

BERTIE COUNTY

Emergency Medical Services Plan

Section I. Introduction

Bertie County is located in northeastern North Carolina. It is one of the oldest counties in the state founded in 1722. Bertie County is one of the largest counties in NC with an area of 721 square miles. Bertie County is 75 miles west of the Outer Banks, 100 miles east of the state capital of Raleigh and 90 miles southwest of Norfolk, Virginia.

Today there are 9 governmental bodies in Bertie County consisting of the Bertie County Government and the municipalities of Askewville, Aulander, Colerain, Kelford, Lewiston-Woodville, Powellsville, Roxobel, and Windsor, with the Town of Windsor serving as the county seat. Bertie County is primarily an agricultural county.

Bertie County's venues of transportation include roads, railroads, motor freight carriers, air, and waterways. Interstate 95 is 50 miles west of the county seat. U.S. Highways 11, 13 and 17 provide access to additional thoroughfares.

Bertie County began its rescue service in early 1961 when only a first aid card was required to perform rescue services. The Bertie County Peace Offices Association formed this. The first unit was obtained through federal surplus and housed at Clayton Bennett's Service Station. This was the Main station until about 1966.

Mr. Charles H. Jenkins of Aulander donated a second piece of equipment in 1960. He donated a wooden boat to the squad giving

them some type of water rescue. In the 20-man roster of rescue personnel was made up of men from Lewiston and Windsor.

It was during this time the squad experienced steady growth, but experienced a fairly high rate of personnel turnover. Even though there was a high rate of turnover, the membership remained around 20 members.

In February 1964 the men from the Lewiston area decided to break away from Bertie Rescue and form their own squad in Lewiston. This was agreed to by the Peace Officers Association and by the membership of the squad. Lewiston did in fact form their squad with the Fire Department at that time.

Since that time there have been as many as five squads in Bertie County. At this time there are 8 EMS providers in Bertie County's System. They are Bertie Rescue, Aulander Rescue, Lewiston-Woodville EMS, Colerain Rescue, Bertie Ambulance Services, Coastal Medical, EastCare, Mediport Inc. White Oak Medical Transport.

- (A) Bertie Rescue- Bertie Rescue operates at the Intermediate level of emergency care. They are available for service 24 hours/7 days a week. The unit is manned by paid technicians from 8:00 a.m. until 5:00 p.m. Monday through Friday. They operate under a volunteer call team system from 5:00 p.m. until 8:00 a.m. Monday through Friday. Volunteers are on call for Bertie Rescue for entire 24 hour shifts during weekends. Bertie Rescue provides coverage for approximately 400 square miles.
- (B) Aulander Rescue – Aulander Rescue operates at the EMT level of emergency care. They operate totally as a volunteer squad without any paid personnel. Rescue calls from 8:00 a.m. until 5:00 p.m. in the Aulander district are

responded to by the Lewiston Woodville EMS if there are not any technicians from Aulander available. However, Aulander Rescue volunteers handle all rescue calls after 5:00 p.m. on weekdays and from 5:00 p.m. to 8:00 a.m. Friday through 8am Monday. Aulander Rescue provides coverage for approximately 75 square miles.

- (C) Colerain Rescue – Colerain Rescue operates at the EMT level of emergency care. The unit is available for service 24 hours/7 days a week. The unit is manned by paid technicians from 8:00 a.m. until 5:00 p.m. Monday through Friday. The unit operates under a volunteer system from 5:00 p.m. until 8:00 a.m. Monday through Friday. Volunteers are on-call for 24 hours for weekend calls. Colerain Rescue provides coverage for approximately 125 square miles.
- (D) Lewiston-Woodville EMS – Lewiston-Woodville EMS provides the EMT level of emergency care. The unit is manned by two paid technicians from the hours of 8:00 a.m. until 5:00 p.m. Monday through Friday. During this time, the unit operates as a secondary response for Aulander Rescue. The unit operates under a volunteer system from 5:00 p.m. until 8:00 a.m. Monday through Friday, and from 5:00 p.m. Friday through 8:00 a.m. Monday. Lewiston-Woodville EMS provides emergency coverage for approximately 120 square miles.
- (E) Bertie Ambulance Service – Bertie Ambulance Service provides non-emergency Basic Life Support and Advanced Life support transportation service to: stretcher bound patients or any patient that meets medical necessity guidelines. Bertie Ambulance Service does serve and assist aid to volunteer squads when asked to do so. They provide service 24 hours a day/7days a week. The area

covered is the entire county of Bertie, which is 721 square miles.

- (F) Coastal Medical Transport Inc. – Coastal Medical Transport Provides Basic Life Support Service to stretcher bound patients or any other patients that meet medical necessity guidelines. Coastal Medical can assist and serve as mutual aid when asked to do so. Service is provided 24 hours a day/7days a week. The area serviced is the entire County of Bertie.
- (G) Mediport Inc. – Provides Basic Life Support and transportation to stretcher bound patients or any other patients that meet medical necessity guidelines. Service is provided 24 hours a day/7days a week. Mediport Inc. can assist and serve as mutual aid when asked to do so. The area serviced is the entire County of Bertie.
- (H) White Oak Medical Transport – Provides Basic Life Support and transportation to stretcher bound patients or any other patients that meet medical necessity guidelines. Service is provided 24 hours a day/7 days a week. White Oak Medical Transport can assist and serve as mutual aid when asked to do so. The service area is the entire County of Bertie.
- (I) Midway Medical Transport- Provides Basic Life Support and transportation to stretcher bound patients or any other patients that meet medical necessity guidelines. Service is provided 24 hours a day/7 days a week. Midway Medical can assist and serve as mutual aid when asked to do so. The service area is the entire County of Bertie.
- (J) Preferred Medical Transport- Provides Basic Life Support and transportation to stretcher bound patients or any other

patients that meet medical necessity guidelines. Service is provided 24 hours/7 days a week. Preferred Medical can assist with mutual aid when asked to do so. The service area is the entire County of Bertie.

Specialty ground and air transports are available to the Bertie County EMS system. The nearest Level 1 Trauma Center is Pitt County Memorial Hospital/University Medical Center in Greenville, NC. EMS helicopters and Intensive Ground Unit services are available from EastCare, based at Pitt County Memorial Hospital, Greenville, N.C.

Bertie Memorial Hospital located in Windsor, N.C. is identified as a Critical Access Hospital. The Emergency Room is staffed 24 hours a day by a physician or physician assistant, and emergency room nurses.

Martin General Hospital, Roanoke-Chowan Hospital, and Chowan Hospital also receive emergency patients from Bertie County EMS Providers.

The primary unit used for specialty ground and air transport is EastCare. They are used for the transfer of patients from the admitting emergency room to the trauma or critical care center. EMS units may call EastCare Air Service directly when the condition of patient clearly exceeds the capability of local hospitals to care for him or her. EastCare may be called directly to an incident only after EMS personnel have arrived on the scene or when law enforcement officers already at the scene recommend it. EastCare may be placed on standby by responding EMS personnel when the descriptions of the incident suggest they may be required.

Infrequently, the air transports units of Duke Medical, Nightingale, or Kings Daughters may be activated to transport a patient to a facility where treatment warrants.

EMS personnel reporting to hospital and/or other medical facilities while transporting patients will initially contact the facility via radio or telephone prior to arrival. A brief report, assessment, and estimated time of arrival will be given to the facility. Upon arrival at the facility the patient is to be transported by EMS personnel to the designated receiving area appointed by facility nursing or medical staff.

Once at the appointed designation, EMS personnel will assist the patient to the indicated stretcher, wheelchair, triage, or holding area. A brief report will be given to accepting personnel. EMS personnel are then to complete their paperwork, restock their vehicle and move the vehicle to avoid blocking incoming traffic. Upon request from staff, EMS personnel may be asked to assist in the initial care of the patient for example by placing oxygen on the patient or performing chest compressions during cardiopulmonary resuscitation. Unless so requested, EMS personnel should turn over all care to facility staff after transferring the patient from their stretcher.

All EMS personnel whether paid, volunteers, or employed, are required to wear identifiable clothing and name badges on a scheduled shift indicating affiliation with their particular organization. Identification should be visible upon entering a facility, scene or residence.

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Section II. Communications

A. 911 COMMUNICATIONS CENTER

1. The public will access the 9-1-1 system through the telephone (standard phone, pay phone, cellular phone). When a citizen picks up the telephone and calls 911, the call comes into the communication center on the 911 lines. The 911 line lights up, the telecommunicators pick up the 911 line and a display screen on the console lights up. The display screen on the console gives the name of the person, phone number and address where the call is coming from. It also displays the law enforcement, fire, and rescue departments that need to respond to the area where the call is coming from. Telecommunicators always check to make sure the information they receive on the display screen is accurate information. The name on the screen is not necessarily the person that is calling. After confirming that

they have the correct information then the necessary department is dispatched the call.

Public access using the emergency telephone number 9-1-1 within the public dial telephone networks is the primary method for the public to request emergency assistance. This number shall be connected to the emergency communications center on the public safety answering point (PSAP) with immediate assistance available such that no caller will be instructed to hang up the telephone and dial another telephone number. A person calling for emergency assistance shall never be required to speak with more than two persons to request medical assistance.

Cellular Callers – The call goes to the closest tower to where the call is being placed. Then the call has to be transferred to the agency needed.

TTD (Telecommunications Device for the Deaf) – Citizens that have hearing problems pick up the TTD device to call communications; they call 911 for assistance. The call comes into the communications center in one of three (3) ways, either as a silent alert, a beeping alert with sound, or it is relayed through an operator. When the TDD call comes into the communication center, it has to be answered with another TDD device. The TDD call comes into the communications center and the telecommunicator answers the phone, starting the process of taking the call to determine the kind of emergency they have. The TDD in most communications centers has preprogrammed messages asking the most common questions such as: Do you have an emergency? Do you need the Sheriff, the Fire Department, or the Rescue? The messages also ask for the caller's name, phone number, and any other important information pertaining to the call. If the center does not have a preprogrammed message in the TDD device to fit the call they are taking, then the message can be typed in using a keyboard. After the necessary information is received, then the call is dispatched to the emergency service department for that area to respond.

2. The telephone is the primary link between the public and its need for assistance. The public calls 911 through the telephone system and are connected with a telecommunicator working in a 911 Center. The telephone system in the communication center is operational 24 hours a day, 7 days a week.

An emergency communications system operated by public safety telecommunicators with training in the management of call for medical assistance available 24 hours per day. The telecommunicator asks the following questions to obtain the kind of assistance needed.

What is the emergency?

Where is the emergency?

When exactly is the emergency occurring?

Who is involved (number of people)?

Name of caller and their call back number to insure that call back is possible.

3. After the call is received in communications and the necessary information is taken, the telecommunicator dispatches the necessary equipment for the type of call received.

Dispatching of the most appropriate emergency medical response unit or units to any caller's request for assistance is imperative. The dispatch of all response vehicles shall be in accordance with an official written EMS system plan for the management and deployment of response vehicles including request for mutual aid:

A call comes into communications; the telecommunicator determines the emergency level of the call and starts dispatching the appropriate units. The number of pagers sounded also depends on the number of rescue/fire personnel who have called communications to tell them that they are responding. The following are the call out procedures for response to an emergency:

Rescue: 1st page sounded; wait 3 minutes. No response.

2nd page sounded; no response.

Next closest unit is paged to response area.

Fire: 1st page sounded; wait 5 minutes. No response.
2nd page sounded; wait 3 minutes. No response.
Next closest unit is paged to response area.

Mutual Aid: Called out for departments unable to respond to a call in their area or if more assistance is needed.

East Care: Call-out usually needed only in suspected critical incidents such as head on collisions, pinned-ins, overturned vehicles, etc.

Bertie Water Rescue: Shallow or deep water rescue response to accidents.

Sheriff's Office's Boat: Search/Rescue/Recovery for any water related emergency.

Wildlife: Search and Rescue/Overdue Boater/Recovery

Bertie County Search and Rescue: (SAR Team)

Search and Rescue for missing persons (children, elderly) specializes in rough terrain, swamps. Training specialized in tracking.

Standard Operations Procedure (SOP) plan in place to dispatch two specialized units to a specific event in emergency response.

4. Requirement for a Telecommunicator:

- The Trainee works with a senior telecommunicator to learn the operations of the equipment in the communication center and must attend various schools within the first year of their training. The trainee has 120 days to attend a local community college and take the Division of Criminal Information Schooling, which is taught by the NC State Bureau of Investigations. Then before the year is up, the trainee must attend a Basic Telecommunicator Certification Course, which is approved by the North Carolina Sheriff's Education and

Training Standards Commission. The telecommunicator will also attend other schools that are offered to them. Working in the community center is a never-ending learning process. A process we look to in helping us do our jobs to the best of our ability.

The Communications Supervisor is a Certified Telecommunicator with several years of experience in the field of communications. The Supervisor also attends other types of training in the area of communication, is knowledgeable of the overall general operations of the communication center, and keeps up with the latest technology in the communication's field. This person may also be certified through the NC Sheriff's Association as an instructor to teach Basic Telecommunicator certification as well as In-Service Training for the telecommunicators. The Communications Supervisor attends the Fire and EMS Association meeting to maintain a close working relationship with these groups. The Supervisor also has input on communication procedures and standard operations procedures effecting the emergency services operations. The Communications Supervisor works along with other telecommunicators and is always on hand for specialized emergency situations such as hurricanes, bomb threats, hostage situations, etc.

B. Hardware and Communications Frequencies

All emergency calls dispatched to the Bertie County EMS systems are received at the Bertie County Communications System 911 Center. The EMS units are then paged out through the 911-center radio system. The County units are paged out on the Bertie County frequency 155.280. The EMS units alarm is sounded to page personnel to respond to a scene. After three minutes with no response, the alarm is sounded again. If no contact is made in three minutes or a unit cannot respond, the next nearest unit is then dispatched. Also units are paged by the Alpha Numeric pager system. The dispatched EMS unit then calls the 911 Center by radio on the frequency of 155.280 to receive any additional information to the call. Fire

departments are also dispatched to the scene on all 10-50 (Motor Vehicle Accident) calls in the county in the event of a possible fire and to provide traffic control until Law Enforcement is on the scene.

When the patient's medical report is given to Bertie County Memorial Hospital in Windsor or any receiving facility, it is transported on the 155.340 statewide frequency. When Air Ambulances are requested for transportation, they communicate with the hospitals directly on 155.340.

The Bertie County Emergency Office maintains all files and the original radio licenses for the county. There is a book located in the 911 Center with duplicate copies of all radio licenses.

Bertie County has installed a new communications tower to enhance radio communications. Upon completion, Bertie County will change communication frequencies. The frequencies are 159.195, 159.085, & 158.940 for EMS.

Requirements for being a telecommunicator for the county 9-1-1 center/communications center are:

- Be 21 years of age
- Be a citizen of good moral character
- Have no major convictions
- Pass investigative background check
- Pass medical examinations with drug screening
- Be a high school graduate GED

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Section III. Medical Oversight

- A. The appointment of the medical director is by the county commissioners with attention to NCCEP Guidelines for Medical Directors. The Medical director as needed to serve Bertie County may select assistants.
- B. Any private EMS or Convalescence Transport Service shall obtain their own Medical Director at their own expense. This individual must have prior approval by the Bertie County Medical Director and act as an assistant to county medical director.

Medical Director: Dr. Phil Harris, MD
Bertie Memorial Hospital/Cashie Medical Center
Windsor, N.C. 27983
Phone: 252-799-0555 Home
252-794-6600

C. Medical Oversight

1. Medical control is available via the physician staff of the Emergency department of Bertie Memorial Hospital.

Bertie Memorial Hospital provides physician coverage in the emergency department 24 hours a day/7 days a week.

2. Treatment protocols are those provided by the North Carolina College of Emergency Physicians. (NCCEP). The medical director will attend to any additions or deletions from those protocols. Additionally, the medical director will review all protocols annually and update as appropriate. Any variance from those protocols will be submitted to the NC OEMS for approval.
3. Selection of EMS personnel is conducted through the individual EMS unit in the County, with the approval of the medical director. Orientation of EMS technicians to the system is the responsibility of the EMS unit to which the technician belongs.

The medical director reviews and approves the initial training and continuing education content available through the Directors of EMS Education at Martin Community and Roanoke-Chowan Community Colleges. Training received by EMS personnel at other institutions, seminars, conferences, etc. may be submitted to the EMS Education Director for consideration and acceptance if appropriate.

EMS technician's performances are evaluated on several levels: by the EMS unit they are associated with, by review of the ambulance reports to the Quality Management meeting and by direct contact with emergency department personnel.

4. EMS personnel are required to complete thirty-six hours of continuing education that includes testing sessions to assure continued compliance. Additionally, the quarterly Quality Management Committee's review of ambulance call reports continually evaluates the performance of EMS personnel.
5. Medical review of ALS ambulance call reports will be carried out

Quarterly by the nurse liaison from Bertie Memorial and Roanoke-Chowan Hospitals or his or her designee. Any deviations will be brought to the attention of the medical director and the Quality Management Committee. Any quality care issues will be immediately reported to the medical director and other appropriate persons.

6. Any request for upgrade in service levels, addition of medications or equipment will be first submitted for approval to the medical director or his/her designee. The request are then forwarded to the Quality Management Committee for recommendations.

The medical director will provide orders and prescriptions as necessary to keep units stocked with current medications and supplies. Individual units are responsible for monitoring their medications to assure that no medication is damaged, recalled or expiration dates are not expired.

7. The Director of EMS Education will monitor the EMS national registry for any new practices gaining acceptance. The medical director will monitor the American College of Emergency Physicians, North Carolina College of Emergency Physicians and other appropriate organizations for change in practices that may affect Bertie County EMS polices, procedures, or protocols.

D. Review

1. Regular review of all ALS ambulance call reports are the Responsibility of the nurse liaison or his/her designee.
2. The medical director may temporally suspend, pending due process review, an EMS technician when his/her acts may be detrimental to the care of the patient, betray a patient's confidence, constitute unprofessional behavior, result in noncompliance with credentialing requirements or are damaging to the EMS unit or to the system. The EMS member will be advised without delay, in person or by telephone of the reason for suspension. A written account will be provided as soon as possible.

A Review Subcommittee of the Quality Management Committee will carry out a review of the suspension within sixty days. The subcommittee will at least consist of the Medical Director, the Nurse Liaison, the Director of EMS Education and a representative of one of the units of Bertie County other than the one to which the suspended EMS member belongs. If appropriate, the subcommittee may select other personnel to assist, such as the regional OEMS specialist, the captain of the unit to which the suspended member belongs, etc. After review of the suspensions, the committee will determine a course of action.

E. Treatment Protocols (See Appendix)

F. Committees

Quality Management Committee:

- a. Chairman: Medical Director
- b. Nurse Liaison (Bertie)
- c. Nurse Liaison (Roanoke-Chowan)
- d. Emergency Management
- e. OEMS Regional Specialist
- f. Director of EMS Education
- g. Bertie Memorial Hospital Personnel
- h. County Commissioner
- i. Representative from each unit
 - Bertie Rescue
 - Colerain Rescue
 - Lewiston-Woodville EMS
 - Aulander Rescue
 - Coastal Medical Transport
 - Bertie Ambulance Service.
 - White Oak Transport
 - Mediport Inc.
 - Midway Medical Transport
 - Preferred Medical Transport

2. Quality Management meetings are held quarterly at Bertie County Rescue Squad Building. Notices to members giving date and times will be circulated at least 3 weeks in advance. Minutes will be recorded and maintained by the Secretary.
3. Committee members serve for the duration of appointment to their offices. An attendance sheet will be circulated at each meeting and all members are expected to be present or to send a representative to each meeting. If a member is not present or represented for two consecutive meeting, the Committee Secretary will issue a letter reminding the person or unit the importance of attending. The committee will address any further absences and will make recommendations. Business will be conducted as long as over 50% of committee members are present.

G. Protocols

All EMT/EMS systems within Bertie County will follow NCCEP protocols for patient care based on their level of service. The medical director approves these protocols. They have been presented for review and practice by the emergency staff within the receiving emergency departments.

Each ALS protocol is defined as General, Medical, Pediatric or Obstetrical Emergencies and Trauma. Further, the protocols specify each level of service and treatment that is covered under these levels.

Medical control is always a backup for every situation. When questions arise or further orders are needed, medical control is to be contacted for clarification and/or additional orders.

Medical control may be contacted by two-way voice communication, either by two-way radio or by cellular telephone. For any orders, EMS units calling in will request the presence of an **MICN** or

physician at the radio. The emergency department staffs are required to identify themselves to the EMS unit calling. Patient care orders may only be issued directly by MICN, EMS, PA or physicians and they may not be relayed through a non-certified person. Based on a patient's condition, MICN or EMS PA may give voice direction consistent with protocols. For any deviation from written protocols, a physician must issue the orders, based upon information received from the ALS professional and consistent with the scope of practice of the individual and the ALS unit.

EMS personnel will not go beyond their scope of practice. Even if MICN gives orders beyond scope of practice, they are not allowed to perform this action.

Two-way communications are provided and assured by a radio repeater system.

Orientation and education regarding treatment protocols for those individuals providing online medical direction is done thru nurse liaisons from each receiving hospital and communication with Emergency Management.

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Section IV. Personnel

A. PERSONNEL CERTIFICATION AND STAFFING

All personnel operating within the Bertie County EMS system shall provide their employer or EMS squad a current copy of their certification and/or licenses to include all levels of patient care. No one shall be allowed to operate within the system without providing this necessary documentation.

Based upon this information each Captain or Chief of the EMS squads, nursing supervisors of emergency departments, and private companies within the system will submit a complete roster to the Bertie County Office of Emergency Management annually. The roster shall include the individual name; address, telephone number and level at which they are authorized to administer care.

Modifications to these rosters such as adding or dropping members and changing their authorized level of care shall be made with the Bertie County of Emergency Management as soon as possible.

Based upon these rosters, the Bertie County Office of Emergency Management shall verify the written report obtained from the North Carolina Office of Emergency Medical Services.

The squad captain and/or company president is required to submit to the Bertie County Emergency Management Office the squads slate of officers or governing body annually or when changes occur.

All Captains or Presidents of EMS providers shall have the responsibility of maintaining the staffing of their unit in accordance with G.S. 131E-158, certified personnel required. Every ambulance, when transporting a patient, shall be occupied at a minimum by the following:

- 1) At least one emergency medical technician who shall be responsible for the medical aspects of the mission prior to the arrival at the medical facility, assuming no other individual of higher certification or license is available.
- 2) One medical responder who is responsible for the operation of the vehicle and rendering assistance to the emergency medical Technician.

Based upon the General Statute G.S. 131E-158, all EMS squads shall not allow anyone without the proper levels of certification to staff, ride, or operate their units until they are properly certified.

EMS Squads may allow personnel who have completed Emergency Vehicle Operations Course or have 36 hours of emergency training, to serve as drivers for emergency vehicles.

B. System Orientation

All hospitals or other facilities that receive patients from any EMS or private providers in Bertie County, will receive a copy of the Bertie County Emergency Medical Services Plan. They will also be provided a yearly update or training on the plan. If any changes occur, they will receive notice immediately by the EMS/EM Coordinator.

C. EMERGENCY MEDICAL SERVICES VEHICLE OPERATIONS

The Bertie County Emergency Management Coordinator in cooperation with the Director of Fire and EMS from the community college will develop an adequate course and training consisting of the following:

1. Legal Issues
 - a. Driving and maneuvering techniques taught by a qualified instructor
 - b. Driving test with pass/fail grade taught by qualified instructor
 - c. A driving course set up by a qualified instructor.

2. Records Maintenance:

The Director of Fire and EMS Services shall keep training records in a database used for all EMS training at Martin and Roanoke-Chowan Community Colleges. Each respective EMS squad captain/president shall be responsible for ensuring that all members have completed the EMT or Medical Responder training and are credentialed by the State of North Carolina before driving the vehicle. A copy of the run sheet log shall be sent to the Bertie County Emergency Management Office monthly. All EMS provider vehicles shall be checked daily. The NCOEMS Ground Inspection Sheet will be used for this inspection.

3. Driving Policy

- a. Only NC State Certified EMT and/or Medical

Responders who have completed such training shall be allowed to operate an EMS vehicle. Drivers may be not required to be EMT or MR if NC Guidelines are met with at least two certified personnel are providing medical care.

- b. Member shall maintain a valid North Carolina driver license before operating an emergency vehicle.

4. Infection Control for Vehicles

- a. Immediately or as soon as possible after completion of procedures, contaminated work surfaces should be cleaned with a water/bleach mix 1:10 ratio.
- b. Contaminated laundry shall be placed and transported in color-coded bags.
- c. All sharps will be placed in proper containers
- d. Each ambulance will be decontaminated after each call.

5. Maintenance Requirements for Private Providers

- a. The EMS/EM Coordinator can perform periodic, unannounced inspections to ensure compliance with local equipment requirements and other vehicle-related requirements.

- b. Providers will perform weekly inspections to ensure compliance using check sheets. A copy will be forwarded monthly to the Bertie County EM Office.

D. NON-EMERGENCY TRANSPORT SERVICE VEHICLE OPERATIONS.

All non-emergency transport providers will adhere to the same standards as emergency transport providers in addition to the following:

- a. Non-emergency transport providers will not respond to or transport 911 emergency calls unless called by Bertie County Communications as mutual aid.

- b. Non-emergency transport providers will provide transport of medically necessity patients for Bertie County during an emergency incident if requested. There will not be a billing either to patient or county.
- c. Non-emergency transport providers shall provide Bertie County with a charge list for services provided.
- d. Any changes in personnel certification or vehicles must be provided to Bertie County within ten (10) working days of change.

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Section V. Education

A. Bertie County EMS Educational Plan

1. Rule **[.2601]**

- (a) Continuing Education is delivered throughout Bertie County at five EMS Squads. There are

at least thirty-six hours offered per year at all locations. Students can attend any or all of these classes. There are special classes offered throughout the year that are not listed on the yearly calendar.

(b) The minimum requirements for maintaining eligibility for recredentialing of EMS personnel for all levels are:

- Advanced level (EMT-I) must maintain thirty-six (36) Hours per year.
- Basic levels (MR, EMT) must maintain seventy-two (72) hours within a two-year period.
- All levels must have acquired one hundred forty four (144) hours, thirty days before their re-credentialing date.

(c) The educational needs required to maintain the minimum knowledge and skills associated with each scope of practice are:

- All levels are required to complete the scope practice evaluation yearly, which consists of Patient Assessment, Vital Signs, CPR (Health Care Provider, AHA), Splinting, Spinal Immobilization and Hemorrhage Control.
- All levels with a provider are also required yearly to attend classes and perform the skills for the following: Anaphylaxis and demonstrate administration of epinephrine 1:1,000 for anaphylactic shock, defibrillation and demonstrate skills for a full code, monitoring an unstable patient, when the defibrillation indicates no shock, a blind insertion airway device (BIAD) proper insertion and ventilation techniques yearly.

- Emergency Medical Technician – Intermediate in addition to all of the above are required yearly to attend the Pharmacology class and perform all IV access skills and dosages.
- (d) Changes in the EMS System practice pertaining to medical and educational changes are first viewed by the Medical Director, then if adopted, they are presented to the Quality Management Committee. They are then incorporated into the appropriate lesson plan and copies sent to each squad to be added to their protocols. Private EMS providers shall also provide records of continuing education to the Medical Director and/or his designee.
 - (e) Individual educational needs of each affiliated EMS professional will be assessed through the yearly skills assessment, basic and ALS. Records will be reviewed by the Quality Control Committee to monitor technician's compliance of education needs.
 - (f) For Emergency Medical Technician-Intermediate, they are required to perform their skills before the Medical Director or someone she/he has appointed to oversee their performance for a particular scope of practice. If an individual is determined to possess a weakness, that individual will be referred to Medical Director for evaluation and possible training. The Director will determine if individual is proficient to practice in the field.
 - (g) Individuals are offered an opportunity to present feedback regarding educational presentations through the Quality Management Committee and evaluation forms through the teaching institution. For all EMS training done by an

agency other than the teaching institution, an evaluation form is completed by each EMS personnel.

- (h) The clinical and field internship is not an option being used in our continuing education plan at this time.
- (i) The continuing education requirements for our system's medical director shall be provided by attending a minimum of eight hours through the following courses: Medical Director's Course, CME based on EMS related topics, ATLS, ACLS and Trauma Conference.
- (j) Professional development of system personnel will be provided by the community college systems through workshops, seminars, and training provided by outside resources such as BTLS and PHTLS.
- (k) The method of providing disciplinary action to all levels with a provider who does not comply with the educational requirements of the system will have a choice. They will be given ninety (90) days to reach compliance if within their current year of credentialing or be put on probation until they do reach compliance. Probation means unable to perform any EMS unit until approved by a Medical Director.
- (l) The evaluation of the continuing education plan by the EMS System will follow the goals of our EMS Association, Quality Management Committee, the critical success factors, and the outcome performance measurements set up by the community college system. These goals will be measured by percentage of protocol compliance.

2. Rule .3001

- A. Documentation is provided that the educational program for MR, EMT, and EMT-1 is reviewed and approved by the system's Medical Director. Each program is provided with a cover sheet for the Medical Director's signature for approval or denial.
- B. Other issues that the Bertie County EMS System would like to address is our plan to stay current on charges on medical practices, new technology, communication, and any new changes through the state. Our EMS Association, Quality Management Committee, and sub committee of the Quality Management Committee will have direct contact with all EMS squads at their meetings. Any material adopted by any of these organizations, first must get approval from the Medical Director and then approval from the other agencies.
- C. The tracking system used to verify the compliance of each EMS personnel in the continuing education program is hard copy with the capabilities of logging each EMS personnel training hours yearly throughout their four (4) years of credentialing. It also contains space to record any training they may have taken at another facility. This system is backed up with the availability of having access to each personnel's transcript of training taken through Martin Community College or Roanoke-Chowan Community College and a requirement of a copy of any other outside training.
 - 1. All hard copies are maintained in the office of the Director of Fire & EMS services at Martin or Roanoke-Chowan Community College. They are encased in one notebook available for review by the OEMS at any given time.
 - 2. Individuals who have taken training from other educational sources or systems are required to send a copy or transcript of the training to the Director of Fire & EMS Services to become a part of their training records.

