be assigned to the escort staging area.
- B. Each LCEMS staging unit will carry all necessary protective gear to enhance the safety of the staff. (See LEVEL 2)
- C. Each EMS staging unit will communicate with staging command and EOC EMS Command on radio channel #3.
- D. Calls for service within the trouble areas will be dispatched by EOC EMS Command. The request will be relayed to Staging Command. Response coordination will occur between EMS, TFD, and Law Enforcement staging command on site at the staging area. All requests will be responded to non-emergency unless an EOC EMS Command override occurs. At the time of the dispatch, Law Enforcement will send a unit to investigate the need and safety of the situation. Escort units are to standby in a safe area until cleared to enter.
- E. Once enroute, the escort EMS unit will advise EOC EMS Command of all response activity, i.e., enroute, arrived, etc.
- F. All communications between the escort units that are responding on the request will be on EMS Channel 3.
- G. Should any of the escort vehicles receive rocks, bottles, etc., escort communications should occur and the response should be terminated. The lead law enforcement unit may also terminate the response if information becomes available via law enforcement sources that would warrant such a change.

8. DECONTAMINATION

During crowd control situations, law enforcement may utilize one or all of the following lacrimating agents CS, CN, or Pepper gas. All patients contaminated with these agents require the use of protective equipment by the EMS staff. (See LEVEL 2)

- A. CS and CN (tear gas)
 - 1) CS and CN are used as a multiperson crowd deterrent designed to

disperse crowds in extreme situations. All patients transported that are contaminated with CS, CN, or pepper gas require E.D. notification of the situation prior to patient delivery.

2) Patients contaminated with CS or O14 will require total body wash down prior to transport in most cases. During critical patient situation or incident critical situations, the Paramedic may choose to disrobe the patient quickly or wrap the patient in a blanket in order to expedite transport and prevent cross contamination. Decontamination could take place later in a safe location or at the hospital if necessary. If a patient is to be transported by EMS that has not been decontaminated of CS or CII, gloves, gas masks, and tyvek suits must be utilized to protect staff and prevent cross contamination.

3) LCEMS staff must be careful not to cross contaminate themselves by touching their face or hair with contaminated gloves.

4) If the patient's medical condition is not life threatening, the Paramedic may opt to remove the patient and rescuers from danger and decontaminate in a safe area prior to completing the transport to the hospital.

B. Pepper Gas

1) Pepper gas is normally utilized in a one-on-one law enforcement suspect incident. It is a lacrimator that is sprayed directly into the face of someone by law enforcement in order to gain control of the situation.

2) Patients contaminated with pepper gas are safe to transport in an EMS unit without utilizing full body decontamination or patient isolation techniques.

3) The patient's eyes will be burning and should be flushed with water continuously until the discomfort diminishes (usually about 45 minutes after contamination)

4) LCEMS staff must be careful not to contaminate themselves through contact with the patient.

5) If law enforcement is not on scene when EMS is presented with a pepper gas patient, contact should be made with EMS command in order to advise law enforcement of the situation.

- 6) Notify the destination Emergency Department staff of the patient contamination and condition well ahead of delivery.

IV. TRANSPORT PROCEDURES

- A. During escort responses the patient is to be removed from the scene ASAP with minimal care and treatment. Further intensive care can be performed after the LCEMS unit is in a safe area.
- B. Maintain radio contact with the escort leader and LCEMS command.
- C. Provide patient status reports to the Emergency Departments as soon as is possible, particularly in contaminated patient situations. Make radio contact with both Emergency Departments in a normal manner.

LEON COUNTY E.M.S. Standard Operating Guideline

Title:	Controlled Substance Administration and Documentation	
CAAS:	203.03.03	
Effective:	January 1, 2004	
Reviewed:	March 2008, December 2012, July 2015	
Revision:	4	<hr/> Kim Landry, MD- Medical Director
Pages:	8	

I. PURPOSE:

The purpose of the Leon County E.M.S. Controlled Substance Policy is to provide guidelines for and documentation of the security, storage, use and replacement of controlled substances and to provide a guide for meeting DEA and DOH requirements.

II. GUIDELINE:

All procedures and requirements of this SOG and the DEA and DOH pertaining to controlled substances will be met.

III. PROCEDURE:

1. Scope / Applicability

- a. The procedures of this SOG apply to all employees and agents of Leon County E.M.S. and applicable members of TFD (Tallahassee Fire Dept.).
- b. For the purposes of this SOG controlled substances are: Morphine Sulfate, Fentanyl, Versed, Dilaudid, Valium, and Ketamine. Other Important Medications include: Succinylecholine, Rocuronium and Toradol. This list will be expanded if Leon County E.M.S. adds other controlled substances meeting DEA regulations.
- c. Leon County E.M.S. and TFD shall use Operative IQ (OpIQ) inventory management software as its primary tracking and documentation for Narcotic medications where role security is established.

2. Positions with access to controlled substances

- a. The following employees are authorized to access controlled substances stored in the logistics area: Chief, Deputy Chiefs, Major, Captains, Lieutenants, and Supply Technicians.

- b. Paramedics are authorized to access controlled substances located on their units. The controlled substances should only be accessed at the beginning and end of their shift, when the attending paramedic changes, and when necessary to administer a controlled substance.
3. Security and Storage of controlled substances
 - a. Logistics
 - i. All controlled substances not in use on a staffed unit will be stored in the controlled substance safe located in the logistics area at EMS Operations Center.
 - ii. There are three controlled substance safes that maintain and store controlled substances:
 - 2 Narcs Safes – This is a Knox System safe where personnel defined in section 2(a) have individual PIN's for access. This safe maintains the revolving controlled substance inventory.
 - Narcotic Box Safe – Is the combination locked safe that houses narcotic boxes that are not in use.
 - The Fridge Safe – Contains other Important Medications that require advanced temperature control.

Safes will remain locked at all times and will only be opened when necessary to distribute or collect controlled substances. Safe combination and PIN's will only be distributed to employees who are designated as requiring access under this SOG. The Narcotic Box safe combination will be changed from time to time and all Knox safes will be maintained by administrator.
 - iii. The E.M.S. Operations center, including where the controlled substances are located, has limited access that is controlled and monitored by security access. The buildings and logistics area are under continuous digitally recorded video surveillance and patrolling armed security officers.
 - iv. Access to the storage area room is controlled by security access cards. The door to the storage room will remain shut and locked at all times when unattended. Only employees identified as requiring access to controlled substances under this SOG will be granted access. The security system creates a log with the date, time and person who accessed the storage room door. In case of system or power failure, Facilities Management and Security personnel are the only employees in possession of a key to open this door. Security access authorization will be reviewed

from time to time to assure that only employees who require access to this area have been granted such access.

- v. The storage room will be climate controlled to maintain an appropriate temperature of the controlled substances.
- vi. Deteriorated or expired controlled substances will be electronically moved to the “Destruction Box” in OpIQ and stored in the Narcs Box safe, in a clearly marked quarantined container, separate from usable stocks.
- vii. One Narc Box will be distributed in OpIQ to each ALS in-service unit or special event unit that originates at E.M.S. Operations Center at the beginning of the shift. The paramedic taking responsibility for the controlled substances will visually inventory the contents of the Narc Box through the Security Bag. They will assure that the Bag is sealed and has not been tampered with. The serial number and bar code on the bag should be clearly visible and easy to read. The paramedic will also verify the control numbers and expiration dates of the medications provided on the checkout screen for consistency with those in the security bag.
- viii. Anytime a Security Bag is opened, The Bag needs to be reloaded in logistics. OpIQ loading of a Narcotic Security Bag maintains records including: the Narc Box number, the serial numbered sealed removed, the reason the seal was removed and the new serial numbered seal placed on the box.

b. Field

- i. Controlled substances will be issued from logistics and will be sealed in a Security Bag and placed into a Narc Box then checked out in OpIQ. The Narc Box will be secured at all times in the Knox Safe unless being used.
- ii. Issued Narcotics Boxes are stored in the locked controlled substance Knox Safe located on all ambulances.
- iii. Paramedic’s and EMT’s will be issued a Knox Personal Identification Number. Knox PIN’s are administered by authorized personnel. User PIN’s are to be confidential and not shared. If for any reason a PIN number is shared, such as an unforeseen emergency, the incident should be reported to the on duty supervisor and the PIN changed. The Knox software records user activity and doesn’t allow current PIN’s to be viewed or accessed. The on duty supervisor or EMS I.T. Coordinator needs to be contacted for PIN reset.

- iv. The storage area will be climate controlled to maintain an appropriate temperature of the controlled substances.
- v. The controlled substances will only be accessed at the beginning and end of the shift and when necessary to administer a controlled substance.
- vi. Controlled substances will only be stocked on deployed ambulances. The controlled substances will be removed from the out of service units and returned to the logistics storage area.
- vii. Controlled substances used at special events will be issued from the logistics area and will be secured in a Security Bag and placed into a Narc Box as outlined in this SOG. The paramedic who signs out the controlled substances will assure security throughout the event. If there is not an appropriate location to lock the Narc Box, the paramedic will maintain possession of the Narc Box for the entirety of the special event, until it is returned to the logistics storage area.
- viii. Any time that crew members change on a unit before the end of the scheduled shift for that unit, the controlled substances shall be inspected as outlined in section III(3)(a)(vii) of this SOG. If applicable, a Crew “Transfer” or Crew “Pick Up” must be performed in order to maintain record of possession.
- ix. All documents related to narcotic use/inventory are maintained in OpIQ by the on-duty Supervisor or Supply Technician in accordance with 64J-1.004 (4c).

4. Inventory of controlled substances

a. Logistics

- i. Upon receipt of new medications outlined in section III(1)(b), logistics personnel should immediately label each Medication or Narcotic with the unique Control Number.
- ii. A perpetual inventory of the controlled substances contained in all the controlled substance safes will be recorded for each controlled substance covered by this SOG. Controlled substances secured in Narc Boxes are not included in this inventory and are inventoried separately.
- iii. At shift change, a reconciliation and “Audit” of the perpetual inventory and the actual contents of the safe will be done in OpIQ. The count shall be performed by the logistics personnel and on-duty supervisor. A

separate daily reconciliation of the Narc Boxes will be maintained.

- iv. The Par levels and reorder points of controlled drugs and other Important Medications located in the supply room safes will be monitored and documented in OpIQ by logistics personnel. Based on manufacture availability, there shall be a minimum of 10 and a maximum of 50 carpuments/vials each of Morphine Sulfate, Fentanyl and Dilaudid located in the Narcs safe (excluding those already in sealed Narc Boxes). Also, there shall be a minimum of 10 and maximum of 50 carpuments/vials each of Valium and Versed located in the Narcs safe (excluding those already in sealed Narc Boxes). In addition, there shall be a minimum of 5 and maximum of 10 carpuments/vials each of Succinylcholine and Rocuronium located in the Fridge safe (excluding those already in sealed Narc Boxes) Finally, there shall be a minimum of 5 and maximum of 20 carpuments/vials of Toradol located in the Narcs safe (excluding those already in sealed Narc Boxes).
- v. Narc Boxes that are issued from logistics will be signed in and out on OpIQ. OpIQ shall record: contents with Control Numbers, the date issued, serial number of the seal, person received by, date returned, and person returned to. OpIQ procedures maintains a continuous record of all Control Numbered medications and it's chain of custody.

b. Fixed Station Units

- i. The off going and oncoming paramedic will take responsibility for the controlled substances at Shift Change. They will inspect the contents and will assure that the Narc Box has its Security Bag sealed with the correct serial number and visually verify the expiration dates.
- ii. This inspection will be recorded on a daily basis by OpIQ Crew Transfer function. When a change of custody of controlled medications is being performed in the field, it is preferred that the Crew Transfer process be used. Crew Pick up should only be used when it is not possible to Transfer.
- iii. The on duty supervisor will be notified immediately if there is any suspicious tampering or a question as to the integrity of the controlled substances or the serial numbered Security Bag.
- iv. Once the inspection is complete and properly recorded, the on coming paramedic is responsible for securing the controlled substances in accordance with this SOG.

5. Narc Box preparation

- a. Narcotic Boxes will be numbered and prepared in OpIQ for distribution by personnel authorized in section III. 2. a. of this SOG.
- b. For inventory purposes, each Narcotic Box will be assigned a unique identification number. A perpetual inventory of Narc Boxes will be maintained and reconciled by OpIQ as they are checked in/out.
- c. One sealed Security Bag in a Narcotic Box will be prepared for each EMS unit and will be kept in the Knox safe on each unit. Carpuject syringe devices will also be kept in the Knox safe. The use of controlled substance “Administration” form is located on OPIQ check sheet.
- d. The Narcotic Box will contain a Security Bag “Loaded” with (based on manufacturer availability): 2 Morphine 10mg Sulfate, 2 Sublimaze 100mcg (Fentanayl), 2 Diazepam 10mg (Valium), 2 Ketorolac 30mg (Toradol), 2 Midazolam 5mg (Versed), and 1 Etomidate 40mg (Amidate) vials, carpujects, prefilled syringes, and/or auto injectors.
- e. Each medication shall be inspected to assure that it is sealed, has a unique Control Number, and that the fluid inside is not discolored. Each label will be inspected to assure that the medication is the correct dose and is not expired.
- f. In addition to the Narcotic Box described above (III.5.d and III.5.e), the supervisor response vehicle will also be issued an RSI Box that will contain a sealed Security Bag Loaded with (based on manufacturer availability): no more than 5 yet no less than 2 vials of Succinylecholine. It will also contain no more than 5 yet no less than 2 vials of Rocuronium. In addition, it will contain 2 Sublimaze 100mcg (Fentanayl), 2 Midazolam 5mg (Versed), and 1 Etomidate 40mg (Amidate) vials. The RSI Box shall be stored within a locked cooler. The on-duty supervisor will make note of the seal numbers upon Crew Transfer at Shift Change.
- g. It is the responsibility of the on-duty supervisor to ensure that all Narc Boxes with Security Bags are accounted for; either locked in the Narcs Box safe or on the active trucks. The on-duty supervisor will monitor the OpIQ and check any outstanding Control Numbers with the LCEMS crews from time to time.

6. Use of controlled substances

- a. Controlled substances will only be administered to patients who meet the criteria as established by Leon County E.M.S. treatment and transport standing orders / protocols or when ordered to be administered by a qualified physician.

- b. Controlled substances may only be administered by paramedics. Prior to administration the paramedic should verify the following:
 - i. The order received for medication administration
 - ii. The name of the medication
 - iii. The dose and route of the medication administration
 - iv. The expiration date of the medication
- c. Administration of controlled substances will be reported to medical staff taking over care of the patient at the receiving facility.
- d. Record of use of controlled substances will be made on the patient information forms that are left at the receiving facility.
- e. Record of use of controlled substance will be recorded on the patient pre hospital treatment record. The following information will be recorded:
 - i. patient's name who received the controlled substance
 - ii. date the controlled substance was administered
 - iii. time the controlled substance was administered
 - iv. amount of the controlled substance that was administered
 - v. route that the controlled substance was administered
 - vi. name of the medical command physician who authorized the administration of the controlled substance
- f. The paramedic will complete ePCR appropriately, to include signatures for administration and waste. Also, complete entirely and submit the "Administration Form" in OpIQ.
- g. The unused portion of the controlled substance will be disposed of by the paramedic who administered the medication while being witnessed by one other clinician; for example, their partner or a hospital RN. The witness will complete the waste witness section of the ePCR.
- h. All re-supply of controlled substances will occur at the logistics area of headquarters as soon as practical after the administration of the controlled substance and in accordance with section III (5) of this SOG.
- i. After the Narc Box has been re-supplied with a new sealed Security Bag and the proper paperwork has been completed, that same Narc Box will be given back to the crew for continued use on their unit.
- j. In situations where immediate re-supply is not possible a ready Narcotic Box with a sealed Security Bag may be Issued to the Crew Member. In these instances the

paramedic will sign the used Narcotic Box back in and the newly assigned Narcotic Box with Sealed Security Bag out in OpIQ.

7. Records Storage

- a. All current controlled substance documentation will be kept on OpIQ.
- b. Dated controlled substance documentation is kept in a locked filing cabinet and OpIQ. This includes disposal of expired drugs through reverse distributor.

8. Monitoring of Expiration of controlled substances

- a. Expiration dates are entered in OpIQ upon receiving inventory. Check expiration dates on all meds in the sealed Security Bag within the Narcotic Box each time the controlled substance is issued and returned. It is the responsibility of all personnel to monitor dates in OpIQ and return for exchange any controlled substance prior to expiration.
- b. All expired Controlled Substances and other Important Medications, shall be transferred to the Destruction Box in OpIQ and stored in the safe in a quarantined area that is easily identified.
- c. Expired controlled substances shall be disposed of through a DEA approved reverse distributor.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: EMTs Attending to Patients
Effective: June 1, 2005
Reviewed: December 2012, December 2015
Revision: 1
Pages: 2

I. PURPOSE:

To ensure adequate staffing during patient treatment and transport.

II. GUIDELINE:

Leon County EMS shall maintain adequate staffing during patient treatment and transport. At a minimum, a Florida certified Emergency Medical Technician (EMT) will be in attendance of the patient at all times.

III. PROCEDURE:

- Certain patients transported by ALS licensed ambulances require no ALS procedures to be instituted or provided. In such instances EMTs can attend to the patient during transport given the following guidelines are followed:
 - EMTs attending non-ALS patients may do so only after a Paramedic has conducted an ALS assessment of the patient to determine if the patient's condition warrants ALS care. If the incident is trauma related, the Paramedic must take into consideration the mechanism of injury. Patients presenting with a mechanism of injury consistent with potentially serious injuries will be attended to by the Paramedic. This ALS assessment must be documented on the patient care report.
 - The EMT must feel comfortable in providing care for the patient. If the EMT is not comfortable in providing care for the patient, the Paramedic will attend to the patient.
 - If any negative change in patient condition occurs the Paramedic will immediately attend to the patient.
 - Patients whom have received any ALS procedure, intervention and / or care will not be attended to by an EMT. Examples of patients that EMTs are prohibited from attending:
 - Patients with IVs that are medicated or initiated in the prehospital setting.

- Patients that are intubated or who require airway control.
 - A patient who's ECG is being or has been monitored.
 - Patients that have been administered any medications by the EMS crew.
-
- The Paramedic will attend to the patient if any doubt exists as to what level of provider should attend to the patient.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Emergency Operations Plan
CAAS: 102.02.01
102.02.02
Effective: June 1, 2005
Reviewed: June 2007, July 2008, December 2012, December 2015
Revision: 5
Pages: 43

I. PURPOSE:

To provide guidelines for implementation during disasters, HAZMAT events, bio terrorism/weapons of mass destruction events, hospital building fires and bomb threats.

II. GENERAL INFORMATION:

The LCEMS disaster, fire and safety plan is written with an "all hazards" concept. The plan is general enough and flexible enough to allow EMS management to respond to all hazards that could impact the community. Some hazards such as HAZMAT, bio/chemical/ weapons of mass destruction and hurricanes provide for more specific tasks to be completed. Attached to this policy are specific annexes for special hazardous events.

LCEMS will work within existing county and division policy to the extent possible during emergency situations. It is understood that situations may dictate actions outside of current policy. Actions so taken are expected to meet the overall vision toward safe, effective, legal, and efficient service delivery.

As a guiding planning principle, in the event of a disaster the County and LCEMS should expect to function without outside aid for three days. After 72 hours, state and federal resources may become available. While in some disasters state and federal aid may be available sooner, disasters impacting large regions or multiple states may slow the response of resources external to the county government.

LCEMS personnel should strive to continually maintain high levels of readiness. While some disasters permit advanced warning and preparation efforts, other disasters provide for little or no forewarning of their occurrence. Subsequently, while the use of this policy will largely be based upon the threat of hurricanes, LCEMS personnel shall adopt an all-hazards approach to disaster preparedness.

Command Staff are expected to exercise independent decision-making in the event of a total failure of communication systems.

Response to any disaster will not be the responsibility of a single-department. All county departments, offices, and agencies have an integral role to play in overall planning, preparation, response, and recovery.

LCEMS operates under the guidelines of Incident Command/Unified Command. As such, LCEMS Supervisory personnel will participate in the operations of the County Emergency Operations Center (EOC).

All expenses incurred by LCEMS directly related to the preparation and response to the event will be separately tracked. This includes but is not limited to regular time, overtime, cost of supplies, equipment used, etc.

III. GUIDELINE:

It is the policy of LCEMS to prepare, as much as possible, for potential major community situations and disasters. Preparation includes participation in community wide disaster exercises and collaborative participation with outside agencies and health care providers in community wide planning.

IV. LCEMS RESPONSE LIAISON AGENCIES:

For the purposes of identification, listed below are the local agencies that EMS plans, trains and responds to incidents with.

Leon County
County Commission
GIS
Sheriffs Office
Leon County Sheriff’s Office Division of
Emergency Management
County School System

University’s/Colleges
Florida State University
Florida A &M University
Tallahassee Community College

City of Tallahassee
City Commission
Police Department
Fire Department
StarMetro
City Utilities/Water/ Sewer
Consolidated Dispatch Agency (CDA)

Support Agencies
Talquin Electric
Williams Communications
American Red Cross
First Communications

State of Florida
Division of Emergency Management
Bureau of Emergency Medical Services

Private Transportation Providers
Cab Providers
Medicaid Providers

Department of Community Affairs
Department of Health, Bureau of EMS
Regional Domestic Security Task Force

Federal Agencies
Secret Service
Federal Prison
FBI

Hospitals

Tallahassee Memorial Hospital
Capitol Regional Medical Center

V. SCOPE:

Hazards Types and Levels, Leon County Comprehensive Emergency Management Plan 2002 (CEM Plan)

The City of Tallahassee and Leon County are exposed to many types of hazards. The hazards require varied levels of response from the local emergency agencies. These events can be, and usually are, handled locally. Rarely are there hazards that exhaust local resources ability to cope with the event. LCEMS plans, trains and responds with local, State and Federal Agencies to meet the needs of the community during crisis. This Emergency Operations Plan (EOP) is designed to clarify the actions and relationship of LCEMS to the emergency responders in the community. LCEMS follows the Leon County Comprehensive Emergency Management Plan (CEM Plan) methodology of operational phases. The operational phases are Monitoring, Alert, Mobilization, Response and Recovery. LCEMS has a role in each phase but the primary role for LCEMS occurs during the response/recovery phases.

According to the CEM Plan of 2002, the following hazards are possible threats to the City and the County. The hazards noted were selected because of their historical occurrences, the community's vulnerability, the severity of past events and the probability of their occurrence. The LCEP/EOP rates hazards in three distinct categories: High Risk, Medium Risk and Low Risk.

Hazard specific roles and responsibilities for EMS are listed in the annexes.

- High Risk- Hurricanes, Tropical Storms, Floods and Tornadoes
- Medium Risk- Major Structural Fire, HAZMAT/Transportation Incidents, Acts of Terrorism, Civil Disturbance, Power Failure, Aircraft Disasters and Civil Disturbances
- Low Risk- Radiological Emergencies

VI. PLAN DEVELOPMENT:

The EOP was developed using information provided by the CEM Plan, Tallahassee Memorial

Hospital & Capital Regional Medical Center Environment of Care Plans, the City of Tallahassee Regional Airport Emergency Plan, Department participation on local emergency committees (LEPC, WMD Bio-Terrorism Response Planning Committee, North Florida Regional Domestic Security Task Force, the County SNAPP Committee), American Red Cross, Leon County Sheriff's Office Division of Emergency Management, County Health Department, Amateur Radio Services, County Sheriffs Office, City Police Department, City Fire Department, State of Florida, Division of Emergency Management, State of Florida Bureau of Emergency Medical Services, Federal Bureau of Investigation and the United States Secret Service. Information acquired during training on subjects such as WMD/BIO Terrorism, HAZMAT, Multi-Casualty Incidents and Incident Command training was also used to develop the plan.

VII. SITUATION:

SUMMARY OF HAZARD ANALYSIS AND VULNERABLE POPULATION BY HAZARD

High Risk

- Hurricane/Tropical Storm: A hurricane/tropical storm will affect the entire population of the County. As such, they are the hazard of highest risk with the greatest impact on the population. The primary threats are high winds, tornadoes and flooding. Emergency Medical Services could easily be overwhelmed with requests for service. Emergency response and mutual aid would be ineffective until roads were made passable. The population is at great risk from isolation (impeded transportation, no power or phones) as the roads/power lines/telephones have historically been interrupted due to fallen trees.
- Floods: The County has many flood prone areas. The populations that reside and / or works in the flood prone areas are vulnerable. Most of the areas are well known due to past events. Floods usually are short in duration but significantly impact the population of the County. Roads become impassable and LCEMS responses are impeded. Some areas could be accessed only by boat. LCEMS would have to coordinate with Emergency Management and the Fire Department to access boats for response and evacuation. There are two nursing homes in flood prone areas. The residents of the nursing homes are vulnerable and are at risk for emergency evacuation.
- Tornadoes: All citizens within the County are vulnerable to tornadoes but the mobile home population is the most at risk. The State of Florida has the highest number of tornadoes in the United States. Again, road conditions will dictate the ability of EMS to effectively respond to a tornado event. If a significant tornado event was to occur in a populated area, i.e. F-3, 4 or 5, LCEMS would quickly be overwhelmed with requests for service and search and rescue. Mutual aid from other EMS providers would be necessary to execute a reasonable response. "Field hospital(s)" in the affected area(s) may be necessary.

MEDIUM RISK

- **Major Structural Fires:** The City has many high rise buildings. During business hours, a significant portion of the working public is vulnerable to high rise fire. Traditional fire fighting equipment allows for fire fighting at the lower levels of the buildings. Populations located above the fire may be trapped in the buildings. LCEMS would not have a direct role in the search and rescue from the building, but would rather be tasked with triage, treatment and transportation of the rescued parties.
- **Terrorism/Weapons of Mass Destruction:** The events of September 11, 2001, changed the concepts Americans had for terrorism. As evidenced that day, the population is vulnerable to the actions of persons intent on terrorist activities. Tallahassee/Leon County is considered to be at risk for an act of terrorism. State government, major universities, regional health care institutions and a railway that runs through the heart of downtown Tallahassee are all prime targets. As an example, large scale and usually nationally televised Florida State University football games or during the State's legislative sessions would be ideal times for a terrorist to strike. An attack on Tallahassee during these events of similar magnitude to September 11 would grossly overwhelm the local resources in Tallahassee.
- **HAZMAT/Transportation Incidents:** Based on the LCEP, there are sixty (60) facilities that generate varying levels of HAZMAT threat (LCEP 2002). The release of hazardous materials from one of these sites represents a risk to the population adjacent to the facility and, based on the material released and wind conditions, populations downwind from the release. A railway system carries hazardous materials through the County urban and suburban centers. At risk and vulnerable is the population living in close proximity to the rail system. Hazardous materials are transported daily by all types of vehicular means through all types of population centers. Populations in close proximity to the roadways and storage facilities are vulnerable and at risk. LCEMS would coordinate a response under the command of the Tallahassee Fire Department (TFD). LCEMS would only operate in the "cold zone" and would accept decontaminated patients from the TFD. Triage, notification of the hospitals, treatment and transport are the main functions of LCEMS at a HAZMAT incident.
- **Civil Disturbance:** State Government and Federal offices are located in the County. As significant population is employed by the State and Federal Systems, this population is vulnerable and at risk for Civil Disturbance events such as terrorism. LCEMS would coordinate a response under the command of the Law Enforcement agency in charge. LCEMS does not respond into the "civil disturbance" area but instead will establish a triage/treatment site nearby, upwind and uphill from the incident. Triage, notification of the hospitals, treatment and transport are the roles of LCEMS. LCEMS staff will use "universal protection", IB, eye goggles and gloves, to prevent cross contamination of crowd control gasses and sprays. Proper

decontamination, prior to transport, is the key to operational success.

- **Air Craft Incidents:** The Tallahassee Regional Airport is the commercial airlines depot. Many flights land and take off daily with varying quantities of passengers on each flight. The vulnerable population of an air craft accident are the passengers on the plane and populations in the flight path of the airport. The airport has an emergency plan and exercises it tri-annually. LCEMS coordinates a response under the Unified Command Structure. Utilizing local and regional resources, LCEMS will establish a triage/treatment site, a walking wounded site and a temporary morgue site. LCEMS will notify the hospitals of the incident and will provide continuous updates of patient quantities and status. Treatment will be provided at the two triage sites and transport will be provided by ambulance, helicopter and/or by bus.

LOW RISK

- **Radiological Incidents:** There are no nuclear power plants within 50 miles of the County. There are low level radiation users in the County. Examples are Florida State University and Tallahassee Memorial Hospital. Additionally, radiological materials are transported by vehicles on a daily basis. There is a low risk to the populations for radiological events. Any response to a radiological incident will be under the command and control of the TFD. LCEMS will not enter the "hot zone". All patients to be treated and transported by LCEMS will be properly decontaminated and isolated, if necessary, by the TFD, prior to transport.

VIII. CONCEPT OF OPERATION:

Concept of Operations is an overview of general operational levels of LCEMS.

LCEMS operates in five phases of readiness.

OPCON 1 (Operating Condition 1) Normal Operating Conditions

- **Monitoring Phase** – During the monitoring phase LCEMS will maintain itself in a state of readiness. This is accomplished through mitigation and preparedness initiatives such as training, exercising, policy review, situational status monitoring and research. LCEMS participates with the Leon County Sheriff's Office Division of Emergency Management (LCSO – DEM)) in response policy development and County EM community/region wide drills.

OPCON 2 (Operating Condition 2) Developing Situation

- **Alert Phase** – During the alert phase, LCEMS has been made aware of a potential threat and is monitoring that particular situation with high interest. During this phase preparations are made to respond, as necessary, to the event. Status of LCEMS vehicle availability, fuel levels, supply stock levels and availability, staff availability, etc are checked. If the threat is perceived to likely develop into an actual event, staff is notified of the pending issue, shift schedules are reformatted, vehicles are readied,

etc. LCEMS participates in LCSO - DEM response planning activities as needed.

OPCON 3 (Operating Condition 3) Increased Readiness

- Mobilization Phase – During the mobilization phase, LCEMS will enact internal response plans including activation of the Division Emergency Operations Plan, staff recall, deployment of resources, etc. If the event is significant enough mutual aid availability will be confirmed and the EMS Division will send representatives to the County EOC.

OPCON 4 (Operating Condition 4) Response

- Response Phase – During the response phase LCEMS will be fully activated, responding to the needs of the community. The events will be coordinated through the cooperative efforts of the EOC's. Staff recall and mutual aid may be activated. During certain situation, such as hurricanes, response activities will be terminated until conditions return that permit the safe response of emergency vehicles.

OPCON 5 (Operating Condition 5) Recovery

- Recovery Phase – During the recovery phase, usually the busiest phase for LCEMS, the Division responds to the needs of the community. Physical injury of the recovering public is the norm and as a result, LCEMS utilization is historically high. Also during the recovery phase, LCEMS critiques it's response to the event. Policies are reviewed for accuracy, new policies are written and efforts are made to improve services for the next event

IX. ORGANIZATION:

LCEMS is a Division of the Leon County Public Service Department. The EMS Chief reports to the Deputy County Administrator who reports to the County Administrator who in turn reports to the County Commission. Paramedics, EMT's and Support Staff make up the EMS Division. The Division has Shift Captains, Sergeants, Lieutenants, Majors, Deputy Chiefs and a Chief. EMS Leadership represents LCEMS on numerous local and state wide constituency groups. Each Shift Captain, Major, and Deputy Chief has additional duties assigned to them such as IQM/Training, MIS System Administrator and Communications, etc.

Chain of Command

- Chief
- Deputy Chiefs
- Majors
- Captains
- Lieutenants/Charge Paramedics
- Paramedic IIs

- Paramedic Is
- Paramedics
- EMT IIs
- EMT Is

Planning Boards

Through the planning board process, the Division monitors daily activities, policy and procedure review, public events planning, vulnerability analysis, safety, disaster planning, etc, and recommends enhancements designed to improve department operations. Planning boards are comprised of stakeholders of various departments that are potentially going to be affected by a proposed change. Participation represents a cross section of staff and management. Planning boards attempt to reach consensus on issues prior to implementation of any recommended enhancement.

Coordination with LCSO - DEM

The Chief is the liaison with the LCSO - DEM. The Chief, or his designee, attends planning sessions with the LCSO - DEM. Areas targeted are WMD, hurricane response, special events planning, emergency exercises, SNAPP client reviews, 911 system and policy development, etc. During community events, the Chief will assign members of the Division's leadership to staff to County EOC. LCEMS participation in the County EOC is at the discretion of the LCSO - DEM.

X. TRAINING AND EXERCISING:

LCEMS annually trains staff on all manner of patient care scenarios. Certifications are maintained by staff in ACLS, ITLS, pediatric care, and Emergency Medical Dispatch. Additional training in geriatric care, infection control, universal precautions, scene safety and HAZMAT, WMD and now Bio Terrorism are routine. Additionally, LCEMS participates in City/County EM training exercises. Examples are WMD/Bio Terrorism, SWAT and county wide scenario development/exercises such as table tops and full scale exercises. LCEMS participates in large scale community wide "disaster" exercises. The County EM coordinates and critiques all exercises. LCEMS participates in the critiques in order to improve our processes.

XI. PROCEDURE:

Types of Disaster

Outlined below are basic disaster situations that may be faced by LCEMS and the response that might be required in each situation.

1. EXTERNAL DISASTERS - Minor community disasters involving relatively small

numbers of casualties (storm, fire, flood, hurricane, explosion, epidemics, HAZMAT, Bio/WMD terrorism, etc.).

Response – treatment/isolation of casualties.

2. EXTERNAL DISASTERS – Major community disaster involving out of hospital treatment areas for large numbers of casualties (storm, fire, flood, hurricane, explosion, HAZMAT, Bio/WMD terrorism, epidemics, etc.)

Response – Assist with the opening of off site patient care facilities in the community. Mass isolation activities possible.

3. DISASTERS IN THE REGION – The region is susceptible to disasters. Through informal mutual aid agreements, LCEMS may be called upon to assist during regional times of need. LCEMS is the Region II Primary EMS Provider for WMD incidents. Trained and equipped by the State, the LCEMS WMD team is available to respond to regional WMD incidents.

Response .expansion of LCEMS services could include staff recall and response to an event in the region. LCEMS personnel may be utilized to augment the hospitals' ability to cope with patient surges. LCEMS could also be utilized to evacuate patients from TMH, CRMC, or nursing homes to other hospitals or facilities in the region.

A. LCEMS FUNCTIONS IN DISASTERS

- Respond to local or regional disasters.
- Participate in Leon County Emergency Operations Center activities.
- Coordinate field medical responses and resources in conjunction with other agencies on scene.
- Provide casualty care and transportation.
- When assigned to assist at TMH or CRMC, provide continuing care to patient's in the Emergency Center.
- Respond to Region II WMD events serving as the primary EMS provider for the region.

B. INITIATION OF THE LCEMS DISASTER PLAN:

Community disasters can come in many forms; explosions, hurricanes, HAZMAT incidents and acts of terrorism. When made aware of a situation that could be classified as a disaster, the Chief or designee, usually the Shift Supervisor, will locate the emergency operations plan and multi-casualty incident policies and

initiate the plans.

C. EMPLOYEE IDENTIFICATION

All LCEMS employees are issued ID cards. When an LCEMS employee is recalled during any special circumstance, the ID card must be worn in order for the employee to be given access such as, at law enforcement road blocks or barriers, to Headquarters or at the incident site.

D. INCIDENT COMMAND JOB ACTION SHEETS

LCEMS utilizes the Incident Command Structure. All incidents must have certain tasks completed or at least considered for action as part of the response. The department "Multiple Casualty Incident (MCI) Plan describes, in detail, LCEMS operations at a major/MCI incident. Included in the MCI plan are Job Action Sheets for LCEMS Command, Triage, Treatment, Transportation, Staging, Communications, Dispatch and Helicopter landing zone leaders. Each task on the job action sheets are to be checked off/considered and initialed by the person assigned to that task.

E. ON SCENE DISASTER CARE – Specific on-scene activities are addressed in LCEMS multiple casualty plan policy.

F. PERSONAL PREPAREDNESS

As all LCEMS members are subject to work during any disaster, it is recommended that all personnel plan for the possibility of their absence from home during an event. It is recommended that this be completed during normal operating conditions. It is the member's responsibility to monitor events and make necessary adjustments to their personal and family preparations. Each member must recognize the potential for his recall to work for extended periods.

Considerations for such a plan include, but are not limited to:

- _ Arranging for the sheltering of immediate family members
- _ Emergency travel routes
- _ Emergency contact information
- _ Maintaining supplies in the home (food, cooking supplies, flashlights, etc)
- _ Maintaining items necessary to secure personal property
- _ Maintaining supplies for use during a recall
- _ Maintaining supplies in-station for unforeseen events

There are websites and pamphlets offering specific information on emergency preparedness to the general public, including those of FEMA, Florida Department of Emergency Management, and the Red Cross. Members are urged to take advantage of these information resources to prepare their families. Appendix B provides an Individual Readiness Checklist. Members should plan on providing sufficient food, water, and personal items to sustain themselves for 72 hours. Under disaster conditions, LCEMS shall attempt to provide food, water, and

miscellaneous items to those members who are in need, but there is no guarantee as to the quantities that will be available or the time frame when supplies can be delivered.

All career uniform and non-uniformed personnel are classified as essential employees under the COOP plan and are therefore required to report for duty regardless of the County's operational condition.

STATION PREPAREDNESS PLANNING

Each station and office shall develop a site-specific disaster preparedness plan.

The development of station plans shall be the responsibility of Command Staff.

The station disaster preparedness plan should include, but not be restricted to, the following issues (see Appendix C Station Disaster Preparation Planning Guide):

- _ Evaluation of emergency generator capabilities
- _ Identification of specific fuel needs and the identification of the closest fueling sites
- _ Designated sleeping areas
- _ Potential issues with overhead lines
- _ Identification of major medical target hazards in the first-due area
- _ Evaluation of alternative water supply (i.e., water heater)
- _ Evaluation of HVAC capabilities
- _ Designation of in-station decontamination and PPE drying areas
- _ Designated tornado safe sites
- _ Identified needs to control parking inside and outside the station
- _ Evaluate the potential for housing long-term (24+ hours) relocation of LCEMS personnel from stations that have been evacuated
- _ Identification of alternative hygiene facilities (means and site)
- _ Identification of station evacuation preparations
- _ Designated office space
- _ Designated storage areas for personal disaster kits
- _ Planned station evacuation procedures
- _ Options for adding additional units into the station, if possible
- _ Identified sites to post special instructions for civilians in case the station is emptied

LEON COUNTY EMS
EMERGENCY MEDICAL SERVICES FUNCTIONAL ANNEX
FIRES IN THE EMS DEPARTMENT

1. What to do in case of Fire at Headquarters:

A. If you see smoke or flames carry out the following steps in the order listed:

1. Remove any persons in immediate danger
2. Call 9-1-1 to report the fire
3. Close doors to the fire area
4. Help to extinguish, control, or contain the fire until the fire department arrives. Secure fire extinguishers and use on the fire. Aim directly at the burning object, not at flames or smoke except in case of burning liquid. Aim just above burning liquid to avoid splashing and spreading the fire. Be sure to use the correct type of extinguisher

B. If you smell smoke, but do not see smoke or flames carry out the following steps in the order listed:

1. Call 9-1-1 to report the problem.
2. With the assistance of others in your work area, make a careful search of the area in which the smoke odor is located.
3. If you discover flames or visible smoke, carry out the procedure in #1-A.

2. What to do in case of fire at County stations:

A. If you see smoke or flames, carry out the following steps in order listed:

1. Alert your partner & TFD crew.
2. Call 9-1-1.
3. Notify EMS Dispatch of the problem.
4. Attempt to control or extinguish the fire with the fire extinguisher.
5. Do not re-enter the building once exited until TFD declares the area safe.

B. If you smell smoke, but do not see smoke or flames, carry out the following steps in order listed:

1. Notify the TFD crew of the problem.
2. Notify LCEMS Dispatch by radio of the problem.
3. Exit the building until scene is declared safe by TFD personnel.

EMERGENCY MEDICAL SERVICES FUNCTIONAL ANNEX

HAZMAT/WMD/RADIOACTIVE MATERIALS/BIO-CHEMICAL AGENTS

I. PURPOSE

- A. To provide emergency care for persons injured in an area contaminated with HAZMAT/WMD/Radioactive Materials/Bio-chemical agents.
- B. To provide a guide for emergency personnel giving aid to those injured.

II. GENERAL INFORMATION

The responsibility of LCEMS personnel at Hazmat/WMD/Radioactive/Bio-Chem events is to Recognize the event, Isolate the area, Protect the area and individuals potentially in harms way and Notify other response agencies of the situation

LCEMS personnel shall use caution when responding to a person down, multiple sick people or other events at a facility known to manufacture, ship or use chemicals or other hazardous materials and at locations of significance (public places, capital, court house, stadiums, civic center) and in accidents involving cargo vans, tractor trailers, trains and other vehicles commonly used to transport hazardous materials.

All HAZMAT/WMD/Radioactive Material/Bio-chemical agent incident scenes operate under the control of the Tallahassee Fire Department (TFD). The scene will be divided into three main work areas:

- A. **HOT ZONE**- area of contamination. LCEMS personnel are never to enter the scenes HOT Zone.
- B. **WARM ZONE** - area of patient care and patient/responder decontamination. LCEMS personnel are never to enter the warm zone. Any patient care provided will be accomplished by TFD.
- C. **COLD ZONE**- area of LCEMS operations. Decontaminated patient delivery to LCEMS personnel will transition in this zone. The patient is to be fully decontaminated prior to delivery to LCEMS for transport.

III. PROCEDURE

- A. Upon receiving a call that involves HAZMAT/WMD/Radioactive Materials/Bio-chemical agents, the dispatcher will send a minimum of one ambulance and a supervisor to the scene.

- B. The dispatcher will advise the responding crews and hospital emergency rooms of the potential problem.
- C. Dispatch will obtain the wind conditions and report the information to the responding EMS personnel so that a safe approach will occur. The wind direction can be obtained by calling the National Weather Service.
- D. Access to the scene will not occur until the scene is declared safe by TFD. Based on information received from TFD dispatch, the responding EMS unit will be directed where to stage in the cold zone. Usually access will be upwind side of the site. EMS should not enter if fire/plumes are involved due to possibility of airborne contamination.
- E. Dispatch will also obtain product information from either the original caller or TFD. This information is to be relayed to all responding agencies and receiving hospital emergency departments.
- F. Upon arrival at the scene, the LCEMS charge person (first Paramedic on the scene) or Shift Supervisor will:
1. Obtain a situation report from the TFD Incident Commander.
 2. Obtain the name of the hazardous material/WMD source/ source of radiation/bio-chemical agent and proper decontamination procedures to be followed by LCEMS personnel after transport.
 3. LCEMS Command will advise EMS dispatch of the situation and will pass on decontamination procedure information.
 4. Depending on the incident, LCEMS Command will request EMS dispatch to respond the WMD trailer to the scene.
 5. LCEMS personnel will utilize the recommendations of the Emergency Response Guide published by the US Department of Transportation appropriate for the material identified to guide the EMS response and management.
- G. When providing patient care to any decontaminated HAZMAT/WMD/Radioactive Materials/Bio-chemical patients, LCEMS will take the following protective precautions.
1. Ideally, the LCEMS crew member providing patient care will utilize the Proper Personal Protection Equipment (PPE) against any remaining hazardous material. If it is necessary for the driver of the vehicle to don the PPE at the incident site, he/she must remove and properly contain the clothing prior to transport to minimize vehicular contamination.
 2. The decontaminated patient will be placed in the disposable pouches (body

bags)so that only the face is exposed. This action reduces the cross contamination of any hazardous material to the ambulance equipment. Consider lining the rear of the ambulance with plastic while the unit is in the staging area awaiting clearance by TFD.

3. Each LCEMS staff member must maintain familiarity with the limitation of PPE. NOTE: EMS PPE must not be used by LCEMS personnel to enter contaminated atmospheres; intentional or prolonged direct chemical contact or chemical clean-up/decontamination procedures.

4. The enclosed respirator will not filter contaminated air or protect the user by providing an artificial and safe breathing environment. It is the role of the Fire Department to remove patients from hazardous material environments and to fully decontaminate the patient prior to delivery of the patient to LCEMS.

H. Judicious use of IV therapy is indicated due to the potential for introduction of internal contamination. Provide any BLS and ALS procedures as needed. DO NOT USE TAPE as the tape abrades to skin and may cause further patient contamination.

J. LCEMS Command is to advise the receiving hospital emergency centers as soon as possible that a HAZMAT/WMD/Radioactive Materials/Bio-chemical agent decontaminated patient is going to be transported to their facility. This will be a follow-up to Dispatch's initial notification.

K. Standard practices of patient care are to be followed when caring for and transporting the decontaminated patient, while maintaining rescuer personal protection.

L. Patient delivery procedures at TMH:

Upon arrival at TMH, park at the HAZMAT/DECON reception site at the Bixler Emergency Center. The transporting crew will assist in unloading the patient from the ambulance and then will receive decontamination by the emergency center staff. The Emergency Department staff will deliver the patient to the Bixler Emergency Center for further decontamination.

M. Patient delivery procedures at Capital Regional Medical Center (CRMC):

Patient delivery sites at Capital Regional Medical Center can be obtained via their Emergency Department radio. The transporting crew will assist in unloading the patient from the ambulance and then will receive decontamination by the emergency center staff. The Emergency Department staff will deliver the patient to the Emergency Center for further decontamination.

N. Based on decontamination processes suggested by TFD Command, LCEMS personnel, the ambulance stretcher, LCEMS equipment and ambulance will be

decontaminated prior to further use. Specific personnel, vehicle and equipment decontamination procedures, as in the case of patients that have encountered radioactive material, may also be obtained through TFD dispatch.

0. Post incident, LCEMS staff are to obtain follow-up evaluations from Hospital Emergency Department, complete an Incident Reports and Employee Initial Notice of Injury.

4. TRAINING:

LCEMS will train with local law enforcement, fire services and hospitals to effectively operate under the Incident Command structure. Other goals of training are to safely operate in the HAZMAT environment and process the contaminated/decontaminated/multi-system injured patient on scene, en-route and at the hospitals.

EMERGENCY MEDICAL SERVICE FUNCTIONAL ANNEX

SCENE INVOLVING WEAPONS/ASSAULTS IN PROGRESS

1. It is the policy of LCEMS that no employee will place themselves, another employee and when possible the patient in jeopardy while responding to calls or while providing patient care.
2. LCEMS crews will not be sent to an incident scene where weapons are being used or assaults are in progress. To the extent possible, it is the responsibility of LCEMS dispatch to assure scene safety for EMS personnel through communication with law enforcement. LCEMS Dispatch will direct the LCEMS crews to stage a minimum of one block away from such incidents until the scene is secured and made safe by law enforcement.
3. If a LCEMS crew is faced with a potentially life threatening situation, is threatened or feels threatened the crew is to call via radio "10-24" also stating their location or activate their orange panic button on their portable radio. These codes are only to be used when law enforcement is needed immediately to protect the lives and safety of the EMS crew, the patient or public. LCEMS dispatch will immediately notify the appropriate law enforcement agency of the situation. The Shift Supervisor will be notified of the situation and shall respond to the scene.
4. Should a LCEMS crew be on scene with a patient and the environment become so hazardous that the EMS crew feels that they are physically in danger, the LCEMS crew may elect to vacate the scene without the patient if necessary. The first consideration of the LCEMS crew must be their personal safety. The LCEMS crew will move to a safer location while notifying LCEMS dispatch of the situation and need for additional resources. The LCEMS crew will need to provide EMS dispatch with as much information about the situation as possible so that assisting agencies can respond appropriately (IE; violent bystanders, weapons, etc.). The LCEMS crew will not approach or return to the scene until the scene is secured and deemed safe by law enforcement.
5. LCEMS personnel who elect to utilize body armor may do so, but must comply with the "DO NOT ENTER UNTIL SECURED" policy as stated above. Reference S.O.G. 425.00 for LCEMS SWAT Medics guidelines.

EMERGENCY MEDICAL SERVICE FUNCTIONAL ANNEX

CIVIL UNREST

I. PURPOSE:

To provide a guideline for LCEMS personnel in instances of civil unrest.

II. GUIDELINE:

Upon notification that a civil disturbance exists, LCEMS personnel and vehicles will not enter civil disturbance areas unless notified by the appropriate Law Enforcement Agency that the area is secure and safe for LCEMS personnel to respond and work.

III. PROCEDURE:

1. **OPCON 1 (Operating Condition 1)**

A. Normal operations of LCEMS is such that the in-service ambulances will be stocked and staffed so as to respond to the normal EMS events of the day.

B. Should the Shift Supervisors receive information from a reliable source that events are about to unfold that would seriously exceed the abilities of normal staffing, then the Shift Supervisor will initiate OPCON 1A

1) **OPCON 1A** requires notification of superiors of the potential situation. LCEMS Dispatchers are to begin utilizing their "Disaster Checklists". (See "Plan A".) Notifying the following of the situation:

1. Chief
2. Deputy Chiefs

2) An immediate analysis of vehicles, equipment, and extra staff in an effort to meet the possible demand will be done. Efforts will be made to enhance fleet readiness by attempting to retrieve vehicles at repair shops and stocking and fueling extra vehicles.

3) At the discretion of the Chief or Deputy Chiefs - dispatch will contact off-duty personnel notifying EMS staff of the potential pending recall and will advise all contacted staff to monitor their pagers for possible recall and cancellation, and to charge both batteries. All staff will be reminded to have on their person their LCEMS ID tags if recalled.

- 4) The Shift Supervisor will attempt to arrange the removal of the private autos of the EMS staff whose stations are located within the potential problem areas.
- 5) OPCON 1A can be canceled by the Shift Supervisor upon receipt of information to that effect by a reliable source.

2. OPCON 2 (Operating Condition 2)

OPCON 2 is initiated when a confirmed civil disturbance exists. Such confirmation must come from a reliable source.

- A. Requires the immediate recall of all available LCEMS staff and has them respond to Headquarters with their radios, extra batteries and chargers, and uniforms with I.D. tags. Dispatch is to continue to utilize their "Disaster Checklists".
- B. The on-duty supervisor will respond to the Law Enforcement command Post on scene and assume EMS command. LCEMS Command will establish and maintain on-scene EMS operations such as triage, communications, and transportation. If a Law Enforcement EOC is activated consideration must be given to EMS being represented.
- C. LCEMS Command must evaluate the EMS needs of the situation and consider the activation of mutual aid. If mutual aid is activated, EMS Dispatch will coordinate the response routes of the mutual aid EMS vehicles. All mutual aid vehicles will be advised as to what EMS channel to utilize for the event. This decision is to be coordinated by Dispatch and EMS Command. It is the intent of this plan to utilize only LCEMS units during escort situations. (See "Escort Operations" at the end of this policy.) LCEMS requests that are not located within the troubled areas will be handled with LCEMS units and mutual aid units.
- D. EMS Dispatch will advise all surrounding counties of the local situation. Each county will be notified that radio approval of inbound vehicles prior to entry into Leon County is necessary in order to eliminate the accidental entry of an out-of-town EMS unit into a hazardous area.
- E. A command officer will represent LCEMS at the County EOC.
- F. The following additional operation positions must be filled ASAP with recalled personnel.
 - 1) Dispatch – Additional dispatcher.
 - 2) Equipment and Supplies – Recall the Supply Tech's.

G. The remaining recalled EMS staff will be assigned duties PRN.

H. All LCEMS units that are taking calls within the troubled areas will respond to Command Post authorized requests for service utilizing Command Post authorized routes with law enforcement escorts. Under no circumstances will any LCEMS personnel respond to any requests for service within an active disturbance area. Law enforcement will coordinate the removal of victims from an active disturbance area.

I. If tear gas is being used by Law Enforcement, field crews will utilize the patient isolation coveralls, jumpsuits, goggles/gas masks (depending on the situation), and double gloves for protection during patient care situations. Extreme caution must be exercised not to cross contaminate the EMS responder. EMS command will consider the need to prepare one or more EMS units as contaminated patient transport units. (See the guide for contaminated transport units following LEVEL 5.)

J. It will be the discretion of the LCEMS personnel as to whether or not to stop for private citizens attempting to flag down an ambulance. The decision must be made based on current environment, location, etc.

K. No red lights or sirens will be used near civil disturbance areas.

L. If at any time LCEMS unit/crew is threatened, attacked, etc., personnel will withdraw immediately to a safe area. Communication of such an event must be relayed immediately to EMS command.

M. Ideally, LCEMS personnel will treat and transport decontaminated patients. If a patient that requires transport has not been decontaminated, LCEMS staff will wear protective clothing and will isolate the patient to prevent cross contamination. E.R. notification must be made early so that proper preparations can be made.

N. Patients that are under arrest will be accompanied of a Law Enforcement representative on board during transport. This may need to be coordinated through EMS command.

P. A stand down of OPCON 2 will occur after consultation between EMS command and the EMS Liaison in the EOC.

Q. LCEMS staff must do a thorough secondary survey of all patients in order to discover weapons that may be on the patient. Weapons are to be turned over to the Law Enforcement Officer on scene or Security at the hospitals.

R. During OPCON 2 only the family members of young children will be allowed to ride with the patient in the ambulance.

3. **OPCON 3 (Operating Condition 3)**

OPCON 2 must be fully operational.

A. If the situation appears to be of long duration and the EOC is activated, then LCEMS will move to OPCON 3.

B. Legal authority now changes to the Leon County Sheriff or Tallahassee Police Department. Senior EMS supervisory staff will be assigned to the County EOC for resource coordination, if not already implemented. EMS Command will relocate to or in some way participate in the City/County EOC and will change in designation to EOC EMS Command.

C. During OPCON 3 a law enforcement escort staging area will be established. EOC EMS COMMAND will coordinate staffing of the escort staging area. All EMS units assigned to the staging area operations will utilize channel 2 for escort control. All other EMS units will remain on the LCEMS Channel 1.

D. Law enforcement escorts are designed to provide protection to the LCEMS or Fire units responding to "safe" areas within the troubled zone. All responses will be in the non-emergency mode.

E. Under hazardous situations, law enforcement will extricate the patient. The law enforcement vehicle will then meet EMS at a safe area for patient delivery.

4. **OPCON 4 (Operating Condition 4)**

OPCON 2 and 3 must be operational.

A. Florida National Guard now on the scene, Tallahassee has been declared an area of civil disturbance by the Governor and resources are unable to cope with the situation. All operation centers will remain open.

B. All EMS responses inside the City limits will originate from Headquarters. Each EMS response will have police and/or National Guard protection and will respond under this protection to non-hostile areas.

5. **OPCON 5 (Operating Condition 5)**

OPCON 2, 3 and 4 must be operational.

A. Federal Law Enforcement Agencies and/or U.S. Armed Forces have now

moved in to assist the National Guard with military and police actions. EOC, LCEMS communication and command posts will continue to function in the same locations. LCEMS actions and objectives remain the same.

B. OPCON 3, 4, 5 stand downs require authorization from EMS command and the EMS Administrative Liaison.

6. CONTAMINATED PATIENT TRANSPORT UNITS

A. EOC EMS Command will see to it that an adequate number of vehicles are prepared for the transportation of patients contaminated with CS or CII gas. Every effort will be made to utilize the "prepared" vehicles if possible.

- 1) If the need arises to transport patients contaminated with CS or CII, such as patients that have time urgent injuries, the following items must be completed:
- 2) The entire patient compartment of the ambulance(s) must be lined with plastic.
- 3) Utilize the minimal equipment and supplies in the exposure area.
- 4) All on-board EMS staff will utilize the gas masks and full protective clothing.

B. The units utilized to transfer the contaminated patients will be re-used for these types of patients until the event is over. No non-contaminated CS or CII patients are to be transferred in the previously contaminated vehicles.

C. Decontamination will be completed based on the advice of TFD command.

7. ESCORT OPERATIONS

In order to respond to patients in the troubled areas, LCEMS, Fire, and Law Enforcement will respond together in order to enhance the safety of the emergency responders. The staging area for Escort Operations will be at TFD station #4 on the training field unless otherwise directed by EMS command.

A. A "staging coordinator" will be assigned by LCEMS Command, and three EMS units will be assigned to the escort staging area.

B. Each LCEMS staging unit will carry all necessary protective gear to enhance the safety of the staff. (See OPCON 2)

C. Each EMS staging unit will communicate with staging command and EOC

EMS Command on radio channel #3.

D. Calls for service within the trouble areas will be dispatched by EOC EMS Command. The request will be relayed to Staging Command. Response coordination will occur between EMS, TFD, and Law Enforcement staging command on site at the staging area. All requests will be responded to non-emergency unless an EOC EMS Command override occurs. At the time of the dispatch, Law Enforcement will send a unit to investigate the need and safety of the situation. Escort units are to standby in a safe area until cleared to enter.

E. Once enroute, the escort EMS unit will advise EOC EMS Command of all response activity, i.e., enroute, arrived, etc.

F. All communications between the escort units that are responding on the request will be on EMS Channel 3.

G. Should any of the escort vehicles receive rocks, bottles, etc., escort communications should occur and the response should be terminated. The lead law enforcement unit may also terminate the response if information becomes available via law enforcement sources that would warrant such a change.

8. DECONTAMINATION

During crowd control situations, law enforcement may utilize one or all of the following lacrimating agents CS, CN, or Pepper gas. All patients contaminated with these agents require the use of protective equipment by the EMS staff. (See OPCON 2)

A. CS and CN (tear gas)

1) CS and CN are used as a multi-person crowd deterrent designed to disperse crowds in extreme situations. All patients transported that are contaminated with CS, CN, or pepper gas require E.D. notification of the situation prior to patient delivery.

2) Patients contaminated with CS or CII will require total body wash down prior to transport in most cases. During critical patient situation or incident critical situations, the Paramedic may choose to disrobe the patient quickly or wrap the patient in a blanket in order to expedite transport and prevent cross contamination. Decontamination could take place later in a safe location or at the hospital if necessary. If a patient is to be transported by EMS that has not been decontaminated of CS or CII, gloves, gas masks, and tyvek suits must be utilized to protect staff and prevent cross contamination.

3) LCEMS staff must be careful not to cross contaminate themselves by

touching their face or hair with contaminated gloves.

4) If the patient's medical condition is not life threatening, the Paramedic may opt to remove the patient and rescuers from danger and decontaminate in a safe area prior to completing the transport to the hospital.

B. Pepper Gas

1) Pepper gas is normally utilized in a one-on-one law enforcement suspect incident. It is a lacrimator that is sprayed directly into the face of someone by law enforcement in order to gain control of the situation.

2) Patients contaminated with pepper gas are safe to transport in an EMS unit without utilizing full body decontamination or patient isolation techniques.

3) The patient's eyes will be burning and should be flushed with water continuously until the discomfort diminishes (usually about 45 minutes after contamination)

4) LCEMS staff must be careful not to contaminate themselves through contact with the patient.

5) If law enforcement is not on scene when EMS is presented with a pepper gas patient, contact should be made with EMS command in order to advise law enforcement of the situation.

6) Notify the destination Emergency Department staff of the patient contamination and condition well ahead of delivery.

IV. TRANSPORT PROCEDURES

A. During escort responses the patient is to be removed from the scene ASAP with minimal care and treatment. Further intensive care can be performed after the LCEMS unit is in a safe area.

B. Maintain radio contact with the escort leader and LCEMS command.

C. Provide patient status reports to the Emergency Departments as soon as is possible, particularly in contaminated patient situations. Make radio contact with both Emergency Departments in a normal manner.

EMERGENCY MEDICAL SERVICE FUNCTIONAL ANNEX

HURRICANES/TORNADOES/SEVERE WEATHER

ALSO, SEE COLD WEATHER/SNOW AND ICE ANNEX

1. Based on information received from;

- National Weather Service
- Florida State Disaster Preparedness
- News media (television and radio)
- Division of Emergency Management, 488-5921

EMS dispatch will notify the following personnel should a hurricane/tornadoes/severe weather event threaten Tallahassee/Leon County.

- On duty Shift Supervisor
- All on duty LCEMS personnel
- Department Chief
- Deputy Chiefs
- Majors
- Captains

The Hazard

Nature of the Hazard

The term “hurricane” describes a severe tropical cyclone and sustained winds of 74 miles per hour (mph) or greater that occurs along the Gulf or East Coasts, in the Caribbean, or in the Pacific along the west coasts of Mexico and California or near Hawaii. Tropical cyclones rotate counterclockwise in the Northern Hemisphere, and in other areas of the world will have different names (e.g., typhoon). Tropical cyclones are classified as follows:

_ **Tropical Depression**- An organized system of persistent clouds and thunderstorms with a closed low-level circulation and maximum sustained winds of 38 mph (33 knots) or less.

_ **Tropical Storm**- An organized system of strong thunderstorms with a well defined circulation and maximum sustained winds of 39 to 73 mph (34-63 knots).

_ **Hurricane**- An intense tropical weather system with a well defined circulation and sustained winds of 74 mph (64 knots) or higher. In the western North Pacific, hurricanes are called typhoons, and similar storms in the Indian Ocean are called cyclones. The hurricane season runs from the first of June until the end of November. Yet hurricanes have occurred in every month of the year.

Hazard Agents

The primary hazard agents associated with a hurricane are the high, sustained winds; flooding from storm surge or heavy rains; battering from heavy waves; and a variety of secondary hazards:

_ **High Winds**- The high winds impose significant loads on structures, both direct wind pressure and drag, and tend to propel loose objects at high velocity.

_ **Flooding**- The hurricane can cause many different types of flooding. Along the coast the flooding may occur from storm surge, wind-driven water in estuaries and rivers, or torrential rain. The flooding can be still water flooding or velocity flooding caused by wave action associated with wind-driven water along the coast. The rainfall associated with a hurricane is on the order of 6 to 12 inches, with higher levels common. The rain may precede landfall by hours and may persist for many hours after landfall, causing severe flooding.

_ **Heavy Waves**- The storm may generate waves up to 25 feet high. These can batter the coastline, causing devastating damage to the shoreline itself and to structures near the shore. The velocity of the water moving back and forth undermines the foundations of buildings and piers by removing the soil from around them. Debris driven inland by the waves can cause severe structural damage; persons exposed to the moving water and debris are likely to receive severe injuries.

_ **Secondary Hazards**- Hurricanes can also cause numerous secondary hazards. Tornadoes and electric power outages are common. Contamination of water supplies, flooding of sewage treatment facilities, and even levee failure may occur.

Force of Hurricanes

The Saffir-Simpson scale is a widely recognized and accepted practical tool planners rely on to estimate the destructive forces associated with hurricanes. This scale classifies hurricanes into five categories based on wind speed, and describes the destructive forces caused by wind, storm surge, and wave action for each category. Hurricanes or typhoons reaching Category 3 and higher are considered major hurricanes because of their potential for loss of life and damage. Category 1 and 2 storms are still very dangerous and warrant preventative measures.

National Weather Service Warnings

The National Weather Service is responsible for issuing warnings of hurricanes and tropical storms that approach the U.S. mainland. As soon as there are definite indications that a hurricane or a tropical storm is forming, the storm is given a name and the National Weather Service begins issuing “advisories.” The advisories are issued frequently throughout the day and night and tell where the storm is, how intense it is, and its speed and direction of movement. If the hurricane moves toward the mainland, hurricane “watch” notices are included in the advisories and storm and hurricane warnings are issued. In addition, “bulletins” for press, radio, and television are issued at frequent intervals to keep the public informed of the progress of the storm.

_ **Hurricane / Tropical Storm Watch:** Hurricane / Tropical storm conditions are possible in the specified area of the **Watch**, usually within 36 hours.

_ **Hurricane / Tropical Storm Warning:** Hurricane / Tropical storm conditions are expected in the specified area of the **Warning**, usually within 24 hours.

_ **Short Term Watches and Warnings:** These warnings provide detailed information on specific hurricane threats, such as floods and tornadoes.

_ **Flood Watch:** This product informs the public and cooperating agencies of possible flooding.

Flood / Flash Flood Warning: A flood / flash flood **Warning** is issued for specific communities, streams or areas where flooding is imminent or in progress. Persons in the warning area should take precautions **IMMEDIATELY!**

Saffir-Simpson Hurricane Scale

Scale Number (Category)	Sustained Winds (mph)	Types of Damage
1	74-95	Minimal: Damage primarily to shrubbery, trees, foliage and unanchored mobile homes. No real damage to other structures. Storm surge 4-5 ft. Coastal roads flooded. (<i>Hurricane Irene, 1999</i>)
2	96-110	Moderate: Some trees blown down. Major damage to exposed mobile homes. Some damage to roofing materials, windows and doors. Storm surge 6-8 ft. Up to 12 ft waves. (<i>Hurricanes Georges, 1998 / Floyd, 1999</i>)
3	111-130	Extensive: Large trees blown down. Mobile homes destroyed. Some structural damage to roofing materials of buildings. Some structural damage to small buildings. Storm surge 9-12 ft. Flooding can occur up to 10 miles inland. Up to 18 ft. waves. (<i>Hurricanes Betsy, 1965 / Alicia, 1983</i>)
4	131-155	Extreme: Trees blown down. Complete destruction of mobile homes. Extensive damage to roofing materials, windows and doors. Complete failure of roofs on many small residences. Storm surge 13-

		18 ft. Flooding to 10 ft above sea level up to 30 miles inland. Up to 25 ft waves. (<i>Hurricane Andrew, 1992</i>)
5	>155	Catastrophic: Complete failure of roofs on many residences and industrial buildings. Extensive damage to windows and doors. Some complete building failure. Storm surge over 18 ft Flooding to 10 feet above sea level up to 30 miles inland. (<i>Hurricane Camille 1969</i>)

EMS Operations

In the event a hurricane is expected to hit this area, all off-duty personnel are encouraged to take the necessary precautions to protect their families and property as quickly as possible. EMS personnel are essential employees and are required to report to duty, if recalled, during an emergency such as a hurricane. No leaves will be granted at this time. Any employee using sick leave must be under the care of a physician. Only the EMS Chief or Deputy Chief's may declare a change in the OPGON level for the EMS Department.

Preseason Preparations: Start on April 1st of each year - OPGON 1

All command staff will become familiar with target occupancies in Leon County by conducting preseason surveys. Target occupancies are those with a high probability of trapped victims following a hurricane. Target occupancies may also include buildings susceptible to structural failure or occupancies that store a large amount of hazardous materials. Also, each facility listed in the Appendix Section that agreed to house EMS personnel as a last area of refuge, or to store EMS apparatus in the event of a storm, must be contacted to make sure that all agreements are still valid. Any changes and all confirmations must be forwarded to headquarters by **no later than May 1st** of each year.

Before June 1st of each year the department will have a practice recall of manpower called Operation Activate to ensure that all personnel information is up to date. The Deputy Chief of Operations will consult with all local hospitals to determine if they will need any assistance during a hurricane. All Command Staff need to familiarize themselves with the topography of Leon County to become aware of low-lying areas that are prone to flooding. If help from outside agencies is needed, the pre-determined staging areas will be as follows:

LCEMS Headquarters
Leon County Sheriff's Office

Hurricane Enters the Gulf of Mexico – OPCON 2

- _ Chief or designee will contact the Director of the Leon County Sheriff's Office Division of Emergency Management to obtain a situation status report. All information will be forwarded to the Deputy County Administrator
- _ Notify all LCEMS Administrative staff
- _ Have dispatch/Captain place all LCEMS staff on alert for recall (Operation Activate)
- _ All personnel should regularly call the EMS Announcement line at 850-606-2105 to keep up with agency announcements regarding the storm and disaster preparations
- _ All personnel are encouraged to monitor weather/news reports
- _ Review Leon County EMS Emergency Operations Plan
- _ A formal staff meeting will be held for each operational period or Watch / Warning Bulletin issued by the National Weather Service
- _ An inventory shall be taken of all equipment and the apparatus shall be double checked to insure their readiness (flashlights, spare batteries, etc. on each vehicle)
- _ Check stock of supplies and linen and place order for immediate delivery of needed supplies and linen
- _ Charge all spare batteries for portable suction devices, LP12's, portable radios
- _ Coordinate acquisition of extra oxygen cylinders
- _ Contact LCSO-DEM to arrange for possible mutual aid
- _ Contact the amateur radio operators to confirm their support at EMS Headquarters
- _ Logistics will pick up all re-useable equipment at the hospitals on a regular basis
- _ Consider the need for water and food for field staff
- _ Vehicle repair shops will be contacted and priority repairs of the vehicles will be requested
- _ Check that all emergency generators are in working order
- _ All apparatus fuel tanks should be topped off
- _ Check that all electronic equipment at Headquarters(computer, fax, phone, radio, etc.) can be quickly disconnected and safely stored in the event of an evacuation
- _ All members should take steps to secure their family and property in preparation for reporting for duty
- _ Command Staff should begin maintaining an event file in-station, maintaining a copy of e-mails, phone messages, etc., related to the incident.
- _ Command Staff should initiate the Disaster Checklist (Appendix A)
- _ Special Operations personnel should initiate conditional readiness test for all response equipment

HURRICANE WATCH: Hurricane becomes a threat to Leon County within 36 hours – OPCON 2

- _ Top off station fuel tanks, apparatus, including spares, staff vehicles, chain saws, generators, power units, portable pumps, etc.
- _ Test and assure that all power equipment is operational; i.e. chainsaws, portable pumps, generators, etc.

- _ Secure all loose items around the exterior of stations; i.e. wash out hose, garbage cans, chairs, anything that can become a projectile in high wind
- _ Assure that all First Responder supplies are up to normal operating level
- _ Reconfirm with all Areas of Last Refuge

HURRICANE WARNING: Hurricane is expected to hit Leon County within 24 hours – OPCON 2

- _ Chief or Deputy Chief should consider Command Staff meeting to discuss disaster plans and operations
- _ In the event of a fast-moving hurricane, on-duty personnel may take a reasonable period of time, in a coordinated and orderly method, to get their families and homes prepared for the hurricane. This shall be done in such a way as to not interfere with the operations of the department. *Note: The safest procedure for families is evacuation.*
- _ All batteries are to be charged; i.e. radios, cardiac monitors, suction, etc.
- _ All personnel are encouraged to move personal vehicles to higher ground.
- _ Off duty personnel are to monitor local media in case a recall of manpower is announced. TeleStaff and IRIS will be utilized to send out recall announcements. See Operation Activate.
- _ All personnel should regularly call the EMS Announcement line at 850-606-2105 to keep up with agency announcements regarding the storm and disaster preparations
- _ There will be a dedicated telephone line at headquarters for members to call for instructions and information at 850-606-2105
- _ All members who have been recalled and will be reporting for duty should bring the following items:
 - 3 sets of uniforms, and 1 set of protective gear
 - 5 each - pairs of socks, undershirts, and underwear
 - 1 extra pair of shoes
 - 3 Bath towels
- Toilet articles for a 3-day stay**
 - Toothbrush and toothpaste
 - Deodorant
 - Soap
 - Shampoo
 - Razor and shaving cream
 - Mosquito repellent
 - 3-day supply of food that will not require refrigeration or cooking; i.e., can goods
 - 3 gallons of water
 - Sleeping bag, pillow, and other needed sleeping materials
 - Cot or camp chair if available
 - Flashlight and batteries
- _ Unused and spare SUVs shall be placed at headquarters to be used as “Scout Teams” after the storm—See Post Hurricane

HURRICANE WARNING: Hurricane is expected to hit Leon County within 12 hours – OPCON 3

- _ Initiate operational and planning meetings of Command Staff
- _ Begin situational status reporting
- _
- _ Consider beginning Operation Activate
- _ Dispatch to contact Leon County air ambulance provider to verify aircraft relocation site and expected return to duty time
- _ Assign a LCEMS representative to serve as liaison at the Leon County EOC located at the Leon County Sheriff's Office
- _ Distribute severe weather safety reminders to crews
- _ Move all radio and computer equipment possible to a safe area.
- _ Move all critical files to a safe area if necessary
- _
- _ Move as many ambulances and Special Operations vehicles into bays at EMS Operations as possible.
- _ Prepare to have crews stage at the EMS Operations and main Public Safety Complex Building.
- _ Prepare for radio backup procedures with crews. Test backup channels and phones
- _ At the recommendation of the EMS Chief or his designee, the Medical Director, at his discretion, may issue an Open Protocol Order. The EMS Chief or his designee will transmit an Open Protocol Order to all personnel. Issuance of an Open Protocol Order will allow currently certified providers operating under general supervision of the Medical Director of Leon County to perform medical techniques to the highest certified medical trained level as outlined by the Leon County EMS Medical Protocol Manual without prior Medical Control permission. This order does not allow for deviation from the Protocol Manual, only the relaxation of contacting medical control prior to performing authorized medical techniques.
- _ The decision to alter the normal response matrix will be made by the Chief or Deputy Chief. Safety considerations to be taken into account should include, but not be limited to:
 - 1) Excessive winds
 - 2) High water
 - 3) Civil disturbances
 - 4) Roadway debris
 - 5) Visibility deterioration
 - 6) Extremely hazardous driving conditions
 - 7) Chemical/radiation/bio-hazards

County Begins to Feel Storm Effects – OPCON 4

- _ During such times as actual hurricane conditions exist, every attempt will be made by the EMS Department to continue its primary mission of protecting the lives of the citizens of Leon County. It should be remembered that EMS personnel are subject to the same limitations as are members of the public. All attempts to deliver Emergency Medical and Rescue Service to the public during hurricane conditions should be tempered by safety.
- _ No members shall ride alone during the event; All Command Staff will select a member to act as aide as needed.
- _ All personnel are to wear full protective gear, including helmet, for all responses to protect

from flying debris

_ A Command Staff person shall report to Dispatch. Once responses stop due to weather conditions, the Command Staff person shall assist dispatch in prioritizing calls for when weather conditions permit responses to resume

_ Command Staff are to use their discretion when responding—keeping in mind that the safety of LCEMS personnel is of the utmost priority

_ EMS crews that encounter high water while responding are to notify dispatch and other responding agencies

_ Six inches of moving water can knock you off your feet—use a pole or stick to make sure that the ground is still there before you walk through an area of standing water

_ Use extreme caution when driving through deep water—the road could be washed out

_ Because of the hazard of falling tree branches, helmets will be worn at all times

_ Notify dispatch of any hazardous conditions

_ **Carbon Monoxide Exhaust Kills**—if a gasoline powered generator is used to supply electricity to headquarters and other buildings. It must be placed outside and elevated while taking care that the exhaust is ventilated to the outside air; **DO NOT PLACE GENERATORS ON THE BAY FLOOR**

_ EMS will discontinue response to medical calls when **sustained** wind speeds reach **55 MP** or when a joint decision at the Emergency Operations Center has been made in conjunction with all response agencies. The Chief of EMS or a Deputy Chief will make the determination when to discontinue response and when to resume response based on safety of personnel.

Any Command Staff officer who feels that situations encountered are sufficiently dangerous to personnel at his/her location may choose to cease operations and return to quarters, but must advise dispatch. In order to provide EMS protection to the citizens of Leon County until the last possible moment, when storm conditions dictate that operations cease, the administration realizes that some apparatus will be left vulnerable to the storm effects and may be possibly damaged or lost. This is a conscious decision and calculated risk that the county must take. If the evacuation of stations becomes necessary, either by orders of the administration or the discretion of the Command Staff, EMS crews are to report to their respective Area of Last Refuge listed in the Appendix Section. The Chief or Deputy Chief's may at any time decide to pull all units into the Area of Last Refuge when conditions become unsafe. County EMS units may be brought in to headquarters until such time as it is safe to respond out. County EMS units will not return to their base station until it has been determined that the station is safe for habitation and has adequate power and water to sustain operations.

_ When the announcement to cease response for hazardous wind conditions is made, units en route to or on the scene of an emergency shall continue their work until completed. If out of station and not on a call, units shall report back to headquarters as soon as possible.

_ When responses cease, due to wind conditions, all apparatus will be driven “head first” into the stations causing the rear of the apparatus to be facing outwards, thus protecting the windshields.

_ The determination for resuming responses will be made by the Command Staff, in consultation with the EOC.

Hurricane Eye Operations

Operations during the eye of the hurricane should be concerned primarily with re-securing

headquarters and apparatus. Assist citizens who come to headquarters when it would be a danger to release them. No EMS crews will be dispatched during the eye of the hurricane. All such activities during the hurricane eye shall be undertaken only if such operations can be completed in a safe manner. Remember, even though the skies appear clear, storm conditions will return suddenly. The safety of department personnel will remain the primary consideration during these operations. In all cases, Hurricane Eye Operations should be coordinated through dispatch and Command Staff.

Post Hurricane Operations – OPCON 5 Before Resuming Operations

- _ Once the event has passed, Command staff will initiate a personnel roll call. On duty Command Staff must account for all personnel on duty
- _ Designated officers and crew are to conduct a “snapshot” survey to give Command Staff an assessment of the following:
 - Personnel* – Is everyone OK? Do you need medical assistance?
 - Equipment* – Are the apparatus operational? Can they be dispatched?
 - Facilities* – Can you operate out of the station? Do you need significant repairs?
- _ Use a scale of 1-5 with 5 being the most severe (example: building collapse, a 5) and notify dispatch and Command Staff. Station Damage Survey forms— found in Appendix 9—must be filled out and forwarded as soon as conditions permit Command Staff are to conduct a “Windshield Survey” of the general situation regarding hospitals and response. This provides information on the condition of high life hazard occupancies, status of major transportation arteries, response routes, and resource needs (i.e., structure collapse, fires, hospital status, petro-chemical/tank farms). Command Staff shall:
 - _ Conduct Windshield Survey with lights and sirens. Remember, this is a quick and rapid damage survey.
 - _ Immediately report survey information to their Deputy Chief and dispatch
 - _ Interrupt a Windshield Survey only to respond to an immediate life-threatening incident.
 - _ Assume command of life-threatening incident and provide a status report to dispatch and the Deputy Chief.
 - _ Upon completion of the incident, report the unit’s status to dispatch and resume the Windshield Survey.
 - _ Report potential life-threatening incidents encountered during the Windshield Survey to dispatch. These reports shall be made while continuing the survey.
 - _ If a Command Staff officer reports that they are unable to complete the Windshield survey, the Deputy Chief shall assign resources as needed to complete the survey Response Area Damage Survey forms found in Appendix 9 are to be filled out for each occupancy. Stations that have a spare car assigned to them will not use the apparatus for this purpose. Two members will be assigned to the car and it will go in service as a “Scout Team.” This “Scout Team” will conduct the Windshield Survey and also be on the lookout for any hazardous conditions (building fires, structure collapse, etc.) that may exist. Any hazardous conditions found are to be reported to dispatch.

Resuming Operations – OPCON 5

_ The Chief or his designee shall make the determination when the division can resume response operations. This will happen when sustained wind speeds fall below 55

Mph or the response group at the Emergency Operations feels that resuming response operations is safe. This decision will then be announced by dispatch as a Resume Response order. The Command Staff who believe it is safe to resume operations prior to this announcement shall contact dispatch and state the conditions at their location and their need to begin operations after coordination with the EOC. They will be authorized to respond only upon approval from Command Staff through dispatch. If unable to contact dispatch, the decision to approve such operations will rest with the deputy chief. If unable to contact the deputy chief, the decision will be the responsibility of the Captain on duty. Activities shall be undertaken only if such operations can be completed in a safe manner.

Remember that downed trees and electrical lines may impede response and may need to be cleared before emergency response can be made to many areas. EMS crews may need to work in Rescue Task Forces in conjunction with law enforcement, fire, public works, electric utilities, and others to effect an adequate response.

_ It may be necessary for EMS units to dispatch themselves due to lack of communications with other stations or dispatch. This should be done based upon the deputy chief or on duty Captain's assessment of the situation at the time. With the exception of providing life-saving assistance, a search will be conducted as soon as possible of the predetermined target occupancies (hospitals, shelters, nursing homes, etc.). Remember, this most likely will be a multi-incident event.

_ Personnel conducting emergency operations must realize that their own safety and well-being is their first priority. Many hazards will be encountered during the first 72 hours after a hurricane. These include (but are not limited to):

- live wires down
- natural gas leaks
- building fires
- unsafe structures
- flooding
- hazardous material incidents
- traumatized animals
- heat stress
- downed trees

_ Every attempt should be made to report these hazards, if it can be done safely. As with other incidents, personnel should utilize all safety equipment available, work in teams, and keep themselves well hydrated.

_ Chain saw injuries to personnel after a hurricane skyrocket. Employees trying to cut downed trees to clear a path can be injured by saw kickback and the pinching of the saw. All employees are encouraged to exercise extreme caution when using chain saws. All employees must have attended a County chain saw safety class before using a chain saw on duty.

_ All members are to be properly relieved—one for one

_ Collect damage assessments

_ Consider the need for Critical Incident Stress Debriefing

If applicable, terminate Open Protocol Order

-
- _ Begin demobilizing personnel as appropriate
 - _ Chief or Deputy Chief will determine when LCEMS will return to normal operations –
OPCON 1
 - _ Begin after action reporting

Emergency Operations Center Activation

Upon activation of the EOC an EMS staff member will be assigned to represent EMS in the EOC. Preferably this will be a Lieutenant or higher ranked member of EMS. The member that has been selected should be familiar with these protocols and understand their role in the event of a disaster including Unified Command. Staff members should be pre-qualified to fill the EOC position. Qualified staff members should have completed NIMS, NRP, ICS 100 and ICS 200 training. Staff members should also complete ICS 300 and 400 training and FEMA EOC training if possible. The ideal shift rotation will be 12 hours on and 12 hours off in the EOC. A minimum of 4 individuals should be identified as possible EOC EMS representatives to cover ongoing shifts in an extended event. Ideally more personnel should be identified for emergencies and illness as needed.

Upon being identified as an EOC EMS representative, the staff member should gather the list of suggested equipment listed later in this document and become familiar with the protocols and procedures in the EMS Emergency Operations Plan. Most of the items listed in the equipment list will be put into a “go kit” that will be available in each command staff vehicle and at headquarters. The staff member should respond as soon as possible to the EOC to begin their shift. A standard EMS uniform is required. Shift changes and scheduling will generally be done at 7 am and 7 pm unless specified otherwise and approved by the Chief or a Deputy Chief. Once the EOC is manned by an EMS staff member, the post should not be left vacant until the Chief or a Deputy Chief has determined that the operation has ended or that EMS no longer needs to be represented.

Upon arrival at the EOC, park in the parking lot outside the Public Safety Complex and proceed with all equipment to the EOC. Remember you will be in a secure facility and no weapons of any type are authorized except for law enforcement personnel. You will be directed to the EMS chair with a specific phone line and area. Our area usually includes others from the responder community such as law enforcement and fire. Duties and responsibilities at the EOC are listed later in this document. Be sure to check in with the EOC manager on duty and see if there are any special instructions or messages. Meals are provided for all EOC staff. There are usually sufficient beverages and snacks available.

Equipment List

The usual shift at the EOC should be no more than 12 hours; however with unforeseen circumstances in a disaster situation, it is possible that the EOC could be manned for several days without relief. The following list is required and suggested items to make you more comfortable during your EOC shift.

- 1) EMS uniforms (at least three changes of clothing)

- 2) EMS jacket or rain jacket
- 3) EMS ID badge
- 4) EMS radio with spare battery and charger
- 5) EMS laptop computer with cables and power cords
- 6) EMS cell phone with charger
- 7) Notebook or paper with pens
- 8) Stapler, paper clips, office supplies
- 9) EMS Emergency Operations Center Plan
- 10) EMS MCI Plan
- 11) EMS phone list
- 12) County and State Resource Phone list
- 13) EMS SOG's
- 14) County Emergency Management plan
- 15) EMS COOP
- 16) Personal medications
- 17) Extra food and snacks *
- 18) Pillow *
- 19) Blanket *
- 20) Entertainment (music, games, book, etc.) *
- 21) Flashlight with batteries *
- 22) First Aid Kit *

* Optional items

Duties and Responsibilities

This list of duties and responsibilities is not all inclusive and can change as needs change. Sometimes under the Unified Command structure you may be asked to perform tasks that are not directly related to your usual function. These tasks may be essential and are acceptable as long as they do not interfere with our primary mission in the EOC. If additional tasks seem to be unacceptable for any reason, contact the Chief or a Deputy Chief for direction.

- 1) Coordination of EMS resources through the EOC
- 2) Liaison with other EOC agencies
- 3) Coordination with dispatch on system plan and individual responses
- 4) Coordinate safety of EMS personnel in a disaster event
- 5) Coordinate with EMS administration on operations
- 6) EMS point of contact for all EOC issues
- 7) Document requests and decisions made by you in the EOC in writing
- 8) Participate in regularly scheduled conference calls in the EOC
- 9) Regularly notify EMS administration of progress and issues in the EOC
- 10) Access CAD on the laptop to monitor system operations

Recall of Manpower Operation Activate

The Order for Operation Activate shall come from the Chief or Deputy Chief. Upon receipt of

Operation Activate orders, EMS dispatch shall announce to all personnel over the radio that an Operation Activation has been called. Operation Activation will also be announced through TeleStaff, IRIS and by pager.

EMS Crews

Upon the sounding of signal Operation Activate, all EMS personnel below the rank of Lieutenant assigned to the current on duty shift (Alpha or Bravo), shall remain on duty until the next shift change time which will be either 7 am or 7 pm. The other shift (Alpha or Bravo) shall report to headquarters at the next shift change. Shift patterns will begin 12 hours on and 12 hours off until the hazard has been declared over by the Chief. Annual leaves or vacations will be cancelled. Members on Light Duty may be recalled to assist in dispatch or as aides to Command Staff. All members are to bring at least a three-day supply of personal items— medicine, toiletries, change of clothes, etc.—with them when reporting during Operation Activate. (See page 5 for complete list of items) This schedule will be kept until conditions permit returning to a normal schedule.

Deputy Chiefs

Deputy Chief's who are on duty at the time Operation Activate is sounded shall remain on duty in charge of one shift. The other Deputy Chief will be assigned to work on the opposing shift until conditions permit returning to a normal schedule.

Majors

Majors shall be assigned by a Deputy Chief to specific duties as needed and will also begin 12 hours shift patterns.

Captains and Lieutenants

Captains and Lieutenants who are on duty at the time Operation Activate is sounded shall remain on duty in charge of their respective shifts. (A or B). They shall attempt to contact by pager, TeleStaff, or phone, a minimum of three attempts, all members of all shifts to advise them of when to report to work. The Captain shall record the time any member reports for duty and complete a Hurricane Overtime Report—see Appendix 9. The Captain shall report to the Deputy Chief, those members who have reported back to duty as well as the on duty personnel. During Operation Activate, members shall rotate working twelve-hour shifts. As soon as the division reverts to a normal schedule, Captain's will forward to headquarters a completed Hurricane Overtime Report for all members of their respective shifts.

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Emergency Operations Plan
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409.00

EMERGENCY MEDICAL SERVICE FUNCTIONAL ANNEX

COLD WEATHER / SNOW AND ICE

1. Information concerning potential cold weather/snow/ice may be received from various sources including radio, television, and weather service, etc.
2. Upon receipt of information related to cold weather (temperatures below 32 degrees F):
 - A. Dispatch will collect all available data and monitor the situation.
 - B. Dispatch will notify the Shift Supervisor.
 - C. The Shift Supervisor will have Logistics prepare all EMS vehicles for cold weather operations to include checking coolant levels, other fluid levels and fuel levels. The Captain will assure proper functioning of vehicular heaters. Repairs are to be completed as necessary:
 - i. Plug in space heaters in each out of service vehicle to prevent fluid/medications freezing.
 - ii. County stations will plug in their space heaters when not on calls. EMS crews are required to frequently monitor the temperature of the unit, fluids and medications to prevent freezing.
 - iii. System status trucks will keep their module heater on and will monitor the temperature of the unit, fluids and medications to prevent freezing.
 - iv. Utilize IV warmers as needed for fluids.
3. Upon receipt of notification involving severe cold weather related problems such as temperature into the teen's, snow and ice on the roads, etc, the Shift Supervisor will:
 - A. Notify the Deputy Chiefs and Chief.
 - B. Assure compliance with all items in number 2.
 - C. Check all LCEMS vehicle tire conditions for excess wear. Tires with excess tread wear are to be replaced.
 - D. Locate extension cords for each station and have EMS crews plug in the diesel engine heaters when not on calls.
 - E. Decrease emergency and non-emergency EMS vehicular traffic as much as is possible.
 - F. Have the most experienced drivers operate the vehicles.
 - G. Review precautionary driving practices with each crew member (i.e., slower speeds, ice on bridge. etc.).
 - H. If the Bixler Emergency Center entrance ramp ice's over, dispatch is to instruct local and regional EMS crews of the situation and direct them to off load patients under the Bixler Center until the ramp can be rendered safe for use. Contact TMH Plant

Engineering to request that sand be spread on the ramp. Work with TMH Security and Plant Engineering to block the Bixler Center ambulance ramp until the ramp is safe to use.

EMERGENCY MEDICAL SERVICE FUNCTIONAL ANNEX

EMS/WMD REGIONAL RESPONSE TEAM ANNEX

1. PURPOSE:

As a regional EMS/WMD recipient/service provider, LCEMS is charged with assembling and maintaining equipment and supplies necessary to support the team mission.

When activated by the Florida Department of Health (DOH) Office of Emergency Operations and the Bureau of EMS, the LCEMS/WMD Regional Team will provide medical care personnel to assist state and local health officials in providing for ill or injured victims at the site of major disasters or emergencies.

2. ACTIVATION:

Requests for EMS/WMD assistance must come through State or local emergency management officials to the State warning Point. The State Warning Point then contacts the State Health and Medical Duty Officer who will process the request through the State Emergency Operations Center (SEOC). The LCEMS/WMD assets can be requested by the CEOC for planned events that may be a target of a terrorist attack, after a Nuclear/Biological/Chemical (NBC) event has occurred or thought to have occurred, or when the Federal Bureau of Investigation (FBI) or Florida Department of Law Enforcement (FDLE) determines a credible threat exists.

3. CAPABILITIES:

The LCEMS/WMD Team is equipped and trained to perform the following specific functions:

- Assist in providing medical care to decontaminated victims
- Provide technical assistance to local EMS
- Assist in triage and medical care of NBC events after decon
- Provide technical assistance, decon and medical care at a medical facility
- Assist in providing medical care to first responders on site
- Assist in providing conventional medical care to victims of a non-NBC event

4. PERSONAL EQUIPMENT LIST FOR EMS/WMD REGIONAL RESPONSE TEAM

The LCEMS/WMD Regional Response Team personnel should be prepared to respond to a mission within two (2) hours of alert and for up to three (3) days or at least until initial disaster recovery efforts have ensured adequate support for its operations. Since team members may not find adequate food, shelter, or water available initially at the site, and the Logistic Staging Area (LSA) may not become operational until well into the response, team members must bring personal food and water for the first twenty four (24) hours. Additionally, each team member must have a personal kit of not more than 50 lbs, sufficient to enable the team member to live and

work in the austere conditions. This should include appropriate clothing for the environment, personal protective equipment (PPE), personal hygiene items, medications, and protective items such as sunscreen and insect repellent. It should be contained in one or two packs at most. It is advantageous to have a large type backpack and a small pack for personal necessities to remain with the team member at all times.

The following is suggested minimum inventory of personal gear and equipment necessary for regional LCEMS/WMD team members to maintain appearance, hygiene, and comfort for the duration of their assignment. This list may be modified by the team management to fit the response. Team members should adjust this minimum inventory based on specific requirements of the assignment.

- Uniforms
- Under clothes
- Light jacket
- Heavy jacket (cold weather)
- Gloves
- Rain gear
- Extreme weather clothing and equipment
- Personal safety clothing and equipment
- Photo ID
- Towel and washcloth
- Personal grooming and hygiene kit
- Two sets of eyeglasses (if applicable)
- Sunglasses
- Flashlight and extra batteries
- Watch
- Hearing protection
- Boots (over the ankle)
- Personal funds and credit cards
- Bottled water (canteen, camelback. 32-64 oz)
- Two week supply of required prescription medications, sunscreen, insect repellent, and necessary over the counter medications
- Sleeping bag
- Ground pad

OUT OF AREA/REGION DEPLOYMENT

1. Personnel and equipment will only respond on an out of area, long term deployment after an official request from a local, state, or federal entity with a tracking number for reimbursement. This does not include emergency requests for mutual aid and other direct assistance to surrounding counties and agencies.
2. From the time a request is made, a file needs to be compiled by the Deputy Chief of

Administration or his/her designee with all correspondence related to the request.

3. Careful accounting of all receipts, payroll sheets, time on task, event logs, patient care reports, and other documentation must be practiced by all responding and supervisory personnel.

4. The Deputy Chief of Operations or his/her designee will ensure that all LCEMS Special Operations equipment is prepared and ready to respond to the deployment.

5. Generally, deployments will range from 7-14 days depending on the event and the request. Personnel should bring personal items to sustain them during the appointed deployment period. Items to bring include, but are not limited to:

At least 3 sets of uniforms, and 1 set of protective gear

EMS jacket or rain jacket

7-14 each - pairs of socks, undershirts, and underwear

1 extra pair of shoes

At least 3 Bath towels

Toilet articles for a 7-14 day stay

Toothbrush and toothpaste

Deodorant

Soap

Shampoo

Razor and shaving cream

Mosquito repellent

7-14 day supply of food that will not require refrigeration or cooking; i.e., can goods

7 gallons of water

EMS ID badge

EMS radio with spare battery and charger

EMS laptop computer with cables and power cords

EMS cell phone with charger

Notebook or paper with pens

Stapler, paper clips, office supplies

EMS Emergency Operations Center Plan

EMS MCI Plan

EMS phone list

County and State Resource Phone list

EMS SOG's

County Emergency Management Plan

EMS COOP

Personal medications

Extra food and snacks *

Pillow *

Blanket *

Entertainment (music, games, book, etc.) *

Flashlight with batteries *

Personal First Aid Kit *

* Optional items

6. Personnel will be paid based on active duty periods only. This depends on the type of event and the staffing that is available. Rest and relaxation periods will not be paid. All expenses will be reimbursed.

7. Safety of all personnel is of paramount importance during an out of area deployment. Situations may vary greatly and all personnel that are activated should take all appropriate precautions and not take undue chances when deployed. Pairing with law enforcement for deployment is highly desirable and encouraged. After catastrophic events, many times unsafe situations occur and personnel should take every precaution possible.

8. When an out of area deployment is requested, personnel will be notified and volunteers solicited. Team members will be selected based on shift schedules, qualifications, and resources requested. Personnel with Special Operations training will be considered first.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Minimum Staffing
CAAS: 201.04.01
Effective: January 2004
Reviewed: May 2008, December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

The purpose of this Standard Operating Guideline is to describe the staffing requirements for LCEMS ambulances.

II. GUIDELINE:

All requirements of the State of Florida Department of Health, Bureau of Emergency Medical Services will be met.

III. PROCEDURE:

1. Staffing guidelines
 - A. All in-service LCEMS units are Advanced Life Support in accordance with the State of Florida Department of Health.
 - B. All ambulances shall be staffed with a minimum of one Florida certified paramedic as well as one Florida certified EMT (or another Florida certified paramedic).
 - C. For Critical Care Transports, a minimum of one Critical Care Certified Paramedic will staff the transport in addition to the EMT/Paramedic crew member.
 - D. For tactical call outs, only trained, certified, and appropriately equipped Paramedics may accompany the Leon County Sheriff's SWAT Team on a call out. If EMS resources are requested and Tactical Paramedics are not available, then the EMS System Controller will dispatch an ambulance to stage in the cold zone of the incident.

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LEON COUNTY E.M.S. Standard Operating Guideline

Title: Multiple Casualty Incident (MCI) Plan

CAAS #: 102.02.01
102.02.02

Effective: June 1, 2005

Reviewed: March 2006, December 2012, December 2015

Revision: 2

Pages: 17

I. PURPOSE:

Treatment and transportation of casualties to hospitals will be the prime function required of LCEMS during an MCI. These guidelines are designed to assist LCEMS personnel in accomplishing that mission. The MCI plan may be implemented in part or its entirety, as the situation or incident warrants. Experience has taught that there are many sets of circumstances which can, if not dealt with immediately, escalate to the level of a major incident. No one will be criticized for treating an incident as serious, in the first instance, even if events later prove it not to be.

The procedures outlined in this plan establish responsibilities, outline establishment of command and coordination, and provide protocols for patient care and the orderly transport of patients involved in an MCI or major incident/terrorist act. In keeping with the Incident Command System, through the use of Job Action Sheets, various activities associated with the LCEMS response will be completed.

When the County disaster plan is activated or an MCI is declared, the following LCEMS personnel will be specifically notified:

- Chief
- Deputy Chiefs
- Captains
- Lieutenants

II. GUIDELINE:

When the County emergency plan is activated or an MCI is declared, this plan will be put into effect to the extent necessary to manage the event at hand.

It is a condition of employment for every LCEMS department employee to respond to departmental staff recall (see job description) for natural or man-made disasters resulting in an MCI. When notified, each LCEMS department member will report to Headquarters unless otherwise directed. Employees must have their County picture ID with them when reporting to

duty for a recall.

III. PROCEDURE:

1. GENERAL INFORMATION

- A. Multiple Casualty Incident is an EMS response where two or more patients are involved.
- B. Major incident/terrorist act - any emergency, natural or man-made that requires the implementation of special response by one or more emergency agencies.
- C. Hazardous materials incident (HAZMAT) - any substance, chemical, biological, radiological, which is known or suspected to present a health hazard.
- D. Weapons of mass destruction - devices/weapons employing explosives, chemical, biological, or radiological elements for the purpose of inflicting mass casualties.
- E. Incident Command System (ICS) - structured incident command process.
- F. Job Action Sheets - used in the ICS plan, Job Action Sheets provide guidance to command and response staff for critical actions that must be taken in the course of the response to a critical event. Job action sheets that pertain to this policy follow the narrative of this policy.

2. AREAS OF RESPONSIBILITY AT AN MCI

- A. The overall on scene incident commander at an MCI is the senior representative of the Tallahassee Fire Department (TFD).
- B. The LCEMS commander, referred to as EMS command, will join the TFD Incident Commander under the concept of unified command. EMS Command may range from the first on scene EMS unit to the EMS Chief.
- C. All medical care on the scene of an MCI will be the responsibility of EMS Command. Once on scene, EMS Command will review/distribute the job action sheets and assign job action sheet duties to LCEMS personnel as needed in order to complete critical tasks. Included in the job action sheets are sheets for EMS Command, Communications, Staging, Triage, Transportation and the Helicopter LZ.
- D. MCI incidents that require patient decontamination will be the responsibility of TFD. LCEMS personnel will operate in the cold zone receiving

decontaminated patients from TFD.

E. LCEMS will triage patients using the S.T.A.R.T. triage process.

F. Perimeter control of the scene is the responsibility of TFD Command and law enforcement.

G. Patients that are deceased will be left in the location they are found in. The medical examiner is responsible for the processing and removal of the bodies.

3. COMMUNICATIONS

LCEMS will use the following call signs when on scene at an MCI:

LCEMS incident commander – EMS Command
Communications – EMS Communications
Triage – EMS Triage
Transportation – EMS Transportation
Staging – EMS Staging
Helicopter landing zone – EMS LZ

Operating radio channels for MCI's: EMS Communications is the only EMS representative that will communicate with EMS dispatch. All EMS leaders on scene will communicate with EMS Command via EMS Communications.

EMS Command – Channel 3 and Channel 1
EMS Communications – Channel 3 and Channel 1
All other areas – Channel 3

Radio traffic should be kept to a minimum. Field medics are to report emergencies only via Channel 1.

4. FIRST ARRIVING UNIT AT THE SCENE

The initial call to respond to the scene may not provide adequate information to identify the call as a major incident. The first arriving EMS unit will:

- Approach the scene with extreme caution. Do not rush into the area. Ensure your safety and the safety of those with you.
- If first arriving (or subsequent units) unit determines or suspects HAZMAT, WMD, or terrorist act is present, all LCEMS personnel will immediately evacuate the area to a safe/cold zone upwind from the incident. A series of long blasts on the air horn and

- an announcement over the radio will indicate emergency evacuation of all personnel.
- Assess the situation and report the status to dispatch immediately.
 - Leave vehicle emergency lighting on to identify the EMS Command site.
 - If an MCI, the EMS vehicle driver will establish EMS Command/Communications. Join the TFD unified command post as soon as it is established.
 - The Charge Paramedic will establish EMS Triage/Transportation.
 - As other LCEMS units arrive, EMS Command will assign personnel to Communications/Transportation/staging/LZ, as needed.

5. HAZMAT, BIOLOGICAL, CHEMICAL OR RADIOLOGICAL INCIDENTS

All patients determined or suspected of exposure or contamination will the above noted agents will be decontaminated by TFD prior to patient care and transportation by LCEMS. LCEMS will operate only in the cold zone of one of these incidents. Personal protection from contamination is an essential activity for EMS personnel.

6. TRIAGE PROCEDURE

The Simple Triage and Rapid Transport (S.T.A.R.T.) Method of triage will be used by LCEMS and TFD on MCI scenes.

7. GUIDELINES FOR SECONDARY RESPONDERS

1. Extinguish emergency lighting as you arrive.
2. Contact EMS Communications on Channel 3 for assignment.
3. Remain with your vehicle until assignment is given by EMS Communications.

8. CRITICAL INCIDENT STRESS (C.I.S.D.) DEBRIEFING TEAM

If EMS personnel notice other responders undergoing extreme stress, suggestion for a C.I.S.D. response should be made to EMS Communications. Arrangements can be made for the team to come to the scene or to be at the hospital or other appropriate facility.

IV. RESPONSIBILITIES

The Fire Chief or his designee has responsibility for the overall MCI scene.

Responsibilities of LCEMS are set forth in this policy and procedure.

The Chief is responsible for review of the policy/procedure occurs.

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Attachments:
Job Action Sheets
S.T.A.R.T triage system procedure

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LEON COUNTY EMERGENCY MEDICAL SERVICES

INCIDENT COMMAND SYSTEM

EMS COMMAND

- Mission:** Organize and direct on scene EMS operations at MCI events
- Immediate:** Initiate EMS Command by assuming role of EMS incident commander
Don EMS Command vest
Establish the radio channel to be used on site by Communications, Triage, Transportation, Treatment, Staging and LZ leaders
Confirm MCI/HAZMAT/Bio-chemical/radiological incident exists
Protect the safety of LCEMS personnel
Confirm status of incident with EMS dispatch and request needed resources
Confirm that hospitals have been advised of the situation
Activate incident response plan
Establish and appropriately identify EMS command location
Join TFD unified command once established
Assign LCEMS personnel with the duties of Communications, Staging, Triage, Transportation and Helicopter landing zone coordinator
Provide each with Job Action Sheets for their areas
- Intermediate:** Consult with TFD Incident Commander to determine continued safety of the scene
Coordinate all EMS operations during incident
Continue to consult with TFD Incident Commander
Monitor resources and request/stand down resources as needed
Act as liaison with other public safety agencies and hospitals on behalf of EMS
Via EMS Communications, provide frequent situation status reports to dispatch
- Extended:** Observe all staff, volunteers and patients for signs of stress and inappropriate behavior. Call for C.I.S.D. as needed.

LCEMS EMERGENCY MEDICAL SERVICES

INCIDENT COMMAND SYSTEM

EMS TREATMENT

- Mission:** Organize and direct patient care at MCI events.
- Immediate:** Report to EMS Command and receive briefing
Receive EMS Treatment Vest and Job Action Sheet
Don EMS Treatment Vest
Confirm with EMS Command the radio channel to be used
Treatment officer should not become involved in patient care
Report to treatment site and establish command of the work area
Establish primary treatment area
- Think big – treatment area must be capable of accommodating large numbers of patients and equipment
 - Consider: weather, safety, HAZMAT
 - Area must be readily accessible
 - Designate entrance and exit to area
 - Divide treatment area into four (4) distinct and well marked areas: use appropriate colored flags, barricade tape, and/or tarps
- Determine equipment and personnel needs in treatment area and request resources via EMS Communications
Coordinate personnel assigned to treatment area
Designate secondary treatment area as an alternative should the primary area become unstable
Inform EMS Command of primary and secondary site locations
Assign personnel to treatment areas based on medical capabilities
- Intermediate:** Continue to triage/re-triage patients
Advise EMS Transportation when patients have been prepared for transport
Notify EMS Transportation which hospital the patient should be transferred to
Evacuate patients by priority
Regularly inventory supplies using the **MEDICAL EQUIPMENT CHECKLIST** and request resupply, via EMS Communications, when necessary
- Extended:** Begin relieving or reducing staff as necessary
Report to EMS Command when Triage site activities are no longer necessary

LCEMS EMERGENCY MEDICAL SERVICES

INCIDENT COMMAND SYSTEM

EMS TRANSPORTATION

- Mission:** Organize and coordinate transportation of patients from an MCI incident
- Immediate:** Report to EMS Command and receive briefing
Receive EMS Transport Vest and Job Action Sheets
Don EMS Transportation Vest
Confirm with EMS Command the radio channel to be used
Report to Transportation site
Do not become involved in patient care or loading of the patients
Appoint radio operator, if necessary
Determine equipment and personnel needs in transportation area; request same from EMS Communications
Coordinate personnel assigned to Transportation area
Determine location of helicopter LZ via EMS Communications
Establish communications with EMS Triage and advise the location of the loading zone and helicopter LZ
Loading zone should have separate entrance and exit routes
Advise EMS Staging of the location of the loading areas
Communicate with area hospitals:
- Relay information concerning incident to hospitals as needed
 - Ascertain each hospital's capabilities to receive patients
 - Inform hospitals of number of patients to expect and their conditions
- Begin completion of HOSPITAL CAPABILITY AND PATIENT TALLY SHEET
Request from EMS Staging, ambulances/helicopters as needed for transport
Coordinate routing of patients to proper ambulances
- Intermediate:** Maintain HOSPITAL TRANSPORTATION LOG. If Mettags are used, assure completion of the tag and retain corner tear off from tags
Advise each ambulance of their hospital destination
Advise receiving hospital of: name of unit transporting, number of patients in unit, brief description of patients' condition and ETA of ambulance
Update HOSPITAL CAPABILITY AND PATIENT TALLY SHEET as patients are transported; complete totals at conclusion of incident

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Extended: Begin relieving or reducing staff as necessary.
 Advise EMS Command/Communications, EMS Triage, EMS Staging, Helicopter
 LZ when last patient is transported

LCEMS EMERGENCY MEDICAL SERVICES

INCIDENT COMMAND SYSTEM

EMS TRIAGE

- Mission:** Organize and coordinate triage of patients from an MCI incident
- Immediate:** Report to EMS Command and receive briefing
Receive EMS Triage Vest and Job Action Sheet
Don EMS Triage Vest
Confirm with EMS Command the radio channel to be used
Ascertain from the EMS Command, if it safe to initiate triage activities
Do not become involved in direct patient care
Designate a radio operator as necessary
Determine equipment/personnel needs; request same from EMS Communications
Coordinate personnel assigned to Triage
Distribute S.R.A.R.T. tape to triage personnel
Begin triage operations
Advise EMS Treatment of approximate number of patients ASAP
Coordinate transfer of patients by priority to Treatment area
Request personnel and equipment as needed to transfer patients to treatment area
CHECK ALL AREAS AROUND MCI SCENE FOR POTENTIAL PATIENTS, WALK AWAYS, EJECTED PATIENTS, ETC
- Intermediate:** Advise EMS Communications when initial triaging and tagging operations are complete
- Extended:** Begin relieving or reducing staff as necessary
Advise EMS Command/Communications, EMS Transportation, EMS Staging, Helicopter LZ when last patient is transported to Treatment area

LCEMS EMERGENCY MEDICAL SERVICES

INCIDENT COMMAND SYSTEM

EMS STAGING

Mission: Organize and coordinate offsite EMS vehicle resources at an MCI incident

Immediate: Report to EMS Command and receive briefing
Receive EMS Staging Vest and Job Action Sheets
Don EMS Staging Vest
Confirm with EMS Command the radio channel to be used
In cooperation with Incident Command, establish location of staging area

- LCEMS staging area should be distinct from TFD staging area but may be in the same general location
- Think big – staging area must be capable of accommodating large numbers of EMS vehicles
- Consider: safety and HAZMAT
- Area must be readily accessible
- Designate entrance and exit to staging area
- Consider need for secondary staging area as an alternative should the primary staging area become unusable

Notify EMS Communications for the Location of the Staging Area
Proceed to Staging Area
Determine equipment and personnel needs for Staging Area: Request same from EMS Command
Coordinate personnel assigned to Staging Area
Ascertain from EMS Transportation location of ambulance loading zone and best route to zone
Ascertain from EMS Communications approximate number of EMS units to expect
Maintain EMS UNIT STAGING LOG
Give an INCIDENT PROTOCOL CARD to each arriving EMS unit; Complete the back of the card as appropriate
Send EMS units to EMS Transportation when requested to do so

Intermediate: As the number of EMS units in Staging Area decreases, Advise EMS Communications of possible need for additional units

Extended: Report to EMS Command for reassignment upon closure of the Staging Area

LCEMS EMERGENCY MEDICAL SERVICES

INCIDENT COMMAND SYSTEM

EMS COMMUNICATIONS

Mission: Organize and coordinate communications for EMS Command at an MCI incident

Immediate: Report to EMS Command and receive briefing
Receive EMS Communications Vest and Job Action Sheets
Don EMS Communications Vest
Confirm with EMS Command the radio channel to be used
Stay with EMS Command
Receive and relay all communications from/to EMS personnel at the incident site to EMS Command
Contact EMS Triage, Transportation, Staging, Treatment and LZ leaders to establish radio communications link
Receive and relay all communications between EMS Command and EMS Dispatch
Document requests for additional resources

LCEMS EMERGENCY MEDICAL SERVICES

INCIDENT COMMAND SYSTEM

EMS HELICOPTER LANDING ZONE

- Mission:** Organize and coordinate activities at the helicopter landing zone at an MCI incident
- Immediate:** Report to EMS Command and receive briefing
Receive EMS Communications Vest and Job Action Sheets
Don EMS Communications Vest
Confirm with EMS Command the radio channel to be used
Proceed to helicopter landing zone
In cooperation with Incident Command, establish location of the helicopter landing zone
- Helicopter landing zone should be distinct from TFD/EMS staging area but may be in the same general location
 - Think big – staging area must be capable of accommodating large numbers of helicopters and their required access and egress
- The helicopter landing zone must be flat, open, free of wires, trees, and other obstructions
- Consider: safety, wind direction, site security and HAZMAT
 - Area must be readily accessible by EMS vehicles
 - Designate EMS vehicle entrance and exit to helicopter landing zone
 - Consider need for secondary helicopter landing zone as an alternative should the primary landing zone become unusable
- Notify EMS Communications of the location of the helicopter landing zone
Determine equipment and personnel needs for helicopter landing zone: Request same from EMS Command
Coordinate personnel assigned to helicopter landing zone
Maintain EMS UNIT STAGING LOG
Give and INCIDENT PROTOCOL CARD to each arriving helicopter; Complete the back of the card as appropriate
- Intermediate:** As the number of EMS units in Staging Area decreases, Advise EMS Communications of possible need for additional units
- Extended:** Report to EMS Command for reassignment upon closure of the Staging Area

LCEMS EMERGENCY MEDICAL SERVICES

INCIDENT COMMAND SYSTEM

EMS DISPATCH

Mission: Organize and coordinate overall communications between other public safety agencies, the hospitals and EMS Communications at the MCI site

Immediate: When notified of a major incident/MCI contact the following personnel/areas of the hospital:

- EMS Chief
- Deputy Chiefs
- Captains
- Lieutenants
-
- TMH and CRMC Emergency Centers

Assess locations of all on duty EMS units and relocate as necessary

Attempt to keep at least one EMS unit in service for non-MCI related calls

Confirm the response/awareness of other public safety agencies

Call in additional dispatch personnel

IF THE INCIDENT INVOLVES AN AIRCRAFT, CALL FLIGHT SERVICES.(Gainesville 352-377-4681) OR (Flight tower at TLH 942-9642 6am-11pm/JAX (904) 549-1537 11pm-6am) TO GET THE TOTAL NUMBER OF SOULS ON BOARD

SEND AN OFFICER TO THE COUNTY EOC TO SERVE AS THE DEPARTMENT LIAISON OFFICER

ADVISE THE LIAISON OFFICER WHICH RADIO CHANNEL TO MONITOR

Intermediate: After confirmation of a major event:

- Reconfirm notification/nature of event with EMS administrative personnel
- Confirm authorization to recall staff via EMS Administration
- Reconfirm notification/nature of event with both Emergency Centers
- Notify Leon County Sheriff's Office Division of Emergency Management via the Leon County Warning point (922-3300) of the incident
- Request mutual aid from Gadsden, Wakulla and Jefferson Counties through the EOC. Coordinate their access to the scene. Provide the radio channel for them to operate on at the incident site.

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- **CONSIDER HELICOPTER SUPPORT AS AN AERIAL PLATFORM OR TO QUICKLY DELIVER STAFF AND SUPPLIES**

Extended: Refer all media inquiries to the County PIO
Continue to support EMS Command at the incident site
Plan for personnel, equipment and supply replenishment.

THE SIMPLE TRIAGE AND RAPID TRANSPORT (S.T.A.R.T.) METHOD OF TRIAGE

The Simple Triage and Rapid Transport (S.T.A.R.T.) method of triage will be used by LCEMS and TFD on MCI incidents.

S.T.A.R.T. triage is based on three assessments and two treatments:

Assessments

- Is ventilation adequate?
- Is perfusion adequate?
- Is mentation adequate?

Treatments

- Airway maintenance
- Hemorrhage control

S.T.A.R.T. triage steps

1. Identify low priority "walking wounded" and direct them to a safe area (large tree, parking lot). Do not direct these patients to an ambulance. They may impede emergency care and transport of patients. Instructions may be given over the vehicles loud speaker. Advise these patients that you will send emergency workers to them. Spend no further time with this population of patients.
2. Begin triage where you stand and proceed in a systematic, orderly manner through the patients. Use METTAGS or colored ribbons. Attach the tag/ribbon to the patients arm or leg, not the patients clothing. The following colors are used to signify the noted patient condition:
 - RED - critical, immediate care
 - YELLOW - Serious, stable, delayed
 - GREEN - emergency treatment not necessary
 - BLACK - dead, expectant
 - BLUE - HAZMAT contamination
3. Assessing and tagging should take no longer that 60 seconds per patient. Identify urgent, life threatening conditions for second wave of rescuers.
4. If the victim is NOT BREATHING, reposition and clear the airway. If spontaneous breathing does not begin, tag the victim with BLACK RIBBON and MOVE TO THE NEXT VICTIM.
5. Deceased should not be moved unless it is necessary to reach a live victim or if the body is

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likely to deteriorate due to environmental hazards such as fire

6. If a dead body is moved from its location at the incident, evidential continuity (chain of evidence) of the handling must be maintained through its recovery.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Response to Aircraft Emergencies at Tallahassee International Airport
Effective: June 1, 2005
Reviewed: March 2006, December 2012, December 2015
Revision: 3
Pages: 2

I. PURPOSE:

To provide for rapid response to the airport in the event of an aircraft accident or a medical emergency on an inbound aircraft.

II. GUIDELINE:

1. Under normal circumstances, information concerning an aircraft emergency will come from either the City of Tallahassee Fire Department dispatcher or from the FAA airport tower. If the request comes from another source other than TFD or the tower, notify the tower.
2. In the following scenarios EMS will be requested to respond to at the airport:
 - Aircraft emergency
 - Medical Emergencies at the airport or on an inbound flight
 - A. Alert 2 - Aircraft Emergencies or Alert 3 & 4 - Aircraft Accidents
 - 1) EMS dispatch should acquire the following information and relay it to the responding units.
 1. Alert code
 2. Type of aircraft/souls on board
 3. Nature of emergency
 4. Estimated time of arrival of aircraft
 5. EMS staging location (normally Million Air) or gate to access the patient/incident
 - 2) Alert 2 calls will be dispatched as Code 2 unless the system controller has information that would indicate a Code 3 response. Alert 3 calls will be dispatched as Code 3 responses.
 - 3) Upon arrival at the airport, LCEMS units will position themselves at the airport location identified by EMS dispatch. Airport personnel will provide access through the gate for LCEMS. Airport personnel will guide LCEMS to the accident site.
 - 4) LCEMS units are to have their emergency lights on anytime the

LCEMS unit is inside the fenced perimeter of the airport.

- 5) In the event of an aircraft crash, Tallahassee Fire Department and LCEMS will establish a “unified command of operations” Refer to the "Emergency Operations Plan" and "MCI Plan" for specific response guidelines to this type of emergency.

B. Medical Emergencies

- 1) Medical emergencies can occur at the airport terminal or on an inbound aircraft.
- 2) EMS Dispatch will acquire information related to the patients location and medical condition. Such information will be relayed to the responding LCEMS crew.
- 3) EMS dispatch will ask airport personnel to guide LCEMS personnel to the patient.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Second Incident Encounters
Effective: June 1, 2005
Reviewed: March 2006, December 2012, December 2015
Revision: 2
Pages: 1

I. PURPOSE:

To provide guidance in the event a crew finds themselves on the scene of a second incident while responding to or transporting a patient from a different incident.

II. GUIDELINE:

Under normal operational conditions ambulances will not respond to another incident with a patient on board.

III. PROCEDURE:

- If, while transporting a critical patient under lights and sirens, a crew comes across the scene of another incident, that crew will continue on its way to the hospital without stopping to render assistance. The driver will contact EMS dispatch of the situation requesting appropriate assistance to respond.
- If, while responding to a Code 3 patient under lights and sirens but without a patient on board, a crew comes across the scene of another incident, that crew will stop and render aid only after notifying EMS dispatch of the situation. A second unit will be dispatched as appropriate.
- If, while transporting a non-critical patient, the crew comes across another incident, that crew will stop and the driver will render aid as necessary. The charge person will not abandon his/her patient to render aid. Further assistance will be called for through EMS dispatch as needed. If at all possible, any additional patients from a second scene will not be transported in the same vehicle with the original patient. A second or subsequent unit will transport patients from the second scene.
- EMS dispatch will divert ambulances to calls as necessary but will ordinarily avoid sending ambulances carrying patients to subsequent scenes.
- In the event of unusual circumstances the on-duty supervisor or System Status Controller will make decisions related to this guideline.

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LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Social Services Referral
Effective: June 1, 2005
Reviewed: May 2010, December 2012, December 2015
Revision: 3
Pages: 2

I. PURPOSE:

To refer patients to needed and appropriate services within the community.

II. GUIDELINE:

LCEMS shall attempt to assist patients in finding appropriate services in the community that meet the needs of that patient. The paramedic will attempt to assist the patient to find appropriate resources to utilize and reduce the utilization of inappropriate resources while more closely meeting the patient's needs.

III. PROCEDURE:

When a patient is identified with needs that are beyond the scope of LCEMS personnel, the paramedic will:

1. Offer the patient a 211 Big Bend Card so that the patient can help themselves by calling for needed services.
2. Fill out the Social Service Referral Form and turn it in to the on-duty supervisor. Provide as much information as possible.
3. The on-duty supervisor will provide these forms to the Deputy Chief of Clinical Affairs.
4. The Deputy Chief of Clinical Affairs will call the appropriate community resource and request assistance. In cases where immediate assistance is identified the on-duty supervisor will call the appropriate community resource.

When a need is identified and the patient is transported, the crew will notify the receiving hospital of the need also.

Leon County EMS Social Services Referral

Date: _____

Time: _____

Name of Person Being Referred: _____

Street Address _____

City

State

Postal Code

Contact Number: _____

Referred By: _____

ID# _____

G Emergency (Notify on duty supervisor)

G Urgent (Leave for the on duty supervisor)

G Referral Card Given

G Referral Authorization Form Signed

G Referral Form Attached

Please Check Applicable Categories

G Abuse/Neglect

- Child Abuse/Neglect
- Elder Abuse/Neglect

G Food/Meals

- Feeding Sites
- Food
- Food Stamps

G Individual/Family Support

- Adoption
- Adult Day Care
- Animals/Animal Control
- Child Care
- Disability Services
- Hospice Care
- Respite Care

G Mental Health

- Anger Management
- Baker Act Info
- Death and Grief Issues
- Depression
- Hypochondria
- Loneliness
- Mental Health Support Group
- Stress Management

G Disaster Services

- Disaster Info/ Preparation
- Flooding Relief

Hurricane Relief

G Housing

- Emergency Shelter
- Foreclosure
- Home Repairs
- Rent/Housing

G Legal/Criminal Justice

- Child Custody/Support
- Court Services
- Discrimination/Harassment
- Landlord/Tenant
- Legal Assistance
- Offenders/Ex-Offenders Services
- Victim Services

G Personal/Household Needs

- Clothing
- Furniture/Appliances
- Holiday Assistance

G Transportation/Utilities

- Utilities Assistance
- Utilities Deposit

G Employment

- Job Opportunity/Search
- Job Training
- Unemployment Assistance

G Income Support/Assistance

Public Assistance/TANF

Tax Assistance

WIC

G Medical/Dental Assistance

- Clinic Information
- Dental Care
- Health Support Groups
- Medical Financial Assistance
- Medicare/Medicaid

G Substance Abuse

- Substance Abuse/Addiction
- Substance Abuse Support Group

G Suicide

- Suicide Information
- 1st Party Suicide
- 2nd Party Suicide

G Other Information

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Transporting Donor Organs
Effective: June 1, 2005
Reviewed: March 2006, December 2012, December 2015
Revision: 2
Pages: 1

I. PURPOSE:

To provide rapid transportation to and from the airport for organs donated for transplant.

II. GUIDELINE:

The request to transport organ procurement teams and donated organs to / from the airport is to be considered of high importance. The fee for services provided by Leon County EMS is the responsibility of the organ procurement team.

III. PROCEDURE:

- LCEMS dispatch will obtain the required information including the expected time that services will be needed. System Status Controllers (SSC) will make payment arrangements with the requesting organization in accordance with current payment policies.
- LCEMS dispatch will assign a unit to provide the requested services at the location and time requested.
- All responses and transports will be done Code 2 unless otherwise directed by the SSC or on-duty supervisor according to the needs of the team.
- Airport transports of an organ harvest team with a harvested organ onboard are acceptable candidates for emergency transport mode (refer to SOG 215.00).

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Vehicle Operations
CAAS: 202.01.02
Effective: June 1, 2005
Reviewed: March 2006, December 2012, December 2015
Revision: 3
Pages: 15

I. PURPOSE

To provide uniform driving guidelines for the safe operation of Leon County EMS vehicles.

II. GUIDELINES

Only safe drivers are allowed to operate County vehicles and that basic standards be followed in all vehicle operations. Safety is the ultimate concern for patients, the public and employees. This SOG applies to employees of the EMS Division who are required to drive as a part of their duties. It does not apply to office support personnel who do not engage in pre-hospital care.

III. DRIVERS

All drivers of LCEMS vehicles will meet the qualifications and motor vehicle records requirements as outlined in the current County Driver Policy and in accordance with Florida Statue 401 and the corresponding Florida Administrative Code.

All drivers of LCEMS emergency vehicles will have successfully completed the Emergency Vehicle Operations Course before operating any department vehicle. All guidance provided in these courses will be followed.

Employees must immediately report in writing any revocation, suspension or loss of driver's license to the on-duty supervisor.

Employees must report within 1 hour of reporting to work, in writing, convictions and / or citations for violations of motor vehicle traffic laws and ordinances other than parking violations, in any vehicle, to the on-duty supervisor. The report will include copies of all available citation / arrest paperwork. The written report will include an explanation of the circumstances surrounding the citation / arrest.

IV. TRAINING

All new employees will be required to complete Initial LCEMS driver training. Annual training will also be provided for all drivers of LCEMS emergency vehicles. Driver training reinforces good driving habits.

1. Initial training

All employees at the time of hire, will be introduced to the type of vehicles which they will be operating and its specialty equipment and safeguards. If more than one type of vehicle will be used, introduction to all equipment will be done. All new drivers will demonstrate competence in safe driving with a Field Training Officer before being allowed to routinely drive. As part of their field training and orientation, drivers will pass the driver proficiency checklist prior to being given full driving privileges.

Initial training will be completed as part of the LCEMS new employee orientation program. It will include the following components:

1. Vehicle Inspection – The trainer will explain why and when vehicles should be inspected. The inspection of the vehicle will be demonstrated to the new employee. The new employee will then perform the inspection under the supervision of the trainer.
2. Operating Techniques – Instruction will be given to allow the driver to become familiar with operating and using the equipment / vehicles.
3. Training Exercises – After operating techniques have been learned the new employee should work on developing proficiency in operating the vehicle and equipment.
4. Governmental Rules & Regulations - All appropriate rules and regulations will be reviewed with the driver. Emphasis will be given regarding safe vehicle operations.
5. Accident Reporting Procedures – A review of procedures developed for handling accidents will be conducted. This review will include familiarization with accident reporting forms, accident review procedures and possible disciplinary actions.
6. Emergency Procedures – How to handle: fires (including fire extinguisher use), mechanical failures and other potential emergencies.

7. Overview of Driver Monitoring program, currently known as “iDrive”.

2. Smith System Driver Training

All employees of the EMS Division will successfully complete the Smith System Driver Training within 60 days of being hired.

3. Annual Training

All drivers of LCEMS emergency vehicles will successfully complete annual refresher driver training. The training shall consist of a Smith System Refresher class or an online Learning Module.

4. Periodic Training

Periodic training of all drivers is necessary:

1. To reinforce County policies and procedures
2. When County policies and procedures have changed
3. As a result of changes in vehicles, equipment, products or regulations.
4. As a result of specific accident trends, high frequency or high severity of accidents within the fleet.
5. As a part of disciplinary procedures for a driver involved in an accident or for a driving violation.

5. Training documentation

All training will be documented in writing and maintained by the Education / IQM Manager at LCEMS.

V. INSPECTIONS

All employees shall perform a safety check each day of any vehicle they are assigned to drive. These checks will be documented on the daily inspection form in Operative IQ. The safety check will include:

1. Windshield washers and wipers
2. Directional signals / turn signals

3. Tires – check for adequate inflation, damage and tread wear.
4. Lights – all lights must be checked, inside and out, including dash lights. Check both high and low beam headlights.
5. Horn
6. Brakes – When testing the brakes the engine will be on. They shall be tested by putting the vehicle in gear and applying the brakes to bring the vehicle to a stop. When the pedal is depressed it should move smoothly. When released the pedal should return to the complete raised position. When stopping there should not be any pulling to either side, grinding sounds or return pressure felt in the brake pedal. If brakes fade or any of the above symptoms are noted immediately notify Logistics or the Shift Supervisor and take the unit out of service.
7. Parking brake – The vehicle should not roll either forward or backward when the parking brake is applied.
8. Back-up alarm
9. Emergency lights
10. Siren
11. Date / mileage due of next preventive maintenance. – Vehicles that are found to be due for preventive maintenance will be immediately reported to logistics.
12. Damage to the vehicle – all employees will inspect the vehicle for new damage when taking responsibility for the vehicle. Upon return of the vehicle it will be inspected for new damage. Damage not previously noted on the vehicle's damage report will be assumed to have occurred during the employee's use of the vehicle. If new damage is noted it will be immediately reported in writing to the shift supervisor.
13. Motor oil
14. Brake fluid
15. Power steering fluid – should be checked while the vehicle is on a level surface and when the engine is warm but not running.
16. Hydraulic systems
17. Automatic transmission fluid
18. Cooling system reservoir
19. Seatbelts – assure they are in proper working order. Buckles must lock into place and release when the button is depressed. Straps must not be ripped, torn or frayed.
20. Equipment – assure that all equipment is stored and secured in its proper place. Make certain that nothing can loosen and become a "missile" hazard in the event of a quick stop.

Employees must assure that the vehicle is in safe operating condition at all times. Gauges will be monitored when the vehicle is in operation. If any gauge indicates an abnormality the vehicle must be taken out of service as soon as possible. All defects or deficiencies shall be immediately reported to the shift supervisor.

VI. VEHICLE MAINTENANCE

1. All vehicle maintenance and records of maintenance is the responsibility of Leon

County Fleet Management.

2. Repairs, adjustments, alterations and modifications to equipment will be carried out only by qualified persons specifically authorized by Leon County. No employee of LCEMS is to undertake such work unless authorized.
3. In the event of vehicle / equipment malfunction, corrective measures on the part of LCEMS personnel will be limited to verification that power exists and that all operating controls are in a normal configuration. If such action does not correct the malfunction, the problem will be referred to authorized service personnel.
4. All malfunctioning vehicles and vehicle equipment will be reported to the Shift Supervisor. No vehicle perceived to be unsafe will be driven until checked and repaired or deemed safe by Leon County Fleet or the Shift Supervisor on duty.
5. If a critical vehicle malfunction occurs while responding to a call or transporting a patient the crew will immediately notify control to dispatch another unit. The Shift Supervisor will be notified to assure that the patient is cared for and to coordinate towing and repairs. The crew will complete an incident report and provide it to the Shift Supervisor.

V. GENERAL SAFE DRIVING

- Before driving
 - A good mental attitude is essential for safe driving. A chip on your shoulder, a bad temper, irritations caused by other drivers, personal worries, fighting traffic and aggressive driving are all out of place for safe driving.
 - Make all adjustments for safe driving such as seat, inside and outside mirrors and sitting position before putting the vehicle into gear.
 - All persons who drive or ride in County vehicles will in all cases wear the installed seat belt. The only exception is an attendant in the rear of an ambulance who is administering patient care that would not otherwise be able to be administered if the seat belt were worn.
 - Never take drugs or strong medication before operating a vehicle. Drugs, illness or extreme fatigue may affect an employee's ability to judge distance, speed and driving conditions.
 - Nothing is to be stored on the dashboard (i.e. coffee cups, clip board, papers, etc)
- Starting
 - Signal your intention.
 - Wait for traffic to clear
 - Avoid jack-rabbit starts...they may injure an occupant and will damage the vehicle

- On the road
 - All drivers will abide by all federal and state laws and County policies.
 - Use of cellular / mobile phones is limited to hands free use while driving County vehicles.
 - Always be prepared to make emergency stops or take evasive action.
 - The speed limit is a prudent safety limit. The posted speed limit will not be exceeded except during emergency responses as outlined in this policy.
 - Check mirrors and gauges frequently.
 - Shift your vision from point to point.
 - Do not drive too close to the vehicle ahead. Keep a distance of at least four seconds between you and the vehicle in front of you.
 - Slow down at intersections. Anticipate turns by other drivers.
 - Do not jump yellow traffic lights.
 - Slow down for curves and accelerate as you reach the straight. Remember that ambulances are top heavy and can overturn as a result of swerving.
 - Never assume you have been seen or heard. Conversation, radios, tape players, closed windows and closed minds all may prevent drivers from seeing or hearing your vehicle until the last moment. Prepare yourself accordingly.
 - Respect the right of way of others before asking that they yield to you. Watch for signs of movement. Do not assume the right-of-way. The driver who has the last chance to avoid an accident may be the driver in the legal right.
 - Keep a distance behind other vehicles to avoid tailgating. Do not allow others to tailgate. Slow down, pull over to the side and let the tailgater pass.
 - Watch for and yield to pedestrians, especially at crosswalks and between parked cars. Small children and old or incapacitated persons are completely unpredictable.
 - Drivers must be particularly alert while driving near children. Children must be kept from playing in or about County vehicles. While in areas such as schools, parks, playgrounds, swimming pools or community centers be especially watchful for children and drive carefully and slowly.
 - Lookout for animals and avoid them whenever possible. Never jeopardize your patient or vehicle by swerving or braking violently to avoid an animal.
 - Watch the hidden lane of traffic at intersections. Vehicles in that lane may not see or hear you.
 - Be visible at all times. Turn on low beam headlights at all times the vehicle is operated.

- Passing
 - Pass only when your view is clear well ahead and never on a solid yellow line.
 - Make sure the vehicle behind you is not about to pass
 - Signal by flashing your high beam headlights
 - Use extreme care when passing by crossing the median and driving in the wrong lane. This will only be done while traveling in emergency mode with lights and siren on.

- Convex mirrors provide deceptive spatial positioning. Do not use them to judge position of your vehicle in relation to other vehicles.
- Turning
 - Signal intentions at least 100 feet in advance, including changes in lane and actual changes in direction.
 - Check blind spots and mirrors before turning
 - Look ahead and behind several times before turning
 - Learn blind spots and compensate for them
- Stopping / breaking
 - Anticipate your stop and signal your intention.
 - Use pumping or press and release action when braking.
 - Stop gently, remember your patient and partner.
 - Avoid sudden braking. Instead of sudden hard braking continue past and go back. Remember a vehicle may be right behind you that you don't see
- Parking
 - Vehicles on calls should be left running.
 - When possible do not park in moving traffic lanes.
 - Leave emergency warning lights on when parked in the flow of traffic
 - Before leaving the vehicle place the vehicle in park and engage the parking brake.
 - Engage the high idle.
 - If parked on a downgrade the front wheels should be turned towards the curb.
 - If parked on an upgrade the front wheels should be turned away from the curb.
- Night driving
 - Do not overdrive your headlights.
 - Keep headlights and windshield clean.
 - Dim headlights for oncoming traffic.
 - Distant tail lights are deceiving. Slow down until you are sure of distance.
 - Keep alert for pedestrians, unlighted vehicles, vehicles with one headlight, bicycles, motorcycles and animals.
- Weather hazards
 - Do not drive through moving water
 - Use caution when leaving the roadway – making sure the ground can handle the weight of the ambulance and you won't get stuck. You and the patient are better off if you have to park on a hard surface and walk to the patient. This will prevent delays in care and or transport.
 - Do not drive too fast for existing conditions.
 - Do not make hard stops or turns on roads that are slippery, wet, icy oil slicked.
 - In obscured vision situations slow down, be alert and use hazard warning flashers. Turning off a portion of your emergency lights during heavy fog or rain may improve visibility and decrease reflective glare.

VI. BACKING PROCEDURE

Ambulances

- To ensure the safety of pedestrians and for the protection of property in the vicinity of LCEMS ambulances operating in reverse all personnel are required to follow this procedure when the ambulance is proceeding in reverse mode.
- The ambulance will not be put into reverse until someone is outside the ambulance on the driver's side rear. This person is responsible to make sure that the area directly behind the ambulance is clear of all objects and persons.
- The driver of the unit will keep their window down and the AM/FM radio off while backing the ambulance to ensure better communication and vision.
- Direct eye contact must be made between the driver of the ambulance and the person responsible for backing them up. If the driver cannot see the spotter, they should immediately stop the ambulance to avoid hitting the spotter.
- Auxiliary lights such as the side scene lights should be used if necessary to illuminate all areas near the ambulance.
- Side mirrors shall be free of water, dirt and debris to allow for maximum visibility by the driver.
- Verbal communication between the driver and spotter at the rear of the unit shall be maintained. Use of the two way radio should not be used.
- Hand signals consistent with the direction of travel and stopping will be used by the spotter at all times. See attachment #1 for approved hand signals.
- If a crew member attending the patient is unable to direct the driver, the driver should immediately seek the help of another individual who is on scene. If the situation arises where there is absolutely no one to direct the ambulance driver the driver should inspect the path of travel to the rear of the ambulance before moving the ambulance in reverse. When moving in reverse the crewmember in the patient compartment should proceed to the rear door windows and clear the travel area to the rear of the ambulance. This should only be done in extreme circumstances when no other alternative exists.
- Back up slowly and with caution, never more than 1-2 mph.
- Turn off the back-up alarm whenever a backer is present, if available. In emergent situations when a backer is not available, back-up alarm must be on.

Other vehicles

All drivers of LCEMS non-ambulance vehicles will observe the Leon County backing policy located in the Leon County Board of County Commissioners Safety Manual.

VII. RESPONDING TO EMERGENCIES

- Vehicles responding to an emergency call will utilize both audible and visual warning devices (lights and sirens) except when contraindicated for safety.
- Give traffic a chance to clear itself before pushing through. Weaving in and out of various traffic lanes is exceedingly dangerous.
- Florida Statutes 316.126 (3) say “Any authorized emergency vehicle when enroute to meet an existing emergency, shall warn all other vehicular traffic along the emergency route by an audible signal, siren, exhaust whistle, or other adequate device or by a visible signal by the use of displayed blue or red lights.. While en route to such emergency, the emergency vehicle shall otherwise proceed in a manner consistent with the laws regulating vehicular traffic upon the highways of this state.” Keeping this in mind, when making emergency response between 11:00 p.m. and 6:00 a.m. in residential areas, if there is no apparent vehicular traffic and the unit is traveling at posted speed limits, the use of sirens is not mandatory. Safe operation of the ambulance must be the primary objective of the driver at all times. When in doubt concerning the use of the sirens, always choose to use the sirens.
- When making emergency response with lights and sirens, although the statues specify the posted speed limits may be exceeded, the driver must always take weather, road and traffic conditions into consideration. The statute specifically “does not relieve the driver from the responsibility to drive with due regard for the safety of all persons” (316.126 (5)). Unnecessary and unreasonable excessive speeds shall be avoided.
- The AM/FM radio will be turned off during emergency responses and while transporting patients.
- Drivers will be alert for other emergency vehicles responding.
- When a two person crew is responding they will work as a team. The front seat passenger will note the location of the incident, locate it in the map book and provide directions to the driver as needed. They will serve as a second set of eyes watching for hazards, other vehicles and pedestrians and will communicate such to the driver. The passenger should operate the two way radio and siren to avoid distractions to the driver.

- Use of cellular / mobile phones will be limited to calls necessary to get information from control or dispatch. They will be used in hands free mode and will be operated by the passenger when present.
- Use caution when beginning siren in traffic. If sirens are suddenly turned on, the drivers in the immediate vicinity may be startled and panic.
- Driving on the wrong side of the road, crossing medians and driving the wrong way on one-way streets will be done in cases of necessity and with extreme caution. Resort to this only when there is no other way to get through. Drivers will be prepared to justify their actions.
- When driving to an emergency all drivers of emergency vehicles will come to a full and complete stop at all red lights and stop signs. After ascertaining that all other traffic has yielded to the emergency vehicle, the vehicle may proceed through the intersection with due regard for the safety of others.
- Posted speed limits in school zone must be observed when children are present.
- Emergency vehicles will not pass a school bus when the school bus is loading or unloading students as indicated by the flashing red lights on the school bus until cleared to do so by the driver of the bus. At that time the emergency vehicle will proceed with extreme caution.
- Upon arrival at the scene of an incident, emergency vehicles will be parked at a safe distance from any hazard and in such a manner as not to cause obstructions to other emergency vehicles responding to the scene. Vehicles will, unless otherwise contra-indicated for reasons of safety or security, remain idling at all times. Turn off white lights and head lights at night, unless they are deemed necessary for safety.
- At Haz-Mat scenes the unit should be parked at a distance and location indicated by a Haz-Mat team officer. In the absences of such an officer the crew should use information contained in their North American Emergency Response Guidebook to determine where to position the unit.
- Ambulances transporting patients to an emergency care facility may use emergency lights and sirens in circumstances involving patients with life-threatening or potentially life-threatening illness or injuries at the discretion of the paramedic in charge of patient care.
- Ambulances may only be operated by LCEMS employees, regardless of Code return.

VII. ACCIDENTS & EMERGENCIES

All accidents, no matter how minor, involving County owned vehicles will be immediately reported to the shift supervisor. Employees will follow the policy on handling and reporting accidents as outlined in the Leon County Board of County Commissioners Safety Manual. This includes mandatory drug and alcohol testing of drivers as outlined. County employees involved in accidents while utilizing a County – owned vehicle is to only discuss the accident with the investigating law enforcement officer or an agent of Leon County. Do not offer an admission of guilt.

If an ambulance is involved in an accident while transporting a patient:

- Immediately notify control of the situation and request additional resources and the on duty supervisor to respond.
- Check the status of the crew and patient and provide first aid as required. If injured and it is safe to do so remain where you are, don't further injure yourself trying to provide care for others.
- Check the status of the other parties involved and provide first aid as required. Their care will be immediately turned over to other responding units when they arrive on the scene.
- Warn other motorists of the accident by using warning devices.
- Ensure the safety of everyone involved.
- Evacuate the ambulance if it is not safe for the patient or crew to remain in the ambulance.
- If it is safe for the patient and crew to remain in the ambulance, keep the patient in the ambulance until the back-up units arrive to provide assistance.
- Transfer the patient being transported to another unit for continuation of care / transport.

If an emergency vehicle is involved in an accident other than while transporting a patient:

- Immediately notify control of the situation and request additional resources and the on duty supervisor to respond to assist you. If responding to a call request that another unit be sent to that call.
- Check the status of the crew and provide first aid as required. If injured and it is safe to do so remain where you are, don't further injure yourself trying to provide care for others.
- Check the status of the other parties involved and provide first aid as required. Their care will be immediately turned over to other responding units when they arrive on the scene.
- Warn other motorists of the accident by using warning devices.
- Ensure the safety of everyone involved.
- Evacuate the ambulance if it is not safe for the crew to remain in the ambulance.

If a fire occurs on board any County vehicle the crew will assure that all passengers are immediately evacuated. Only after everyone's safety is assured and in cases of small

fires should the crew attempt to extinguish the fire. Do not attempt to extinguish any fuel fires.

If you smell fuels vapors or observe fuel leaking:

- Stop the unit
- Turn off all electrical systems
- Remove the patients, passengers and crew from the unit
- Keep the area clear
- Immediately notify the Shift Supervisor
- Request additional unit as needed to transport patient or respond to call

It is not possible to list all emergency situations that a crew may encounter. However, in all emergency situations the safety of the crew and the patient will always be the first consideration. Safe guarding property will always take a back seat to safe guarding life.

IX. DISCIPLINE

Any employee who fails to abide by any of the Leon County driving policies and procedures will be subject to disciplinary action up to and including termination of employment.

Attachment #1

Straight back motion



Turning to left



Turning to right



Start slowing down





- Not all backing instances require a “start slowing down” or “distance to stopping” signal.
- Simple “all stop” signal will work.
- Use safe judgement of situation and hazards present to use correct signals.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Gasoline and Diesel Refueling
Effective: June 1, 2005
Reviewed: March 2005, June 2008, December 2012, December 2015
Revision: 4
Pages: 3

I. PURPOSE:

To provide a policy governing the refueling of Leon County EMS vehicles

II. GUIDELINE:

To assure fleet readiness by assuring appropriate levels of fuel are maintained in all Leon County EMS vehicles.

III. PROCEDURE:

General Information

- All vehicle fuel levels will be maintained at no less than ½ total fuel volumes. All units will have a full fuel level before leaving headquarters. Units based at County stations will be maintained at a ¾ level at their post.
- The employee fueling the vehicle is responsible for placing the correct fuel in the vehicle. Placing the incorrect fuel in the vehicle may result in disciplinary action.
- Only County owned vehicles (emergency or non-emergency) may be refueled using the County system.
- Do not fill tanks to the point of overflowing.
- Smoking and use of cellular / mobile phones during the refueling process are prohibited.
- Follow all posted safety directions
- Ambulances equipped with urea tanks shall have diesel exhaust fluid (DEF) added when the range is 500 miles, or under ½ full.

County fuel depots

- Routine refueling will occur at the County owned fuel depots at public works and the Sheriff's Office.
- Follow the directions on the fuel key reader located at these locations.

TFD fuel depot

- Routine use of TFD or City fuel depot is not permitted. They will only be used in extremely necessary situations. Prior to use supervisor approval must be obtained.
- Only County units can use the TFD fuel depots located at the County Fire Stations.
- Complete the fuel log located at the County Fire Station and an incident report indicating the reason for fuel acquisition at TFD or City depot, the amount of fuel obtained and the name of the supervisor who approved the acquisition.
- Refuel the vehicle by following the directions.

P-Card Use

- Each Paramedic is issued a county Purchasing or "P-Card." Any time that a County vehicle is traveling out of town the paramedic should use the P-card to refuel. Fuel can be obtained at any station that accepts the Visa P-card.
- Fuel vehicle and follow any specific instructions provided by attendant.
- Sign credit card receipt for purchases. Be sure to verify dollar amount and gasoline volume charged to the County account.
- Retain receipt and provide it to the EMS staff assistant at HQ for processing as soon as possible after the transport/
- Failure of any individual to turn in receipts for purchases may result in

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417.00

disciplinary action and may result in payroll deduction of amount charged.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Vehicle Security
CAAS: 203.03.03
Effective: January 2004
Reviewed: May 2008, December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

The purpose of this Standard Operating Guideline is to ensure that all equipment as well as crewmembers' personal belongings cannot be stolen and/or tampered with.

II. GUIDELINE:

It is the guideline of LCEMS that every patient will receive a high level of consistent care. Therefore, all EMS equipment shall be secured when the vehicle is unattended.

III. PROCEDURE:

1. Responsibilities

- A. It is the responsibility of both crewmembers to ascertain that all compartments of the ambulance are locked when the vehicle is unattended. Ambulances on scene out of eyesight of the crew are considered unattended and shall be locked as well.
- B. This includes locking of all compartments when a vehicle is taken out of service at the end of a shift or taken to a service facility for repair.
- C. Crew members are responsible for notifying the on-duty supervisor if the locks are not functional.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Ambulance Passengers
Effective: April 2012
Reviewed: December 2012, December 2015
Revision: 1
Pages: 1

I. PURPOSE:

The purpose of this Standard Operating Guideline is to provide guidance for crews in allowing and or disallowing additional non-patient passengers to accompany a patient to the hospital in the ambulance.

II. GUIDELINE:

The LCEMS crew will be responsible for determining what, if any, additional passengers will accompany a patient to the hospital in the ambulance. Transport of an additional passenger may be considered if the person is:

- a. The parent or guardian of a minor child
- b. An interpreter
- c. Minor with a parent being transported, if this would cause the minor to be left unattended.
- d. Family member with medical information
- e. Caretaker
- f. Law Enforcement Officer
- g. Firefighter

Transportation of pets is prohibited in ambulances with the exception of service animals.

The paramedic in charge will determine where the passenger rides. Passengers should be seated in a fashion that allows for use of safety belts. Family members, walking wounded and other non-employees shall not be permitted to ride in the cab of the ambulance if they are visibly contaminated with blood or other body fluids, under any circumstances.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Student Riders
Effective: April 2012
Reviewed: December 2012, December 2015
Revision: 2
Pages: 2

I. PURPOSE:

To define guidelines for EMT and Paramedic students while riding with Leon County EMS.

II. GUIDELINE:

1. EMT and Paramedic students are allowed to perform BLS skills and/or procedures under the direct supervision of any Leon County EMS (LCEMS) EMT or Paramedic.
2. Paramedic Students are only allowed to perform ALS procedures during their scheduled clinical time while under the direct supervision of a Paramedic Preceptor or Supervisor. Students must be cleared by the Paramedic Instructor to do the individual skill prior to performing it on the ambulance.
3. No Paramedic/EMT student will be allowed to do any Paramedic procedure at any other time, specifically those individuals who are employed at LCEMS.
4. Students are required to wear their assigned student uniform when riding with EMS. The uniform should be clean and pressed and the student should be in compliance with LCEMS uniform and appearance guidelines. A student may be sent home by any employee for failure to comply with this guideline. The on-duty supervisor and the LCEMS clinical coordinator will be notified by e-mail when a student is sent home.
5. Students are required to remain free of Tobacco products while riding with LCEMS.
6. Students must don Traffic Safety Vests while working in traffic.
7. Students are required to arrive at HQ 15 minutes prior to the start of their shift. On-duty ambulances should not return to HQ for late students except at the discretion of the on-duty supervisor.
8. The LCEMS crew is responsible for ensuring the student is proficient with stretcher operations at the beginning of each shift.
9. TCC paramedic students are assigned preceptors that are responsible for completing the appropriate paperwork each shift. TCC EMT students and NFCC students should have their appropriate paperwork completed by the most senior, full-time paramedic on the ambulance.
10. Interventions performed by students should be documented accordingly in the Patient Care Report by adding "TCC Student" or "NFCC Student" to the ambulance crew.
11. The Paramedic/EMT overseeing the student during the performance of a particular skill is responsible for ensuring the skill/intervention is done appropriately and according to protocol. A Paramedic/EMT may refuse to allow a student to perform a skill/intervention at anytime if they are uncomfortable with the student's proficiency.

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Student Riders

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12. All student riders should be treated professionally and respect. All LCEMS staff members are expected to behave in accordance with Leon County Board of County Commissioners Human Resource Policies and Procedures including;
 - a. 2.02 Workplace Harassment
 - b. 2.05 Nepotism
 - c. 2.13 Safety
 - d. Any student complaints regarding the behavior of any LCEMS employee will be investigated by the Deputy Chief of Clinical Affairs or his/her designee.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Patient Care Report Delivery to Receiving Facilities
CAAS: 201.03.02
Effective: June 15, 2012
Reviewed: December 2012, December 2015
Revision: 2
Pages: 2

I. PURPOSE:

To ensure delivery of accurate records of medical care given by LCEMS personnel in compliance with standard medical records practices.

II. GUIDELINE:

EMS patient care reports are to be completed on all patients whom LCEMS assesses, treats and / or transports. The patient care record in all instances will accurately describe the services provided to the patient, any and all pertinent scene information, an accurate and complete patient assessment and accurate and complete treatments. A copy of a completed report will be provided to the receiving facility at time of patient delivery whenever possible. Any crew being utilized within system status must be available for call after patient delivery and cleanup. In these instances a verbal report and/or preliminary copy of the patient care report will be given to a receiving RN or MD and a signature will be obtained on the patient care report whenever possible.

III. PROCEDURE:

1. Patient care reports or ambulance run reports are to be completed as soon as possible after the incident. This assures completeness and accuracy. At no time shall patient information, notes or reports be removed from LCEMS or taken home for completion.
2. It is the responsibility of the crew member who cared for the patient to complete the patient care record, and assure delivery to the receiving facility.
3. The patient's name and incident number will be entered into the LifePak 15 for all patients who are placed on the cardiac monitor.
4. For patients who are transported. A completed Ambulance Run Report is to be left at the following locations at time of patient delivery to that institution:

- A. TMH - Bixler Emergency Center, TMH Northeast ER, Capital Regional Medical Center: Once an Ambulance Run Report is completed, a copy is automatically faxed to the receiving facility. Hospital staff may, at any time, log on to our current ePCR vendor, HealthEMS XchangER to obtain a completed Ambulance Run Report.

 - B. Any VA Hospital - Leave a completed copy of the Ambulance Run Report at the "Travel Officer's" office (must have beginning and ending odometer readings).

 - C. All Other Hospitals - Leave a copy of the completed Ambulance Run Report with the facility.
5. Any crew being utilized in system status must be available after patient delivery and equipment clean-up. If the patient care report is not complete, a verbal report and/or a preliminary copy of the patient care report must be given to the receiving RN or MD including; incident location, incident type, date, time, crew members, agency, any available patient demographics, medical history, chief complaint, assessment findings, vital signs, clinical impression, treatments, responses to treatments, disposition of patient, and date/time report was given to the receiving facility.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Lateral Transfer and Relocation of Patients

Effective: July 5, 2012

Reviewed: December 2012, December 2015

Revision: 1

Kim Landry, MD – Medical Director

Pages: 1

I. PURPOSE:

The purpose of this guideline is to delineate certain situations where the “lateral” transfers of bedridden patients may be indicated and the variance of destination may be a facility other than a hospital. This consideration is intended to move a patient to a substantially safer environment than he/she is currently in during a severe weather event.

II. BACKGROUND:

At times, during periods of mandated emergency evacuation of special needs patients, it may be necessary for EMS to assist in relocating a bedridden patient to a special needs shelter for the expected duration of a weather event or named storm that impacts this region. In this situation, where no other viable means of horizontal patient movement exist, Leon County EMS may be tasked with missions of this type. Each mission will be evaluated on a case by case basis in order to determine what is in the best interest of the patient.

III. GUIDELINE:

1. This variance may only occur during times when the county Emergency Operations Center (EOC) is fully activated and a liaison from EMS is present in the EOC.
2. This variance may only apply when prevalent conditions are suitable enough that safe transport of the patient can take place.
3. The variance may only apply when the patient’s medical condition is stable and the patient is a candidate for the special needs shelter environment.
4. It is understood that a transport may be aborted due to dangerous weather conditions that may place the patient or transport crew in jeopardy.
5. An EMS Patient Care Report is still required for any transport under this variance.
6. Patients that are unable to remain in their own dwelling due to evacuation orders and whose healthcare needs exceed the capability of the special needs shelter will be transported to the closest hospital that can meet their need.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Road Closures/Hazards

Effective: December 11, 2012

Reviewed: December 2012, December 2015

Revision: N/A

Pages: 1

I. PURPOSE:

The purpose of this guideline is provide a means of notifying crew members and dispatchers of road closures or hazards/

II. PROCEDURE:

A. Advance notice of scheduled road closure

- Any staff member receiving notification of an upcoming scheduled road closure will email notification to the EMS_List
- Road Closure notification should include;
 - location of closure
 - duration of closure
 - any informative maps

B. Emergency Road Closures

- Includes closures for downed power lines or traffic investigations
- Any LCEMS employee noting a road closure due to hazards that they have not previously been informed of shall promptly notify the system status controller of the location, type of hazard, and agency handling road closure.
- Upon receipt of notification, the controller shall notify all on duty crews of the location of the closure and alternate routes when necessary.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Tactical Medical Program

Effective: June 1, 2015

Reviewed: N/A

Revision: N/A

Pages: 6

I. PURPOSE

To provide immediate and continued medical support for the Leon County Sheriff's Office (LCSO) Special Weapons and Tactical (SWAT) Team.

II. GUIDELINES

Tactical Medical Program (TMP) paramedics will accompany SWAT members on call-outs and training for the primary purpose of rendering emergency and preventative operational medical care to injured victims. These victims may include law enforcement officers and civilians. TMP paramedics will operate in the cold, warm, and hot zones of an event and will be backed up in the cold zone by LCEMS ambulance when a patient presents themselves to the TMP paramedic. The TMP paramedic will be unarmed, so continuous 360 degree protection will be provided by the SWAT Team members. TMP paramedics will receive training to be able to operate in austere and hostile environments.

III. SELECTION & REQUIREMENTS

A. Applicant Requirements

1. Minimum of one (1) year of service as a Paramedic I at LCEMS and must currently be employed with LCEMS as a Paramedic I with demonstrated clinical experience
2. Approval and endorsement by the LCEMS Medical Director as a Tactical Medic.
3. Letter of intent must be submitted by the candidate indicating the candidates desire to be considered for participation in the Tactical Medical Program. This letter must be submitted to the Program Coordinator not less than 15 days prior to the announced date of the program testing.
4. Written letter of recommendation from your current shift Captain.
5. Not on probationary status with EMS.

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6. Endorsement of the EMS Tactical Medical Program Administrator.
 7. Overall work performance, behavior, attitude, clinical skills, and professionalism during regularly assigned duties must be consistently demonstrated at “satisfactory” levels in all areas.

B. Participant Selection

1. Successful completion of physical agility testing as conducted by LCEMS and LCSO.
2. Successful completion of an interview administered by LCEMS and LCSO.
3. Background screening as conducted by LCSO.
4. Successful completion of a written examination as administered by LCEMS may be required.

C. Participant Minimum Qualifications

1. Successful completion of the Florida SWAT Association Tactical Medic Course.
2. Successful completion of the Basic SWAT Tactics Course provided by LCSO.
3. Attendance at required SWAT training.
4. Attendance at all required LCEMS training.
5. Maintained standard of physical conditioning.
6. Continued endorsement of the SWAT Team Leader.
7. Continued endorsement of the Tactical Medic Team Leader and Administrator.
8. Continued endorsement of the LCEMS Medical Director.

As part of the LCSO screening process, Tactical Medical Program candidates and participants will be subject to annual medical physical and psychological exams. Failure to submit to such testing as required will result in immediate probation from the Tactical Medical Program. The program coordinator and administrator will determine if the TMP medic will be eligible to continue in the program after completion of all requirements

IV. FUNCTIONS

1. Provide medical treatment to injured team members during SWAT operations. Provide medical treatment to non-law enforcement personnel injured during SWAT operations.
2. Prepare medical surveillance, rehabilitation, and medical pre-plans to assess risk to mission success and team welfare. A Medical Threat Assessment (MTA) document will be created for tactical and training events.

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3. Serve as the medical advisor to the SWAT Team Commander. The TMP paramedic will serve as a health information resource to the team and act as the “Commander’s Medical Conscience”.
 4. TMP paramedics will ensure that team members and civilians are afforded optimum treatment and are transferred in a timely manner to the appropriate level of ongoing medical care.

V. TACTICAL MEDIC RESPONSES

The following are incidents in which a tactical medic may be utilized. Note that when there are conflicting needs for personnel in any of the listed situations, the needs of LCEMS will take priority.

1. High risk warrant service (HRW)
2. Hostage situation
3. Barricaded suspects
4. Armed felony suspect arrest
5. Dignitary protection details
6. Civil disturbances/demonstrations
7. Active shooter incident
8. Terrorist acts
9. Other incidents not listed here but deemed necessary by the Sheriff or SWAT Commander.

VI. CHAIN OF COMMAND AND AUTHORITY

1. During SWAT operations, the TMP medic shall be under the direct command of the SWAT Team Leader.
2. During SWAT operations, the SWAT Commander shall have final authority regarding tactical decisions. This includes patient care mitigation, to the extent team members or the mission may be in danger.
3. The TMP medic shall make and implement all medical decisions as the attending medical practitioner providing it does not jeopardize team safety, mission accomplishment, or conflict with order given by the SWAT Team leader or SWAT Commander.

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4. All LCEMS personnel, while working with LCSO SWAT Teams, will always be employed by Leon County EMS and will be subject to all protocols and guidelines for LCEMS personnel.

VII. CONFIDENTIALITY AND OPERATIONAL SECURITY POLICY

1. It is recognized that TMP medics will be exposed to confidential information during TMP participation. It is further recognized that TMP medics and SWAT Team members will be held to strict standards of confidentiality and operational security. Confidential information will include, but is not limited to, SWAT tactics, SWAT operations, the identities of SWAT team members and undercover law enforcement personnel and all medical information.
2. Unless otherwise directed by SWAT Command, TMP medics and SWAT Team members will not communicate with the media

VIII. CALL-OUT PROCEDURE

1. LCSO will notify TMP paramedics via SMS Text/Phone.
2. The Tactical Medic Team Leader or designee will assess the medical needs for the call-out and advise the TMP Coordinator and Administrator. The TMP medic will be paged and will call the Team Leader. If the Team Leader is unreachable, then call the TMP Coordinator. At this time the medic will be advised whether or not to respond. If a medic is needed, they will then be advised of where to meet the team.
3. TMP medics will assemble their equipment. The TMP medic will then proceed to the Sheriff's Office or specified staging location and meet with the rest of the team.
4. The Tactical Medic Team Leader or designee will coordinate with the Captain and Controller on duty if ambulances are needed to standby or transport patients.
5. Control will create a call using the Sheriff's Office as a location and nature of call as SWAT.
6. Prior to the call being closed out, Control will be notified of the corrected incident address and any other needed information. This will be the actual address of the SWAT incident for reporting purposes.

IX. CALL-OUT EQUIPMENT

TMP paramedics are responsible for the maintenance and security of their equipment. For call-outs, the following equipment is necessary for the TMP paramedic to bring with them:

1. All personal safety equipment including tactical vest
2. Medical bags
3. AED, ProPack, batteries
4. EMS radio with charged battery
5. EMS and SWAT ID's
6. Other communications, tactical, medical equipment as necessary

X. CALL-OUT OPERATIONS

During SWAT call-out operations, TMP medics will participate in whatever part of the assault that the Commander feels necessary. The zone of care the medic is assigned to may be dependent on the level of training and experience of the medic.

While involved in SWAT operations, the TMP medic will be under the command of the SWAT Commander. The medics on scene will make all medical decisions. The SWAT team's safety should drive all medical decisions.

TMP medics will be unarmed and will be accompanied at all times by an armed SWAT team member without exception. TMP medics will be clearly marked as medics at all times so that all SWAT team members will know that this is an unarmed team member that constantly needs protection in all circumstances.

If the SWAT Commander feels that the team's safety would be compromised in trying to reach a victim, then the victim will remain in place until access can be made with greater safety. Remote Assessment Methodology will be in place.

Once a victim has been accessed, the TMP medic will immediately begin assessment of the victim's injuries and initiate the appropriate treatment for the threat level. Other SWAT team members will provide assistance and cover if necessary.

If hospital transport of a victim is necessary, the TMP paramedic will ask Command to contact the Consolidated Dispatch Agency (CDA) to request an ambulance be sent to the designated response area. Once the transport unit arrives at the designated response area, the TMP paramedic will transfer the victim to the transport unit. The TMP paramedic will need to make a decision to relinquish care or ride in with the victim. If the incident is still considered "active" or "hot" then the care should be transferred immediately to the

transporting unit. If there is little threat of any additional victims, then it may be advantageous for the TMP medic to continue care to the hospital.

In many cases, TMP paramedics should remain on the scene of the incident until its completion to provide care for additional casualties. Exceptions to this may occur, however sufficient emergency medical coverage must be maintained on all operations as necessary.

In the event that a SWAT team member is injured, a TMP paramedic should accompany that team member during transport to the appropriate emergency department. The TMP paramedic should act as the SWAT team's medical advocate and liaison, keeping the team members family, friends, and coworkers informed of their medical status.

Operational Security (OPSEC) is the responsibility of each individual team member. The events of a call-out or training will remain with the team. The purpose of this exists for the continued safety of all team members and the SWAT team as a whole. Nonspecific answers can be given to any inquiries pertaining to the SWAT team.

LCEMS patient care reports will be filled out on all patients treated and/or transported by the TMP medic. These reports will probably need to be filled out after the end of an incident but before the TMP medic ends his or her SWAT shift.

TMP medics will maintain appropriate HIPAA confidentiality and not disclose protected patient information even to SWAT team members unless it is necessary within the boundaries of an active law enforcement investigation.

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OPCON 2 Checklist

Date	Time	Event
Captain	Controller	

- Notify all LCEMS Administrative staff
- Have dispatch/Captain place all LCEMS staff on alert for recall (Operation Activate)
- Send notification that all personnel should regularly call the EMS Announcement line at 850-606-2105 to keep up with agency announcements regarding the storm and disaster preparations. Remind personnel to monitor weather/news reports. Remind all personnel to take steps to secure their family and property in preparation for reporting for duty
- Review Leon County EMS Emergency Operations Plan
- Call Special Operations Captain, Deputy Chief of Operations, and EMS Chief to prepare for a formal staff meeting to be held for each operational period or Watch / Warning Bulletin issued by the National Weather Service
- Inventory all equipment and double check apparatus to insure their readiness (flashlights, spare batteries, etc.on each vehicle)
- Check stock of supplies and linen and place order for immediate delivery of needed supplies and linen
- Charge all spare batteries for portable suction devices, LP15's, portable radios
- Coordinate acquisition of extra oxygen cylinders
- Contact the amateur radio operators to confirm their support at EMS Headquarters
- Have Logistics pick up all re-useable equipment at the hospitals on a regular basis
- Consider the need for water and food for field staff
- Contact vehicle repair shops to request priority repairs of vehicles
- Check that all emergency generators are in working order
- All apparatus fuel tanks should be topped off
- Check that all electronic equipment at Headquarters(computer, fax, phone, radio, etc.) can be quickly disconnected and safely stored in the event of an evacuation
- Command Staff should begin maintaining an event file in-station, maintaining a copy of e-mails, phone messages, etc., related to the incident.
- Have Special Operations personnel initiate conditional readiness test for all response equipment
- Secure all loose items around the exterior of stations; i.e. wash out hose, garbage cans, chairs, anything that can become a projectile in high wind if applicable
- Test and assure that all power equipment is operational; i.e. chainsaws, portable pumps, generators, etc.
- Reconfirm with all Areas of Last Refuge
- Print latest employee phone lists
- Obtain all needed keys for vehicles and buildings for disaster use

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OPCON 3 Checklist

<u>Date</u>	<u>Time</u>	<u>Event</u>
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<u>Captain</u>	<u>Controller</u>
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- Initiate operational and planning meetings of Command Staff
- Begin situational status reporting

- Consider beginning Operation Activate
- Have** dispatch contact Leon County air ambulance provider to verify aircraft relocation site and expected return to duty time
- Assign a LCEMS representative to serve as liaison at the Leon County EOC located at the Public Safety Complex
- Distribute severe weather safety reminders to crews

- Move all critical files to a safe area.

- Begin recording messages for personnel on the Announcement Line
- Move as many ambulances and Special Operations vehicles into bays at the EMS Operations Building as possible.
- Prepare to have crews stage at the EMS Operations Building and the main Public Safety Complex Building.
- Prepare for radio backup procedures with crews. Test backup channels and phones
- Consider a recommendation by the EMS Chief or his designee to have the Medical Director issue an Open Protocol Order. The EMS Chief or his designee will transmit an Open Protocol Order to all personnel. Issuance of an Open Protocol Order will allow currently certified providers operating under general supervision of the Medical Director of Leon County to perform medical techniques to the highest certified medical trained level as outlined by the Leon County EMS Medical Protocol Manual without prior Medical Control permission. This order does not allow for deviation from the Protocol Manual, only the relaxation of contacting medical control prior to performing authorized medical techniques.
- Consider altering the normal response matrix. This will be made by the Chief or Deputy Chief. Safety considerations to be taken into account

409.00

OPCON 4 Checklist

<u>Date</u>	<u>Time</u>	<u>Event</u>
<u>Captain</u>		<u>Controller</u>

- Command Staff will select a crew member to act as aide as needed.
- Remind all personnel to wear full protective gear, including helmet, for all responses to protect from flying debris
- Send a Command Staff person to Dispatch. Once responses stop due to weather conditions, the Command Staff person shall assist dispatch in prioritizing calls for when weather conditions permit responses to resume
- Have EMS crews that encounter high water while responding, notify dispatch and other responding agencies
- Remind Crews to notify dispatch of any hazardous conditions
- EMS will discontinue response to medical calls when **sustained** wind speeds reach **55 MP or when a consensus of response agencies in the EOC agree on discontinuing operations. A decision to discontinue operations or resume operations can only be made by the EMS Chief or a Deputy Chief** . Time operations discontinued _____
- Account for locations of all crew members
- Account for locations of all apparatus
- Provide instructions for if communications fail to all personnel
- Determine when it is safe to resume operations (coordinate with EOC)

409.00

OPCON 5 Checklist

<u>Date</u>	<u>Time</u>	<u>Event</u>
<u>Captain</u>	<u>Controller</u>	

- Once the event has passed, initiate a personnel roll call. On duty Command Staff must account for all personnel on duty
 - Designated officers and crew are to conduct a “snapshot” survey to give Command Staff an assessment of the following:
 - Personnel* – Is everyone OK? Do you need medical assistance?
 - Equipment* – Are the apparatus operational? Can they be dispatched?
 - Facilities* – Can you operate out of the station? Do you need significant repairs?
- Use a scale of 1-5 with 5 being the most severe (example: building collapse, a 5) and notify dispatch and Command Staff. Station Damage Survey forms— found in Appendix 9—must be filled out and forwarded as soon as conditions permit Command Staff are to conduct a “Windshield Survey” of the general situation regarding hospitals and response. Conduct Windshield Survey with lights and sirens. Remember, this is a quick and rapid damage survey.
- Immediately report survey information to the Deputy Chief and dispatch
 - Report potential life-threatening incidents encountered during the Windshield Survey to dispatch. These reports shall be made while continuing the survey.
 - The Chief or his designee shall make the determination when the division can resume response operations. This will happen when sustained wind speeds fall below 55mph or when a consensus of response agencies at the EOC decides it is safe to resume operations.. This decision will then be announced by dispatch as a Resume Response order. The Command Staff who believe it is safe to resume operations prior to this announcement shall contact dispatch and state the conditions at their location and their need to begin operations after coordination with the EOC. They will be authorized to respond only upon approval from Command Staff through dispatch. If unable to contact dispatch, the decision to approve such operations will rest with the deputy chief. If unable to contact the deputy chief, the decision will be the responsibility of the Captain on duty. Activities shall be undertaken only if such operations can be completed in a safe manner.
 - Ensure that all Personnel are properly relieved—one for one, as necessary
 - Collect damage assessments
 - Consider the need for Critical Incident Stress Debriefing
 - If applicable, terminate Open Protocol Order
 - Begin demobilizing personnel as appropriate
 - Deactivate Alpha/Bravo shifts
 - Chief or Deputy Chief will determine when LCEMS will return to normal operations – OPCON 1
 - Begin after action reporting

409.00

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Public Education – General Guidelines

CAAS: 105.01.02

Effective: February 15, 2011

Reviewed: December 2012, January 2013, December 2015

Revision: 4

Pages: 2

I. PURPOSE:

The Leon County EMS Public Education division is active in developing and implementing programs to enhance our overall goals of “Preserving Life, Improving Health, and Promoting Safety.”

II. GENERAL GUIDELINE:

The Community Engagement and Organizational Development Major is responsible for oversight and implementation of all Leon County EMS Public Education programs. In addition, he/she may serve as the department’s Public Information Officer as determined by the EMS chief.

The following programs have been developed and are outlined further later in this section:

- A. Bicycle Safety
- B. CPR & AED Training
- C. Child Passenger Safety seat program
- D. First Aid
- E. Leon Lifesaver (calling 911 for children)
- F. Senior Health & Fall Prevention
- G. Stroke Awareness
- H. Vial of Life program
- I. “What is EMS?”

III. PROCEDURE:

Requests for Public Education programs are forwarded to the Community Engagement and Organizational Development Major for approval and scheduling. Staff members are encouraged to actively seek out opportunities to present programs to the public and coordinate any contacts made through the Major.

If utilizing any EMS vehicle(s) for an event, the vehicle(s) should be clean and presentable inside and out.

Prior to leaving headquarters after the conclusion of the event, the crew is responsible for returning all equipment to proper storage and completing a run report in HealthEMS. The abbreviated run report should contain location, time, estimated number of participants, and any problems encountered.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Bicycle Safety

Effective: December 2012

Reviewed: December 2015

Revision: 1

Pages: 1

I. PURPOSE:

To provide a guideline for EMS when presenting educational programs on bicycle safety and injury prevention.

II. GENERAL GUIDELINE:

The Community Engagement and Organizational Development Major will coordinate events for Leon County EMS personnel to promote bicycle safety.

III. PROCEDURE:

Leon County EMS personnel should check-in with the Major, or his/her designee prior to the event to receive the details of the assignment along with contact information for the individual in charge at the event. Upon arrival at the event, the crew should locate the individual in charge.

If utilizing any EMS vehicle(s) for an event, the vehicle(s) should be clean and presentable inside and out.

Prior to leaving headquarters after the conclusion of the event, the crew is responsible for returning all equipment to proper storage and completing a run report in HealthEMS. The abbreviated run report should contain location, time, estimated number of participants, and any problems encountered.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: CPR & AED Training

Effective: December 2012

Reviewed: December 2015

Revision: 1

Pages: 1

I. PURPOSE:

To provide an outline for information and procedures that EMS will follow during CPR & AED training at venues throughout Leon County.

II. GENERAL GUIDELINE:

The Community Engagement and Organizational Development Major is responsible for scheduling the CPR & AED training events.

III. PROCEDURE:

Leon County EMS personnel should check-in with the Major prior to the event to receive the details of the assignment along with contact information for the individual in charge at the location. The EMS personnel should gather all appropriate material for the training event. Upon arrival at the location, the crew should make contact with the individual in charge to find the training area. Once the training area is located, the crew should assemble the CPR manikins. All participants should sign-in on the Leon County EMS sign-in sheet (available on the ems share drive, G:). The EMS personnel may play the American Heart Association's various CPR training DVDs or may elect to conduct the training without video, assuring that all key topics are covered. EMS personnel should observe the participants for proper technique during the hands-on portion of the CPR training. EMS personnel should demonstrate the proper use of the AED and allow participants to interact with the AED trainer. Allow time for questions. At the completion of the training, have the participants complete the Leon County EMS evaluation. Disassemble and clean the manikins.

If utilizing any EMS vehicle(s) for an event, the vehicle(s) should be clean and presentable inside and out.

Prior to leaving headquarters after the conclusion of the event, the crew is responsible for returning all equipment to proper storage and completing a run report in HealthEMS. The abbreviated run report should contain location, time, estimated number of participants, and any problems encountered.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Child Passenger Safety Seat Program

Effective: December 2012

Reviewed: December 2015

Revision: 1

Pages: 2

I. PURPOSE:

The goal of the Leon County EMS Child Passenger Safety Seat Program is to make people aware of the importance of properly securing all children in child safety seats, boosters or seat belts - every trip, every time.

II. GENERAL GUIDELINE:

Car seat check point events will be held periodically throughout the year where instruction and training is offered to caregivers by certified Child Passenger Safety technicians. Car seat checks are available by appointment at EMS Headquarters. The Community Engagement and Organizational Development Major or his/her designee will schedule any public events and notify the LCEMS web steward in advance so the event may be advertised on the Leon County EMS website.

III. PROCEDURE:

CPS checks by appointment:

1. CPS checks are done by appointment, or as part of a scheduled event.
2. .
3. Proper paperwork must be completely filled out on every check. Make sure the date and location are included.
4. On select occasions, a new car seat may be provided to patrons. One car seat is given per child. The child should be present so he/she can be properly fitted for the seat, unless participant is pregnant. The LCEMS technician will decide if providing a new car seat is appropriate on a case by case basis.
5. Educate the guardian on how the car seat should be installed. Have the guardian install the seat and sign them off. This is especially important for the guardians that do not own a vehicle and will be transferring the seat to different vehicles.
6. Place a LCEMS CPS sticker on the child seat.
7. When event is over, e-mail the Community Engagement and Organizational Development Major, or his/her designee, the type of seats, if any, were distributed, the quantity distributed, and quantity left in the trailer.

CPS checks at public events:

1. Review contents of trailer to be sure there are a variety of seats.
2. Place CPS signs in the vicinity to advertise the event.
3. Set-up tables and CPS tent.
4. Proper paperwork must be completely filled out on every check. Make sure the date and location are included.
5. On select occasions, a new car seat may be provided to patrons. One car seat is given per child. The child should be present so he/she can be properly fitted for the seat, unless participant is pregnant. The LCEMS technician will decide if providing a new car seat is appropriate on a case by case basis.
6. Educate the guardian on how the car seat should be installed. Have the guardian install the seat and sign them off. This is especially important for the guardians that do not own a vehicle and will be transferring the seat to different vehicles.
7. Place a LCEMS CPS sticker on the child seat.
8. When event is over, e-mail the Community Engagement and Organizational Development Major, or his/her designee, the type of seats, if any, were distributed, the quantity distributed, and quantity left in the trailer.

If utilizing any EMS vehicle(s) for an event, the vehicle(s) should be clean and presentable inside and out.

Prior to leaving headquarters after the conclusion of the event, the crew is responsible for returning all equipment to proper storage and completing a run report in HealthEMS. The abbreviated run report should contain location, time, estimated number of participants, and any problems encountered.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: First Aid

Effective: December 2012

Reviewed: December 2015

Revision: 1

Pages: 1

I. PURPOSE:

To provide an outline for conducting educational presentations for the citizens of Leon County on First Aid and Injury Prevention.

II. GENERAL GUIDELINE:

The Community Engagement and Organizational Development Major will coordinate events for Leon County EMS personnel to provide first aid training.

III. PROCEDURE:

Leon County EMS personnel should check-in with the Major prior to the event to receive the details of the assignment along with contact information for the individual in charge at the event. EMS personnel will gather all appropriate materials for the training event. Upon arrival at the training, the crew should locate the individual in charge.

If utilizing any EMS vehicle(s) for an event, the vehicle(s) should be clean and presentable inside and out.

Prior to leaving headquarters after the conclusion of the event, the crew is responsible for returning all equipment to proper storage and completing a run report in HealthEMS. The abbreviated run report should contain location, time, estimated number of participants, and any problems encountered.

LEON COUNTY EMS

Standard Operating Guideline

Title: Operation and Use of Leon Lifesaver
Effective: November 1, 2007
Reviewed: February 2012, December 2012, December 2015
Revisions: 3
Pages: 2

I. PURPOSE:

To provide a guideline that will clearly define the proper operation and knowledge needed for the use of Leon Lifesaver and a general overview of the Leon Lifesaver presentations.

II. GUIDELINE:

To ensure that Leon County EMS crew has the proper knowledge and training to correctly and actively participate in the production of Leon Lifesaver, competently fulfilling either role of announcer or the robot.

III. PROCEDURE:

For Leon Lifesaver events, crews should arrive at headquarters at least one hour ahead of the scheduled program start time. Crews should check-in with logistics for an ambulance assignment. Ambulances should be clean and presentable for all events. Crews should also check-in with the Community Engagement and Organizational Development Major to receive the details of the assignment along with any hand-outs or give away materials.

Crews should wear their standard work uniform (red shirts) for Leon Lifesaver events in order to help familiarize children with what an EMS crew will regularly look like.

Prior to leaving headquarters after the conclusion of the event, the crew is responsible for returning all equipment to storage and completing a run report in HealthEMS. The abbreviated run report should contain location, time, estimated number of participants, and any problems encountered.

IV. ROBOT OPERATION:

To be able to actively and correctly use Leon Lifesaver, the participant is expected to do the following:

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Operation and Use of Leon Lifesaver
Effective: November 1, 2007
Page 2 of 2

606.00

-
- Be familiar with, and practice, the operation of the remote control system for the robot.
 - Be familiar with the robot including, but not limited to, the remote control battery chargers.
 - Be familiar with the inner workings of the robot including,
 - ✓ Voice pitch shifter
 - ✓ Battery connection and straps
 - ✓ Eyelid connections
 - ✓ Water reservoir
 - Be familiar with headphone and microphone setup.
 - Be able to talk and control robot simultaneously.
 - Be familiar with both sections of the script and be able to improvise.
 - Be familiar with how to transport robot via “sled” and stretcher.
 - Have the ability to stand in front of people and properly interact with children.

If the participant is going to use Leon Lifesaver on a solo basis, they will need to:

- Practice with the robot in the parking lot at Headquarters.
- Have observed at least one (1) live Leon Lifesaver presentation.
- Practice once as the announcer and once as the robot with approved supervision.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Senior Health and Fall Prevention

Effective: December 2012

Reviewed: December 2015

Revision: 1

Pages: 1

I. PURPOSE:

To provide an outline of educational programs for the senior citizens of Leon County on health, injury and fall prevention.

II. GENERAL GUIDELINE:

The Community Engagement and Organizational Development Major will coordinate events for Leon County EMS personnel to provide training in Senior Health and Fall Prevention.

III. PROCEDURE:

Leon County EMS personnel should check-in with the Major, or his/her designee prior to the event to receive the details of the assignment along with contact information for the individual in charge at the event. EMS personnel will gather all appropriate materials for the training event. Upon arrival at the training, the crew should locate the individual in charge.

If utilizing any EMS vehicle(s) for an event, the vehicle(s) should be clean and presentable inside and out.

Prior to leaving headquarters after the conclusion of the event, the crew is responsible for returning all equipment to proper storage and completing a run report in HealthEMS. The abbreviated run report should contain location, time, estimated number of participants, and any problems encountered.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Stroke Awareness

Effective: December 2012

Reviewed: December 2015

Revision: 1

Pages: 1

I. PURPOSE:

To provide an outline for conducting educational presentations for the citizens of Leon County on Stroke awareness and prevention.

II. GENERAL GUIDELINE:

The Community Engagement and Organizational Development Major will coordinate events for Leon County EMS personnel to promote stroke awareness.

III. PROCEDURE:

Leon County EMS personnel should check-in with the Major prior to the event to receive the details of the assignment along with contact information for the individual in charge at the event. EMS personnel will gather all appropriate materials for the training event. Upon arrival at the event, the crew should locate the individual in charge. EMS personnel may use the American Stroke Association's *Power to End Stroke* program to educate the participants.

If utilizing any EMS vehicle(s) for an event, the vehicle(s) should be clean and presentable inside and out.

Prior to leaving headquarters after the conclusion of the event, the crew is responsible for returning all equipment to proper storage and completing a run report in HealthEMS. The abbreviated run report should contain location, time, estimated number of participants, and any problems encountered.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Vial of Life
Effective: December 2012
Reviewed: December 2015
Revision: 1
Pages: 2

I. PURPOSE:

To provide an overview of the “Vial of LIFE” program.

II. OVERVIEW:

To assist EMS personnel when responding to, and treating individuals during home medical emergencies. The Vial of LIFE contains much of the medical history of an individual needed by the responding EMS personnel, such as existing medical conditions, allergies, medication currently being taken, and emergency contact information.

III. PROCEDURE:

When there is a medical emergency in the home, EMS personnel will look on the refrigerator door for a Vial of LIFE magnet and baggie. Upon seeing this magnet on the refrigerator door, the members will retrieve the completed information from the baggie. This information will assist responding EMS personnel with previous medical history, medications and other related information that may be used in the treatment of the patient. The kit consists of an information form, baggie and magnet.

Citizen:

1. Complete a Vial of LIFE form. Include the date that the form was completed (this will help EMS personnel know how recent the medical information is). It may be beneficial to attach a recent photograph of yourself to the form as a means for positive identification.
2. After completing the forms, fold and place them in the baggie.
3. If you do not know the answer to a question on the form, contact your doctor or pharmacist for the correct information or leave the section blank.
4. Attach the Vial of LIFE magnet and baggie to the top portion of your refrigerator door to alert emergency personnel to the presence of Vial of LIFE information.

EMS Personnel (use of):

1. Upon arrival at a residence, look on the refrigerator for a Vial of LIFE magnet and baggie.
2. Record the pertinent information and return the information sheet to baggie placing it back on the refrigerator OR if necessary to take the Vial of LIFE with you, be sure to inform the patient and/or family.
3. Advise the Community Engagement and Organizational Development Major via e-mail when you have used this program.

EMS Personnel (distribution of):

Vial of LIFE kits can be obtained by contacting EMS via:

- Leon County Emergency Medical Services website (www.leoncountyfl.gov/lcems)
- Leon County EMS Headquarters (850)606-2100

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: "What Is EMS"
Effective: December 2012
Reviewed: December 2015
Revision: 1
Pages: 1

I. PURPOSE:

To provide an outline for educating the citizens of Leon County on EMS.

II. GENERAL GUIDELINE:

The Community Engagement and Organizational Development Major will coordinate events for Leon County EMS personnel to provide information about EMS.

III. PROCEDURE:

Leon County EMS personnel should check-in with the Major, or his/her designee, prior to the event to receive the details of the assignment along with contact information for the individual in charge at the event. EMS personnel will gather all appropriate materials for the training event. Upon arrival at the training, the crew should locate the individual in charge. EMS personnel should consider covering the following topics of interest:

- History of Leon County EMS
- System Status Management (SSM)
- Statistics
- 9-1-1 and Dispatch process
- Common EMS calls
- Public Education programs
- Critical Care Transport team

If utilizing any EMS vehicle(s) for an event, the vehicle(s) should be clean and presentable inside and out.

Prior to leaving headquarters after the conclusion of the event, the crew is responsible for returning all equipment to proper storage and completing a run report in HealthEMS. The abbreviated run report should contain location, time, estimated number of participants, and any problems encountered.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: AED Registry

Effective: December 2012

Reviewed: December 2015

Revision: 1

Pages: 1

I. PURPOSE:

To provide a guideline that will define the proper procedures to register an Automated External Defibrillator (AED).

II. GENERAL GUIDELINE:

To ensure the AED Registration Coordinator has the proper information to register AED's with Leon County EMS in accordance with Section 401.2915(2)(b), Florida Statute (2014).

III. PROCEDURE:

Once a location of an AED is known, the business should be given an AED information sheet to complete. When the completed information sheet is returned to Leon County EMS, the AED registration coordinator should enter the information into the AED registry spreadsheet. Once the information is in the spreadsheet, it is to be placed in the CAD to alert dispatchers of the location. The business is then mailed a certificate of registry to be placed with their AED. The AED registration coordinator is responsible for sending an information sheet to the business on a yearly basis to keep the registry accurate and up to date. When the AED registration coordinator is notified of a change or new registration, he/she will promptly notify the designated system status controller who will ensure the CAD is updated.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Certification, Ongoing Training, and Credentialing

CAAS: 106.06.02
106.06.03

Effective: January 2004

Reviewed: May 2008, December 2012, January 2013, December 2015

Revision: 4

Pages: 3

I. PURPOSE:

The purpose of this Standard Operating Guideline is to outline the process for monitoring certification requirements for certified personnel.

II. GUIDELINE:

All requirements of the State of Florida, Department of Health, Bureau of Emergency Medical Oversight will be met.

III. PROCEDURE:

1. Education and Certification requirements
 - A. Emergency Medical Technicians working under the direction of the Leon County EMS Medical Director will be required to meet certain educational and certification requirements:
 - The EMT shall maintain current AHA CPR for the Healthcare Professional or equivalent including the use of an AED (or equivalent as approved by medical director).
 - 32 hours of CEUs as approved by the Medical Director in in-service material, either in person, online, or by video, bi-annually (or more frequently as scheduled by the Community Engagement and Organizational Development Major, Medical Director, or the assigned designee) including 2 hours of HIV training.
 - Maintain current EMT certification issued by the State Department of Health, Office of Emergency Medical Services.
 - Maintain current certification in ITLS (or equivalent as approved by medical director).
 - National Incident Management System courses; ICS 100, ICS 200, ICS 700, and ICS 800.
 - Annual refresher training on the following subjects; Bloodborne Pathogens, Airborne Pathogens, Hazardous Materials, Patient Privacy, Health Care Fraud and Abuse, and Anti-kickback Law.

- Copies of renewed certifications, immunizations, and/or licenses must be submitted to the EMS Office no later than the 15th day of the month of expiration of the one or ones currently on file.
- B. Paramedics working under the direction of the Leon County EMS Medical Director whose primary responsibilities involve direct patient care will be required to meet certain educational and certification requirements.
- The Paramedic shall maintain current AHA CPR for the Healthcare Professional or equivalent including the use of an AED (or equivalent as approved by medical director).
 - The Paramedic shall maintain current AHA ACLS Provider or equivalent (or equivalent as approved by medical director).
 - The Paramedic shall obtain and maintain current International Trauma Life Support provider status (or equivalent as approved by medical director) within one year of employment.
 - The Paramedic shall obtain and maintain current Pediatric Advanced Life support provider status (or equivalent as approved by medical director) within one year of employment.
 - 32 hours of CEUs as approved by the Medical Director in in-service material, either in person, online, or by video, bi-annually (or more frequently as scheduled by the training officer or medical director) including 2 hours of HIV training.
 - The Paramedic shall maintain current paramedic certifications issued by the State Department of Health, Office of Emergency Medical Services.
 - National Incident Management System courses; ICS 100, ICS 200, ICS700, and ICS 800.
 - Annual refresher training on the following subjects; Bloodborne Pathogens, Airborne Pathogens, Hazardous Materials, Patient Privacy, Health Care Fraud and Abuse, and Anti-kickback Law.
 - Copies of renewed certifications, immunizations, and/or licenses must be submitted to the EMS Training Office no later than the 15th day of the month of expiration of the one or ones already on hand.
- C. Charge Paramedics and EMS dispatchers working under the direction of the Leon County EMS Medical Director will be required to meet additional educational and certification requirements.
- These members shall maintain current 911 Public Safety Telecommunicator certification.
 - Members shall maintain current International Academy of Emergency Medical Dispatch certification as an Emergency Medical Dispatcher (EMD). Certification as and EMD-Q or EMD instructor may substitute for the EMD certification.

- D. Members acting in the capacity of a command officer or supervisor, to include; Chiefs, Deputy Chiefs, Majors, Captains, and Lieutenants will be required to obtain National Incident Management System courses ICS 300 and/or ICS 400 as such courses become available.
- E. Certification standards will be reviewed on a monthly basis via a spreadsheet monitored by the Community Engagement and Organizational Development Major, or his/her designee. In addition, CEU Broker will be utilized for the monitoring of CEUs acquired by each EMT and paramedic.

II. RESPONSIBILITY:

1. It is the responsibility of the member to maintain any level of certification required by Leon County and all applicable laws for the employee's position. Failure to maintain current and valid certification shall result in the member not being permitted to work and may result in disciplinary action up to termination.
2. The member is responsible to submit current and valid certifications or proof of training to the Staff Assistant assigned to track member certifications before the expiration of the certification or training and monitor their individual CE Broker Account.
3. The positions of Paramedic and EMT have been designated as fluid positions. The designation of a position as a Paramedic or EMT may be determined by the certification held by the incumbent or designated candidate for hire. When members who are EMTs receive their Paramedic certifications, their titles and grades will be changed to that of Paramedic subject to the approval of Administration. It is the responsibility of the EMT who has become a Paramedic to notify the Deputy Chief of Operations of their new status and provide the required documentation.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Clinical Standards – Performance Indicators and Thresholds

CAAS: 201.06.02

Effective: January 15, 2010

Reviewed: December 2012, December 2015

Revision: 2

Pages: 2

I. PURPOSE:

Part of the Integrated Quality Management (IQM) process, as outlined in SOG 504.00, will include monitoring of measurable clinical indicators that are regularly assessed for compliance with established thresholds. As in IQM, this review and evaluation is primarily the function of the Medical Director and the Deputy Chief of Clinical Affairs; however it also includes supervisors, Field Training Officers, management, and field personnel.

II. GUIDELINE:

The following clinical indicators will be monitored:

- A. Documentation: All calls for service will have a complete patient care report associated with the call, 100% of the time. The on-duty supervisors will be primarily responsible for monitoring this indicator on a daily basis.

- B. Timely and accurate patient assessments: On ALS calls, the Paramedic will complete an ALS assessment within five minutes of making patient contact, at minimum 95% of the time.

- C. Cardiac Interventions: On calls where the administration of aspirin is indicated, the Paramedic will administer aspirin within ten minutes of making patient contact, at minimum, 95% of the time.

- D. Cardiac Interventions: On calls where obtaining a 12 Lead EKG is indicated, the Paramedic will obtain the 12 Lead EKG within fifteen minutes of making patient contact, 95% of the time.

- E. Cardiac Interventions: On calls where the Paramedic declares the patient as having a possible “STEMI,” the Paramedic will notify the receiving facility within ten minutes, 100% of the time. Additionally, the Paramedic will transmit a 12 Lead EKG to the receiving facility 100% of the time.

- F. Intravenous Access: On calls where obtaining IV access is indicated, the Paramedic will have an 80% success rate out of all patients with attempted IV’s.

G. Airway Management: On all calls requiring active airway assistance, all field personnel will have 100% success rate with successfully managing the airway.

H. Airway Management: On calls where endotracheal intubation is required, the paramedic will have an 80% success rate at placing the endotracheal tube. Esophageal intubations will be recognized by the Paramedic within fifteen seconds, 100% of the time.

I. Trauma Alerts: On calls where the patient meets state trauma alert criteria, the Paramedic will notify the receiving facility (via dispatch) of the trauma alert within ten minutes of recognizing the patient meets criteria, 100% of the time.

J. Stroke Alert: On calls where the Paramedic identifies a patient with signs and symptoms of a stroke, when onset is within the current accepted window, the Paramedic will notify the receiving facility within ten minutes of recognizing criteria is met, 100% of the time.

K. Patient Refusals: On calls where the Paramedic makes patient contact, yet does not transport the patient, the Paramedic will give a complete radio report to the acting supervisor/ system status controller, 100 % of the time.

L. Other clinical indicators will be monitored as requested by the Medical Director or at the direction of the Deputy Chief of Clinical Affairs.

III. PROCEDURE:

Patient care reports will be audited using the electronic reporting system to identify calls where the above listed indicators were not in compliance with listed thresholds. Calls out of compliance will be automatically routed to the Medical Director and Deputy Chief of Clinical Affairs or their designee for IQM review.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Communications - Employee Training

CAAS: 204.04.01

Effective: June 10, 2009

Reviewed: December 2012, December 2015

Revision: 2

Pages: 1

I. PURPOSE:

Members working in the Leon County EMS positions at the Consolidated Dispatch Agency (CDA) are responsible for the minute to minute operation of the service. All calls for service are handled and dispatched through the CDA.

II. GUIDELINE:

It is the guideline of LCEMS that every person working in the CDA will undergo training.

III. PROCEDURE:

- Training is coordinated through the Training /IQM manager as well as the Captain responsible for Communications.
- Employees working in the LCEMS dispatch positions in the CDA shall be certified in the International Academy of Emergency Dispatch's Emergency Medical Dispatch protocol.
- All employees working the LCEMS dispatch positions in the CDA shall obtain the State of Florida 9-1-1 Public Safety Telecommunicators (PST) certification within 1 year of initial training. Employees cannot work as a System Controller without the PST certification.
- After EMD certification, the candidate is oriented to the Computer Aided Dispatch (CAD) program.
- After orientation to the general functionality of CAD or participation in a 1 day CAD Workshop, the candidate is scheduled for orientation shifts as a third person working in communications with the System Controller and EMT-Dispatchers, learning the various position specific duties and responsibilities.
- During the orientation period, the member and the System Status Controller will complete a communications center orientation check-list, as well as Daily Observation Reports for each shift worked.

- The completed check-list with the Daily Observation Reports is returned to, and retained by, the Community Engagement and Organizational Development Major or the Captain responsible for Communications.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Interactive Quality Management

CAAS: 201.06.01

Effective: June 1, 2005

Reviewed: March 2005, December 2012, December 2015

Revision: 3

Pages: 2

I. PURPOSE:

The Interactive Quality Management (IQM) program exists to provide optimal care for all pre-hospital patients through a process which provides a mechanism for review and evaluation of procedures, documentation, and overall system operations. This review and evaluation is primarily the function of the Medical Director and the Deputy Chief of Clinical Affairs, however, it also includes supervisors, Field Training Officers, management and field personnel. All processes and care are compared to performance standards to assure optimal operational levels and a high level of patient care. Continuous quality improvement is the goal of LCEMS. It is the policy of LCEMS that every patient will receive a high level of consistent care.

II. GUIDELINE:

It is the guideline of LCEMS that every patient will receive a high level of consistent care.

III. PROCEDURE:

1. Responsibilities
 - a. It is the responsibility of the Deputy Chief of Clinical Affairs to design and implement the IQM policy as agreed upon in consensus with the Medical Director and EMS management.
 - b. It is the responsibility of the Medical Director to oversee and be the ultimate medical authority in the IQM process.
2. Medical Care Standards
 - a. Medical care standards will be established by the Medical Director and the Deputy Chief of Clinical Affairs using state and national standards in conjunction with local medical protocols.
 - b. Medical protocols and procedures including standing orders will be reviewed as necessary to keep all protocols and procedures up to date and to make recommendations to management regarding innovative or essential system updates.
 - c. Recommendations will be made by the Medical Director and the Deputy Chief of Clinical Affairs to management as necessary to maintain state and national system requirements.

Medical Feedback

- a. Lines of communication are always open for medical critique and suggestions from supervisory, management, emergency center staff and physicians.
- b.

Run Report Review

- a. Run reports and other documentation are reviewed in a systematic fashion to address specific medical issues on a monthly rotational basis. Statistically significant cross section of reports are reviewed by the Medical Director and the Deputy Chief of Clinical Affairs. Peer review will also be accomplished by supervisory staff, management, Field Training Officers and field personnel.

Direct Observation

- a. The Medical Director and the Deputy Chief of Clinical Affairs will either ride with EMS on duty units or follow them to scenes to evaluate actual on scene care and adherence to protocols. They will also evaluate EMS on duty units at the emergency centers for complete patient care, documentation, and interface with emergency center staff.
- b. The Deputy Chief of Clinical Affairs will document ride along activities with evaluation outcomes and feedback for field personnel.

IQM Surveys

- a. The Deputy Chief of Clinical Affairs will survey various participants in the EMS process to ascertain perceived problems and to request proposed solutions for improvement.

IQM Reporting

- a. IQM progress reports will be prepared by the Deputy Chief of Clinical Affairs or his/her designee .

Ongoing IQM Process

- a. IQM is a dynamic process and quality management activities can be added or deleted at the discretion of the Medical Director and the Deputy Chief of Clinical Affairs. IQM processes should always reflect ongoing changes and upgrades in medical direction.

LEON COUNTY EMS

Standard Operating Guideline

Title: Privacy and Information Security Training

CAAS: 106.07.01

Effective: May 15, 2008

Reviewed: December 2012, December 2015

Revisions: 2

Pages: 2

I. PURPOSE:

To ensure that all members of LCEMS workforce-- including all employees, students and trainees-- who have access to patient information understand the organization's concern for the respect of patient privacy and are trained in the County's policies and procedures regarding Protected Health Information (PHI) and the security of e-PHI.

II. GUIDELINE:

This policy applies to all LCEMS workforce. This includes those who have access to PHI or e-PHI, as well as those who do not ordinarily have access or a need to access to it.

III. PROCEDURE:

1. All current staff will be required to undergo privacy and security training in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule and the HIPAA Security Rule.
2. As a part of EMS orientation all new staff members will be required to undergo privacy training in accordance with the HIPAA Privacy and Security Rules.
3. All staff members will be required to undergo privacy training in accordance with the HIPAA Privacy and Security Rules within a reasonable time after there is a material change to the County's policy and procedures on privacy practices and the security of patient information.
4. The Privacy and Security Training will be conducted by the Privacy/Information Security Officer or his or her designee.

5. All attendees will receive copies of the Counties policies and procedures regarding privacy and security of e-PHI.
6. All attendees must personally complete the training and verify completion and agreement to adhere to the County's policies and procedures on privacy and security practices.
7. Topics of the training will include a complete review of the County's privacy and security policies and procedures and will include other information concerning the HIPAA Privacy and Security Rules, such as, but not limited to, the following topic areas:
 - a. Overview of the federal and state laws concerning patient privacy including the Privacy and Security Regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
 - b. Description of protected health information (PHI) and electronic protected health information (e-PHI)
 - c. Patient rights under the HIPAA Privacy Rule
 - d. Staff member responsibilities under the Privacy and Security Rules
 - e. Role of the Privacy/Information Security Officer and reporting employee and patient concerns regarding privacy issues
 - f. Importance of and benefits of privacy compliance
 - g. Consequences of failure to follow established privacy and security policies
 - h. Use of the County's specific privacy and security forms

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Training & Orientation
Effective: June 1, 2005
Reviewed: March 2006, December 2012, December 2015
Revision: 3
Pages: 1

I. PURPOSE:

To provide guidelines for the training and orientation of EMS employees.

II. GUIDELINE:

- The Community Engagement and Organizational Development Major shall develop and implement an orientation program for new hire employees and is responsible for new hire orientation and training.
- All new hires will be required to participate in an orientation program prior to being released for duty.
- Areas of focus during orientation are LCEMS Policies and Procedures, HIPAA training, Safety training and Paramedic/ EMT position specific training.
- At the Chief's discretion this training period can be waived and / or customized based on the new team members experience.
- This training and orientation is in addition to the orientation program for County employees.

LEON COUNTY E.M.S.

Standard Operating Guideline

Title: Online Education
Effective: June 18, 2012
Reviewed: December 2012, December 2015
Revision: 2
Pages: 1

I. PURPOSE:

To provide guidelines for the online continuing education program. To improve performance of EMS employees.

II. GUIDELINE:

- The Community Engagement and Organizational Development Major shall develop and implement a continuing education program for all EMT and Paramedic employees and is responsible for education and training.
- All EMT and Paramedic employees will be required to participate in monthly continuing education. Courses will be assigned the first day of each month and will be due no later than the last day of that same month.
- Areas of focus are LCEMS Protocols, LCEMS Policies and Procedures, Health Insurance Portability and Accountability Act (HIPAA) training, Safety training, EMT and Paramedic position specific training, and any training deemed necessary by IQM / Education Manager or the Medical Director.
- Memos and other documents distributed via the online training program can be assigned at any time for no less than fourteen days. Receipt and understanding will be verified online. This confirms that the document is acknowledged as the most up to date information on the given topic.
- Additional courses will be assigned on an individual basis if an issue is recognized. Issues may be reported by anyone to the on-duty supervisor or the IQM / Education Manager. The Major will determine if an additional online course is warranted. Any additional online course must be completed in no more than 14 days.
- Additional courses will be assigned to all EMT and Paramedic staff if an issue is recognized in 3 or more separate instances, or at the discretion of the Medical Director. Issues may be reported by anyone to the on-duty supervisor or the Major. The Community Engagement and Organizational Development Major and/or Medical Director will determine if additional online course is warranted. Any additional online course must be completed in no more than 14 days.

LEON COUNTY E.M.S. Standard Operating Guideline

Title: Clinical Standards – Performance Indicator and Threshold Exceptions
CAAS: 201.06.02
Effective: June 10, 2012
Reviewed: December 2012, December 2015
Revision: 2
Pages: 2

I. PURPOSE:

Part of the Integrated Quality Management (IQM) process (as outlined in SOG 504.00) will include monitoring of measurable clinical indicators that are regularly assessed for compliance with established thresholds. If exceptions are found as a trend or individually, they will be addressed by the Deputy Chief of Clinical Affairs or the Medical Director, so as to bring them to compliance.

II. GUIDELINE:

Clinical Indicators and Thresholds will be monitored and tracked by the Deputy Chief of Clinical Affairs or his/ her designee. A bi-annual summary of findings in the following areas will be analyzed;

- A. Documentation
- B. Chest Compressions
- C. Cardiac Interventions
- D. Neurologic Interventions
- E. Intravenous Access
- F. Airway Management
- G. Motor Vehicle Crashes
- H. Trauma Alert
- I. Critical Care Transport

In instances where thresholds are found out of compliance, as a trend, the Deputy Chief of Clinical Affairs and/or Medical Director shall be notified via email. At that time the indicator threshold will be examined by the Deputy Chief of Clinical Affairs or his/her designee for currency and validity. If the threshold is found to be appropriate and current, the Deputy Chief or Medical Director may assign continuing medical education or adjust policies and/or protocol accordingly.

In instances where thresholds are found out of compliance, in individual instances, Deputy Chief of Clinical Affairs designee noting the exception shall investigate the occurrence, and notify the IQM Manager and/or Medical Director of findings via email or through a HealthEMS QA message, including incident number, crew members, date and time, and a brief summary of the

incident. Continuing medical education will be assigned to any staff involved in the incident at the discretion of the Deputy Chief and/or Medical Director.

III. PROCEDURE:

Patient care reports will be audited using the electronic reporting system. Reports will be audited by designees of the Deputy Chief of Clinical Affairs. The assigned designee will track Key Performance Indicators and will provide a summary to the IQM Manager bi-annually. In addition, the Deputy Chief or his/her designee will audit patient care reports for accurate patient assessments, adherence to medical protocols, success of skills, and outcome, and provide a bi-annual summary for IQM review.



BOARD OF COUNTY COMMISSIONERS

301 South Monroe Street
Tallahassee, Florida 32301
(850) 488-4710

December 30, 2003

Commissioners:

WILLIAM C. PROCTOR, JR.

District 1

JANE G. SAULS

District 2

DAN WINCHESTER

District 3

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District 4

BOB RACKLEFF

District 5

ED DEPUY

At-Large

CLIFF THAELL

At-Large

PARWEZ ALAM

County Administrator

(850) 488-9962

HERBERT W.A. THIELE

County Attorney

(850) 487-1008

Dr. Kim Landry
Gulf Breeze, Florida

Dear Dr. Landry:

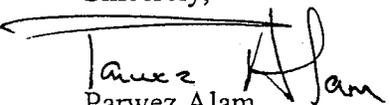
It is with great pleasure that by this letter Leon County is offering you employment in the position of Medical Director with our EMS Division in the Public Service department. The starting salary will be \$8,333.33 per calendar month for this position. This salary for this position is based upon an annualized rate, and thus there is no eligibility for overtime. This position, your holding of the position, and salary will be re-evaluated as of June 30, 2004.

I would appreciate your acknowledgment and acceptance of this offer and salary, in writing to the Human Resources division. Your employment will commence on Wednesday, December 31, 2003. This offer of employment is conditioned upon receiving a signed authorization for the procurement of an investigative consumer report for employment purposes, a satisfactory background investigation, and a negative drug test result.

Please see the enclosed "Welcome Aboard" letter for information you will need for the sign-on process. Should you require any further information, please contact Human Resources at (850) 487-2220.

I look forward to you becoming a member of the Leon County government team!

Sincerely,


Parwez Alam
County Administrator



Enclosures

cc: Daniel Moynihan, Division Chief

PERSONNEL ACTION FORM

Name Kim Landry SS# _____ Date 12-31-03

Effective Date of Action 12-31-03 Race/Sex _____

INSTRUCTIONS: A Personnel Action Form must be completed for all new appointments, separations, and changes in employee status. Indicate the action taken by marking the appropriate category and making comments as necessary. Fill in the *previous* and *current* items for all employee status changes. Note the approval signatures must be completed before the acknowledgment of the employee. **The employee acknowledgment is the last signature required.** For other personnel actions, complete the current item only. When the form is completed, return to the **HUMAN RESOURCES DIVISION**.

ACTION:

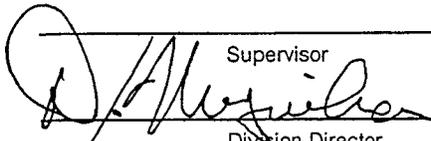
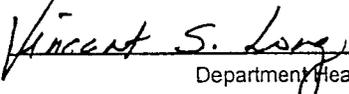
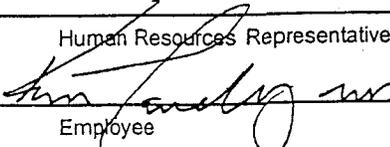
APPOINTMENT	SEPARATION	STATUS CHANGE
<input type="checkbox"/> Career Service (Probationary)	<input type="checkbox"/> Resignation **	<input type="checkbox"/> Promotion **
<input type="checkbox"/> Part-Time: Hours Weekly _____	<input type="checkbox"/> Dismissal **	<input type="checkbox"/> Demotion **
<input type="checkbox"/> Executive Support Service	<input type="checkbox"/> Retirement **	<input type="checkbox"/> Transfer **
<input type="checkbox"/> Senior Management Service	<input type="checkbox"/> Other **	<input type="checkbox"/> Suspension **
<input type="checkbox"/> Executive Service		<input type="checkbox"/> Reinstatement **
<input type="checkbox"/> Temporary (O.P.S.)*		<input type="checkbox"/> Other **
<input checked="" type="checkbox"/> Other (Explain in Remarks) **		

List Specific Dates of Employment in Remarks

** - Attach Supporting Documentation

REMARKS: Medical Director

Department/Division (Previous) _____	(Current) <u>Public Services/EMS</u>
Position Title (Previous) _____	(Current) <u>Medical Director</u>
Position Number (Previous) _____	(Current) <u>0500-00</u>
Salary (Previous) _____	(Current) <u>\$8,333.33 per calendar month</u>
Pay Grade (Previous) _____	(Current) <u>99</u>
Account Number (Previous) _____	(Current) <u>135-18551200-526</u>

Approval		Supervisor	Title	Date
Approval	<u>CHIEF</u>	Division Director		<u>12-31-03</u>
Approval		Department Head	<u>Assistant County Administrator</u>	<u>12-31-03</u>
Data Verification	_____	Human Resources Representative	Title	Date
Acknowledgment		Employee	<u>Medical Director EMS</u>	<u>12-31-03</u>

LEON COUNTY BOARD OF COUNTY COMMISSIONERS

JOB DESCRIPTION EMS MEDICAL DIRECTOR FLSA: EXEMPT

GENERAL DESCRIPTION OF DUTIES

This is administrative and supervisory work directing, planning, organizing, coordinating, and supervising pre-hospital E.M.S. patient care activities in Leon County.

NOTE:

The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position. This job description does not constitute an employment agreement and is subject to change as the needs of the County and requirements of the job change.

ESSENTIAL DUTIES

The EMS Medical Director shall provide clinical leadership to the EMS program and serve as its sole Medical Director. The Medical Director is responsible for the clinical activities performed by EMS personnel, to discharge all duties identified in Florida Statutes, Florida Administrative Code, and the County EMS Ordinance.

The Medical Director develops and conducts on-going comprehensive review of all written medical protocols, rules, regulations and standards necessary to ensure reliable service delivery and appropriate patient care. In conducting the review, the Medical Director takes into consideration the results of quality assurance reviews, medical literature and input from stakeholders.

The Medical Director is responsible for ensuring the quality of the continuing medical education by: reviewing and approving curriculum and courses, recruiting subject matter experts, and assisting in the development of procedures to evaluate the clinical impact and effectiveness of the education. He also provides assistance in developing and delivering public information and education programs.

The Medical Director applies quality management principles in an effort to continuously improve medical care by establishing procedures for routine auditing of program performance and adherence to medical protocols. Performs direct field observation of EMS personnel performing patient care by riding on EMS vehicles, visiting and interacting with EMS personnel, hospital emergency department staff and other public safety personnel on a regular basis. Reviews medical records and investigates complaints regarding medical care. When appropriate, reports incidents and findings as required by section 401.265 Florida Statute.

The Medical Director conducts on-going and comprehensive reviews of all EMS medical equipment, medications and medical supplies to ensure reliable service delivery and excellence in patient care. Assures compliance with applicable laws, rules and regulations for the storage and control of medications and medical equipment by developing policies and procedures for compliance.

LEON COUNTY BOARD OF COUNTY COMMISSIONERS

JOB DESCRIPTION EMS MEDICAL DIRECTOR FLSA: EXEMPT

The Medical Director is an active member of the EMS Advisory Council and shall attend meetings of the council.

The Medical Director assists in validating that all EMS personnel meet the initial and continuous requirements for certification. The Medical Director shall provide input on the hiring and firing of all EMS field personnel.

The Medical Director will actively cooperate in planning, updating and following the Leon County Comprehensive Emergency Management Plan.

OTHER IMPORTANT OR MARGINAL DUTIES

None

KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge of a variety of management functions. Knowledge of purposes, goals, and responsibilities of advanced life support programs, pre-hospital care systems, and emergency healthcare practices, procedures, laws and regulations relating to emergency medical services. Knowledge of principles and practices of public administration as applied to the management and medical oversight of emergency medical services. Knowledge of fiscal and personnel management. Knowledge of occupational and County policies, regulations, and guidelines. Knowledge of other County functions, including law enforcement, emergency communications, emergency management, et cetera. Knowledge of functions, operating and training methods of equipment used in pre-hospital emergency medical care and ambulance services. Knowledge of the technical requirements and standards of pre-hospital services. Skills in public speaking. Ability to supervise. Ability to plan and perform administrative duties. Ability to plan and prepare for handling disasters. Ability to prepare and maintain budgets. Ability to organize, plan, assign, and supervise the work of others. Ability to promote good public relations in a manner that inspires trust, while working with citizens, doctors, and hospital staff. Ability to establish and maintain effective working relationships with others. Ability to acquire and maintain a Florida medical license and Board Certification in Emergency Medicine. Ability to communicate effectively, orally and in writing. Ability to develop, interpret, and apply rules, regulations, and laws. Ability to work effectively under pressure and to demonstrate leadership in all operations. Ability to allocate resources. Ability to lift/push in excess of 100 pounds.

COMPLEXITY OF WORK

LEON COUNTY BOARD OF COUNTY COMMISSIONERS

JOB DESCRIPTION EMS MEDICAL DIRECTOR FLSA: EXEMPT

Work requires a high degree of coordination within the division, other County departments and other agencies such as constitutional officers and the City. Employee must be able to establish broad, long range program and goals, determine the appropriate organizational structure, and allocate appropriate resources.

INTERNAL AND EXTERNAL CUSTOMER CONTACT

Work requires interaction with citizens, hospital staff, and various emergency service workers in EMS, fire, and police.

EQUIPMENT AND TOOLS USED

Computer, word processing software, spreadsheet software, fax machine, calculator, captain response vehicle, and ambulance are among the equipment operated.

WORK ENVIRONMENT AND PHYSICAL DEMANDS

Work is performed mainly indoors at a desk, but on the scene work is expected. Employee may be exposed to poor lighting, high levels of noise, moving mechanical parts, infection and contamination from injured people, hostile/violent individuals, toxic or caustic chemicals, vapors, fumes, chemicals, et cetera.

MINIMUM REQUIREMENTS

Requires a medical doctor's degree from an accredited college or university and related work experience, five years of which must have been in an emergency department or in emergency medical services; or an equivalent combination. Also requires Board Certification in Emergency Medicine.

Necessary Special Requires:

Must be computer literate. Must have a valid driver's license and a favorable driving record.

Florida State Paramedic and Advanced Cardiac Life Support certifications preferred.

Successful completion of a federally recognized National Incident Management System (NIMS), National Response Plan (NRP) training program.

Selection Guidelines:

Formal application, rating of education and experience, oral interview and reference check, and drug testing.

FLSA STATUS: Job is exempt. Employee performs supervisory and administrative work.



American Board of
Emergency Medicine



American Board of Emergency Medicine

Established for the Certification of Emergency Physicians Hereby
Declares that

KIM M. LANDRY, M.D.

Has Successfully Fulfilled the Requirements of the Emergency Medicine
Continuous Certification Program and is Certified as a Diplomate of the
American Board of Emergency Medicine

December 18, 2006 – December 31, 2016

President *F. D. Wiggins MD*

Secretary *Patricia A. Thomas MD*

Certification Number 930807

STATE OF FLORIDA		AC#	6321571
DEPARTMENT OF HEALTH			
DIVISION OF MEDICAL QUALITY ASSURANCE			
DATE	LICENSE NO.	CONTROL NO.	
01/08/2015	ME 43901	4330015	
THE MEDICAL DOCTOR named below has met all the requirements of the laws and rules of the State of Florida.			
		Expiration Date	JANUARY 31, 2017
KIM MICHAEL LANDRY			
			
LICENSEE SIGNATURE			

	ITLS International Trauma Life Support	21780-20612
KIM LANDRY, MD		
has successfully completed the cognitive skills evaluation in accordance with the standards of International Trauma Life Support for this course.		
Instructor Recertification		
Card Issue Date	1/8/2015	Expiration Date 01/2018
Course Number	20612	Course Location
		

LANDRY, KIM M
LIMITED TO OFFICIAL COUNTY DUTIES ONLY
LEON COUNTY EMS OPERATIONS CENTER
911 EASTERWOOD DRIVE, BLDG 2
TALLAHASSEE, FL 32311-3256-000



10015261/000521

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BL8698524	03-31-2019	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	02-09-2016
LANDRY, KIM M LIMITED TO OFFICIAL COUNTY DUTIES ONLY LEON COUNTY EMS OPERATIONS CENTER 911 EASTERWOOD DRIVE, BLDG 2 TALLAHASSEE, FL 32311-3256		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Restricted to Government personnel for official duties only.

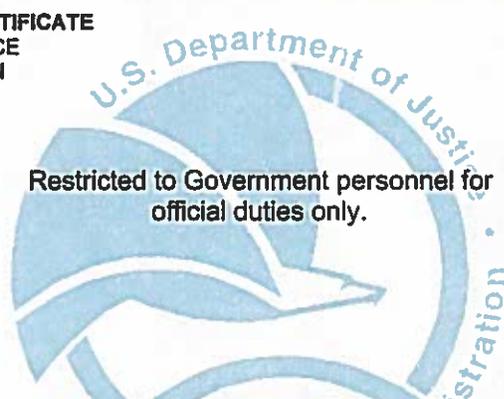
Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

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Form DEA-223 (4/07)