



# EMPLOYEE HANDBOOK

**Polson Ambulance, Inc.**

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## ACKNOWLEDGMENT/SIGNATURE

I have received a copy of the Polson/ Ronan Ambulance Employee Handbook and I acknowledge my obligation to read its contents. I recognize that the handbook provides an overview of the Polson/ Ronan Ambulance personnel policies, rules and benefits and that it is not intended to be exhaustive. I also recognize that the handbook does not create a contract between Polson/ Ronan Ambulance and any of its employees.

I acknowledge that, unless covered by a specific written employment agreement, my employment is at will and is for no fixed term and may be terminated by Polson/ Ronan Ambulance at any time with or without cause or notice, regardless of the date of payment of wages. Likewise, I may resign at any time. I further understand and agree that no person has the authority to enter into any written or oral agreement different from what is stated in this handbook.

I understand that Polson/ Ronan Ambulance's Employee Handbook provides an overview of the Company's personnel policies, rules and benefits. It does not cover every situation that may arise. Polson/ Ronan Ambulance may add, change, suspend or rescind any policy, rule or benefit, in whole or in part, at any time, without notice. The language used in the handbook is not intended to create, nor is it to be construed to create, a contract between Polson/ Ronan Ambulance and its employees.

I agree to abide by the policies, practices and procedures set forth in this handbook and I recognize that failing to do so may result in disciplinary action, including possible termination of my employment.

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Employee Signature

---

Printed Name

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Date

## **POLSON/ RONAN AMBULANCE INC. MISSION STATEMENT**

Polson/ Ronan Ambulance, Inc. is a private corporation dedicated to providing the highest quality emergency care to the patients we serve. Polson/ Ronan Ambulance is committed to serving the community through building a team of people that will develop and maintain quality health and emergency care services.

## **INTRODUCTION**

Interpretation and implementation of the language used in the handbook is solely in the discretion of Polson/ Ronan Ambulance.

All employees must familiarize themselves with these policies. It is essential that all employees understand and follow Polson/ Ronan Ambulance's policies. Polson/ Ronan Ambulance regularly reviews and revises its policies, rules and benefits. Polson/ Ronan Ambulance will attempt to inform you when revisions are made. Nonetheless, you should ask your supervisor if you have any questions about the status of a particular policy, rule or benefit.

## **A. POLICIES**

### **1. EQUAL EMPLOYMENT OPPORTUNITY      *Initial Here:* \_\_\_\_\_**

Polson/ Ronan Ambulance supports equal employment opportunity for all employees and applicants for employment. We hire, train, promote, transfer or demote, recruit and compensate employees on the basis of personal competence and potential for advancement without regard for race, creed, color, religion, sex, national origin, age, marital status, disability or citizenship, as well as other classifications protected by applicable state or local law. Polson/ Ronan Ambulance complies with the Americans with Disabilities Act, Civil Rights Acts, Age Discrimination Act and State Human Rights Acts.

### **2. PROOF OF U.S. CITIZENSHIP AND/OR RIGHT TO WORK      *Initial Here:* \_\_\_\_\_**

Federal regulations require that before becoming employed, all applicants must complete and sign Federal Form I-9, an Employment Eligibility Verification form, and all applicants who are hired need to present documents of identity and eligibility to work in the United States.

### **3. PROHIBITION AGAINST DISCRIMINATION AND HARASSMENT      *Initial Here:* \_\_\_\_\_**

It is illegal to discriminate against others on the basis of sex, age, race, creed, color, national origin, religion, marital status, citizenship or disability. Each individual has a right to work in an atmosphere that promotes respect and dignity and prohibits discriminatory practices.

Sexual harassment is an illegal discriminatory practice. Sexual harassment is defined as unwelcome or unwanted conduct of a sexual nature (verbal or physical) when: (1) submission to or rejection of this conduct by an individual is used as a factor in decisions affecting hiring, evaluation, promotion or other aspects of employment; (2) this conduct substantially interferes with an individual's employment or creates an intimidating, hostile or offensive work environment.

Examples of sexual harassment include, but are not limited to: unwanted sexual advances; demands for sexual favors in exchange for favorable treatment or continued employment; repeated sexual jokes, flirtations, advances or propositions; verbal abuse of a sexual nature; graphic, verbal commentary about an individual's body, sexual prowess or deficiencies; leering, whistling, touching, pinching, assault, coerced sexual acts or suggestive, insulting, obscene comments or gestures; and display in the work place of sexually suggestive objects or pictures.

Polson/ Ronan Ambulance will not tolerate discrimination or harassment whether intentional or unintentional. Our employees have the right to expect that we will maintain an environment that is free from harassing, abusive, disorderly or disruptive conduct. Your cooperation in preventing this kind of conduct is essential in order for us to meet our responsibilities.

An employee who feels that he or she has been or is being subjected to harassment should immediately inform the supervisor, or if the supervisor is inappropriate, the manager. An employee

who observes harassment of a fellow employee likewise should report the conduct to the supervisor or to the manager. The company will make every effort to keep the identity of the complainant confidential, but his or her identity may come out during the course of our investigation. Management will make a thorough investigation of all harassment complaints. Polson/ Ronan Ambulance forbids retaliation against employees who report harassment.

Polson/ Ronan Ambulance may take disciplinary action against employees who have engaged in harassing conduct, including termination. Polson/ Ronan Ambulance may also take disciplinary action against employees who condone or fail to report incidents of harassment or who retaliate against those who have reported such incidents. Making false reports of harassment under this policy is also grounds for disciplinary action, including termination.

#### **4. PROFESSIONAL CONDUCT OF EMPLOYEES**

a. Ethical Standards/General Conduct *Initial Here:* \_\_\_\_\_

Polson/ Ronan Ambulance employees conduct affects the public's impression and opinion of Polson/ Ronan Ambulance. Polson/ Ronan Ambulance has a reputation for conducting its activities with integrity, fairness and in accordance with the highest ethical standards. Employees enjoy the benefits of that reputation and are obligated to uphold it in every activity. Therefore, always act professionally. If you ever doubt whether an activity or conduct meets our ethical standards or compromises Polson/ Ronan Ambulance's reputation, please discuss the matter with the manager.

Individual employees are prohibited from accepting tips or gratuities from patients or families. Patients or families wishing to offer gratuity for care and service should be directed to the manager.

b. Proprietary Information/Confidentiality *Initial Here:* \_\_\_\_\_

All Polson/ Ronan Ambulance employees acquire and make use of privileged and confidential information concerning a patient's care and treatment. Each employee, as a condition of employment, agrees not to, at any time during or after termination of employment with Polson/ Ronan Ambulance, directly or indirectly, disclose for any purpose whatsoever any of the confidential information obtained as a result of employment with Polson/ Ronan Ambulance. Disclosure of confidential information may result in disciplinary action, including possible termination.

Those who request information about a patient's care, treatment, or any details regarding a patient or a call, emergent or non-emergent should be referred to the manager. Pictures, trip tickets, supplements and all paperwork related to the patient and call are considered a part of the confidential records.

The day-to-day operations of Polson/ Ronan Ambulance are also considered confidential. Any questions or information requested by individuals or other agencies including but not limited to reporters, hospitals or other ambulance services must be directed to the manager. Failure to comply with this policy may result in disciplinary action, including possible termination.

c. Public Disagreements *Initial Here:* \_\_\_\_\_

When crewmembers disagree about patient care, the crew member with the highest level of training makes the final decision. Arguments are prohibited in the presence of the patient, family or in public. After the call, if the disagreement is not resolved, the manager should be consulted.

## 5. WORK SCHEDULE

a. Shifts *Initial Here:* \_\_\_\_\_

Shift changes occur at 6:00 a.m. and 6:00 p.m. An off-going crewmember may be relieved only by the scheduled replacement crew member.

When responding on an emergency back-up call, your uniform is the preferred dress.

b. Requested Schedule Trades *Initial Here:* \_\_\_\_\_

Each employee must work his/her scheduled shift. If unable to work a shift, you must trade shifts with an appropriate replacement, i.e. EMT-Paramedic for EMT-Paramedic. **Before** trading shifts, a schedule trade slip must be completed, approved and signed by the manager. Polson/ Ronan Ambulance, Incorporated does not allow employees to work other employees scheduled shifts, but does allow employees to trade shifts. Polson/ Ronan Ambulance will not cover shifts for you. Once you are scheduled to work a shift it is your responsibility.

c. On Call Policy *Initial Here:* \_\_\_\_\_

Polson Ambulance operates an on call crew from 0600 to 1800 hours Monday thru Sunday. The purpose of the on call crew is to respond to emergencies when the regular crew is busy with another call.

Crewmembers who are assigned an on call shift will be paid at an hourly rate of \$2.00 per hour while they are waiting to be called to duty. Once on duty, on call crewmembers will be paid their regular hourly wage. During non-operational times, on call employees are permitted to move about the community and conduct personal business. On call employees must respond to a call to duty within ten minutes. On call employees may not ingest any alcohol or drugs, legal or illegal that may impair their work performance while they are on call.

## 6. EMPLOYMENT

a. Minimum Employment Qualifications: *Initial Here:* \_\_\_\_\_

1. Hold a Legal Montana State First Responder Ambulance certificate.
2. Hold a State of Montana Drivers License and provide proof of a good driving record.
3. Be twenty one (21) years of age.
4. Be of sound mind, good moral character and emotionally stable.
5. Able to load a one or two-man stretcher, loaded with an 80kg passenger, in and out of the ambulance.
6. Polson Ambulance may require a medical examination after an offer of employment has been made to a job applicant and prior to the commencement of the employment duties of such applicant, and may condition offer of employment on the results of such examination insofar as such examination pertains to the applicant's ability to perform job-related functions consistent with business necessity.

b. Employment Phases *Initial Here:* \_\_\_\_\_

1. Probationary Phase employees must undergo a probationary period before they are made permanent employees at Polson/ Ronan Ambulance.

New employees will operate as second crewmembers, privileged to practice the skills for which they are certified. New employees must contact medical control before performing any non-emergent invasive procedures. They must perform their job duties for a minimum of 30 12-hour shifts to end their probationary period.

During the probationary period employee's skills will be evaluated and the employee will receive feedback on the performance of his or her duties. Employees may be paid a lesser wage than permanent employees and will not accrue benefits during the probationary period. If an employee becomes permanent his or her benefits will be calculated from the date of hire.

2. Permanent Phase *Initial Here:* \_\_\_\_\_

Once an employee has completed his or her probationary period, the employee will become permanent. Permanent full time employees may accrue benefits.

## 7. COMPENSATION POLICIES

a. Time Cards / Pay Period *Initial Here:* \_\_\_\_\_

Biweekly time cards are kept in a three ring binder in the crew area. Employees must complete their time cards each day they work. The timecards must be signed by the employee before 7:00 a.m. every Monday in order for you to be paid. No supplemental checks will be issued. Employees with incomplete time cards are subject to disciplinary actions and will not be paid until the following pay period. The standard pay period is every two weeks. No advances of pay will be made.

b. Payroll Deductions **Initial Here:** \_\_\_\_\_

Required deductions from the payroll include but are not limited to the following:

Required by Federal & State:

- Federal Income Tax
- State Income Tax
- Social Security Tax
- Garnishments/Wage Attachments
- Support Orders
- Worker's Compensation Payroll Tax ("Old Fund Liability Tax")

Changes in the number of dependents, status of a deduction or in the employee's address must be reported to the manager in writing.

c. Overtime **Initial Here:** \_\_\_\_\_

Polson/ Ronan Ambulance, Incorporated compensates nonexempt employees for overtime in accordance with federal and state law.

Only nonexempt employees are eligible for overtime pay. Nonexempt employees must receive advance authorization from their supervisors to work more than the standard workday. They also must document the overtime. Nonexempt employees will be compensated at a premium rate for all authorized and properly documented work in excess of the standard forty-hour work week.

The premium rate of compensation for overtime is one-and-one-half times the normal hourly rate of pay for the particular employee, depending upon applicable laws. Overtime, when approved and properly documented, may be accrued in one-quarter-hour increments.

d. Wage Garnishment **Initial Here:** \_\_\_\_\_

Garnishment of wages results when an unpaid creditor has taken a claim to court and has obtained a court order. Garnishment is legal permission for a creditor to collect part of an employee's pay directly from Polson/Ronan Ambulance. Although Polson/ Ronan Ambulance

does not wish to become involved in an employee's private matters, we are compelled by law to administer the court's orders.

Employees are encouraged to resolve these matters privately to avoid Polson/ Ronan Ambulance's involvement in this mutually unpleasant situation.

e. Support Orders            ***Initial Here:*** \_\_\_\_\_

State law also may require Polson/ Ronan Ambulance to withhold an employee's wages for payment of child support. Generally, a court order will specify the monthly amount that must automatically be deducted from the employee's wages.

**8. EMPLOYEE PERFORMANCE APPRAISALS**    ***Initial Here:*** \_\_\_\_\_

The manager evaluates each employee annually or when Polson/ Ronan Ambulance deems evaluation appropriate. The manager will review each employee's evaluation with her/him. Consideration for promotions or raises will depend on job performance and ratings at the yearly evaluation. Length of service is considered in promotions and salary increases. However, the evaluations strongly emphasize: productivity, quality of work, cooperation, dependability, attendance, punctuality and compatibility with others.

**9. PERSONNEL FILES**            ***Initial Here:*** \_\_\_\_\_

Polson/ Ronan Ambulance maintains personnel files on all employees. It is important to keep your records current. We respect your right to have the information on your records treated confidentially.

Contact the manager if there are any changes in your:

- Home address
- Telephone number
- Emergency contact
- Marital status
- Number of dependents
- Military Status

You may review you personnel file by contacting the manager and arranging a time to do so.

**10. RELEASE OF INFORMATION**    ***Initial Here:*** \_\_\_\_\_

Except for records and information that we are legally required to provide, we will not release any information about you to third parties unless you sign a form authorizing us to do so. We will not honor a third party's request for information unless it is in writing.

**11. DISCIPLINARY ACTION** *Initial Here:* \_\_\_\_\_

We count on professionalism and common sense in the actions of all of our personnel. An attitude of mutual respect is expected among all persons at the workplace or while engaged in their performance of work-related responsibilities, regardless of race, color, age, sex, religion, ancestry, national origin, non job-related handicap or disability, or veteran's status. Failure to promote a respectful attitude will constitute a failure to adequately carry out one's job responsibilities and may warrant termination from employment. Conduct that is dangerous to others, dishonest, immoral, illegal or abusive will not be tolerated. Violation of these standards of conduct will be grounds for disciplinary action, up to and including suspension and termination from employment.

Ordinarily, we will utilize progressive disciplinary action, so that employees will be assisted in improving their performance. Progressive Discipline includes verbal warnings, written warnings, suspension and discharge. However, we reserve the right to dismiss any employee without warning, progressive discipline or notice if we determine that continued employment is not in the best interests of the Service.

Polson/ Ronan Ambulance reserves the right to suspend an employee with or without pay, as it deems appropriate, as part of its investigation of that employee's conduct. Polson/ Ronan Ambulance reserves the right to take any action, which differs from the progressive disciplinary steps, outlined in this Handbook, including suspension and termination from employment as a first step.

All employees of Polson/ Ronan Ambulance are employees-at-will who may be terminated with or without cause and with or without notice.

Nothing in this Personnel Handbook or any other information provided to you should be considered a guarantee of continued employment or that any benefit will be continued for any period of time. All such information is for your general information only, and is subject to review and change by management at any time without notice.

a. **Performance Deficiencies and Progressive Discipline** *Initial Here:* \_\_\_\_\_

Polson/ Ronan Ambulance's discipline policy is intended to assist employees in identifying and correcting deficiencies in the performance of their work when it is feasible and constructive to do so. Discipline for performance deficiencies may take a variety of forms, including but not limited to:

- (1) Verbal warning
- (2) Corrective counseling conference
- (3) Written warning
- (4) Probation

- (5) Suspensions with or without pay
- (6) Demotion
- (7) Termination

Polson/ Ronan Ambulance has discretion to determine the form of discipline that is suited to the deficiency. It is not obliged to follow any prescribed sequence of forms of discipline.

A verbal warning or corrective counseling may not be appealed through Polson/ Ronan Ambulance grievance procedure. A written warning, probation, suspension, demotion or termination may be appealed.

- b. Violation of Polson/ Ronan Ambulance Policies and Rules; Misconduct ***Initial Here:*** \_\_\_\_\_

The forms of discipline that may be used to correct performance deficiencies also may be used to correct violations of Polson/ Ronan Ambulance, Incorporated policies and rules or other misconduct. The form of discipline will depend on the nature and severity of the violation or misconduct. Polson/ Ronan Ambulance is not obliged to follow any prescribed sequence of forms of discipline.

**12. TERMINATIONS** ***Initial Here:*** \_\_\_\_\_

Polson/ Ronan Ambulance hopes to retain good employees who take pride in Polson/ Ronan Ambulance and in their work. However, unless you are employed under a written employment agreement with Polson/ Ronan Ambulance, employment is at will, regardless of length of service or date of payment of wages. Just as you are free to leave for any reason, we reserve the same right to end our relationship with you at any time, with or without notice, for any reason.

**13. OPEN DOOR POLICY** ***Initial Here:*** \_\_\_\_\_

Open communication is essential to the overall success of the organization. Polson/ Ronan Ambulance encourages open and continuous communication between management and staff. Periodic management staff meetings as well as general staff meetings are held in order to maintain strong lines of communication throughout the organization.

Experience has shown that getting problems out in the open can very often get them solved. You should communicate any problem situations directly to your immediate supervisor. We encourage your supervisors to be effective problem solvers with you, and they should be able to answer or resolve any questions, issues, or concerns you raise.

If you are not satisfied with the resolution of your concern, or if for some reason you do not wish to discuss the matter with your supervisor directly, you may discuss the matter with any member of Management.

If the problem is of a personal nature, feel free to voluntarily schedule an appointment with Management. We will try to keep these discussions confidential.

**14. OUTSIDE EMPLOYMENT** *Initial Here:* \_\_\_\_\_

Polson/ Ronan Ambulance does not limit an employee's activities during non-working hours unless those activities interfere with the performance of his/her job or create a conflict of interest with Polson/ Ronan Ambulance's business. Polson/ Ronan Ambulance reserves the right to determine whether outside activities interfere with job performance or create a conflict of interest and may take such action as it deems appropriate in an individual case.

If an employee accepts employment at an agency other than Polson/ Ronan Ambulance, the employee should immediately inform management of his or her new position. We will make every attempt to accommodate an employee's outside work schedule however this may be impossible due to the nature of our industry. When an employee's schedule at Polson/ Ronan Ambulance conflicts with his or her outside work schedule, the employee is expected to report to Polson/ Ronan ambulance for duty, on time.

**15. OVERTIME** *Initial Here:* \_\_\_\_\_

It may be necessary for you to work beyond your scheduled shift to complete an assignment or to meet an urgent situation. You are **REQUIRED** to work overtime when mandated by your supervisor.

Non-exempt hourly employees will normally be paid overtime for time worked in excess of their regularly scheduled shifts, in excess of 40 hours per week. Your supervisor must authorize overtime in advance, if possible.

**16. EXIT INTERVIEWS** *Initial Here:* \_\_\_\_\_

Polson/ Ronan Ambulance conducts exit interviews with all employees who choose to leave the organization. This interview is conducted by your Supervisor and is designed to help the organization determine its strengths, areas where improvement is needed and to identify important issues affecting the workplace. This information is not placed in your personnel file and is treated as confidential information.

Questions during the exit interview may include: your reason for leaving, your relationship with your Supervisor, suggestions for improving work schedules, training, service to patients and customers, working relationships and other important aspects of your job at Polson/ Ronan Ambulance. Please be candid in answering these questions.

**17. JOB CLASSIFICATIONS AND RESPONSIBILITIES**

A. Classifications \_\_\_\_\_

1. Part-Time *Initial Here:* \_\_\_\_\_

Part-time employees obtain no seniority. Part-time employees are placed on the schedule to fill empty slots not filled by full-time employees. Part time employees will cover scheduled events and be available for transfers and unexpected events whenever possible. Part-time employees will receive a wage based on their particular certification.

2. Full-Time *Initial Here:* \_\_\_\_\_

Full-time employees who work an average of forty hours per week for one full year obtain seniority.

B. Responsibilities *Initial Here:* \_\_\_\_\_

The on duty crew will be responsible for the following each shift:

1. Complete daily task sheet.
2. Complete tasks as assigned.

**B. RULES**

**1. OVERVIEW OF EXPECTATIONS** *Initial Here:* \_\_\_\_\_

Every organization has certain rules of conduct that have been developed to reflect good business practices. In establishing rules of conduct, Polson/ Ronan Ambulance does not intend to restrict the personal rights of any individual. Rather, we wish to define the guidelines and expectations that protect the rights of all employees and to ensure maximum understanding and cooperation. Therefore, employees are expected to be:

- On-time and alert when scheduled to be at work.
- Careful and conscientious in performance of duties
- Thoughtful and considerate of other people.
- Courteous and helpful both when dealing with patients, families, medical personnel and other employees.

**2. SAFETY** *Initial Here:* \_\_\_\_\_

Polson/ Ronan Ambulance expects its employees to conduct themselves in a safe manner. Please use good judgment and common sense in matters of safety, observe any safety rules posted in various areas, and follow all OSHA and state safety regulations.

After normal business hours, on-duty employees will insure that all building doors to the outside are shut and locked or otherwise secured.

### 3. SUBSTANCE ABUSE AND DRUG AND ALCOHOL TESTING POLICY

a. Substance Abuse *Initial Here:* \_\_\_\_\_

Polson/ Ronan Ambulance will not tolerate possession, use or abuse of controlled drugs or other substances. No alcoholic beverages are to be consumed within twelve hours of ambulance duty. Reporting for work under the influence of alcohol or controlled drugs, or using the same during work, will result in immediate termination of employment. Possession or use of illegal drugs will result in the immediate termination of employment.

No prescription or non-prescription medication that causes any mental alteration can be used during or within twelve hours of coming on duty. Check with your physician to find out if the medication you are taking causes any mental alteration.

b. Drug and Alcohol Testing *Initial Here:* \_\_\_\_\_

From time to time employees may be asked to undergo drug or alcohol screening. Employees will only be tested in certain circumstances. Failure to comply with a test request will result in immediate termination. The occasions employees will be asked to undergo drug and alcohol screenings are:

1. Pre-Employment Screening: *Initial Here:* \_\_\_\_\_

- a. If Polson/ Ronan Ambulance conducts pre-employment drug screening, a notice of such drug screening, as a precondition of employment will be posted in areas where applications are taken. Successful applicants may be eligible for employment subject to passing a post job offer physical, which includes a drug screen, if a drug screen is performed. (Note that if a drug screen is performed, it will consistently be performed on all employees prior to their first day of work.) At the times a conditional job offer is made, the applicant will be requested to sign an authorization and release agreeing to submit to a drug screen. Applicants who refuse to sign the authorization or to submit to the drug screen will not be considered for employment.

- b. An applicant who fails the drug screening test will be advised to consult with a physician or a counseling center and told that a new application may be filed for employment ninety (90) days from the date of Polson Ambulances last conditional offer of employment if the applicant provides medical evidence that a physician has found no sign of alcohol or drug abuse or that the applicant had undergone prescribed treatment.

2. Personnel may only be required to submit to alcohol and drug testing under the following circumstances: ***Initial Here:*** \_\_\_\_\_
- a. Where state or federal regulations require such testing (i.e. DOT).
  - b. Where Polson Ambulance has reasonable suspicion of on-the-job impairment or intoxication in accordance with this Policy.
  - c. Where a staff member has been referred to treatment for alcohol and/or drug abuse, in which event the staff member shall be subject to random testing for one (1) year after the staff member returns to work. The staff member will also be required to furnish Polson Ambulance with a copy of the treatment facility's prescribed after care program and proper verification of the staff member's compliance with the after care program or revisions thereto.
  - d. Anytime following a motor vehicle accident, however minor, in which the staff member was the operator of the vehicle.

3. Testing Agreements ***Initial Here:*** \_\_\_\_\_

- a. A staff member required to submit to alcohol and/or drug testing shall be informed of the reason for such testing. In the case of "reasonable suspicion" testing, the staff member shall be given a copy of the written order from the supervisor(s) involved, including documentation of the specific objective facts constituting "reasonable suspicion" in accordance with this Policy. The staff member will be requested to sign an acknowledgement that testing has been requested and that the staff member consents to such testing.
- b. A staff member who refuses to sign a requested testing agreement or who refuses to submit to testing after signing the agreement shall be suspended, and an investigation shall ensue to determine whether the refusal was reasonable. If the refusal is found to be unreasonable, it will be treated as an intentional violation of this Policy.

4. Testing Procedures ***Initial Here:*** \_\_\_\_\_

Testing procedures shall conform to accepted practices and Polson/ Ronan Ambulance may utilize an outside or contracted person or organization for this purpose.

5. Test Results ***Initial Here:*** \_\_\_\_\_

- a. Results of all drug and alcohol tests shall be communicated to Polson/ Ronan Ambulance and staff member (where applicable), as soon as possible upon receipt of the results from the testing facility. Copies of all documents including test results, computer printouts, graphs, interpretations and chain of custody forms may be given, at the discretion of management, to the staff member upon the request of the staff member.
- b. Any staff member who, as a result of testing is found to have illegal drugs or a blood alcohol level, which impairs their ability to perform job duties, will be considered in violation of this Policy.
- c. All records and information obtained by Polson/ Ronan Ambulance regarding alcohol and drug testing, requests for testing, the test results, and treatment of personnel for chemical dependency will be confidentially maintained by Polson Ambulance, and will be used in accordance with the law.

**4. SMOKING POLICY**      *Initial Here:* \_\_\_\_\_

Smoking is not permitted in the Polson/ Ronan Ambulance office area, ambulance crew quarters, or in any ambulance. Smoking is permitted outside these areas. Smokers must properly dispose of all smoking material refuse. There will be no smoking at the hospitals except in the hospitals' designated areas. No other tobacco products can be used while transferring patients, or in non-designated areas.

**5. PURCHASES**      *Initial Here:* \_\_\_\_\_

No employees will make purchases for Polson/ Ronan Ambulance without first obtaining the manager's authorization. The employee must acquire a purchase order signed by the manager for the merchandise. No personal purchases may be charged to Polson Ambulance accounts.

**6. CREWS**      *Initial Here:* \_\_\_\_\_

An ambulance crew consists of two employees: one driver and one attendant.

When beginning a shift, the crew must decide who will drive and who will be the attendant. After delivering the first patient to the hospital, the crews will switch roles. This will continue throughout the shift to provide optimum exposure for each crew member.

**Exception:** If the call is for advance life support and the ALS provider is driving, then the roles will switch automatically, with the highest certified crew member making that decision. The crew member with the highest certification will make all final medical decisions. The most senior crew member will make all final operational decisions.

Employees must keep the pager or radio operational and charged. Excluding equipment malfunction, failure to answer a page the first time may be grounds for disciplinary action. Further violations will be grounds for dismissal.

**7. UNIFORMS AND PERSONAL APPEARANCE *Initial Here:* \_\_\_\_\_**

All employees are expected to present a clean, neat and professional appearance when representing Polson/ Ronan Ambulance. Polson/ Ronan Ambulance expects its personnel, while on duty, to adhere to established dress codes which prohibit wearing the following items on uniforms: pins, jewelry, hats, name/insignia or other identifying symbols which are not professionally related to authorized uniforms.

Any tattoos should be covered; if applicable; hair (this includes facial hair) is to be neat and groomed at all times. If an employee has long hair then he or she must arrange it in such a way that it does not present a safety hazard or distract from duties. Mustaches and beards must be clean, well trimmed, and neat, and must not interfere with the wearing of any safety or medical device.

Perfume, cologne, aftershave, scented lotion, etc., should be used in moderation or avoided altogether. Jewelry should not be excessive and should be limited to items that do not functionally restrict the employee or create a danger to the employee or others. Facial jewelry, such as eyebrow rings, nose rings, lip rings and tongue studs, are not permitted during working hours.

A Polson uniform consists of one tee shirt, one uniform public safety shirt, and one EMS pants. The pants are to be purchased by the employee. One tee shirt, one uniform public safety shirt, one Polson Ambulance patch, and one nametag will be issued by the company. At all times while on duty, all employees will be dressed in EMS Pants, tee shirt, and a public safety shirt including all uniform parts and insignia. No other insignias or patches other than National Registry may be placed on the uniform. The uniform must be worn only when on duty or with approval from the Manager, when representing Polson Ambulance. No part of it is to be worn for any other purpose. Employees must keep the uniform neat and clean at all times. Polson Ambulance patches will be placed 2" below the sleeve inset, on the right side. The NREMT patch will be 2" below the sleeve inset on the left side. Polson Ambulance will replace uniforms that are contaminated or damaged in the line of duty.

A Ronan uniform consists of one tee shirt or one uniform scrub shirt, and one EMS pants. The pants are to be purchased by the employee. One tee shirt, one uniform scrub shirt will be issued by the company. At all times while on duty, all employees will be dressed in EMS Pants, tee shirt, or scrub shirt including all uniform parts and insignia. No other insignias or patches may be placed on the uniform. The uniform must be worn only when on duty or with approval from the Manager, when representing Ronan Ambulance. No part of it is to be worn

for any other purpose. Employees must keep the uniform neat and clean at all times. Ronan Ambulance will replace uniforms that are contaminated or damaged in the line of duty.

If a supervisor feels any employee's appearance is unacceptable or in violation of this policy, said employee may be asked to leave the workplace until properly dressed or groomed. Employees should consult with their supervisor if they have any questions regarding what may or may not constitute appropriate appearance.

## **8. POLSON/ RONAN AMBULANCE VEHICLES AND EQUIPMENT**

No employee may utilize Polson Ambulance vehicles, equipment or supplies outside of the line of duty without the manager's prior authorization. *Initial Here:* \_\_\_\_\_

### **a. Vehicle Procedure *Initial Here:* \_\_\_\_\_**

Vehicle checklists are provided for the ambulances. When beginning a shift, the on-coming crew will check the ambulance medical supplies and ascertain which equipment and supplies are missing from the vehicle. Employees must insure that all portable equipment and batteries are in good working order at the beginning of each shift. Damage to the ambulance must be reported immediately to the supervisor or general manager. Damage noted when checking the ambulance must be immediately reported. Do not assume damage has already been reported.

Every ambulance will be thoroughly washed, cleaned inside and out, and restocked with supplies as needed.

Vehicles used for out-of-town transfers and stand-by events will be restocked, cleaned, washed and refueled immediately after the event. The only exception is a late night transfer, i.e. from 12:00 a.m. to 5:00 a.m. Employees who make late night transfers should use their discretion when cleaning and restocking the ambulance. The goal is for the ambulance to be in service and ready to respond to emergencies.

### **b. Vehicle Maintenance *Initial Here:* \_\_\_\_\_**

The on-duty crew should repair minor problems with vehicles such as blown fuses, headlights, broken wiper blades and fluid checks. Any problem you are unable to handle should be brought to the supervisor or manager for resolution. If your vehicle becomes inoperable, immediately notify the supervisor or manager.

The oil, automatic transmission fluid, coolant, tire pressure and all lights should be checked at the beginning of each shift.

## **9. EMERGENCY DRIVING**

a. Laws *Initial Here:* \_\_\_\_\_

Applicable State of Montana, Lake County and City of Polson/ Ronan laws will be followed at all times. When driving code 3 an ambulance is permitted to exceed the posted speed limit by no more than 10 miles per hour.

b. Driving Codes *Initial Here:* \_\_\_\_\_

- CODE - 1 No emergency lights or siren. Normal street driving.
- CODE - 2 It is against company policy to run emergency lights without sirens.
- CODE - 3 Emergency lights and siren. This code will be used when responding to all emergency calls in Polson and the surrounding area.

c. Safety *Initial Here:* \_\_\_\_\_

All vehicles shall be driven safely and prudently at all times, especially when driving under code 3 status. Road, weather, and traffic conditions shall be safety considerations when operating these vehicles. All traffic regulations and laws must be followed. When uncertain about specific laws, refer to copies of Montana State Law Governing Emergency Vehicles, which is available to you upon request.

Any employee receiving a traffic citation while operating an ambulance may be suspended from driving Polson Ambulance's ambulance and may be subject to disciplinary action.

## 10. TRANSPORTATION POLICY

a. Locations *Initial Here:* \_\_\_\_\_

Polson/ Ronan Ambulance will transport patients to the following locations:

1. The hospital of the patient's preference.
2. If the patient is a minor, the hospital of the family's or legal guardian's preference.
3. In the case of an emergency, the nearest appropriate hospital.
4. Polson/ Ronan Ambulance will not determine for the patient the hospital choice. If the patient has no preference, he/she will be transported to the nearest appropriate hospital.

b. Immediate Emergency Service Area *Initial Here:* \_\_\_\_\_

1. Polson/ Ronan and surrounding area.
2. Lake County and surrounding area.

Requests beyond these areas are not unusual. Polson/ Ronan Ambulance works with all regional air and ground ambulance services on a dual dispatch protocol for accidents with the possibility of two or more critically injured victims and mass casualty incidents. These dispatches may be requested by local hospitals, the EMS agency first on the scene, the Fire Department or law enforcement through 9-1-1.

**11. DISPATCH**                    *Initial Here:* \_\_\_\_\_

The crew must IMMEDIATELY acknowledge by radio all dispatches. The MAXIMUM acceptable time to answer is 1 minute from the time of dispatch. If a crew is in service on a transfer, the other crew(s) should be notified of this status. Proper communication between crews is vital. When contacting 911, use plain English.

**12. TRIP TICKETS /MEDICARE FORMS / TRANSFER FORMS / SIGNATURES**

It is the attendants responsibility that the Trip Ticket, appropriate Forms, Authorization, and Signatures are obtained, completed, and turned in.                    *Initial Here:* \_\_\_\_\_

a. Trip Ticket    *Initial Here:* \_\_\_\_\_

A trip ticket outline is provided upon request for your reference to insure proper completion of your trip reports. Trip tickets must be entirely filled out and completed at the receiving hospital's designated area. The yellow trip ticket copy must be left in the emergency room with the patient. If the crew is called out on another 911 dispatch, then the yellow copy must be delivered back to the receiving hospital by shift end. Completed trip tickets must be turned in by the end of your shift and placed in the file in the crew quarters. **There are no exceptions to this policy.** Late reports will result in the following disciplinary actions:

1. Trip tickets turned in 24 - 48 hours after transport will result in disciplinary action. Further offenses will be grounds for dismissal.
2. Trip tickets turned in more than 48 hours after transport will be grounds for dismissal.
3. Yellow copies turned in to the hospital 24 - 48 hours after transport will result in disciplinary action. Further offenses will be grounds for dismissal. Canceled calls and nursing home returns can be turned in with yellow copy.
4. Falsification of any trip ticket information will be grounds for immediate dismissal.

The intentional failure to complete a trip ticket for a cancel, completed patient or equipment transport will be grounds for dismissal.

b. The Medicare Form (Physician Certification Statement) **Initial Here:** \_\_\_\_\_

The Medicare form (Physician Certification Statement) is an additional form used for interfacility transfers of patients eligible for Medicare. Most of the time this form will be filled out when the transport is scheduled. In the event the form is not filled out beforehand, you should make every effort to have the patient's attending physician complete and sign the form. If the attending physician is unavailable a, PA, Clinical Nurse Specialist, Nurse Practitioner, RN or Discharge Planner may sign this form prior to Non-emergent transfers. The Medicare Form is to be turned in with the trip ticket.

c. The Transfer Form **Initial Here:** \_\_\_\_\_

The transfer form is an additional form used for all transfers. This form gives you pertinent information about your patient as well as level of care needed, statistical, prior authorization, and billing information. This form must be **completed in full** prior to all transfers and will be turned in and is a part of your trip ticket. For patients eligible for Medicaid you must obtain a Medicaid prior authorization number prior to non-emergent transfers. The information need to obtain this number is on the Transfer form. This authorization number or the time and date you called and left a message must be written on your trip ticket.

d. Signatures **Initial Here:** \_\_\_\_\_

It is important to get the patient/legal guardian's signature on the back of the trip ticket on each transport. The patient/legal guardian's signature on the Acknowledgment of Services line accomplishes three things:

1. Acknowledges the patient's receipt of services.
2. Allows the Billing Department to release pertinent information to the patient's insurance company.
3. Acknowledges the patient's (legal guardian's) responsibility for the bill.

Failure to properly complete paper work impedes the Billing Department's ability to efficiently do their job. Questions regarding trip reports, transfer forms or signatures should be directed to the manager.

Never compromise patient care by waiting for a signature or paperwork.

13. **SECURITY** **Initial Here:** \_\_\_\_\_

Off-going and on-coming Advanced Life Support Crews must count and sign off the narcotics at the beginning of each shift. This includes both the narcotics on the ambulance and those stored as backup stock. Upon completion, each sign-off sheet will

be turned into the manager and then will then be reviewed and signed off monthly by the Medical Director of Polson/ Ronan Ambulance.

**14. ACCIDENTS**      *Initial Here:* \_\_\_\_\_

All accidents must be reported immediately to the supervisor or manager.

An employee cited for driving under the influence of alcohol or drugs at any time will be suspended from driving Polson/ Ronan Ambulance's ambulance until the case is legally decided. A conviction will be grounds for dismissal.

**15. OFF-LIMIT AREAS**      *Initial Here:* \_\_\_\_\_

During normal business hours, employees should not loiter in the Polson/ Ronan Ambulance business office. If you conduct business in this area, do it expeditiously. Following this policy increases the efficiency of the office, maintains HIPAA compliance and reduces the congestion in this area.

After office hours, the main office is off limits. Due to the sensitivity and confidentiality of the files, the manager's office is off limits when the manager is not present.

**16. HOLIDAYS**      *Initial Here:* \_\_\_\_\_

It is necessary for some of the employees to work on holidays. Employees scheduled to work will be paid time and one half. Holiday pay is figured from 06:01 a.m. the day of the holiday to 06:01 a.m. the following day. The following days are considered holidays:

- New Years Day
- Easter
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

**17. LEAVES OF ABSENCE**

a. Bereavement Leave of Absence      *Initial Here:* \_\_\_\_\_

In the event of a death in your immediate family, you may be granted time needed to handle family affairs and attend the funeral. "Immediate family" is defined as: father, mother, sister, brother, spouse or domestic partner, and children. Aunts, uncles, cousins and close acquaintances may also be considered. The employee must notify

the manager and supervisor as soon as possible in order to locate a replacement. The manager grants such leaves at his/her discretion.

b. **Military Leave of Absence** *Initial Here:* \_\_\_\_\_

An employee who is called for duty in the armed forces is eligible for unpaid military leave of absence. Upon return from service, the employee is eligible for re-employment and will be reinstated in the same or a substantially similar position.

An employee who is a member of the Armed Forces Reserve or the National Guard, and who is required to attend annual active duty for training or other short-term reserve or Guard duty (i.e. forest fire fighting, police duty for natural disaster, etc.), is also eligible for unpaid military leave of absence. Employees may use accrued vacation time during service.

c. **Pregnancy Leave of Absence** *Initial Here:* \_\_\_\_\_

Due to the strenuous nature of the job (i.e. high stress, lifting and moving heavy loads), pregnant employees may continue working in a normal capacity until the 20th week of gestation. Between the 20th and 28th week of pregnancy, the employee may work only if a physician certifies to her abilities. The employee will be required to have a mandatory leave of absence upon reaching her 28th week of pregnancy. The employee may return to work following the pregnancy only after obtaining a written work release from her physician certifying her abilities.

d. **Disability Leave of Absence** *Initial Here:* \_\_\_\_\_

Employees may be required to take a mandatory leave of absence when, due to a disabling condition, he/she is unable to properly perform the tasks and duties for which he/she is employed and he/she may jeopardize the patient's safety.

e. **Jury Duty Leave of Absence** *Initial Here:* \_\_\_\_\_

Polson Ambulance encourages employees to serve on jury panels. Whenever possible, an employee should inquire about the expected duration of a trial and inform Polson Ambulance before jury selection begins.

**18. SENIORITY** *Initial Here:* \_\_\_\_\_

Seniority pertains to full-time employees only. Polson Ambulance does not recognize seniority ("last hired - first fired") with reference to Polson Ambulance lay-offs. The decision to lay-off will be based on the same items as outlined before for merit ratings and promotions.

**19. WORKER'S COMPENSATION** *Initial Here:* \_\_\_\_\_

All injuries incurred on the job must be reported to the supervisor **IMMEDIATELY**.

An employee injured on the job will be paid through the end of the workday during which the injury took place. An injured employee who is hospitalized on the day of the injury receives no further wages but may receive Worker's Compensation benefits.

Polson/ Ronan Ambulance shall not be responsible for the payment of Workers Compensation benefits for any injury arising out of an employee's voluntary participation in any off-duty social or athletic activity which is not part of the employee's work-related duties.

**20. Unemployment Compensation      *Initial Here:* \_\_\_\_\_**

Unemployment Compensation is available to provide weekly a supplement in periods of unemployment to eligible persons as determined by the Unemployment Compensation Administration Bureau of Employment Security.

**21. SOCIAL SECURITY      *Initial Here:* \_\_\_\_\_**

While employed at Polson/ Ronan Ambulance you and the Service will contribute to a government fund that provides for future supplemental retirement benefits and health insurance under Social Security and Medicare. Your contribution is deducted from your paycheck and Polson/ Ronan Ambulance MATCHES your contribution to these funds, as required by law. Your contribution to Social Security may be decreased somewhat due to your participation in the Flexible Benefits program. See any applicable Flexible Benefits Information Handbook for further information.

Social Security is intended to SUPPLEMENT your PERSONAL SAVINGS and RETIREMENT INCOME plans.