

**DAVIE COUNTY  
EMERGENCY MEDICAL  
SERVICES  
2014 /2015  
BUDGET**



*“Coming together is a beginning,  
Staying together is a process,  
Working together is success.”*

## DEPARTMENTAL ACTIVITIES & GOALS

**Maintain 100% Staff, Stay current with AHA standards, PALS, ACLS, and BTLS.  
Continue Car Seat Program, Enhance education with new Medical Director.**

# DAVIE COUNTY EMERGENCY MEDICAL SERVICE

## MISSION

Davie County EMS functions as an integral part of the community. The EMS system provides advance life support prehospital care services for the residents and industries of the county and surrounding communities. We strive to improve and stay on the cutting edge of Emergency Medical Services.

## VISION

Davie County EMS is the provider for advance life support prehospital care as part of an intergraded local, regional and state Emergency Medical Service.

## VAULES

As an Emergency Medical System Davie County EMS values the following principles.

**Service** – To provide prehospital advance life support services.

**Change** – EMS system changing to meet tomorrows needs.

**Performance** – To provide staff equipment, training to improve prehospital Care.

**Leadership** – To be a leader in prehospital care to the nearly 40,000 citizens/passers.

## **OPERATION SUMMARY**

Davie County EMS has a rich history of excellence in prehospital care to citizens and visitors of Davie County.

Davie County EMS currently operates (4) ambulances 24 hours a day, seven days a week. An integral part of providing the highest level of care is planning for the future by continuing to assess expected growth and demands. All facets of the Emergency Medical Service operation are driven by Davie County's population and growth, as well as surrounding communities. To be proactive and accommodate the ever increasing needs of the twelfth fastest growing county in the state of North Carolina, the EMS infrastructure must grow in a positive way by adding stations and personnel, while achieving the highest level of training possible to better serve Davie County.

## **2014/2015 Budget Call Review Stations / QRV**

2013 Calls By Station One (Mocksville) **31- 1833**  
**34 – 1648**

2013 Calls By Station Two (Hillsdale) **32 – 1757**

2013 Calls By Station Three (601 S. Jerusalem) **33 – 1466**

2013 Calls By **35 - 28 – Spare Ambulance**  
**36 –1- Spare Ambulance**  
**700 – 139 QRV**  
**702 –144 QRV**  
**703 – 16 QRV**  
**704 –49 QRV**  
**706 – 1 QRV**

**Total Sum- 7082 Responses**

***DAVIE COUNTY EMERGENCY MEDICAL SERVICE  
BUDGET STATEMENT***

Davie County EMS is dedicated to providing the highest quality of Emergency Prehospital Care. It is our intent to provide the Davie County Citizens with competent health care while realizing the human factor attached to injury or illness. Each employee of Davie County EMS emulates pride and professionalism when dealing with patients, coworkers and the general public.

Davie County Emergency Medical Services (EMS) is designed to meet the needs of citizens in the times of crisis. Our state of the art services are calibrated with a professional character reflective of compassionate public servants. DCEMS rapid 24 hour service are a blend of disciplines designed to meet varying emergent needs that may arise no matter what the nature of the emergency.

Our trained staff responded to about 7,100 calls for service calendar year 2013. The importance of skilled professional personnel, state of the art equipment, and reliable vehicles cannot be overstated. The funding of county tax monies allows EMS to participate in rescue operations, establish prehospital care and plan for the future. Residents and passers can rely on Davie County EMS for Advanced Life-support Emergency Prehospital care.

**2014/2015 Budget call review for  
2009,2010,2011,2012,2013**

**Calls for Service**

Calls for 09- 5170	745 - 2 or more Units
Calls for 10- 5522	669 - 2 or more Units
Calls for 11- 5819	727 - 2 or more Units
Calls for 12- 5762	873 - 2 or more Units
Calls for 13- 6106	976 - 2 or more units

**Total Response Deployment for Service**

Year 09 – 5915	
Year 10 – 6191	4.7% Increase From 2009
Year 11 – 6546	5.7% Increase From 2010
Year 12 – 6635	1.4% Increase From 2011
Year 13 - 7082	6.7 % Increase From 2012

**2009 – 2013 19.7% Increase in Responses**

**Number of times all staffed EMS Ambulance Busy**

2009 – 47
2010 – 61
2011 – 80
2012 - 70
2013 – <b><u>103*</u></b>

*The Above Statistics Provided by Davie 911 Centers*

*The year 2013, 103 times all staffed Ambulances on calls at the same time. Average time 29 minutes. That totals a period of 49 Hrs. in a year no EMS Paramedic Ambulance available for Entire County. Please remember the Davie County Rescue Squad is EMS primary backup and they our Basic Life Support, this means no IVs or Medication where as EMS is Advance life support.*

# DAVIE COUNTY 911 COMMUNICATIONS

D.M.C.

## Number Of Calls Report by Day of Week - Hour of Day

329 W.C. HWY 807 W

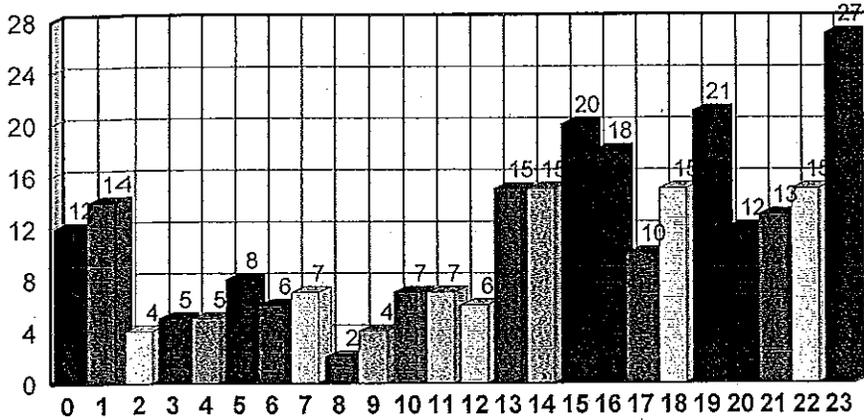
First Date: 10/14/2013

Jurisdiction: Davie co

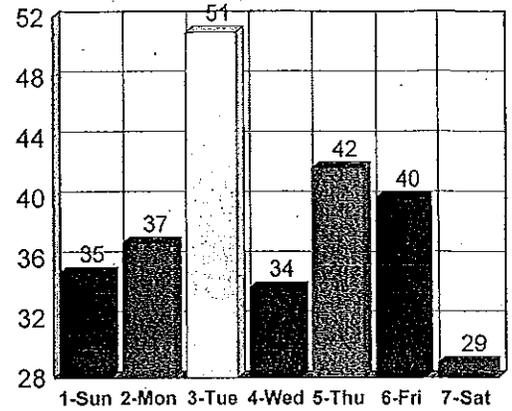
Last Date: 01/09/2014

01/09/2014 11:02:26

### Calls By Hour Of Day



### Calls By Day Of Week



# DAVIE COUNTY 911 COMMUNICATIONS

## Number Of Calls Report by Day of Week - Hour of Day

First Date: 10/14/2013

Jurisdiction: Davie co

Last Date: 01/09/2014

01/09/2014 11:02:26

Day/ Hour	1-Sun	2-Mon	3-Tue	4-Wed	5-Thu	6-Fri	7-Sat	Total
0	2	2	3	2	2	0	1	12
1	1	2	3	0	4	2	2	14
2	0	1	2	1	0	0	0	4
3	0	0	3	0	1	1	0	5
4	0	2	0	0	1	2	0	5
5	3	2	0	2	0	1	0	8
6	1	0	1	0	1	2	1	6
7	1	2	0	2	2	0	0	7
8	0	1	0	0	0	0	1	2
9	0	1	1	0	0	2	0	4
10	1	1	2	0	2	1	0	7
11	2	1	2	0	0	2	0	7
12	1	1	0	1	1	2	0	6
13	1	2	4	2	1	2	3	15
14	3	2	0	2	3	4	1	15
15	1	3	7	5	1	1	2	20
16	2	1	3	1	4	2	5	18
17	2	1	1	0	1	2	3	10
18	5	1	0	3	3	2	1	15
19	5	2	4	0	5	2	3	21
20	1	3	4	2	1	0	1	12
21	1	2	2	4	1	2	1	13
22	1	1	4	2	5	1	1	15
23	1	3	5	5	3	7	3	27
Total	35	37	51	34	42	40	29	268

**Davie County EMS FY14 Projections**

$y = 22.2x + 105,965.0$   
 y intercept 105,965.0  
 Increase \$ / Month 22.2  
 Adjustment Factor 1.0  
 Adj. Increase \$ / Month 22.20

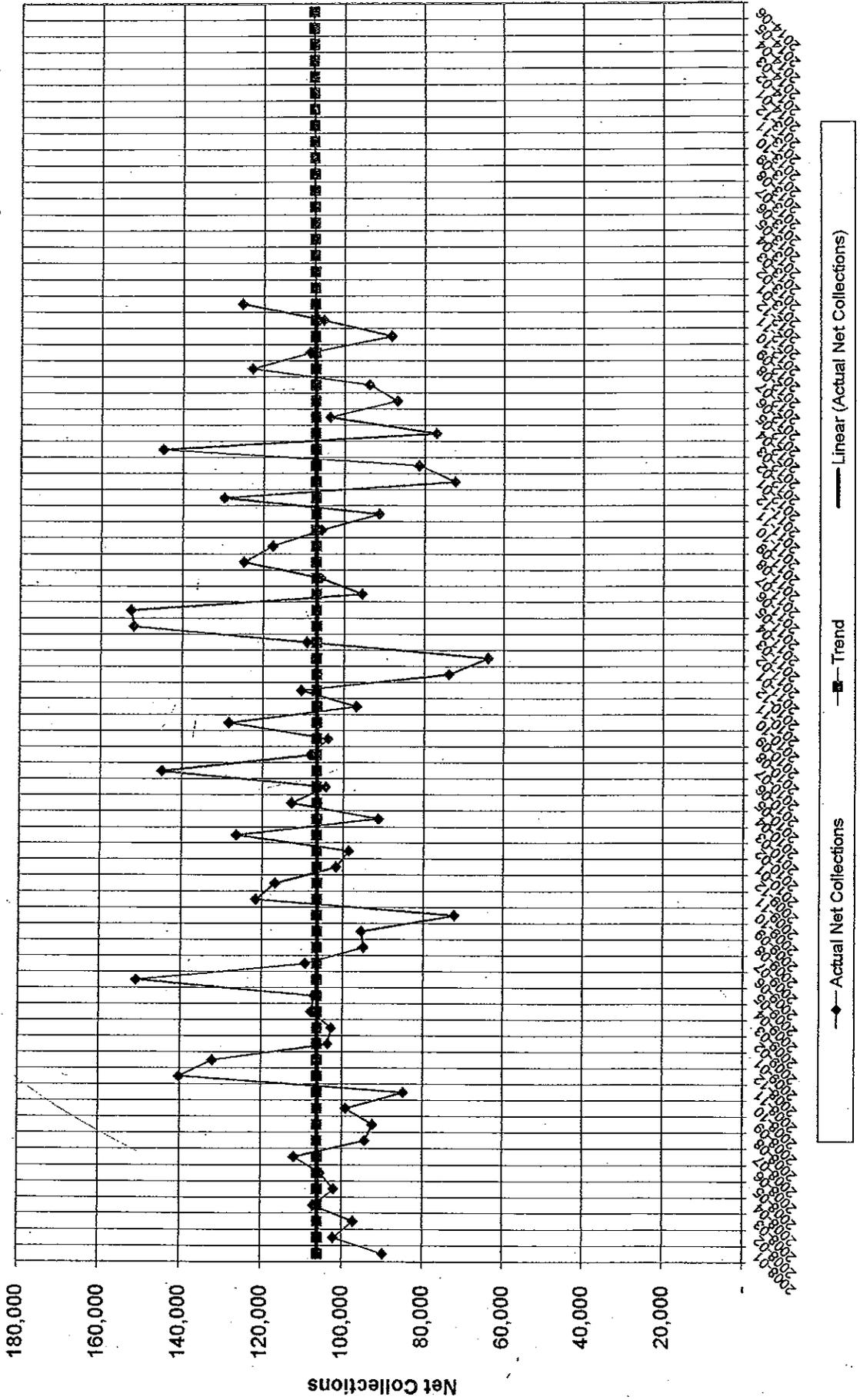
Month	Actual Net Collections	Trend
2008-01	89,712.15	105,987.20
2008-02	101,993.85	106,009.40
2008-03	97,070.37	106,031.60
2008-04	107,086.85	106,053.80
2008-05	101,896.48	106,076.00
2008-06	105,361.26	106,098.20
2008-07	111,909.72	106,120.40
2008-08	94,220.84	106,142.60
2008-09	92,366.94	106,164.80
2008-10	98,967.35	106,187.00
2008-11	84,777.02	106,209.20
2008-12	140,068.23	106,231.40
2009-01	131,939.65	106,253.60
2009-02	103,581.43	106,275.80
2009-03	102,766.80	106,298.00
2009-04	107,807.87	106,320.20
2009-05	107,077.83	106,342.40
2009-06	150,774.92	106,364.60
2009-07	109,378.65	106,386.80
2009-08	94,802.16	106,409.00
2009-09	95,324.70	106,431.20
2009-10	72,218.68	106,453.40
2009-11	121,511.58	106,475.60
2009-12	116,790.87	106,497.80
2010-01	101,645.46	106,520.00
2010-02	98,517.17	106,542.20
2010-03	126,346.40	106,564.40
2010-04	91,183.62	106,586.60
2010-05	112,915.53	106,608.80
2010-06	104,374.96	106,631.00
2010-07	144,882.13	106,653.20
2010-08	108,283.65	106,675.40
2010-09	103,838.66	106,697.60
2010-10	128,363.04	106,719.80
2010-11	96,770.76	106,742.00
2010-12	110,610.76	106,764.20
2011-01	73,783.25	106,786.40
2011-02	63,967.14	106,808.60
2011-03	109,187.50	106,830.80
2011-04	151,838.08	106,853.00
2011-05	152,486.79	106,875.20
2011-06	95,435.52	106,897.40
2011-07	105,815.62	106,919.60
2011-08	124,749.30	106,941.80
2011-09	117,746.13	106,964.00
2011-10	105,586.64	106,986.20
2011-11	91,250.77	107,008.40
2011-12	129,652.96	107,030.60
2012-01	72,310.03	107,052.80
2012-02	81,335.96	107,075.00
2012-03	144,833.39	107,097.20
2012-04	77,056.35	107,119.40
2012-05	103,557.46	107,141.60
2012-06	86,843.78	107,163.80
2012-07	93,753.26	107,186.00
2012-08	122,879.16	107,208.20
2012-09	108,677.08	107,230.40
2012-10	88,229.49	107,252.60
2012-11	105,170.76	107,274.80
2012-12	125,241.46	107,297.00
2013-01		107,319.20
2013-02		107,341.40
2013-03		107,363.60
2013-04		107,385.80
2013-05		107,408.00
2013-06		107,430.20
2013-07		107,452.40
2013-08		107,474.60
2013-09		107,496.80
2013-10		107,519.00
2013-11		107,541.20
2013-12		107,563.40
2014-01		107,585.60
2014-02		107,607.80
2014-03		107,630.00
2014-04		107,652.20
2014-05		107,674.40
2014-06		107,696.60

Summary	
Average FY13 to Date	107,325.20
Estimated FY13 to Date	1,287,902.42
<b>Trend Projections FY14</b>	<b>1,290,894.00</b>
\$ Increase from Annualized FY13	2,991.58
% Increase from Annualized FY13	0.2%

Projections are based on net collection trends for 2012-07 (to) 2012-12. The projected trend has been adjusted by the 'adjustment factor' in order to visually estimate a reasonable future trend for net collections (see trend chart).  
 Projections do not guarantee actual performance.

# Davie County EMS FY14 Projections

$$y = 22.2x + 105,965.0$$



### ORGANIZATIONAL STRUCTURE

#### EMERGENCY SERVICES DIRECTOR

EM / ARSON INVESTIGATION

EMS OPERATIONS  
TRAINING OFFICER

EMS ADMIN SUPPORT

SHIFT SUPERVISOR

SHIFT SUPERVISOR

SHIFT SUPERVISOR

SHIFT SUPERVISOR

ASST. SUPERVISOR

ASST. SUPERVISOR

ASST. SUPERVISOR

ASST. SUPERVISOR

PARAMEDICS  
INTERMEDIATES  
EMT'S

PARAMEDICS  
INTERMEDIATES  
EMT'S

PARAMEDICS  
INTERMEDIATES  
EMT'S

PARAMEDICS  
INTERMEDIATES  
EMT'S

F.Y. 2014 - 2015Department EMSPage 1 of 1Division EMS**REQUEST FOR NEW POSITION**

Title: EMT/PARAMEDIC	Number: 8	Full-time <input checked="" type="checkbox"/> Temporary <input type="checkbox"/>	Annual Salary: \$400800.00
Hiring Date: 10/01/2014	1 <sup>st</sup> Year Cost: \$400800.00	2 <sup>nd</sup> Year Cost: \$420000	
Duties/Responsibilities of Position: PROVIDE PROFESSIONAL PREHOSPITAL CARE TO SICK/INJURED IN DAVIE COUNTY. TO CARRY OUT OTHER DUTIES NECESSARY AS INSTRUCTED BY SHIFT SUPERVISOR.			
Justify Need for Position in Detail: TO ADD 24/7 TWENTY FOUR HOUR A DAY TRUCK. PLACE IN HILLSDALE AFTER CONSTRUCTION IS COMPLETED.			
Cost of New Equipment/Furniture for Position: 260000.00			

Budget Sheet #3A  
 2014 2015  
 F.Y. \_\_\_\_\_ - \_\_\_\_\_  
 Page \_\_\_\_\_ of \_\_\_\_\_

DAVIE COUNTY, NORTH CAROLINA  
 EMS

Department \_\_\_\_\_  
 Administration  
 Division \_\_\_\_\_

**ACTIVITY JUSTIFICATION**

Activity:  Administration	Number of Employees	# of Full-time <u>  3  </u> # of Part-Time _____	Annual Cost: 169242
Mandated by GS - NCGS # G.S.131E-155_	County Cost:  169242		Federal/State Cost:

Each Employee, Job Title, Duties/Responsibilities of Positions in the Activity:

Mark Hancock – Emergency Services Director (80%)  
 Andy Lipscomb – Field Operation (75%)  
 Mary Blackwelder – Administration Support (100%)

Justify Need for Each Position in Detail (use additional pages if necessary):

The attachment explains the roles and responsibilities for the positions.



F.Y2014 - 2015

Department EMS

Page 1 of 1

Division Training

### ACTIVITY JUSTIFICATION

Activity: Training	Number of Employees 3	# of Full-time <u>3</u> # of Part-Time _____	Annual Cost: 45368
Mandated by GS - NCGS # <u>  </u> S/A	County Cost: 45368		Federal/State Cost:

Each Employee, Job Title, Duties/Responsibilities of Positions in the Activity:

- Joseph Ashburn – 60% of time
- Andy Lipscomb - 5% of time
- Mark Hancock - 5% of time

Oversees training for EMS and County First Responders. Coordinates training classes such as BTLS, ACLS, PALS, 12 lead and all other areas of pt care and skills that all levels of training perform and must be suffocate in the skill i.e. Bone Drills, RSI etc...

Hancock/ Lipscomb – Peer review Audits/ assist training. Mandated by NC OEMS.

Justify Need for Each Position in Detail (use additional pages if necessary): All EMS technicians must maintain state certifications and mandated training that the state OEMS sets forth. Funded and unfunded mandates.

The attachment explains briefly the roles and responsibilities for the Training Officer



Budget Sheet #3A  
 2014 2015  
 F.Y. \_\_\_\_\_ - \_\_\_\_\_  
 Page  1  of  2

DAVIE COUNTY, NORTH CAROLINA  
 EMS  
 Department \_\_\_\_\_  
 Operations  
 Division \_\_\_\_\_

## ACTIVITY JUSTIFICATION

Activity:  EMS Operations	Number of Employees	# of Full-time <u> 34 </u> # of Part-Time <u> 17 </u>	Annual Cost:  1742736
Mandated by GS - NCGS # <u> G.S.131E-155 </u>	County Cost:  <u> 1742736 </u>		Federal/State Cost:

**Each Employee, Job Title, Duties/Responsibilities of Positions in the Activity:**

- 1 – Director EMT-P 15%
- 1 – Field Operations EMT-P 20%
- 1 – Training Coordinator 40%
- 4 – Supervisor EMT-P 100%
- 4 – Asst. Supervisor EMT-P 100%
- 20 – EMT-P 100%
- 1 – EMT-I 100%
- 2 – EMT 100%
- 18 – Part Time Employees

**Justify Need for Each Position in Detail (use additional pages if necessary):**

There are many different jobs in EMS that range from custodial work to performing CPR and anything in between. You might go from completing your daily duties to treating 4 major trauma victims from a traffic accident within 5 Minutes. In Davie County, we operate 4 paramedic EMS units 24 hours a day 7 days a week. Just as the population and gas prices are rising, the total call volume is rising. In 2013 we responded to **7082 calls**, **6 % more than 2012**. . In 2013 there were 103 times that ranged from **5 min to 2 hrs** when all 4 units were tied up on calls And there wasn't a staffed EMS unit in the county. In addition to these numbers, there were **28 times** where a **5<sup>th</sup>** Unit staffed with admin and off duty personnel that happened to be available and **2 times** where there were **6 trucks**

**On calls at the same time.** With the call volume increasing when you consider the calls, paperwork, continuing Education, daily duties, there is very little down time within the work day. Operating 4 EMS units require 32 Employees for day to day operation, not taking into consideration of injury, illness or vacation. Part time EMS Personnel are used to fill positions when needed. Field Operations and the Director fill the vacant positions when No part time personnel are available. The call volume is expected to increase. In turn the times when there is not a Staffed ambulance available to respond will also increase. This means NO Emergency care for the citizens of Davie County.

EMS Director – Fills a position on the daily operation when needed.

Field Operations – Fills a position on the daily operation when needed.

Supervisor – Works on the EMS unit daily on their shift. The Supervisor takes care of all the day to day Operations, reviews paperwork, etc.

Asst. Supervisor – Works on the EMS unit daily on their shift. Replaces Supervisor in their absence.

EMT-P – There is at the minimum, 1 EMT-P on each unit daily.

EMT-I – Works with an EMT-P on the unit.

EMT – Works with an EMT-P on the unit.

Please see job description attached for each position.

DAVIE COUNTY  
ANNUAL BUDGET ESTIMATE - SUMMARY OPERATIONAL EXPENSE REQUEST

F.Y. 2013 - 2014-2015

Page 1 of 1

Department: EMS - Operational 34 Fulltime - 18 Parttime  
 Hancock 15% - Lipscomb 20% Ashburn 40%  
 ALL others 100%

Account No.	Item	Remarks	Requested		Recommended	
			Local Cost	Non-Local Cost	Local Cost	Non-Local Cost
52510-510010	Salaries/Wages	includes as above	1,248,599			
52510-510020	Parttime Salaries	100 % Line	301,150			
52510-510040	Longevity	includes % as above	10,306			
52510-520050	FICA	includes % as above	95,518			
52510-520060	Hospital Ins.	includes % as above	26,670			
52510-550150	Retirement	includes % as above	84,156			
52510-520120	401 K	includes % as above	37,458			
52510-530320	Office Supplies	40% Cost of Line Item	1,600			
52510-530330	Dept. Supplies	60% Line	9,600			
52510-540110	Telephone	75% Line	15,000			
52510-530290	Gas/Oil	100% Line	72,500			
52510-530300	Vehicle Tires	100% Line	11,200			
52510-530360	Uniforms	96% Line	17,280			
52510-530460	Medical Supplies	100% Line	84,000			
52510-580620	Computer Hardware	100 % Line	31,400			
52510-540130	Utilities	100% Line	0			
52510-540140	Travel	100 % Line	300			
52510-540450	Purchased Services	100% Line	160,000			
52510-540500	Laundry	100% Line	27,000			
52510-550160	Equipment Maint.	100% Line	12,500			
52510-550170	Vehicle Maint.	100% Line	78,500			
52510-560530	Dues/Subscriptions	50% Line	500			
52510-580600	Equipment /Furn.	100% Line				
52510-541540	Computer Services	100% Line	14,500			
52510-580660	Radio Equip.	100% Line	48,000			
<b>TOTAL</b>			<b>2,401,137</b>			



**Budget Sheet #5**

**DAVIE COUNTY, NORTH CAROLINA**

F.Y. 2013 - 2014

Department Information Technology Services -51320

Page 1 of 1

Division ██████████

**CAPITAL OUTLAY DETAIL**

Name of Project or Equipment:  
PC Replacement

Description:  
Replacement PCs per Schedule

Justification:  
Scheduled PC Replacement Program

Estimated Cost:  
Replacement PCs – 8 x 1250 = 10,000.00  
Replacement laptops – 2 x \$ 1,700 = \$ 3400.00  
Total = \$ 13,400.00

Estimated Annual Operation/Maintenance Cost:  
Gold Tech support with complete Care Accidental Damage for 4 years included with purchase price of PC.

F.Y. 2013 – 2014

Department EMS

Page 1 of 1

Division \_\_\_\_\_

## CAPITAL OUTLAY DETAIL

Name of Project or Equipment: Ambulance

Description: AEV Ambulance

Justification: 1. Replacement for rotation, 1 for new crew, 1 spare to fleet. You will have 5 ambulances on the road and give you 3 spares that will be rotated daily to keep the miles consistent.

Estimated Cost 490,968.00

Estimated Annual Operation / Maintenance Cost: routine maintained 3000.00 per Ambulance

F.y \_\_\_2014\_\_ -- \_\_2015\_\_

Department \_\_\_EMS\_\_\_\_\_

Page 1 of \_\_1\_\_

Division \_\_\_EMS\_\_\_\_\_

## CAPITAL OUTLAY DETAIL

Name of Project or Equipment: Ambulance

Description: 3 - PHYSIO CONTROL LIFE PACK 15 CARDIAC MOINTOR

Justification: 1 TO COMPLETE ROTATION. 2 FOR NEW AMBULANCES

Estimated Cost: 98,500.00

Estimated Annual Operation / Maintenance Cost: COMES WITH SERVICE AGREEMENT AND BATTERIES.

F.Y. 2014 - \_\_\_ 2015

Department EMS

Page 3 of 3

Division \_\_\_\_\_

## CAPITAL OUTLAY DETAIL

Name of Project or Equipment: 2 - DATA 911 COMPUTER FOR AMBULANCES

Description: COMPUTER THAT INTERFACES WITH 911 COMPUTER AID DISPATCH

Justification: MAPPING AND CAD FOR AMBULANCE RESPONSES.

Estimated Cost 13052.00

Estimated Annual Operation / Maintenance Cost: STANDARD WARRANTY.

F.Y. 2014- 2015

Department EMS

Page 1 of 1

Division Training

### CONFERENCE & TRAINING DETAIL

No. Attending	Purpose, Estimated Date & Location	Mode of Travel	Estimated Cost			
			Travel	Fees	Lodging	Total
4	EMS Today- Greensboro N.C.	Co. Vehicle		200.00		800.00

F.Y. 2014 - 2015

Department

EMS \_\_\_\_\_

Page 1 of 1

Division Medical Director

## SPECIAL WORK PROJECT

Location:  
Medical Director

Description: Increase pay

Justification: Will discuss in workshop.

Estimated Cost: 3000.00

Budget Sheet #7

DAVIE COUNTY, NORTH CAROLINA

F.Y. 2014 – 2015

Department

EMS \_\_\_\_\_

Page 1 of 1

Division Medical

Examiner \_\_\_\_\_

## SPECIAL WORK PROJECT

Location:

Medical Examiner Pay

---

Description: S/A From 150.00 weekly to 200.00

---

Justification: Will discuss in workshop.

---

Estimated Cost: 2600.00

**COUNTY OF DAVIE  
BUDGET 2014-2015 FISCAL YEAR**

	<b>PRIOR YR ACT JUNE 2013</b>	<b>CURR ACTUAL 2013-2014</b>	<b>REVISED BUDGET 2013-2014</b>	<b>REQUESTED 2014-2015</b>	<b>MANAGER 2014-2015</b>	<b>BOARD 2014-2015</b>
<b>EMERGENCY MEDICAL SERVICES</b>						
42510 430028	CRIME CONTROL & PUBLIC SAFETY	-	-	-		
42510 430047	EMERGENCY MANAGEMENT	(86.39)	-	-		
42510 430109	MEDICARE OVERPAYMENT	-	-	-		
42510 440032	CURRENT EMERGENCY FEES	(1,574,815.08)	(503,023.49)	(1,500,000.00)		
42510 440033	PRIOR EMERGENCY FEES COLLECTED	-	-	(500.00)		
42510 480034	MISCELLANEOUS REVENUE EMS	(3,650.00)	(740.00)	(2,000.00)		
42510 480035	GIFTS EMS	(10,905.31)	(359.97)	(1,000.00)		
42510 480090	MEGAN HOWELL MEMORIAL GRANT	-	-	(9,924.00)		
<b>TOTAL EMERGENCY MEDICAL SERVICES</b>		<b>(1,589,456.78)</b>	<b>(504,123.46)</b>	<b>(1,513,424.00)</b>	<b>-</b>	

**COUNTY OF DAVIE  
BUDGET 2014-2015 FISCAL YEAR**

	PRIOR YR ACT JUNE 2013	CURR ACTUAL 2013-2014	REVISED BUDGET 2013-2014	REQUESTED 2014-2015	MANAGER 2014-2015	BOARD 2014-2015
<b>MEDICAL EXAMINER</b>						
52410 560040 MEDICAL EXAMINER	15,800.00	1,650.00	20,000.00	25,000.00		
52410 580620 COMPUTER HARDWARE	-	-	-			
<b>TOTAL MEDICAL EXAMINER</b>	<b>15,800.00</b>	<b>1,650.00</b>	<b>20,000.00</b>	<b>25,000.00</b>		
<b>EMERGENCY MEDICAL SERVICES</b>						
52510 510010 SALARIES AND WAGES	1,407,795.58	564,362.43	1,403,620.00	1,690,949.00		
52510 510020 PART-TIME SALARIES	205,873.74	95,311.14	251,250.00	301,250.00		
52510 510040 LONGEVITY	9,200.00	10,270.00	10,330.00	12,970.00		
52510 520050 FICA	118,237.23	48,852.72	125,378.00	131,634.00		
52510 520060 GROUP HOSPITAL INSURANCE	272,602.75	113,298.90	282,684.00	361,200.00		
52510 520070 RETIREMENT	94,793.31	40,615.74	115,872.00	112,861.00		
52510 520080 WORKMENS COMPENSATION	88,559.94	-	91,476.00			
52510 520100 ECS UNEMPLOYMENT INSURANCE	-	-	-			
52510 520110 GROUP LIFE INSURANCE	1,415.54	595.38	-			
52510 520120 401K-EMPLOYER SUPPLEMENT	40,634.69	16,869.61	41,358.00	63,958.00		
52510 520130 YMCA MEMBERSHIP	-	-	-			
52510 520250 EMPLOYEE MEDICAL EXPENSE	-	-	-			
52510 520260 EMPLOYEE EDUCATION REIMBURSEME	-	-	-			
52510 530120 POSTAGE	692.70	199.05	1,200.00	1,200.00		
52510 530250 PRINTING & BINDING	-	-	-			
52510 530280 GAS & OIL - DIRECTOR	-	-	-			
52510 530290 AMBULANCE GAS & OIL	63,078.09	28,052.43	69,000.00	84,000.00		
52510 530300 VEHICLE TIRES	5,194.03	2,357.44	9,000.00	11,200.00		
52510 530310 VEHICLE GAS & OIL	-	-	-			
52510 530320 OFFICE SUPPLIES	2,736.00	668.66	3,800.00	4,000.00		
52510 530330 DEPARTMENT SUPPLIES	17,024.68	5,726.41	15,000.00	16,000.00		
52510 530360 UNIFORMS	11,869.10	442.36	13,000.00	18,000.00		
52510 530460 MEDICAL SUPPLIES	72,437.60	26,352.04	64,000.00	84,000.00		
52510 540100 EDUCATION & TRAINING	12,099.20	1,154.20	12,000.00	1,200.00		
52510 540101 EDUCATION & TRAINING-FIRE INVE	-	-	-			
52510 540110 TELEPHONE	19,806.05	7,136.62	20,000.00	20,000.00		
52510 540130 UTILITIES	(94.25)	-	-			
52510 540140 TRAVEL	13.24	-	281.00	300.00		
52510 540210 BUILDING & EQUIPMENT RENTAL	-	-	-			
52510 540450 PURCHASED SERVICES	111,413.79	27,976.61	140,000.00	160,000.00		
52510 540500 LAUNDRY & DRY CLEANING	24,497.37	9,013.28	25,000.00	27,000.00		
52510 541540 COMPUTER SERVICES	9,506.65	1,341.00	14,500.00	14,500.00		
52510 541550 CONSULTANTS	9,999.98	4,166.59	10,000.00	10,000.00		
52510 550150 BUILDING & GROUNDS MAINTENANCE	-	-	-			
52510 550160 EQUIPMENT MAINTENANCE	4,742.17	983.50	7,000.00	12,500.00		
52510 550170 VEHICLE MAINTENANCE	47,787.69	20,289.09	60,000.00	78,500.00		
52510 550210 VEHICLE MAINTENANCE - DIR CAR	-	-	-			
52510 560110 COUNCIL MEETING EXPENSE	-	250.00	400.00	400.00		
52510 560120 SPECIAL EVENTS	-	-	-			
52510 560150 PRIVATE PROPERTY DAMAGE EXPENS	-	-	-			
52510 560260 ADVERTISING	-	-	150.00	200.00		
52510 560530 DUES & SUBSCRIPTIONS	1,140.00	889.00	1,000.00	1,000.00		
52510 560540 INSURANCE & BONDS	-	-	-			
52510 560570 MISCELLANEOUS	532.00	-	-			

**COUNTY OF DAVIE  
BUDGET 2014-2015 FISCAL YEAR**

		<b>PRIOR YR ACT JUNE 2013</b>	<b>CURR ACTUAL 2013-2014</b>	<b>REVISED BUDGET 2013-2014</b>	<b>REQUESTED 2014-2015</b>	<b>MANAGER 2014-2015</b>	<b>BOARD 2014-2015</b>
52510	560580 EMERGENCY MANAGEMENT EXPENSE	-	-	-			
52510	560600 BUILDING INSURANCE	-	-	-			
52510	580600 EQUIPMENT & FURNITURE	188,527.59	164,827.53	185,000.00	589,468.00		
52510	580610 COMPUTER SOFTWARE	-	-	-			
52510	580620 COMPUTER HARDWARE	11,655.91	6,150.40	18,132.00	31,400.00		
52510	580640 BUILDING IMPROVEMENTS	-	-	9,924.00	9,924.00		
52510	580650 BUILDING CONSTRUCTION	-	-	-			
52510	580660 RADIO EQUIPMENT	2,318.68	-	4,000.00	48,000.00		
52510	581670 EMERGENCY MGMT EQUIPMENT	224.02	-	-			
52510	581671 HOMELAND SECURITY GRANT FUNDS	-	-	-			
<b>TOTAL EMERGENCY MEDICAL SERVICES</b>		<b>2,856,315.07</b>	<b>1,198,152.13</b>	<b>3,004,355.00</b>	<b>\$ 38,976,614.00</b>		

COUNTY OF DAVIE  
BUDGET 2014-2015 FISCAL YEAR

Org	Emp #	Last Name	First	Job Desc	Service Date	Yrs Srvc		Hourly	Annual	Request
						Jul 14 - Jun 15	Grade			
52510	839	ALLRED	STEPHEN	EMT - PARAMEDIC	06/01/2009	6	66		35,561.00	39,120.00
52510	124	ASHBURN	JOSEPH	TRAINING OFFICER	10/01/2000	14	68		45,282.00	45,282.00
52510	652	BAKER	JUSTIN	EMT - PARAMEDIC	01/10/2011	4	66		35,561.00	35,561.00
52510	726	BLACKWELDER	MARY	ADMIN SUPPORT SPECIALIST 37.5	12/21/2006	8	60		29,760.00	29,760.00
52510	826	BLUNKALL	BRIAN	EMT - PARAMEDIC	07/01/2009	6	66		35,561.00	39,120.00
52510	1029	BUNNELL	WILLIAM	PART TIME EMT- PARAMEDIC				15.99		15.99
52510	870	BYRD	BRIAN	EMT - PARAMEDIC	07/01/2009	6	66		35,561.00	39,120.00
52510	1039	CALLAWAY	DANIEL	PART TIME EMT				12.28		12.28
52510	877	CHILDRESS	DAVID	PART TIME EMT				12.40		12.40
52510	367	CHURCH	DAVID	PART TIME EMT - PARAMEDIC				17.13		17.13
52510	790	CRANFORD	TOMMY	EMT - PARAMEDIC	12/01/2008	6	66		35,561.00	39,120.00
52510	391	CROTTS	BRENT	EMT - SHIFT SUPERVISOR	08/13/2001	13	67		44,015.00	44,015.00
52510	878	DAVIS	JEREMY	PART TIME EMT				12.40		12.40
52510	701	DRYE	ANDREW	EMT - PARAMEDIC	02/01/2007	8	66		39,117.00	39,117.00
52510	109	DUNN	STEPHEN	EMT - SHIFT SUPERVISOR	10/22/1988	26	67		49,924.00	49,924.00
52510	585	FAIRCLOTH	MITCHELL	PART TIME EMT - PARAMEDIC				16.46		16.46
52510	600	FINNEY	JEFFERY	PART TIME EMT - INTERMEDAITE				14.28		14.28
52510	517	FOIL	NATHAN	EMT - PARAMEDIC	12/03/2005	9	66		39,117.00	39,117.00
52510	828	FORBES	GREGORY	PART TIME EMT - INTERMEDAITE				14.28		14.28
52510	126	HALL	SAMUEL	EMT - SHIFT SUPERVISOR	10/01/2000	14	67		45,282.00	45,282.00
52510	1040	HALL	JODY	PART TIME EMT				12.28		12.28
52510	110	HANCOCK	JOHN	EMERGENCY SERVICES DIRECTOR	02/01/1989	26	73		63,717.00	66,906.00
52510	757	HARTMAN	KEVIN	EMT - PARAMEDIC	03/12/2009	6	66		35,561.00	39,120.00
52510	322	HAWKS	BRENT	PART TIME EMT- PARAMEDIC				15.99		15.99
52510	871	HAZELWOOD	BRANDON	EMT - PARAMEDIC	07/01/2009	6	66		35,561.00	39,120.00
52510	693	HOLLOWAY	JASON	PART TIME EMT- PARAMEDIC				15.98		15.98
52510	574	HORNE	LONNIE	EMT - BASIC	12/01/2008	6	61		29,254.00	30,652.00
52510	125	KIESTLER	TERRY	EMT - PARAMEDIC	10/01/2000	14	66		41,074.00	41,074.00
52510	112	LATHAM	KEITH	EMT - PARAMEDIC	08/01/1990	24	66		45,283.00	45,283.00
52510	993	LAYELL	ROGER	PART TIME EMT- PARAMEDIC				15.83		15.83
52510	113	LIPSCOMB	JAMES	EMT-P FIELD OPERATIONS	06/19/1989	26	69		52,414.00	55,045.00
52510	128	LIPSCOMB	CHAD	PART TIME EMT - PARAMEDIC				17.13		17.13
52510	847	LITTLE	JAMES	EMT - PARAMEDIC	07/01/2009	6	66		35,561.00	39,120.00
52510	1044	MARTINIUK	DAVID	PART TIME EMT - PARAMEDIC				15.99		15.99
52510	129	MATTHEWS	ANTHONY	PART TIME EMT - PARAMEDIC				18.28		18.28
52510	891	MCDANIEL	BRAXTON	EMT - BASIC	12/01/2009	5	61		27,863.00	30,652.00
52510	909	MCMANUS	KRISTIE	EMT - PARAMEDIC	04/13/2010	5	66		35,561.00	39,120.00
52510	598	MOJICA	ROGELIO	EMT - PARAMEDIC	08/01/2006	8	66		39,155.00	39,155.00
52510	801	MOORE	RAY	PART TIME EMT				12.78		12.78
52510	991	MOORE	TIMOTHY	PART TIME EMT - PARAMEDIC				15.83		15.83
52510	705	MOSS	CHRISTOPHER	PART TIME EMT				14.28		14.28

COUNTY OF DAVIE  
BUDGET 2014-2015 FISCAL YEAR

Org	Emp #	Last Name	First	Job Desc	Service Date	Yrs Srvc		Hourly	Annual	Request
						Jul 14 - Jun 15	Grade			
52510	<u>779</u>	NICHOLS	JASON	EMT - I	10/29/2007	7	63		34,042.00	34,042.00
52510	<u>118</u>	OWINGS	LINDA	PART TIME CLERK				16.92		16.92
52510	<u>890</u>	PAGE	EMMETT	EMT - PARAMEDIC	09/01/2011	3	66		35,561.00	35,561.00
52510	<u>747</u>	PUTMAN	DAVID	PART TIME EMT-I				14.28		12.28
52510	<u>694</u>	REAVIS	CARL	EMT - PARAMEDIC	09/01/2006	8	66		39,155.00	39,155.00
52510	<u>860</u>	ROBBINS	AMANDA	EMT - PARAMEDIC	07/01/2009	6	66		35,561.00	39,120.00
52510	<u>851</u>	SHORE	JASON	EMT - PARAMEDIC	07/01/2009	6	66		35,561.00	39,120.00
52510	<u>907</u>	SNOW	STEPHEN	PART TIME EMT- PARAMEDIC				15.99		15.99
52510	<u>910</u>	SOUTHARD	ASHLEY	EMT - PARAMEDIC	04/13/2010	5	66		35,561.00	39,120.00
52510	<u>120</u>	SPRY	LEWIS	EMT - PARAMEDIC	12/17/1999	15	66		41,074.00	43,130.00
52510	<u>1035</u>	STOWE	HANK	PART TIME EMT- PARAMEDIC				15.99		15.99
52510	<u>1045</u>	SUTTON	STEVE	PART TIME EMT - PARAMEDIC				15.99		15.99
52510	<u>880</u>	TAYLOR	COREY	PART TIME EMT- PARAMEDIC				15.99		15.99
52510	<u>920</u>	TAYLOR	ERNEST	EMT - PARAMEDIC	10/01/2012	2	66		35,561.00	35,561.00
52510	<u>577</u>	TESTA	DANIEL	PART TIME EMT- PARAMEDIC				15.83		15.83
52510	<u>911</u>	THOMAS	LISA	EMT - PARAMEDIC	12/01/2012	2	66		35,561.00	35,561.00
52510	<u>444</u>	WALKER	THOMAS	EMT - SHIFT SUPERVISOR	10/06/2003	11	67		44,013.00	44,013.00
52510	<u>401</u>	WARD	KEVIN	EMT - PARAMEDIC	11/01/2001	13	66		41,074.00	41,074.00
52510	<u>427</u>	WILLIAMS	BRIAN	EMT - PARAMEDIC	08/01/2003	11	66		39,332.00	41,074.00

TOTAL FULL TIME		<u>YELLOW IS DMG</u>							1,363,362.00	1,416,694.58
TOTAL PART TIME									-	-
TOTAL LONGEVITY									1,363,362.00	1,416,694.58

FICA  
HOSPITAL  
RETIREMENT  
401K

TOTAL AUTHORIZED POSITIONS 35 FULL TIME; PART-TIME AS NEEDED.

OPERATIONS	Annual Salary	Increase	cost of living or \$1000		Salary + cost of living or \$1000	school % increase	DMG 10%	Anniv. % Increase	total increase	salary + %inc Total	FICA 7.65%	Base Longevity	Years of Serv.	Total Long.	hospital	Retire 6.74%	401K 3%	Grand Total
Stephen Allred	35564				35564		3556			39120	2,993	50	6	230	8400	2637	1174	54553
Ashburn, Joseph 40%	18115				18115					18115	1,386	20	6.2	206	3360	1221	543	24831
Baker, Justin	35564				35564					35564	2,721	50	4	170	8400	2397	1067	50319
Blunkall, Brian	35564				35564		3556			39120	2,993	50	6	230	8400	2637	1174	54553
Byrd, Brian	35564				35564		3556			39120	2,993	50	6	230	8400	2637	1174	54553
Cranford, Tommy	35564				35564		3556			39120	2,993	50	6	230	8400	2637	1174	54553
Crotts, Brent	44015				44015					44015	3,367	50	13	440	8400	2967	1320	60509
Drye, Andrew	39120				39120					39120	2,993	50	8	290	8400	2637	1174	54613
Dunn, Stephen	49924				49924					49924	3,819	50	26	830	8400	3365	1498	67836
Foil, Nathan	39120				39120					39120	2,993	50	9	320	8400	2637	1174	54643
Hall, Samuel	45283				45283					45283	3,464	50	14	470	8400	3052	1358	62028
Hancock, John M. 15%	10036				10036					10036	768	7.5	4.75	150	1260	676	301	13191
kevin Hartman	39120				39120					39120	2,993	50	6	230	8400	2637	1174	54553
Hazelwood, Brandon	35564				35564		3556			39120	2,993	50	5	200	8400	2637	1174	54523
Horne, Lonnie	32179				32179					32179	2,462	50	6	230	8400	2169	965	46405
Kiestler, Terry	41076				41076					41076	3,142	50	14	470	8400	2769	1232	57089
Latham, Keith	45287				45287					45287	3,464	50	24	770	8400	3052	1359	62332
Lipscomb, James A. 20%	1109				1109					1109	85	10	7	220	1680	75	33	3202
Little, Bryan	35564				35564		####			39120	2,993	50	5	200	8400	2637	1174	54523
McDaniel, Braxton	27865				27865					30652	2,345	50	5	200	8400	2066	920	44582
Mcmanus, Kristie	35564				35564		####			39120	2,993	50	5	200	8400	2637	1174	54523
Mojica, Roy	39155				39155					39155	2,995	50	8	290	8400	2639	1175	54654
Nichols, Jason	34042				34042					34042	2,604	50	7	260	8400	2294	1021	48622
Page, Emmett	35564				35564					35564	2,721	50	3	140	8400	2397	1067	50289
Reavis, Carl	39155				39155					39155	2,995	50	8	290	8400	2639	1175	54654
Robbins, Amanda	35564				35564		####			39120	2,993	50	5	200	8400	2637	1174	54523
Shore, Jason	35564				35564		3556			39120	2,993	50	5	200	8400	2637	1174	54523
Southard, Ashley	35564				35564		3556			39120	2,993	50	5	200	8400	2637	1174	54523
Spry, Lewis E.	41076				41076			2054		43130	3,299	50	15	500	8400	2907	1294	59530
Taylor, Ernest	35564				35564					35564	2,721	50	2	110	8400	2397	1067	50259
Thomas, Lisa	35564				35564					35564	2,721	50	2	110	8400	2397	1067	50259
Walker, Thomas N.	44013				44013					44013	3,367	50	11	380	8400	2966	1320	60447
Ward, Kevin	41076				41076					41076	3,142	50	13	440	8400	2769	1232	57059
Williams, Brian	41076				41076					41076	3,142	50	11	380	8400	2769	1232	56999
Blackwelder Mary										0	0	50	8	290		0	0	290
<b>TOTAL FULL TIME</b>	<b>1209738</b>	<b>0</b>	<b>0.00</b>	<b>1209738</b>	<b>0</b>	<b>28483.56</b>	<b>2054</b>			<b>1250139</b>	<b>95636</b>			<b>10306</b>	<b>266700</b>	<b>84259</b>	<b>37504</b>	<b>1744544</b>

PART TIME	Annual Salary	Hourly Salary	cost of living		Salary + cost of living or \$1000	school % increase	DM G 10%	Anniv. % Increase	total increase	salary + %inc Total	FICA 7.65%	Base Longevity	Years of Service	Total Longevity	hospital	Retirement 4.92%	401K 3%	Grand Total
Bumbarner, Lee		15.83																
Childress, david		12.28																
Church, David L.		16.96																
Faircloth, Mitchell		16.30																
Finney, Jeff		14.14																
Hawks, Brent		15.83																
Holloway, Jason		15.82																
Layell, Roger		15.67																
Lipscomb, Chad		16.96																
Martin, Jordan		12.16																
Matthews, Anthony		18.10																
Moore, Tim		15.67																
Moore, Ray		12.65																
Moss, Shane		14.14																
Snow, stephen		15.83																
Taylor, Corey		15.83																
Owings, Linda		16.75																
Putman,David		14.14																
EMT-P	33870				33870			1694		35564	2,721	50	1	80	8400	2258	1067	50090
EMT-P	33870				33870			1694		35564	2,721	50	1	80	8400	2258	1067	50090
EMT-P	33870				33870			1694		35564	2,721	50	1	80	8400	2258	1067	50090
EMT-P	33870				33870			1694		35564	2,721	50	1	80	8400	2258	1067	50090
EMT-P	33870				33870			1694		35564	2,721	50	1	80	8400	2258	1067	50090
EMT-P	33870				33870			1694		35564	2,721	50	1	80	8400	2258	1067	50090
EMT-P	33870				33870			1694		35564	2,721	50	1	80	8400	2258	1067	50090
EMT-P	33870				33870			1694		35564	2,721	50	1	80	8400	2258	1067	50090
<b>TOTAL PART TIME</b>	<b>270960</b>			<b>0.00</b>	<b>270960.00</b>				<b>0.00</b>	<b>284512</b>	21765			640	67200	18067	8535	<b>400719</b>

ADMINISTRATION	Annual Salary	Increase	cost of living		Salary + cost of living or \$1000	school % increase	DMG 10%	Anniv. % Increase	total increase	salary + %inc Total	FICA 7.65%	Base Longevity	Years of Serv.	Total Long.	hospital	Retire 6.74%	401K 3%	Grand Total	
Hancock, John M.80%	53525				53525					53525	4,095	40	21	670	6720	3608	1606	70223	
Lipscomb, James A.75%	41284				41284					41284	3,158	37.5	19.75	630	6300	2783	1239	55393	
Blackwelder, Mary 100%	29760				29760					29760	2,277	50	8	290	8400	2006	893	43625	
<b>TOTAL FULL TIME</b>	124569	0		0.00	124569	0	0	0		124569	9530			1590	21420	8396	3737	169242	

TRAINING	Annual Salary	Increase	cost of living		Salary + cost of living or \$1000	school % increase	DMG 10%	Anniv. % Increase	total increase	salary + %inc Total	FICA 7.65%	Base Longevity	Years of Serv.	Total Long.	hospital	Retire 6.74%	401K 3%	Grand Total
Ashburn, Joseph 60%	27172				27172					27172	2,079	30	8.8	294	5040	1831	815	37231
Hancock, John M. 5%	3345				3345					3345	256	2.5	2.25	70	420	225	100	4417
Lipscomb, James A.5%	2752				2752					2752	211	2.5	2.25	70	420	185	83	3721
<b>TOTAL FULL TIME</b>	33269	0		0.00	33269	0	0	0		33269	2545			434	5880	2242	998	45368

Salaries 1406437  
FICA 109869  
Longevity 12330  
Hospital 294000  
Retirement 94794  
401 K 42193  
total **1959623**

**Total Budget** 1959623 Before New Positions

**New Positions** 400719

**TOTAL** 2360342

Article 56.

Emergency Medical Services Act of 1973.

**§ 143-507. Establishment of Statewide Emergency Medical Services System.**

(a) There is established a comprehensive Statewide Emergency Medical Services System in the Department of Health and Human Services. All responsibility for this System shall be vested in the Secretary of the Department of Health and Human Services and other officers, boards, and commissions specified by law or regulation.

(b) The Statewide Medical Services System includes Emergency Medical Services and also includes first aid by members of the community; public knowledge and easy access into the system; prompt emergency medical dispatch of well-designed, equipped, and staffed ambulances; effective care by trained and credentialed personnel with appropriate disposition at the scene of the emergency and while in transit; communications with the treatment center while at the scene and while in transit; routing and referral to the appropriate treatment facility; injury prevention initiatives; wellness initiatives within the community and the public health system; and follow-up lifesaving and restorative care.

(c) The purpose of this Article is to enable and assist providers of Emergency Medical Services in the delivery of adequate emergency medical services for all people of North Carolina and the provision of medical care during a disaster.

(d) Emergency Medical Services as referred to in this Article include all services rendered by emergency medical services personnel as defined in G.S. 131E-155(7) in responding to improve the health and wellness of the community and to address the individual's need for immediate emergency medical care in order to prevent loss of life or further aggravation of physiological or psychological illness or injury. (1973, c. 208, s. 1; 1997-443, s. 11A.118(a); 2001-220, s. 1.)

**§ 143-508. Department of Health and Human Services to establish program; rules and regulations of North Carolina Medical Care Commission.**

(a) The State Department of Health and Human Services shall establish and maintain a program for the improvement and upgrading of emergency medical services throughout the State. The Department shall consolidate all State functions relating to emergency medical services, both regulatory and developmental, under the auspices of this program.

(b) The North Carolina Medical Care Commission shall adopt, amend, and rescind rules to carry out the purpose of this Article and Articles 7 and 7A of Chapter 131E of the General Statutes regardless of other provisions of rule or law. These rules shall be adopted with the advice of the Emergency Medical Services Advisory Council. The Department of Health and Human Services shall enforce all rules adopted by the Commission. Nothing in this Chapter shall be construed to authorize the North Carolina Medical Care Commission to establish or modify the scope of practice of emergency medical personnel.

(c) The North Carolina Medical Care Commission may adopt rules with regard to emergency medical services, not inconsistent with the laws of this State, that may be required by the federal government for grants-in-aid for emergency medical services and licensure which may be made available to the State by the federal government. This section is to be liberally construed in order that the State and its citizens may benefit from such grants-in-aid.

(d) The North Carolina Medical Care Commission shall adopt rules to do all of the following:

- (1) Establish standards and criteria for the credentialing of emergency medical services agencies to carry out the purpose of Article 7 of Chapter 131E of the General Statutes.
- (2) Establish standards and criteria for the credentialing of trauma centers to carry out the purpose of Article 7A of Chapter 131E of the General Statutes.

- (3) Establish standards and criteria for the education and credentialing of emergency medical services personnel to carry out the purpose of Article 7 of Chapter 131E of the General Statutes.
- (4) Establish standards and criteria for the credentialing of EMS educational institutions to carry out the purpose of Article 7 of Chapter 131E of the General Statutes.
- (5) Establish standards and criteria for data collection as part of the statewide emergency medical services information system to carry out the purpose of G.S. 143-509(5).
- (6) Implement the scope of practice of credentialed emergency medical services personnel as determined by the North Carolina Medical Board.
- (7) Define the practice settings of credentialed emergency medical services personnel.
- (8) Establish standards for vehicles and equipment used within the emergency medical services system.
- (9) Establish standards for a statewide EMS communications system.
- (10) Establish standards and criteria for the denial, suspension, or revocation of emergency medical services credentials for emergency medical services agencies, educational institutions, and personnel including the establishment of fines for credentialing violations.
- (11) Establish standards and criteria for the education and credentialing of persons trained to administer lifesaving treatment to a person who suffers a severe adverse reaction to agents that might cause anaphylaxis.
- (12) Establish standards for the voluntary submission of hospital emergency medical care data.
- (13) Establish occupational standards for EMS systems, EMS educational institutions, and specialty care transport programs. (1973, c. 208, s. 2; c. 1224, s. 2; 1997-443, s. 11A.118(a); 2001-220, s. 1; 2002-179, s. 13; 2003-392, s. 2(d).)

**§ 143-509. Powers and duties of Secretary.**

The Secretary of the Department of Health and Human Services has full responsibilities for supervision and direction of the emergency medical services program and, to that end, shall accomplish all of the following:

- (1) After consulting with the Emergency Medical Services Advisory Council and with any local governments that may be involved, seek the establishment of a Statewide Emergency Medical Services System, integrated with other health care providers and networks including, but not limited to, public health, community health monitoring activities, and special needs populations.
- (2) Repealed by Session Laws 1989, c. 74.
- (3) Establish and maintain a comprehensive statewide trauma system in accordance with the provisions of Article 7A of Chapter 131E of the General Statutes and the rules of the North Carolina Medical Care Commission.
- (4) Establish and maintain a statewide emergency medical services communications system including designation of EMS radio frequencies and coordination of EMS radio communications networks within FCC rules and regulations.
- (5) Establish and maintain a statewide emergency medical services information system that provides information linkage between various public safety services and other health care providers.

- (6) Credential emergency medical services providers, vehicles, EMS educational institutions, and personnel after documenting that the requirements of the North Carolina Medical Care Commission are met.
- (7), (8) Repealed by Session Laws 2001-220, s. 1, effective January 1, 2002.
- (9) Promote a means of training individuals to administer life-saving treatment to persons who suffer a severe adverse reaction to agents that might cause anaphylaxis. Individuals, upon successful completion of this training program, may be approved by the North Carolina Medical Care Commission to administer epinephrine to these persons, in the absence of the availability of physicians or other practitioners who are authorized to administer the treatment. This training may also be offered as part of the emergency medical services training program.
- (10) Establish and maintain a collaborative effort with other community resources and agencies to educate the public regarding EMS systems and issues.
- (11) Collaborate with community agencies and other health care providers to integrate the principles of injury prevention into the Statewide EMS System to improve community health.
- (12) Establish and maintain a means of medical direction and control for the Statewide EMS System.
- (13) Establish programs for aiding in the recovery and rehabilitation of EMS personnel who experience chemical addiction or abuse and programs for monitoring these EMS personnel for safe practice. (1973, c. 208, s. 3; 1981, c. 927; 1989, c. 74; 1995, c. 94, s. 34; 1997-443, s. 11A.118(a); 2001-220, s. 1; 2003-392, s. 2(e); 2009-363, s. 1.)

**§ 143-510. North Carolina Emergency Medical Services Advisory Council.**

(a) There is created the North Carolina Emergency Medical Services Advisory Council to consult with the Secretary of the Department of Health and Human Services in the administration of this Article.

The North Carolina Emergency Medical Services Advisory Council shall consist of 25 members.

- (1) Twenty-one of the members shall be appointed by the Secretary of the Department of Health and Human Services as follows:
  - a. Three of the members shall represent the North Carolina Medical Society and include one licensed pediatrician, one surgeon, and one public health physician.
  - b. Three members shall represent the North Carolina College of Emergency Physicians, two of whom shall be current local EMS Medical Directors.
  - c. One member shall represent the North Carolina Chapter of the American College of Surgeons Committee on Trauma.
  - d. One member shall represent the North Carolina Association of Rescue and Emergency Medical Services.
  - e. One member shall represent the North Carolina Association of EMS Administrators.
  - f. One member shall represent the North Carolina Hospital Association.
  - g. One member shall represent the North Carolina Nurses Association.
  - h. One member shall represent the North Carolina Association of County Commissioners.
  - i. One member shall represent the North Carolina Medical Board.

- j. One member shall represent the American Heart Association, North Carolina Council.
  - k. One member shall represent the American Red Cross.
  - l. The remaining six members shall be appointed so as to fairly represent the general public, credentialed and practicing EMS personnel, EMS educators, local public health officials, and other EMS interest groups in North Carolina.
- (2) Two members shall be appointed by the General Assembly upon the recommendation of the Speaker of the House of Representatives.
  - (3) Two members shall be appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate.

The membership of the Council shall, to the extent possible, reflect the gender and racial makeup of the population of the State.

(b) The members of the Council appointed pursuant to subsection (a) of this section shall serve initial terms as follows:

- (1) The members appointed by the Secretary of the Department of Health and Human Services shall serve initial terms as follows:
  - a. Five members shall serve initial terms of one year;
  - b. Five members shall serve initial terms of two years;
  - c. Five members shall serve initial terms of three years; and
  - d. Six members shall serve initial terms of four years.
- (2) The members appointed by the General Assembly upon the recommendation of the President Pro Tempore of the Senate shall serve initial terms as follows:
  - a. One member shall serve an initial term of two years; and
  - b. One member shall serve an initial term of four years.
- (3) The members appointed by the General Assembly upon the recommendation of the Speaker of the House of the Representatives shall serve initial terms as follows:
  - a. One member shall serve an initial term of two years; and
  - b. One member shall serve an initial term of four years. Thereafter, all terms shall be four years.

(c) Any appointment to fill a vacancy on the Council created by the resignation, dismissal, death, or disability of a member shall be for the balance of the unexpired term. Vacancies on the Council among the membership nominated by a society, association, or foundation as provided in subsection (a) of this section shall be filled by appointment of the Secretary upon consideration of a nomination by the executive committee or other authorized agent of the society, association, or foundation until the next meeting of the society, association, or foundation at which time the society, association, or foundation shall nominate a member to fill the vacancy for the unexpired term.

(d) The members of the Council shall receive per diem and necessary travel and subsistence expenses in accordance with the provisions of G.S. 138-5.

(e) A majority of the Council shall constitute a quorum for the transaction of business. All clerical and other services required by the Council shall be supplied by the Department of Health and Human Services, Division of Health Service Regulation, Office of Emergency Medical Services.

(f) The Council shall elect annually from its membership a chairperson and vice-chairperson upon a majority vote of the quorum present. (1973, c. 208, s. 4; 1977, c. 509; 1991, c. 739, s. 24; 1997-443, s. 11A.118(a); 2001-220, s. 1; 2003-392, s. 2(f); 2007-182, s. 1.)

**§ 143-511. Powers and duties of the Council.**

The North Carolina Emergency Medical Services Advisory Council may advise the Secretary of the Department of Health and Human Services on policy issues regarding the Statewide Emergency Medical Services System, including all rules proposed to be adopted by the North Carolina Medical Care Commission. (1973, c. 208, s. 5; 1997-443, s. 11A.118(a); 2001-220, s. 1.)

**§ 143-512. Regional demonstration plans.**

The Secretary of the Department of Health and Human Services may develop and implement, in conjunction with any local sponsors that may agree to participate, regional emergency medical services systems in order to demonstrate the desirability of comprehensive regional emergency medical services systems and to determine the optimum characteristics of such plans. The Secretary may make special grants-in-aid to participants. (1973, c. 208, s. 6; 1997-443, s. 11A.118(a); 2001-220, s. 1.)

**§ 143-513. Regional emergency medical services councils.**

The Secretary of the Department of Health and Human Services may establish emergency medical services regional councils to implement and coordinate emergency medical services programs within regions. (1973, c. 208, s. 7; 1997-443, s. 11A.118(a).)

**§ 143-514. Scope of practice for credentialed emergency medical services personnel.**

The North Carolina Medical Board shall determine the scope of practice for credentialed emergency medical services personnel regardless of other provisions of law by establishing the medical skills and medications that may be used by credentialed emergency medical services personnel at each level of patient care. No provision of Article 56 of Chapter 143 or Article 7 of Chapter 131E of the General Statutes shall be interpreted to require the North Carolina Medical Board to include any service within the scope of practice of any Emergency Medical Services provider, unless the North Carolina Medical Board determines that the emergency medical service personnel in question have the experience and training necessary to ensure the service can be provided in a safe manner. (1973, c. 208, s. 8; c. 1121; 1995, c. 94, s. 35; 1997-443, s. 11A.118(a); 2001-220, s. 1.)

**§ 143-515. Establishment of regions.**

The Secretary may establish an appropriate number of multicounty emergency medical services regions. (1973, c. 208, s. 9; 2001-220, s. 1.)

**§ 143-516. Single State agency.**

The Department of Health and Human Services is hereby designated as the single agency for North Carolina for the purposes of all federal emergency medical services legislation as has or may be hereafter enacted to assist in development of emergency medical services plans and programs. (1973, c. 208, s. 10; 1997-443, s. 11A.118(a).)

**§ 143-517. Ambulance support; free enterprise.**

Each county shall ensure that emergency medical services are provided to its citizens. Nothing in this Article affects the power of local governments to finance ambulance operations or to support rescue squads. Nothing in this Article shall be construed to allow infringement on the private practice of medicine or the lawful operation of health care facilities. (1973, c. 208, s. 11; 2001-220, s. 1.)

**§ 143-518. Confidentiality of patient information.**

(a) Medical records compiled and maintained by the Department, hospitals participating in the statewide trauma system, or EMS providers in connection with dispatch, response,

treatment, or transport of individual patients or in connection with the statewide trauma system pursuant to Article 7 of Chapter 131E of the General Statutes may contain patient identifiable data which will allow linkage to other health care-based data systems for the purposes of quality management, peer review, and public health initiatives.

These medical records and data shall be strictly confidential and shall not be considered public records within the meaning of G.S. 132-1 and shall not be released or made public except under any of the following conditions:

- (1) Release is made of specific medical or epidemiological information for statistical purposes in a way that no person can be identified.
  - (2) Release is made of all or part of the medical record with the written consent of the person or persons identified or their guardians.
  - (3) Release is made to health care personnel providing medical care to the patient.
  - (4) Release is made pursuant to a court order. Upon request of the person identified in the record, the record shall be reviewed in camera. In the trial, the trial judge may, during the taking of testimony concerning such information, exclude from the courtroom all persons except the officers of the court, the parties, and those engaged in the trial of the case.
  - (5) Release is made to a Medical Review Committee as defined in G.S. 131E-95, 90-21.22A, or 130A-45.7 or to a peer review committee as defined in G.S. 131E-108, 131E-155, 131E-162, 122C-30, or 131D-21.1.
  - (6) Release is made for use in a health research project under rules adopted by the North Carolina Medical Care Commission. The Commission shall adopt rules that allow release of information when an institutional review board, as defined by the Commission, has determined that the health research project:
    - a. Is of sufficient scientific importance to outweigh the intrusion into the privacy of the patient that would result from the disclosure;
    - b. Is impracticable without the use or disclosure of identifying health information;
    - c. Contains safeguards to protect the information from redisclosure;
    - d. Contains safeguards against identifying, directly or indirectly, any patient in any report of the research project; and
    - e. Contains procedures to remove or destroy at the earliest opportunity, consistent with the purposes of the project, information that would enable the patient to be identified, unless an institutional review board authorizes retention of identifying information for purposes of another research project.
  - (7) Release is made to a statewide data processor, as defined in Article 11A of Chapter 131E of the General Statutes, in which case the data is deemed to have been submitted as if it were required to have been submitted under that Article.
  - (8) Release is made pursuant to any other law.
- (b) Charges, accounts, credit histories, and other personal financial records compiled and maintained by the Department or EMS providers in connection with the admission, treatment, and discharge of individual patients are strictly confidential and shall not be released. (2001-220, s. 1; 2002-179, s. 11; 2003-392, ss. 2(g), 2(h).)

#### **§ 143-519. Emergency Medical Services Disciplinary Committee.**

(a) There is created the Emergency Medical Services Disciplinary Committee. The Committee shall review and make recommendations to the Department regarding all disciplinary matters relating to credentialing of emergency medical services personnel. At the

request of the Department, the Committee shall review criminal background information and make a recommendation regarding the eligibility of an individual to obtain initial EMS credentials, renew EMS credentials, or maintain EMS credentials.

(b) The Emergency Medical Services Disciplinary Committee shall consist of seven members appointed by the Secretary of the Department of Health and Human Services to serve four-year terms. Two of the members shall be currently practicing local EMS physician medical directors. One member each shall be a current physician member of the North Carolina Medical Board, a current EMS administrator, a current EMS educator, and two currently practicing and credentialed EMS personnel, one of whom shall be an emergency medical technician-paramedic.

(c) In order to stagger the terms of the membership of the Committee, the initial appointment for one of the local EMS physician medical directors and the currently practicing and credentialed emergency medical technician-paramedic shall be for a three-year term. The other three initial appointments and all future appointments shall be for four-year terms.

(d) Any appointment to fill a vacancy on the Committee created by a resignation, dismissal, death, or disability of a member shall be for the balance of the unexpired term.

(e) A majority of the Committee shall constitute a quorum for the transaction of business. The Department of Health and Human Services, Division of Health Service Regulation, Office of Emergency Medical Services, shall supply all clerical and other services required by the Committee.

(f) The Committee shall elect annually from its membership a chairperson and vice-chairperson upon a majority vote of the quorum present. (2001-220, s. 1; 2003-392, s. 2(i); 2007-182, s. 1.1; 2007-411, s. 3.)

**§ 143-520. Reserved for future codification purposes.**



## **DAVIE COUNTY EMERGENCY SERVICES**

114 Dr. Slate Drive  
Mocksville, NC 27028  
Office (336) 753-6160 Fax (336) 751-5914

### **PERFORMANCE IMPROVEMENT MANUAL**

The purpose of Davie County Emergency Medical Services and 911 Communications is to ensure the delivery of high quality, safe and appropriate medical care to all citizens and visitors within Davie County and beyond when mutual aid is requested. In order to promote this standard a system shall be in place to assess, monitor, identify, correct and improve our performance in a variety of ways.

This manual will follow the standards adopted and approved by the North Carolina Office of Emergency Medical Services and the North Carolina Chapter of Emergency Physicians' guidelines for EMS Performance Improvement. This manual also encompasses our entire EMS system including Emergency Medical Dispatch, ALS / BLS and First Responders.

In general our first standard for Performance Improvement begins with each Davie County EMS, EMD and First Responder. Each individual is responsible for critically assessing their own daily performance and should seek ways to improve their performance. They may do this by protocol review, critical review with their crew-partner, self based study and / or solicit the assistance of our Training Officer, Shift Supervisor, Field Operations Officer and / or 911 Communications Director.

Second, our Field Operations Officer, Shift Supervisors and 911 Communications Quality Review Officer review call reports daily for quality, completeness and protocol compliance. The Training Officer also will assist in this review. This immediate review serves to identify problems unrecognized by the crew.

Third, the Field Operations Officer, Training Officer, EMS Director as well as the Medical Director may at times respond to scenes to assist and assess care rendered by EMS providers.

Fourth, hospital providers may at times identify instances where our providers may have an opportunity to learn and enhance their skills and / or performance. One example is STEMI, Stroke and Trauma program reviews.

Fifth, First Responders, Fire Department personnel and Law Enforcement personnel may note issues where our performance may be improved. The public at large may note issues where our performance may be improved as well.

Lastly, a Peer Review Committee serves as the final oversight and review entity for Davie County's EMS system as well as the county's Emergency Medical Dispatch Program.

## **DAVIE COUNTY EMERGENCY MEDICAL SERVICE**

### **MISSION**

Davie County EMS functions as an integral part of the community. The EMS system provides advance life support pre-hospital care services for the residents and industries of the county and surrounding communities. We strive to improve and stay on the cutting edge of Emergency Medical Services.

### **VISION**

Davie County EMS is the provider for advance life support pre-hospital care as part of an intergraded local, regional and state Emergency Medical Service.

## CONTINUING EDUCATION TO IMPROVE MEDICAL CARE

### **1. Continuing Education:**

Continuing Education (Con Ed) is the foundation for delivery of quality medical care. The North Carolina Office of EMS does NOT mandate EMS agencies offer Con Ed. Davie County EMS and EMD elects to offer this as a benefit to all providers.

The Training Officer will outline class schedules annually. We will cover a variety of topics during the year and the subjects may change based on items discovered during Performance Improvement Review. Con Ed will be held twice each quarter in January, April, July and October for 8 hours. Con Ed will occur on the first Wednesday and third Wednesday beginning at 9 AM. In the event of a holiday Con Ed will move to the following Wednesday. A nighttime Con Ed will take place on the third Wednesday of each calendar month beginning at 7 PM and will last 3 hours.

Specialty classes such as CPR, ACLS and / or PALS will occur the third Monday of each calendar month beginning at 9 AM. Con Ed will be held at Davie County EMS Station 1 unless circumstances dictate another venue.

Every reasonable effort will be made by the Training Officer to facilitate the Continuing Education Requirements. However, the *individual provider bears the main responsibility* in compliance with these requirements listed.

### **2. Continuing Education Requirements:**

Each provider is responsible for attaining 24 hours per year of Con Ed to run congruent with the individual provider's credentialing year cycle. Each EMD provider is responsible for attaining 36 hours per year of Con Ed.

#### **Full time employees:**

Must attain 75% (18) of your required hours within the Davie County Con Ed system.

#### **Part time employees working only in the Davie County EMS System:**

Must attain 75% (18) of your required hours within the Davie County Con Ed system.

#### **Part time employees working in another NC EMS System full time:**

Must attain 10% (2.4) of your required hours within the Davie County Con Ed system. Must attend 1 Davie County Con Ed class every 6 months. Must attend any session dedicated to new equipment or arrange special session with Training Officer.

#### **Part time employees working in other NC EMS Systems part time:**

Must attain 40% (9.6) of your required hours within the Davie County Con Ed system. Must attend any session dedicated to new equipment or arrange special session with Training Officer.

**3. Documentation of Education Requirements:**

The Training Officer will document class or skill work performed within the Davie County Con Ed system. Con Ed work done outside the Davie County Con Ed system must be supported by appropriate documentation from an authorized educational or Con Ed institute. A certificate of completion and hours awarded is required as part of this documentation. This documentation must be given to the Training Officer to maintain the provider's compliance. This should be given to the Training Officer when completed or at least quarterly during the provider's credentialing year cycle.

**4. Video Taping of Con Ed classes:**

Each Con Ed class is video taped where feasible. The provider may view the videotape thus receiving credit for the class content and satisfying attendance requirements. Viewing no more than 3 (three) classes per the provider's credentialing year cycle may be utilized in satisfying Con Ed Requirements.

**5. Penalty for noncompliance with Continuing Education Requirements:**

The Training Officer will compile each provider's Con Ed hours during the calendar year. At about each provider's 9 (nine) month-period the Training Officer will notify the provider of the hours attained, credited where appropriate from an outside source, and include your percentage of hours to that point.

Providers at the end of each year attaining 83% (20) or greater of your Continuing Education Requirements (24 hours) are considered in good standing.

Providers at the end of your year attaining 79% (19) or less of your Continuing Education Requirements will have a period of 60 (sixty) days to become compliant.

**Those providers not compliant at the end of 60 (sixty) days will immediately be suspended from all Advanced Life Support (ALS) patient care activity or EMD within the Davie County EMS system.** This is considered a Definitive Category 2 offense, as discussed later in this manual but will follow the following differences in penalty:

*If the provider is not compliant within an additional 30 (thirty) days they will be suspended indefinitely from all patient care or EMD activity within the Davie County EMS system.*

However, if the provider completes all didactic and skill based Con Ed for the year (24 hours), as well as the period comprising 90 (ninety) days (6 hours), the provider will undergo and complete, in good standing, an oral board review. At the end of this period if Con Ed requirements are maintained the provider may resume their credentialed level of care.

Each provider remains responsible in full-filling the North Carolina Office of EMS standard of 96 hours total for every 4 (four) year-period of credentialing cycle in order to recredential. Each EMD is responsible for full filling 36 hours of Con Ed annually.

## **PART-TIME ALS PROVIDER DUTY SCHEDULE**

Davie County Medical Director requires part-time ALS personnel who work for other NC EMS agencies full-time to perform 24-hours of duty per quarter. Part-time personnel who work for other NC EMS agencies part-time must perform 24-hours of duty averaged over 2 months. Part-time personnel working for Davie County EMS only must perform 24-hours of duty per month. Personnel credentialed at the ALS level must adhere to these expectations in order to maintain their ALS credential within the Davie County EMS system and maintain their Con Ed hours as previously described.

## **MEDICAL INCIDENT REVIEW PROCESS**

The Medical Incident Review Process is designed to create a standard review algorithm that is consistent and appropriate for every incident in question. The following components of the process include:

1. A standard algorithm for data retrieval, documentation, review and outcome measures for each category of incident.
2. A standard nomenclature that defines and characterizes the severity of an incident on initial presentation and final review.
3. An Incident and Peer Review Committee with defined roles and responsibilities for each member.
4. An outcome and remediation process.
5. An appeal process for conflict resolution.

### **Process of Review**

#### **1. Initial Notification of the Incident:**

Personnel receiving information from the source shall notify the Shift Supervisor and when available the Field Operations Officer and / or Training Officer and / or 911 Communications Director if indicated. Either may seek additional information from any source and the decision is then made for further formal processing of the incident.

#### **2. Processing of the Incident:**

Incidents can range from minor to severe. Whereas minor issues may be addressed by a simple phone call for purposes of clarification, critical issues may require additional data input, documentation and in-depth discussion. Inquiries may be received through a multitude of sources including the Shift Supervisor, 911 Communications, Training Officer, Field Operations Officer, EMS Director or Medical Director. Regardless of person receiving the inquiry this information should then be forwarded to the Shift Supervisor and Field Operations Officer or 911 Communications Director who are responsible for quality assurance parameters.

#### **3. Category Assignment:**

Consensus will be reached, including the Medical Director (Category 2, 3, and 4), to assign the appropriate Presumptive Category. The following outline describes the 6 categories. Examples and time frame for formal review are included.

### **Presumptive Category 0**

No substandard care. No identifiable patient injury.

Barring unforeseen or unanticipated delays, the review process will take place within 14 business days from initial report or discovery.

Committee members will include EMS Director and / or Field Operations Officer and / or Training Officer and / or Shift Supervisor as well as Medical Director and / or 911 Communications Director at the discretion of the aforementioned members.

### **Presumptive Category 1**

Minor substandard care with no or benign consequences for the patient requiring no specific treatment or intervention.

*Example: Walking patient to unit where inappropriate. Failure to bring required equipment to the patient. Failure to dispatch appropriate resources. Failure to provide 10 minute on-scene time prompt.*

Barring unforeseen or unanticipated delays, the review process will take place within 14 business days from initial report or discovery.

Committee members will include Field Operations Officer and Training Officer and / or Shift Supervisor as well as Medical Director and / or 911 Communications Director at the discretion of the aforementioned members.

### **Presumptive Category 2**

Moderate substandard care where potential adverse patient outcome exists but did not occur or the likely condition was unchanged by the personnel's actions. No hospitalization or invasive therapy required (excepting routine vein-puncture).

*Example: Not bringing ECG monitor to STEMI patient. Inappropriate medication administration. Incorrect medication dose or inappropriate route of medication administration. Utilizing inappropriate protocol for patient condition. Performing medical acts or procedures not within the scope of practice for the individuals credential level. Prolonged scene times with STEMI, CVA and Trauma related incidents. Failure to dispatch medical unit within 270 seconds on emergency responses. Failure to provide appropriate Pre-arrival Instructions indicated by protocol.*

Barring unforeseen or unanticipated delays, the review process will take place within 7 business days from initial report or discovery.

Committee members will include Medical Director, Field Operations Officer and Training Officer. May include EMS Director and / or 911 Communications Director.

### **Presumptive Category 3**

Moderate to serious substandard care with temporary impairment in patient condition. Moderate to aggressive medical intervention required to treat or reverse the condition. May involve hospitalization or invasive corrective therapy. No permanent irreversible patient disability attributable.

*Example: Failure to recognize an esophageal intubation in a patient where survival is not probable. Inappropriate medication administration resulting in anaphylaxis. Performing medical acts or procedures not within the scope of practice for the*

*individuals credential level. Failure to provide pre-arrival instructions to where indicated by protocol. Failure to dispatch an emergency call within 270 seconds.*

Barring unforeseen or unanticipated delays, the review process will take place within 5 business days from initial report or discovery.

Committee members will include Medical Director, EMS Director, Field Operations Officer, Training Officer and Shift Supervisor. May include 911 Communications Director as indicated.

#### **Presumptive Category 4**

Serious or fatal substandard care with permanent patient impairment. Irreversible injury or serious impairment resulting from substandard care. Personnel's actions or failure to act is not consistent with standard prehospital care and likely contributed to the adverse patient outcome, which involves loss of limb or permanently impaired bodily function or death.

*Example: Failure to recognize a potential life threat that results in a non-transport and patient decompensates. Failure to recognize a potential life threat, which results in patient decompensation within 24 hours and where transport is not initiated. Prolonged scene time in trauma patient who requires immediate and definitive in-hospital care. Failure to recognize an esophageal intubation in a patient where survival is probable. Failure to recognize and treat a lethal arrhythmia resulting in death. Administering medications not approved by EMS system. Failure to provide Pre-Arrival instructions to a caller where respiratory or cardiac arrest is found. Failure to dispatch an emergency call within 270 seconds.*

Barring unforeseen or unanticipated delays, the review process will take place within 3 business days from initial report or discovery.

Committee members will include Medical Director, EMS Director, Field Operations Officer, Training Officer and Shift Supervisor. May include 911 Communications Director as indicated.

**Presumptive Category level 3 will result in immediate suspension of ALS privileges immediately pending investigation. Presumptive Category 4 will result in immediate suspension of all patient care activity, including EMD, pending further investigation.**

## **MEDICAL INCIDENT REVIEW COMMITTEE**

Committee representatives will be predicated on the presumptive category assigned to the incident and may include the Medical Director, EMS Director, Field Operations Officer, Shift Supervisor, Training Officer, 911 Communications Director and Supervisor and / or 911 Communications Quality Assurance Officer.

The Medical Director or designee will lead incident Review Committee meetings involving clinical issues.

The Field Operations Officer or Training Officer is responsible for setting up and coordinating the time and location for all committee meetings.

The Medical Director, in consultation with the Field Operations Officer and / or Training Officer and / or 911 Communications Director will determine committee representation for each incident reviewed.

All Presumptive Category 2, 3, and 4 incidents will require a formal Incident Review Committee meeting. Those incidents categorized as 0 and 1 may only require consultation between committee members without convening a formal committee meeting although a formal review may be conducted at any time.

All providers involved will have the opportunity to describe and discuss their recollections of the incident and any rationale for their performance. Committee members will have the opportunity to ask any relevant questions to assist them in determining the appropriateness of the provider's actions.

Once all information is presented the committee will discuss the case in closed-door session. A consensus decision will be made with reference to the outcome and recommendations.

Each incident will be assigned a Definitive Category as described below along with disciplinary measures and remediation.

### **Definitive Category 0**

No substandard care. No identifiable patient injury. Personnel's actions or failure to act is consistent with standard pre-hospital care.

No further action.

### **Definitive Category 1**

Minor substandard care with no or benign consequences for the patient requiring no specific treatment or intervention. Personnel's actions or failure to act is not consistent with standard pre-hospital care but no effect is noted on patient outcome.

Three (3) or more definitive category 1 offenses in 12-month period will cause provider to ride with preceptor or equivalent designee for 3 months. Provider will be able to practice at their credentialed level of care only with a preceptor and remediation will be outlined. Oral exam at end of 6 months. Letter to file.

### **Definitive Category 2**

Moderate substandard care where potential adverse patient outcome exists but did not occur. Or the likely condition was unchanged by the personnel's actions. No hospitalization or invasive therapy

required (excepting routine vein-puncture). Personnel's actions or failure to act is not consistent with standard pre-hospital care but no effect is noted on patient outcome.

Provider will ride with preceptor or equivalent designee for 90 days and continue ALS practice ONLY with preceptor. Oral exam at end of 6 months. Letter to file. Three (3) category 2 events in 18-month period will terminate ALS credentials in Davie County system indefinitely. Two (2) category 2 events in a 12-month period will prompt report to NCOEMS Regional Specialist. EMD will undergo remediation with 911 Communications Quality Assurance Officer and may include supervised shifts and / or review of calls requiring Pre-Arrival Instructions for a period of 90 days.

*When addressing consequences of Definitive Category 2 events every effort will be made to return the provider to present ALS credential level. There may be a variety of remediation steps the provider is expected to complete and this will be commensurate with the severity of the offense and will be agreed upon unanimously by the Medical Incident Review Committee.*

### **Definitive Category 3**

Serious substandard care with temporary patient impairment in patient condition. Aggressive medical intervention required to treat or reverse the condition. May involve hospitalization or invasive corrective therapy. Personnel's actions or failure to act is not consistent with standard pre-hospital care and likely contributed to an adverse patient outcome but no permanent irreversible patient disability is attributable.

Immediate suspension from all patient care activity in Davie County system. May return to patient care at the EMT or EMT-I level at discretion of Incident Review Committee. Will practice at EMT or EMT-I level for 6 months and will undergo oral exam at end of 6 months. Will undergo oral exam at 12 months. If satisfactorily completes may return to full ALS credential status for additional 3 month period with preceptor. EMD personnel involved will meet with Medical Director, 911 Communications Director and Quality Assurance Officer and review incident recordings. Letter to file. Report to NCOEMS Regional Specialist.

*When addressing consequences of Definitive Category 3 events every effort will be made to return the provider to present ALS credential level. There may be a variety of remediation steps the provider is expected to complete and this will be commensurate with the severity of the offense and will be agreed upon unanimously by the Medical Incident Review Committee.*

### **Definitive Category 4**

Serious or fatal substandard care with permanent patient impairment. Irreversible injury or serious impairment resulting from substandard care. Personnel's actions or failure to act is not consistent with standard pre-hospital care and likely contributed to the adverse patient outcome, which involves loss of limb or permanently impaired bodily function or death.

Immediate suspension of all patient care activities in the Davie County system indefinitely. Immediate suspension of all EMD activity in the Davie County system. EMD personnel involved will meet with Medical Director, 911 Communications Director and Quality Assurance Officer and review incident recordings. Letter to file. Immediate report to NCOEMS Disciplinary Committee.

Obviously all incidents must be investigated individually and while categorization of the incident and disciplinary actions are predefined, the Incident Review Committee may make recommendations not specifically defined. This may include educational process, tutoring by the

Training Officer or Preceptor (or equivalent designee,) committee or clinical activity participation or other special project.

Recommendations may also include time frame for completion, penalties or consequences for noncompliance. The EMS Director and County Manager will make all final decisions, which include operational or employment issues and may consult with the Medical Director.

The Incident Review Committee will be responsible for providing incident review results, decisions and remediation requirements to personnel. Notification will be made within 48 hours (2 business days) from the incident review committee formal meeting.

All incident reviews will be thoroughly documented. The Field Operations will be responsible for ensuring that all documents are placed in a secured file maintained by our Peer Review / Quality Assurance Committee. Further records will be included in the personnel's file consistent with Davie County Government Policy concerning Human Resource matters.

## **MEDICAL INCIDENT REVIEW APPEAL PROCESS**

In the event personnel do not agree with the findings of the Medical Incident Review Committee they may submit their concerns in writing to the Field Operations Officer within 5 business days. In the event a decision is made after consultation among committee members (such as a Category 0 or 1 offense) then a formal Medical Incident Review Committee meeting will convene. If the appeal arises after a formal Medical Incident Review Committee decision is made (category 2 - 5) then a Medical Review Committee shall be convened. This process is outlined below and pertains mainly to personnel where their credentials for practice are suspended.

In the event the Medical Director temporarily suspends an EMS provider's privileges, the individual will have the opportunity to appeal the suspension within the Davie County EMS System by the following guidelines.

Upon notification of the suspension by the Medical Director, the provider will have five (5) business days to file an appeal. The appeal must be in writing to the EMS Director, Assistant EMS Director and the Medical Director.

After receipt of the appeal, the EMS Director will notify the Medical Review Committee of the appeal. The Committee will set an appeal date, which should be no greater than seven (7) business days, barring any unforeseen circumstances, after the receipt of the appeal letter.

### **MEDICAL REVIEW COMMITTEE**

Medical Review Committee shall serve as a subcommittee of the EMS Peer Review Committee, and function in accordance with N.C.G.S 131E-95 and section .3101 of the NC Administrative Code.

Purpose: For review and disposition of matters related to EMS personnel, to include didactic practical skills, in the effort to maintain performance improvement of the EMS system and its delivery of service from both new and existing staff.

#### **The Medical Review Committee shall consist of:**

- Chief Medical Officer, Davie County Hospital(s)
  - President or appointed designee, Davie County Hospital
  - Vice-President of Nursing (or equivalent), Davie County Hospital
  - EMS Shift Supervisor (Selected by Chief Medical Officer)
  - EMS Paramedic (Selected by Vice-President (or equivalent) of Nursing)
1. Once the Committee is in session, the suspended provider will have a maximum of 30 minutes to present their case to the Committee. This presentation can include documentation, witnesses, etc. After 30 minutes or at the conclusion of the presentation, whichever comes first, the Committee may ask questions of the provider?
  2. After the suspended provider has discussed the case, the Medical Director will have a maximum of 30 minutes to present their case to the Committee. This presentation can include documentation, witnesses, etc. After 30 minutes or at the conclusion of the presentation, whichever comes first, the Committee may ask questions of the Medical Director?

3. After the Committee has heard both sides of the case, the committee will convene in closed session to discuss the presentations involving the case.
4. After discussion of the case, the Committee will discuss and vote on one of the following options:
  - Overturn the penalty of the EMS Personnel.
  - Accept the Medical Director's penalty as indicated.
  - Accept the Medical Director's penalty but consider a lesser penalty.
  - Accept the Medical Director's penalty but consider a greater penalty.
5. After a simple majority vote by the Committee, the board will reconvene in open session and the President of Medical Staff will present the decision. The Committees' decision is **FINAL** within the Davie County EMS System.
6. The next business day following the appeal hearing, the suspended provider, the Medical Director and the EMS Director will be mailed (by Certified Mail), the Committees' decision
7. Upon receipt of the decision, the EMS Director will place the letter in the suspended providers personnel file and take actions as dictated by the board's actions.

## PEER REVIEW COMMITTEE

The name of this committee shall be the Davie County Emergency Medical Services Peer Review Committee.

The activities, duties and responsibilities of this committee are set forth legislatively through House Bills 452 and 453 promulgated as Section 2600 of the NC Administrators Code, under the authority of the North Carolina Medical Care Commission.

1. The EMS Peer Review Committee shall serve as the Oversight and Review Committee for the county's EMS system as well as the county's Emergency Medical Dispatch Program.
2. The Committee performs Medical Review of EMS system data for the purpose of evaluating patient care; evaluating proficiency of staff, call taking and processing, effectiveness of Policy Protocol and Procedure as well as medical direction within the county's EMS system.
3. The Committee utilizes information attained through review of system data including Paramedic Program, and the Emergency Medical Dispatch Program for evaluation and assessment as to the needs and effectiveness of the educational programs for staff and the system's policy and or protocol as it relates to patient care.
4. This Committee shall make recommendations they deem appropriate for the purpose of improving both the service and service delivery within all system areas. Evaluate, review and make recommendations as to how EMS is integrated and operates within the overall healthcare system within the community.
5. The Committee is not intended to function in a disciplinary capacity, all matters as it relates to personnel skills and proficiency, such as didactic skills will be handled through a special committee of the Medical Incident Review Committee.

### MEMBERSHIP:

Membership of the Peer Review Committee shall represent individuals that embrace and works toward fulfilling the purpose and objectives of the Peer Review Committee. Minutes will be maintained of the committee meetings throughout the approval period for Davie County Emergency Medical Services.

1. The membership shall consist of one voting representative from each of the following system components:
    - System Medical Director
    - Emergency Services Director
    - Field Operations Officer
    - Training Officer
    - Davie County EMD Representative(s)
    - EMS and EMD Shift Supervisor\*
    - Davie County Fire / Rescue Association Representative\*
    - Nursing Representative Wake Forest Baptist Medical Center Emergency Department
    - Nursing Representative Forsyth Medical Center Emergency Department
    - Davie County Hospital Nursing or Emergency Department Representative\*
    - Davie County EMS Paramedic Representative (each shift represented)\*
- \* Denotes a one-year term.*

*Invited guests: Non-voting*

*RACE Coordinators and Stroke Coordinators from Forsyth Medical Center and Wake Forest Baptist Health*

*AirCare Aeromedical / Critical Care Service*

*EMS Out-reach coordinator from Forsyth Medical Center (voting if ED representative)*

2. Members shall be encouraged to attend all meetings of the committee or subcommittee on which they serve.
3. Members shall be encouraged to take an active role in all activities of the committee and assist in developing and supporting the activities of the agenda and goals. Active participation is defined as work that promotes and facilitates fulfilling the goals and objectives of the Peer Review Committee, including, but not limited to, serving on standing or special committees, donating time, etc. and supporting the efforts of the work group. The committee will review and collect data for quality improvements in patient care and education of crewmembers.
4. Committee members shall attend all meetings as evidence of support and membership.
5. Committee members shall serve staggered terms with one-half serving for a one-year term and one-half for a two-year term, requiring reappointment of one-half of the committee on an annual basis.
6. Removal of a Committee member shall be by affirmative vote not less than two-thirds of the voting members. Any member to be removed shall be given a two week written notice of any meeting in which the removal is to be voted upon and shall entitle to appear before and be heard by the committee members.
7. Absence by a committee member from three consecutive committee meetings shall constitute eligibility for dismissal from the committee.
8. Members shall remove themselves from the Peer Review Committee when they can no longer commit to actively supporting its mission, or due to nonattendance of the meetings.
9. Vacancies shall be filled by an affirmation vote not less than two-thirds of the voting members.

**MEETINGS:**

1. Committee shall meet at a minimum on a quarterly basis. Such meetings will be designated at the first meeting as to the meeting dates, times and meeting place and each year thereafter. Each member shall be notified of the meetings in advance.
2. Special Meetings: The Chairperson shall call such special meetings as may deem necessary to carry out the duties of the Committee. Upon written request of at least 3 members, the Chairperson shall call a meeting within 10 working days.
3. Quorum: A quorum shall consist of fifty one percent (51%) of the active committee members. A quorum shall be required to transact business.
4. Agenda: Any member may request the Chairperson to place an item on the agenda. If the Chairperson should decline to do so, said member might have such item placed on the agenda by submitting it in writing to the Chairperson with supporting signatures of at least three (3) members.
5. Rules of Order: Robert's Rules of Order, Newly Revised Edition, shall govern the deliberations of all meetings of the Committee and its subcommittees.
6. Notice of Meetings: Notice of the time, date, place, and agenda items for consideration of each meeting shall be given in writing to all members at least 2 weeks prior to each meeting

by the Secretary. Any matters not appearing on the agenda may be considered upon a favorable vote of the majority of the members present. Notice of Special Meetings and agenda items shall be given to all Committee members in writing or by phone at least (7) seven days in advance of any special meeting.

7. In the event to investigate a matter more thoroughly, the Chairperson may at any time appoint a subcommittee. This subcommittee will investigate and report back to the full committee of their findings.

#### **VOTING:**

1. One vote: Each committee member including the Chairperson shall be entitled to one vote.
2. Proxy votes: No member shall be entitled to vote by Proxy.
3. Abstentions: Members may register their abstention on any vote, which shall be recorded in the minutes; members are encouraged to abstain on matters, which would pose for them a conflict of interest.
4. Determination of Actions: All final actions, Committee positions, or policy recommendations shall require the favorable vote of a majority of those committee members present which represents a quorum at a duly called meeting.

#### **OFFICERS:**

1. The officers shall consist of the  
Following:
  - a. Chairperson (System Medical Director)
  - b. Vice-Chairperson (EMS Director)
  - c. Secretary (Field Operations Officer)
2. The vice-chairperson and secretary shall be set as outlined from the membership of the Peer Review Committee.
3. The Chairperson shall be the System Medical Director of Davie County EMS.
4. The Chairperson shall preside at all meetings of the Committee. The Chairperson or his designee shall prepare the agenda for all meetings; maintain confidentiality of the medical records and personnel issues that are discussed. He will also be Facilitator for all discussions.
5. The Vice-Chairperson shall, in the event of the absence; disability, resignation, removal or death of the Chair possesses all duties as the Chair.
6. The Secretary shall keep minutes of the meetings of the Committee, listing of all members and the officers, maintain listing of attendance at meetings, and shall see that all notices and agendas are duly given in accordance with provisions of these bylaws. The Secretary shall be custodian of all records and perform other duties as prescribed by the committee.
7. The Committee shall, at the first scheduled meeting of all members, shall elect officers.
8. Officers terms are indefinite.
9. Officers shall remove themselves from their position if they can no longer actively fulfill the duties and responsibilities of the office.

#### **GENERAL PROVISIONS:**

1. The Committee shall keep a copy of these bylaws, resolutions approved by the Committee and the membership, minutes of the meetings of the committee, current names, addresses, emails, and other contact information pertaining to each member, and other records and

materials deemed pertinent by the Committee in order to achieve the purposes of the Quality Management Committee.

2. The official business and reporting period of the Peer Review Committee shall be Fiscal Year - July 1 to June 30. Quarter 1: July, August and September. Quarter 2: October, November and December. Quarter 3: January, February and March and Quarter 4: April, May and June. Meetings will occur quarterly.
3. Confidentiality of all medical records, audits, reviews of records and personnel issues, including reviews of suspension of paramedics by the Medical Director will be maintained at all times. All committee members will follow the Davie County EMS policy on confidentiality.
4. Issuance of Reports or Recommendations: No reports and recommendations shall be released in the name of the Committee unless it has been duly adopted by a favorable vote of a majority of the members of the Committee.
5. Recommendations: The Committee may address matters of recommendations to be endorsed by the Committee in regular scheduled meetings, both recommendations for improvement of the local EMS system and or recommendation on administration oversight and Legislative matters shall be forwarded to the County Manager and the Board of Commissioners for review

#### **AMENDMENTS:**

1. The bylaws may be amended by a simple majority vote of the members of the Peer Review Committee at any regular or special meeting thereof. The committee shall have the authority to amend the bylaws and operate under these changes until the members of the committee rectify these changes at any scheduled meeting. Any amendment, alteration, change or deletion from the bylaws shall be consistent with the rules and regulations of the NCOEMS that limit or regulate the powers of the Peer Review Committee. Each year the bylaws will be reviewed and changes will be implemented at that time, if no other amendments are made throughout the year.

## **PERFORMANCE IMPROVEMENT QUERY TOPICS AND SCHEDULES**

### **EMS**

Review of data elements will follow the North Carolina College of Emergency Physicians Standards for the Selection and Performance of EMS Performance Improvement. Each query topic listed will have the associated NCCEP Topic category identified in parentheses.

#### **Mandatory query items to be reviewed each quarter include:**

- Advanced Airway Usage / Rapid Sequence Intubation
- Pediatric Incident Responses Age 12 and Younger (Trauma and Medical)
- Cardiopulmonary Arrest
- STEMI Care
- CVA Care
- Trauma Care requiring Level I trauma center destination

#### **Mandatory Administrative items to be reviewed each quarter include:**

- Internal Service Delivery, Personnel or Patient Care Complaints
- External Service Delivery, Personnel or Patient Care Complaints
- Patient Care Equipment / Patient Care Device Failures
- Vehicle Failures
- Vehicle Crashes

#### **Mandatory Personnel Performance items to be reviewed each quarter include:**

- General PCR Documentation
- Protocol Documentation
- Vital Sign Documentation
- Skills Performed
- Skill Proficiency
- Protocol Compliance
- Controlled Substance Counts
- Skill Complications
- System Triage and Destination Plan Compliance

#### **High Risk Patient Categories to be reviewed each quarter include:**

- Frequent EMS Users (> 4 / month)
- Repeat Patient Utilization of EMS within 48 hours
- Deaths during EMS care
- Restraint Use during EMS care
- Refusal of Care
- Physician on Scene
- Mutli-Causality Incident
- Mass Gatherings
- Police Custody of Patients transport by EMS

Tactical EMS Events  
Wilderness EMS Rescue Events

**Mandatory Categories to be reviewed during the Second (2d) quarter:**

(April, May and June)

Cancellation by First Responders  
Obstetrical Deliveries  
Frequency of ED Off Load Delays  
Toolkit Resources  
Cardioversion

**Mandatory Categories to be reviewed during the Third (3d) quarter:**

(July, August and September)

No Protocol Documented  
No Patient Category Documented  
Medication Complications  
Pain Control  
GCS < 9  
Abnormal Vital Signs

**Mandatory Categories to be reviewed during the Fourth (4th) quarter:**

(October, November and December)

Patient Contact Numbers (Crew)  
Patient Contact Numbers (Primary Caregiver)  
PCR's Completed  
Individual Education / CME

**PERFORMANCE IMPROVEMENT QUERY TOPICS AND SCHEDULES**

**EMD**

**Emergency Medical Dispatch items to be reviewed each quarter include:**

1. Dispatch of all medical emergency calls for EMS unit dispatched  $\leq$  90 seconds (goal 90 %.)
2. 30 % of all calls with chest pain as assigned protocol.
3. 100 % all Choking, OB, Pregnancy, Unconscious and CPR (all require pre-arrival instructions.)
4. Medical Director will review 911 recordings of all incidents involving cardiopulmonary resuscitation.

**10 % of all EMS calls dispatched monthly:**

Dispatch Center Time  
Turn Out Time  
Response Time to Scene  
Response Time to Patient  
Scene Time

Transport Time  
Back in Service Time  
Dispatch Center Delays  
Response Time Delays  
Scene Time Delays  
Transport Time Delays  
Turn Around Time Delays  
First Responder Response Time  
First Responder On Scene Percentage  
Multi-Causality Incidents (Appropriate Resources Dispatched)

**Emergency Medical Dispatch items to be reviewed during First (1st) quarter:**

(January, February and March)

EMD Protocols 1, 2, 4 – 8, 20  
EMD Protocol Compliance

**Emergency Medical Dispatch items to be reviewed during Second (2d) quarter:**

(April, May and June)

EMD Protocols 3, 11 – 19, 20  
EMD Protocol Compliance

**Emergency Medical Dispatch items to be reviewed during Third (3d) quarter:**

(July, August and September)

EMD Protocols 3, 14, 15, 20 - 26  
EMD Protocol Compliance

**Emergency Medical Dispatch items to be reviewed during Fourth (4th) quarter:**

(October, November and December)

EMD Individual Dispatch Times  
EMD Protocols 8, 20, 27 – 36  
EMD Protocol Compliance

## RAPID SEQUENCE INTUBATION PROGRAM

Davie County EMS has elected to provide Rapid Sequence Intubation (RSI). This is a life-saving procedure but also has the potential to induce great harm. In respect to the potential danger of the procedure special education and maintenance of that education is warranted. While all EMT-Paramedics in the Davie County EMS system will be trained in Rapid Sequence Intubation, certain EMT-Paramedics will be identified as RSI Medics.

### Qualifications of an RSI Medic for credentialing:

#### Applies to all EMT-Paramedics employed after January 1<sup>st</sup>, 2013.

1. Must be full-time in the Davie County EMS system. (Part-time EMT-Paramedic will be assessed on a case-by-case basis).
2. Must have  $\geq 3$  years of experience at the EMT-Paramedic level.
3. Must have completed a "Difficult Airway Course" in the previous 36 months.  
*Course approval at the discretion of the Medical Director.*
4. Once credentialed must complete a "Difficult Airway Course" every 60 months.  
*Course approval at the discretion of the Medical Director.*
5. Must maintain 100 % completion rate on NCOEMS Airway form when indicated.
6. Must attend Davie County EMS annual update / education session on RSI.
7. Must maintain Con Ed hours and remain up-to-date within a 30-day period.

### EMT-Paramedic participating in RSI procedure:

All EMT-Paramedics will be trained in RSI and all are expected to perform RSI. Two EMT-Paramedics must be on-scene in order to complete the procedure. At least 1 of the EMT-Paramedics must be an RSI Medic designated by the Medical Director.

An off-duty EMT-Paramedic may participate in this procedure but must notify 911 Communications during event they are now in-service and record on their time record.

### Peer Review of RSI procedure:

**Medical Director will be notified within 24 hours of an RSI procedure including weekends, but preferably the same duty shift unless after 2300.** EMT-Paramedic performing should make the report. An immediate review of chart and NCOEMS Airway form will occur. All RSI procedures (limit 12) will be reviewed at annual RSI update / educational session. Protocol compliance will be strictly maintained.

**Special note on Ketamine:**

Ketamine will be utilized under the following circumstances:

1. Primarily if Etomidate is not available or if the patient has a contraindication or an allergy to Etomidate.
2. Can be considered as the primary induction / sedative agent in asthmatic patients who are experiencing respiratory failure.
3. Can be considered as the primary induction / sedative in a hypotensive trauma patient who requires intubation.
4. May be used for sedation after an airway is established with BIAD / ETT.

**Policy on RSI at Davie County Emergency Department Facilities:**

Where Davie County EMS responds to an in-county facility for transfer of a patient to a higher level of care and the patient is found to require immediate airway control via Rapid Sequence Intubation the following will occur:

1. May use Rapid Sequence Intubation while in the facility but must use pharmaceuticals from EMS stock only. Complete adherence to Rapid Sequence Induction protocol is required as in the usual fashion. **Facility providers CANNOT use EMS pharmaceuticals but may assist EMS personnel in completion of procedure.**
2. Two EMT-Paramedics must be on-scene and one must be an RSI Medic.
3. This should be a RARE event. However in the event the need arises completing the procedure in the facility conditions is preferable to moving to the EMS Unit just for the sake of RSI.
4. **Immediately following completion of this incident the crew involved should contact the Medical Director.**







