



# STANDARD OPERATING GUIDELINE

Number 102-01

## System Status One and Zero

EFFECTIVE DATE: 10/01/2006	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 1
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**PURPOSE:** The intent of this policy is to establish a policy for the notification and/or request for mutual aid during periods of high call volume.

**SCOPE:** This procedure applies to all Management Team Members of Lincoln County Emergency Medical Services.

**PROCEDURE:** In an effort to reduce radio traffic during periods of high call volume and assure ambulance coverage throughout the county, the following "STATUS" protocols shall be utilized:

**Status ONE:** This phrase will result in the On-duty Shift Supervisor requesting C-Med to page West Lincoln Rescue Squad and place them on stand-by at their department.

**Status ZERO:** This phrase will result in the On-duty Shift Supervisor requesting C-Med to page West Lincoln Rescue Squad and place them on stand-by at their department **and** request mutual-aid from Catawba, Mecklenburg, Cleveland and Gaston counties.

**The activation of the STATUS ONE and ZERO protocol shall be at the discretion of the on-duty supervisor and shall be based on the estimated availability and location of LCEMS units.**



# STANDARD OPERATING GUIDELINE

Number 102-02

## Shift Vacancies

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 1
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**PURPOSE:** The intent of this policy is to ensure proper staff coverage during absences of full-time staff and to guide management/supervisory staff in filling shift vacancies.

**SCOPE:** This procedure applies to all Lincoln County EMS (LCEMS) supervisors and management team members.

**PROCEDURE:** Each shift supervisor is responsible for ensuring 100% staff coverage on a daily basis.

When a shift vacancy occurs, the following procedure shall be followed:

- The supervisor shall reference individuals available in the scheduling software.
- The on-duty Shift Supervisor shall assign the available personnel based on recommendations in the scheduling software based on the employee with the least amount of hours noted.
- The on-duty Shift Supervisor shall assign the part time employee to the appropriate unit and page the employee regarding the assignment.
- If there are no available employees, the on-duty Shift Supervisor shall attempt to fill the vacancy by paging all part time employees.
- If there is no response from part time employees, the on-duty Shift Supervisor shall attempt to fill the vacancy by paging all full time employees.
- The on-duty Shift Supervisor shall appropriately document any employees showing available but refusing shift assignment in the scheduling software.

When a page is received, employees shall contact and speak with the on-duty Shift Supervisor within 30 minutes of receiving the page to confirm or decline the assignment.

In the event employees are unable to directly contact the on-duty Shift Supervisor, they shall contact CMED at 704-735-8202 and request the telecommunicator to have the on-duty Shift Supervisor contact them at an available number.

The on-duty Shift Supervisor shall confirm coverage at least one shift prior to the scheduled vacancy.



# STANDARD OPERATING GUIDELINE

Number 102-03

## Critical Incident Stress Management

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 2
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**PURPOSE:** The intent of this policy is to provide for the well-being of LCEMS personnel and other Lincoln County responders in the event of a critical incident.

**SCOPE:** This procedure applies to all Lincoln County EMS System personnel.

**POLICY:** The treatment and transportation of the critically ill and injured often expose personnel to mentally painful and highly stressful situations that cannot be resolved through normal stress coping mechanisms.

The physical and emotional well-being of personnel and constituents shall be recognized as a top priority. It shall further be recognized that critical incident stress, either cumulative or acute, may lead to unhealthy lifestyles and decreased job satisfaction. Because of the severity of critical incident stress, its recognition and provision for treatment shall be provided concerning all incidents in which a potential for critical stress occurs.

ALL CISD sessions shall be conducted by an appropriately trained and certified provider in Critical Incident Stress Debriefing.

CISD counselors are not intended to substitute for any professional medical, psychological, or legal advice that may be appropriate for personnel.

Participation in CISD or the use of EAP or additional counseling programs shall not adversely impact any employee's performance appraisal or request for transfer/promotion.

Examples of critical incidents include but are not limited to Mass Casualty Incidents; incidents with prolonged operational times, involving a child and/or involving the employee's family member(s); unsuccessful rescue attempts despite extensive efforts; abnormally violent events, death of a coworker, events attracting an unusual amount of media attention; and, any event which places the rescuer under an abnormal amount of stress.

**PROCEDURE:** Immediate supervisors shall consider the impact of critical incident stress situations on individuals and on the unit functioning. Personnel who have responded to a stressful event may request that a CISD session be scheduled contacting their immediate supervisor (Shift Supervisor, Rescue Squad Chief, etc.) and requesting a CISD session be scheduled.



# STANDARD OPERATING GUIDELINE

Number 102-03

## Critical Incident Stress Management

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 2 OF 2
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Supervisors receiving a request for CISD shall forward the request, in writing, to the Deputy Director prior to the end of their shift.

Upon receipt of a request for a CISD, the Deputy Director shall contact the regional response team and request a team for the debriefing.

Once a date, time, and location has been established for the debriefing, the Deputy Director shall notify all Supervisors and employees and request C-Med to make announcements to all emergency response personnel.

All Supervisors shall assure that all personnel under their command who were involved in the event are aware of the date, time and location of the debriefing session and impress upon them the importance of attendance.

Employees who feel the need for additional assistance or counseling may contact the **McLaughlin Young Employee Assistance Program at 800-633-3353**. This confidential program is contracted by Lincoln County and there is no cost for county employees and their families for the first two (2) visits.

The Director or designee may require an employee to seek assistance or counseling from a mental health specialist or an Employee Assistance Program counselor based on a reasonable belief that stress may be disrupting the employee's job performance.

# STANDARD OPERATING GUIDELINE

Number 102-04



## Hospital Based Transfers

EFFECTIVE DATE: 10/01/2006	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 1
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**PURPOSE:** The intent of this policy is to establish a policy for the notification and response for hospital based transfers.

**SCOPE:** This policy applies to all agencies and members of Lincoln County Emergency Medical Services (LCEMS) System

**POLICY:** In an effort to enhance patient care and expedite patient transfers, use of the following EMD's Codes shall be implemented:

- **33-A-1 Routine Transfer** – This will result in routine response to the facility and a routine response to the destination facility.
- **33-A-2 Emergency Transfer** – This will result in routine response to the facility and an emergency response (at the discretion of the paramedic and physician) to the destination facility.
- **33-C-4 CODE STEMI** – This will result in an emergency response to the facility and an emergency response to the destination facility.
- **33-C-6 CODE STROKE** – This will result in an emergency response to the facility and an emergency response to the destination facility.

**PROCEDURE:** Hospital Staff - Contact the Lincoln County Communications Center at **704-735-8202** and provide the following information:

- Type of transfer (Routine, Emergency, Code STEMI or Code STROKE)
- Location of patient (specific area, floor and/or room number)

### **CODE STEMI/CODE STROKE TRANSFERS STOP HERE**

- Any special equipment (oxygen, cardiac monitor, IV pump and/or ventilator)
- Patient's destination
- Receiving physician/clinic/staff



# STANDARD OPERATING GUIDELINE

Number 102-05

## System Response and Scene Time Standards

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 1
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**PURPOSE:** The intent of this policy is to establish a standard for responses and on-scene times for Lincoln County EMS apparatus.

**SCOPE:** This policy applies to all members of Lincoln County Emergency Medical Services (LCEMS).

**POLICY:** LCEMS shall strive to arrive on scene in less than 10 minutes of dispatch at least 90% of the time on all responses dispatched as HOT and in less than 15 minutes of dispatch at least 90% of the time on all responses dispatched as COLD.

LCEMS shall strive to transport all medical patients within 20 minutes of arrival and all trauma patients within 10 minutes of arrival.

LCEMS shall strive to complete calls and be available for service within 20 minutes of arrival at the receiving facility.

Any time standard that exceeds the goals set forth in this policy shall be appropriately documented and justified on the Electronic Patient Care Report (ePCR).

The Deputy Director shall be responsible for compiling, analyzing and utilizing monthly reports on system response and scene time standards to ensure compliance and development of improvement strategies.

**PROCEDURE:** When an apparatus is dispatched to a call, standby, or response, the following guidelines shall be utilized.

- The assigned unit shall acknowledge the dispatch of an assignment by VHF radio.
- The assigned apparatus shall check enroute by VHF radio and physically be enroute (wheels rolling) within 1 minute of dispatch.
- The unit shall notify the communications center via radio and advise them of any delay in returning to service.



# STANDARD OPERATING GUIDELINE

Number 102-06

## Incident Reporting

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 2
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**PURPOSE:** The intent of this policy is to ensure proper documentation of any incident, deviation of policy/procedure or a questionable event that may arise while on duty.

**SCOPE:** This procedure applies to all Lincoln County EMS (LCEMS) employees.

**PROCEDURE:** It shall be the responsibility of all LCEMS employees to report any deviation of policy, procedure or protocol. This shall include the reporting of questionable events, apparatus and equipment breakdowns, or confrontations involving other parties/agencies, including Lincoln County EMS.

All incidents for Lincoln County EMS employees shall be reported on a Special Report in emsCharts. Any actions taken on the incident shall be documented in the comments section of the Special Report. Typically, Special Reports shall not be attached to Electronic Patient Care Reports (ePCR's). The LCEMS Incident Report shall be utilized to document additional details regarding events not specifically addressed in the emsCharts Special Report.

## Lincoln County EMS Incident Report

(SOG 102-06)

Date:	Time:	OCA:
Employee Name:	Employee Signature:	



# STANDARD OPERATING GUIDELINE

Number 102-07

## Shift Activity Report

EFFECTIVE DATE: 02/01/2002	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 2
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**PURPOSE:** The intent of this policy is to ensure accurate reporting of information to the on-coming shift.

**SCOPE:** This procedure applies to all Management Team Members of Lincoln County Emergency Medical Services (LCEMS).

**PROCEDURE:** The Daily Supervisor's Log and the Crew Shift Briefing form shall be completed prior to the end of every shift by the off-going supervisor. The Daily Supervisor' Log shall be completed electronically in Brad Goodman Solutions software. The Crew Shift Briefing form shall be completed and posted for employees to review at the beginning of their shift.

The Daily Supervisor's Log and the Crew Shift Briefing shall include information pertaining to the operation of the shift, including but not limited to:

- Personnel assignments by time, zone and vehicle
- Personnel on leave of any type (sick, vacation, etc.)
- Personnel assignments for the following shift
- Staff openings requiring coverage
- Status and location of all vehicles
- Justification for overtime
- Mechanical and equipment that is reported inoperable or in need of repairs/service and the disposition of that equipment
- Unusual or unique incidents that occur during the shift.
- Any transfers that are on hold with a reason and time held
- Reminders of upcoming events
- Upcoming weather forecast for the next 7 days for uniform purposes
- Any other information deemed necessary to ensure adequate communications between shifts and administration



## Crew Shift Briefing

(SOG 102-07)

<b>Date:</b>	<b>Shift:</b>	<b>Completed By:</b>
<b>Operational Updates:</b>		
<b>Special Events:</b>		
<b>Unit Status:</b>		
<b>Road Closings:</b>		
<b>Administrative/Logistics Updates:</b>		
<b>Facility Diversions:</b>		
<b>Weather Forecast:</b>		
<b>Uniform:</b>		
<b>Other:</b>		



# STANDARD OPERATING GUIDELINE

Number 102-08

## Customer Complaints

(P)

EFFECTIVE DATE: 04/01/2007	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 3
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**PURPOSE:** The intent of this policy is to ensure the proper processing and resolution of a complaint by any person regarding the conduct of an employee in an effort to maintain the trust, confidence and integrity of the department and the individual employee.

**SCOPE:** This procedure applies to all Lincoln County EMS System personnel.

**POLICY:** Departments shall accept, investigate, and resolve complaints by any person(s) regarding the conduct of an employee. Complaints from anonymous sources shall only be accepted if the complaint contains sufficient factual information to warrant investigation.

Employees shall courteously and willingly receive any complaint regarding the conduct of an employee of the department, to include complaints made over the telephone, received by mail or by email. The on-duty Shift Supervisor, when immediately available, shall discuss the issue with the citizen and attempt to provide a resolution. If the citizen still desires to file a complaint, a LCEMS Complaint Form shall be completed. The citizen shall be requested to document, when possible in his or her own words, a detailed account of the incident and shall be given whatever assistance is needed to complete the form. All complaints shall be forwarded to the Deputy Director for review and assignment for investigation.

All investigations are confidential and the investigating officer shall only discuss the investigation with only those individuals that are involved in the investigation.

The investigating officer shall be responsible for thorough document the investigation including all interviews conducted, incident reports and/or supporting documentation. The results of the investigations and findings shall be forwarded to the Deputy Director of Emergency Medical Services (EMS) for determination of a disposition and then to the Director of EMS for approval. The Director of EMS shall make a final determination on the disposition. Any disciplinary action taken shall be reported to the Personnel Director in accordance with Lincoln County Policy.

## Lincoln County EMS Complaint Form (SOG 102-08)

## Contact Information

## Investigation Assignment

Name:	Date:	Time:	Case Number:
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## Investigation

Interviews Date and Time:

## Findings

Date and Time:

## Recommendations

Date and Time:

Investigating Officer Signature:

Date:

## Disposition

Date and Time:

**Unfounded.** Investigation indicates that the allegations are false.

**Not sustained.** Insufficient evidence to either prove or disprove the allegations.

**Sustained.** The allegations are supported by sufficient evidence to conclude they are true, and an appropriate departmental action was imposed.

**Exonerated.** Investigation indicates that the incident occurred, but was justified and /or complied with department policies and procedures, and was proper under the present circumstances.

**Transferred.** The allegations are of a civil or criminal nature and the case is transferred to the appropriate law enforcement agency for investigation **OR** the allegations are based upon actions of a member of another department and the case is transferred to the appropriate department head for investigation.

Closed By:

Signature:

# STANDARD OPERATING GUIDELINE

Number 102-09



## Reporting Loss or Theft of Departmental Equipment

EFFECTIVE DATE: 12/01/2007	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 2
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**PURPOSE:** The intent of this policy is to establish a procedure for reporting the loss or theft of departmental property.

**SCOPE:** This procedure applies to all Lincoln County EMS (LCEMS) employees.

**PROCEDURE:** Upon discovery of the loss or theft of departmental property, employees shall:

- Immediately notify their immediate supervisor, complete a Special Report in emsCharts, and complete and submit a "Report of Loss or Theft" form to the On-duty Shift Supervisor.
- If the total value of the loss/theft item(s) exceeds \$100, the item(s) include a department defibrillator/cardiac monitor, radio, uniforms or employee identification card or anytime theft is suspected, notify the appropriate law enforcement agency. Obtain and submit a copy of the law enforcement report to the On-duty Shift Supervisor.

Upon report of the loss or theft of departmental property, the On-Duty Shift Supervisor shall:

- Document the incident in the Supervisors' Daily Log
- Notify the Director or his/her designee if the lost or stolen equipment affects the operations or security of the Department (i.e. portable radios, narcotic keys or narcotics, County ID Card, etc.)
- Conduct an investigation of the incident based on the details provided in the "Report of Loss or Theft".
- Complete applicable sections of the "Report of Loss or Theft" and forward to the Director or his/her designee with his/her recommendations and determination of the employee's culpability in a timely fashion.
- Make appropriate notifications and follow up with appropriate party(ies) to assure ensure replacement of the lost or stolen property.

# Lincoln County EMS Loss/Theft Report

(SOG 102-09)

<b>Date and Time Discovered:</b>	<b>Date and Time Reported:</b>	<b>Reported To:</b>
<b>Police Report Filed:</b>  ( <input type="checkbox"/> ) <b>YES</b> If yes, date and time filed <hr/> ( <input type="checkbox"/> ) <b>NO</b>	<b>Officer's Name and Badge Number:</b>	<b>Report Number (Attach Original):</b>
<b>Area Where Loss or Theft Occurred (if known):</b>		
<b>Detailed Description of Loss or Theft:</b>		
<b>Description of Item(s)</b>		
1.		
2.		
3.		
4.		
<b>Name of Person Making Report (Print):</b>	<b>Signature:</b>	<b>Date:</b>
<b>Supervisors Findings, Determination and Recommendations:</b>		
     ( <input type="checkbox"/> ) No Disciplinary Action ( <input type="checkbox"/> ) Verbal Warning ( <input type="checkbox"/> ) Written Warning ( <input type="checkbox"/> ) Suspension _____ Days ( <input type="checkbox"/> ) Termination		
<b>Supervisor's Name (Print):</b>	<b>Signature:</b>	<b>Date:</b>
<b>Director's Endorsement:</b> ( <input type="checkbox"/> ) Concur with Supervisor's Recommendation  ( <input type="checkbox"/> ) Does not concur with Supervisor's Recommendation	<b>Action Directed:</b>	
	<b>Signature:</b>	<b>Date:</b>



# STANDARD OPERATING GUIDELINE

Number 102-10

## Use of POV for Official Business

EFFECTIVE DATE: 06/01/2013	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 3
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**PURPOSE:** The intent of this policy is to ensure prompt and accurate reporting of mileage and privately owned vehicle usage for the purposes of conducting departmental business.

**SCOPE:** This procedure applies to all Emergency Medical Services (LCEMS) employees.

**POLICY:** Privately Owned Vehicle (POV) is defined as any vehicle (such as an automobile or motorcycle) owned or operated by an employee that is not a county owned vehicle for use in connection with official department business. Employees may use POVs for official Department business when such use is advantageous to the Department and only after authorized by the Director, in compliance with the procedures in this policy. In most cases, use of a POV will only be authorized when a department vehicle is not available and when commercial transportation (e.g., bus, metro, common carrier) is not cost effective or efficient.

Employees are encouraged to review personal vehicle insurance limitations that may limit or restrict coverage or use of a POV for official department business purposes. Employees are responsible for properly safeguarding all personal and county owned belongings in their POV.

When approved to use a POV for official business, employees generally may not use the POV for activities that are outside the scope or specific travel routes and locations of the official department business to be conducted. Individuals who are not performing official business activities may not be transported as passengers in the POV. To reduce the risk of liability, only those persons who are on official department business may be permitted to ride as passengers in POV. Safety restraints shall be worn at all times by all occupants.

The use of cell phones or other devices to email, text message or browse the internet while driving a POV in performance of official department business is strictly prohibited. The use of cell phones for placing or receiving voice calls while driving a POV on official department business is prohibited. However, employees with POVs and/or cell phones that have built in hands-free capabilities may use this feature for only voice calls while driving. In all other cases, employees must pull over and stop driving to initiate or receive any mobile communications and voice calls.



# STANDARD OPERATING GUIDELINE

Number 102-10

## Use of POV for Official Business

EFFECTIVE DATE: 06/01/2013	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 2 OF 3
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Fines imposed on an employee for traffic offenses committed in a POV while conducting official department business is the responsibility of the employee. This includes parking violations.

Lincoln County will reimburse employees for properly authorized and allowable POV expenses incurred while performing official business in accordance with Federal law, rule or regulation. Employees must submit a monthly mileage reimbursement requests within 30 calendar days of incurring POV expenses.

### PROCEDURES: Department Approval

- Employees shall request in writing and receive prior approval from the Director for each use of their POV for official department business. Employees who fail to obtain prior approval risk denial of their request for reimbursement.
- To obtain approval for use of a POV for Local Travel, employees must complete a "Request to Use Privately-Owned Vehicle for Official Business" (Appendix B). The form must be completed and submitted to the Director for approval. The employee must retain a copy of the signed form for their records.
- A copy of the approved Request to Use Privately-Owned Vehicle for Official Business form must be submitted with each request for Local Travel mileage reimbursement. Requests for Local Travel mileage reimbursements will not be approved without a copy of the approved request form.

### When Use of a POV is prohibited

- It is within the Director's discretion to deny an employee's request to use a POV to conduct department business. In addition, an employee's request for use of a POV may be denied for previous violations of this policy.

### Reimbursement for Use of a POV

- Employees are reimbursed for use of their POV at a per mile rate determined and periodically updated by Lincoln County Board of Commissioners. A mileage rate represents the actual cost of transportation, and covers the cost of fuel and wear and tear to the vehicle.



# STANDARD OPERATING GUIDELINE

Number 102-10

## Use of POV for Official Business

EFFECTIVE DATE: 06/01/2013	REVISION DATE: 06/29/2015	APPROVED BY: RONALD D. ROMBS	PAGE: 3 OF 3
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- POV mileage reimbursement is computed by multiplying the actual distance traveled times the approved rate for the date(s) traveled.
- The following expenses are not reimbursable: parking tickets, traffic tickets, and charges for repairs, fuels, cleaning, insurance, depreciation, vehicle replacements, or towing.
- To obtain reimbursement for local travel mileage, employees must complete and sign a "Local Reimbursement Form".
- The Travel Voucher must be approved and signed by the employee's immediate supervisor. The supervisor must review and approve the reimbursement request to confirm, to the best of his/her knowledge, that the employee:
  - Actually traveled and performed official Department business on the dates attested;
  - Adjusted the reimbursement request to reflect normal commuting costs; and
  - Expenses claimed appear reasonable and substantiated.
- Employees must submit the supervisor-approved, Request for Use of Privately-Owned Vehicle form and receipts (if applicable) to the Director for reimbursement within thirty (30) calendar days of incurring POV expenses.
- The Department will reimburse employees for proper expenses after the employee submits a proper reimbursement request to the Director.
- Failure to receive prior approval, properly complete and turn-in a mileage report within the prescribed time frame or to provide accurate information and/or report false information shall result in disciplinary actions up to, and including termination.



# STANDARD OPERATING GUIDELINE

Number 102-11

## Patient Belongings

EFFECTIVE DATE: 09/01/2015	REVISION DATE:	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 2
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**PURPOSE:** The intent of this policy is to provide a consistent and objective means of accountability for patient belongings.

**SCOPE:** This procedure applies to all Lincoln County EMS (LCEMS) employees.

**PROCEDURE:** All patient belongings shall be transferred to the receiving medical provider at the time of service. Information regarding the transfer of patient belongings shall be documented in the ePCR.

In the event that patient belongings are not transferred at the time of service or are discovered to be in the possession of Lincoln County EMS, an immediate attempt shall be made by the crew to return the items to the patient. If belongings cannot be immediately returned, the crew shall complete a Lincoln County EMS Patient Belongings form. The completed form and the belongings shall be turned over to the on-duty Shift Supervisor.

The on-duty Shift Supervisor shall review the form and item(s) and issue a belonging ID number by utilizing the date and time the items are turned in (for example, 0901151130 would be the Belonging ID number for items that are turned in on 09/01/15 at 11:30 hours). The item(s) shall be labeled with the Belonging ID number and appropriately secured either in the Supervisor's Narcotic safe or the locked closet in the Supervisor's office. The location of the belongings and the Belongings ID Number shall be documented in the Supervisor's Daily Log in Brad Goodman Solutions.

The on-duty Shift Supervisor shall attempt to contact the patient and/or patient representative to make arrangements to return the belongings. If items are not able to be returned prior to the end of shift, the on-duty Shift Supervisor shall forward the information and the LCEMS Patient Belongings form to the on-coming Shift Supervisor. The Shift Supervisor shall attempt for 72 hours to ensure the item(s) are returned and shall document all contact attempts. In the event the item(s) are not returned within 72 hours of discovery, the LCEMS Patient Belongings form shall be forwarded to the Deputy Director and the item(s) shall remain in the secured location documented on the form. Upon return of item(s), the Shift Supervisor shall complete the form and forwarded it to the Deputy Director.

# Lincoln County EMS Patient Belongings Form (SOG 102-11)

## General Information

Date:	Time:	Belonging ID Number (6 digit date 4 digit time):
Item(s) Located:	Location Found:	Located By:

## Item Description

Item Type:	<input type="checkbox"/> Wallet	<input type="checkbox"/> Purse	<input type="checkbox"/> Medications	<input type="checkbox"/> Ring	<input type="checkbox"/> Watch	<input type="checkbox"/> Necklace
	<input type="checkbox"/> Shoes	<input type="checkbox"/> Clothing	<input type="checkbox"/> Dentures	<input type="checkbox"/> Glasses	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Other:

Item Description:						
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Wallets / Purses Only:	Cards present:	Currency Present:				
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Medications Only:	Enter each medication name and pill count in the space provided below:					
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The above listed items were counted & verified by 2 personnel:	Technician 1 (Print and Sign Name): _____ _____ _____	Technician 2 (Print and Sign Name): _____ _____ _____
--	--	--

## Security Information

Secured Item(s) Location:	Belonging ID Number Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO
Shift Supervisor (Print and Sign Name):	Date and Time Secured:

## Contact Attempts

Attempt Number	Date	Time	Disposition	Comments	Initials

## Disposition

By signing below, I attest that I have received the items listed on this form.				
Printed Name:	Signature:	Relationship:	Date:	Time:
Witness Name:	Witness Signature:	Identification Verified by Type:		

After the attempts listed above, the items listed on this form were not able to be returned to the rightful owner. These items were housed until \_\_\_\_\_ (date) and were disposed of in the following manner. (Document specifics of disposal)

Deputy Director Review (Print and Sign Name):	Date:	Time:
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