

	Queen Anne's County Fire & EMS Commission Operations Manual	No. 03.02
		Effective Date: June 7, 2012
	EMS Provider and Ambulance Operator Credentialing	Revised Date: November 7, 2019

I. SCOPE

- A. This applies to all Queen Anne's County Fire and EMS personnel.

II. PURPOSE

- A. The purpose of this document is to establish a standardized guideline for credentialing of QAC affiliated EMS Providers and Ambulance Operators.

III. RESPONSIBILITY

- A. This guideline is applicable to only those EMS providers who are cleared to provide primary aid; it does not apply to those providers who are an EMS Student or EMS Care Provider being precepted and operating with a primary care provider.
- B. All EMS providers providing pre-hospital care as a QAC affiliated provider.
- C. Those ambulance operators who will operate QAC affiliated ambulances.

IV. PROCEDURE

- A. Each Station will assign an Authorized Station Representative who will create a file for each credentialing request containing the documents listed in table 1.
- B. The Queen Anne's County DES EMS Chief may validate these files after coordination with the authorized station representative.

Table 1

DOCUMENT	EMS PROVIDER	DRIVER
MIEMSS Affiliation Form	X	N/A
Copy of MIEMSS EMS Certification Card	X	N/A
Haz-mat Operations* Meet OSHA Hazmat 29cfr 1910.120 (q)(6)(ii) Requirements Approved by FEC	X	X
NIMS 100, 200, 700	X	X
EVOR/EVOC or equivalent		X
Background Investigation Form	X	X
Completed Drug Testing	X	X
Completed Driving Record Review	N/A	X
Copy of Drivers' License	N/A	X
Completed Fingerprinting	X	X
N95 Mask Fit Test	X	X
Ambulance Operator Packet Completed	X	X

- C. The Authorized Station Representative will prepare a transmittal document containing confirmation information of completion of all credentialing requirements and submit via email the same to the DES EMS Chief. A copy of the transmittal document submitted to the DES EMS Chief will be placed in the station credentialing file maintained by the Authorized Station Representative.
- D. Background investigations, consisting of criminal history and social security assessments will be conducted by one of two methods, first being an FEC approved facility able to do drug and backgrounds or the QAC Sheriff's Department. (See Appendix A EMS credentialing program background investigation policy for additional information).
- E. Drug test results will be reviewed by Authorized Station Representative:
1. A confirmed positive drug test will result in denial of credentials.
 2. There will be no random drug or alcohol testing. Note: (See Appendix B EMS credentialing program drug testing policy for additional information).
- F. The QAC Sheriff's Department will conduct a driving background check of all operator requests. Drivers with five (5) or more points on their license will not be granted driver status.
- G. Ambulance operators will be placed on the Maryland Motor Vehicle Administration License Monitor Subscription Service (LMS). The MVA will send an annual driving record and then monitor the driver for the next year.

1. Points equaling 5 or more, revocation of license or convictions such as DUI/DWI will be reported to the Authorized Station Representative.
- H. The current facility or QAC Sherriff's Department will return a validation form indicating the status of the background investigation, driving record review and finger printing to the FEC Chair who shall send to the Authorized Station Representative.
1. The current facility or QAC Sherriff's Department will indicate whether or not issues are noted from the background investigation. Upon review of the current facility or the Sheriff's Department findings, the Authorized Station Representative will meet with the applicant to acquire additional information regarding the findings.
 2. Should the applicant elect to proceed with EMS credentialing, the background investigation findings will be reviewed with the applicant's departmental leadership. The departmental leadership will then determine if the applicant should move forward in the process and may submit a request to the QAC EMS Quality Assurance Committee to review and adjudicate the issue(s).
- I. All QAC EMS providers and ambulance operators will submit a completed application packet including all required documentation identified in table 1 with the exception for students see Appendix C for details.
- J. The credentialed member is responsible to make notification to QAC DES Quality Assurance Officer and the Authorized Station Representative within 48 hours if they are arrested, charged with a crime, indicted by a grand jury, convicted of or pleads guilty to traffic violations where licenses are suspended.
- K. The Assistant Chief of EMS will constantly maintain and update to share with the Medical Director and Quality Assurance group, a current credentialing list.
- L. The credentialing process will be strictly enforced. The Quality Assurance Officer will review and audit BLS ambulance responses. It is the responsibility of the Volunteer EMS leadership to ensure that all BLS ambulance responses and transports are staffed with credentialed personnel.
- M. All responding "Ambulance Operators" and "EMT's" must display a form of identification outwardly on their person as to their certification level. (i.e. "Ambulance Operator", "EMT-B", "EMT-P" etc...) This will include a shirt, jacket or vest. The level of credential status will be clearly visible.

APPENDIX A: EMS CREDENTIALING PROGRAM BACKGROUND INVESTIGATION POLICY.

- A. QAC Sherriff's Department or the current FEC approved facility to conduct the background investigations. The type of information that will be collected is limited to criminal records and verification of social security number.

- B. Background investigations are held in compliance with federal and state statutes. Queen Anne's County can make inquiries regarding criminal records during the precredentialing stage. However, as part of Title VII of the Civil Rights Act of 1964, this information cannot be used as a basis for denying credentialing, unless it is determined to be due to job-related issues or business necessity.
 1. Only convictions and probation status, if any, and not arrests, unless required by applicable laws, will be considered in the credentialing process.

 2. The following portions for the Background Investigation are:
 - a. Warrant Check (National Crime Information Center [NCIC])
 - b. State of Maryland, District Court Computer System
 - c. Queen Anne's County ICIS, Master Name Search
 - d. Criminal History Check (NCIC)
 - e. Criminal History Check (CJIS by Fingerprints)
 - 1) Set up Flagged system to notify QACOS if applicant is charged with a crime.

 - f. Criminal History Check (FBI by Fingerprints)
 - 1) Set up Flagged system to notify QACOS if applicant is charged with a crime (Out of State)

 - g. MVA Record
 - 1) Attach copy of Driver's License
 - 2) Attach copy of Driving Record

 3. The current facility or QAC Sherriff's Department or Official Maryland State Agency will return results from Section V paragraph B, 2 to the FEC chair. The FEC chair will issue this information to the Authorized Station Representative.

 4. The member will be given an opportunity to review the criminal background investigation results and submit an explanation. If any member is found to have falsified information, the member will not be considered for credentialing.

 5. Convictions or the following offenses will result in any applicant, being removed from consideration for credentialing:

- a. Conviction of any Felony.
 - b. Conviction of any Arson related crimes.
 - c. Conviction of any Sex Offense.
 - d. Conviction of any crime, which resulted in incarceration, within one (1) year of application.
 - e. Conviction of any crime, which resulted in incarceration for a period of greater than thirty (30) days, within a period of five (5) years.
 - f. Pending Criminal Litigation.
- C. The information obtained from the background investigation process will only be used as part of the credentialing process and will be kept confidential. Only appropriate representatives as determined in the Emergency Medical Services (EMS) Credentialing Program and legal counsel will have access to this information.

APPENDIX B: EMS CREDENTIALING PROGRAM DRUG TESTING POLICY.

A. Prohibited Substances

1. Illegally Used Controlled Substances or Drugs.
 - a. The use of any illegal drug (identified in Schedules I through V of Section 202 of the Controlled Substance Act 921 U.S.C. 812 and by 21 CFR 1300.11 - 1300.15) is prohibited at all times unless a legal prescription has been written for the substance. This includes, but is not limited to marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, propoxyphene, and benzodiazepines, as well as any drug not approved for medical use by the U.S. Drug Enforcement Administration or the U.S. Food and Drug Administration. Illegal use includes use of any illegal drug, misuse of legally prescribed drugs, and use of illegally obtained prescription drugs. Members will be tested for marijuana, cocaine, opiates, phencyclidine (PCP), amphetamines, barbiturates, propoxyphene, and benzodiazepines.
2. Legal Drugs
 - a. The appropriate use of legally prescribed drugs and non-prescription medications is not prohibited. However, the use of any substance which carries a warning label that indicates that mental functioning, motor skills, or judgment may be adversely affected should be reported to the member's supervisory leadership.
 - b. A legally prescribed drug means that the member has a prescription or other written approval from a health care provider for the use of a drug in the course of medical treatment. It must include the patient's name, the name of the substance, quantity/amount to be taken, and the period of authorization. The misuse or abuse of legal drugs while performing EMS duties is prohibited. Also the use of medical marijuana and hemp products which present levels of drugs or drug metabolites

above the Department of Transportation (DOT) minimum thresholds is considered a violation of this policy.

3. Alcohol and Drug Use

- a. No member shall use alcohol while on duty. No member shall use alcohol within eight hours of reporting for duty or during the hours that he/she is on call.
- b. Members are prohibited from reporting for duty or remaining on duty any time there is a prohibited substance in the body above the minimum thresholds defined in 49 CFR Part 40 as amended.

B. Testing

1. General Procedures

- a. Members shall be subject to drug testing prior to credentialing and shall be subject to alcohol and drug testing following an accident. An accident is defined as a collision while responding to, while at or while returning from a scene involving a vehicle when one or more of the following has occurred:
 - 1) One or more vehicles have to be towed from the scene.
 - 2) A driver receives a moving vehicle traffic citation.
 - 3) A person has to be transported from the scene for medical treatment.
 - 4) A person is fatally injured.
- b. Random drugs tests will not be conducted.
- c. Testing shall be conducted in a manner to assure a high degree of accuracy and reliability and using techniques, equipment, and laboratory facilities which have been approved by the U.S. Department of Health and Human Services (DHHS).
- d. Testing will be conducted consistent with the procedures set forth in 49 CFR Part 40 as amended. The procedures will be performed in a private, confidential manner and every effort will be made to protect the member, the integrity of the drug testing procedure, and the validity of the test result.
- e. Urine specimens will be collected using the split specimen collection method described in 49 CFR Part 40. Each specimen will be accompanied by the proper Chain of Custody and Control Form and identified using a unique identification number that attributes the specimen to the correct individual. An initial drug screen will be conducted on the primary urine specimen. For those specimens that are not negative, appear to be substitute, or adulterated, a confirmatory Gas Chromatography/Mass Spectrometry (GC/MS) test will be performed. The test will be considered positive if the amounts present are above the minimum thresholds established in 49 CFR Part 40, as amended. The test results from the

laboratory will be reported to a Medical Review Officer (MRO). The MRO will review the test results to ensure the scientific validity of the test and to determine whether there is a legitimate medical explanation for a confirmed positive test result, substitution or adulteration. The MRO will contact the member, notify the member of the positive, substitute, or adulterated laboratory result, and provide the member with an opportunity to explain the confirmed test result. The MRO will subsequently review the member's medical history/medical records to determine whether there is a legitimate medical explanation for a positive, substitute or an adulterated laboratory result. If no legitimate medical explanation is found, the test will be verified positive, substitute, or adulterated and reported to QAC Human Resources Department. If a legitimate explanation is found, the MRO will report the test result as negative.

- f. The split specimen will be stored at the initial laboratory until the analysis of the primary specimen is completed. If the primary specimen is negative, the split will be discarded. If the primary is positive, the split will be retained for testing if so requested by the member through the MRO.
- g. Tests for breath alcohol concentration will be conducted utilizing a National Highway Traffic Safety Administration (NHTSA)-approved testing device operated by a trained technician. If the initial test indicates an alcohol concentration of 0.02 or greater, a second test will be performed to confirm the results of the initial test. The confirmatory test will be performed using a NHTSA-approved evidential breath testing device (EBT) operated by a trained breath alcohol technician (BAT). The EBT will identify each test by a unique sequential identification number. This number, time, and unit identifier will be provided on each EBT printout. The EBT printout along with an approved alcohol testing form will be used to document the test, the subsequent results, and to attribute the test to the correct member. The test will be performed in a private, confidential manner as required by 49 CFR Part 40 as amended. The procedure will be followed as prescribed to protect the member and to maintain the integrity of the alcohol testing procedures and validity of the test results. An alcohol concentration of 0.02 or greater will be considered a positive alcohol test and in violation of this policy.

2. Member Requested Testing

- a. Any member who questions the results of a required drug test under this policy may request the split sample be tested. The test must be conducted at a different DHHS-certified laboratory. The test must be conducted on the split sample that was provided by the member at the same time as the original sample. The method of collecting, storing, and testing the split sample will be consistent with the procedures set forth in 49 CFR Part 40 as amended. The member's request for a split sample test must be made to the MRO within 72 hours of notice of the original sample verified test result. Requests after 72 hours will only be accepted if the delay was due to documentable facts that were beyond the control of the

member. The cost of testing of the split sample will be the responsibility of the member. However, if the split sample test comes back as negative FEC will reimburse the member.

3. Pre-Credentialing Testing

- a. Members shall undergo urine drug testing as part of the credentialing process and prior to being placed on the approved credential list. Failure of a pre-credentialing drug test will disqualify a member from the credentialing process for a period of 12 months. In addition, evidence of the absence of drug dependency from a Substance Abuse Professional and negative drug tests will be required prior to further consideration for credentialing. The cost for assessment and any subsequent treatment will be the sole responsibility of the member.

4. Post-Accident Testing

- a. Members will be required to undergo drug and alcohol testing if they are involved in a vehicle accident while responding to, while at or while returning from a scene that results in a fatality. This may include the surviving member that operated the vehicle and any other member whose performance could have contributed to the accident. In addition, a post-accident test will be conducted if an accident results in injuries requiring immediate transportation to a medical treatment facility or one or more vehicles incur disabling damage requiring towing. Also, postaccident testing will be conducted if a driver receives a moving vehicle traffic citation.
- b. Following an accident, the member(s) will be tested as soon as possible, but not to exceed eight hours for alcohol testing and 32 hours for drug testing. An attempt will be made to complete post-accident alcohol testing within two hours. If unable to complete the test the reason why the test was not completed within the two hours will be documented. If unable to collect within eight hours attempts to collect the sample will cease and be documented accordingly. Any member involved in an accident must refrain from alcohol use for eight hours following the accident or until he/she undergoes a post-accident alcohol test. Any member who leaves the scene of the accident without justifiable explanation prior to the submission of drug and alcohol testing will be considered to have refused the test and will be in violation of this policy. If unable to perform a drug and alcohol test (i.e., member is unconscious, member is detained by law enforcement agency), the drug and alcohol post-accident test results administered by State and local law enforcement officials may be used. The State and local law enforcement officials must have independent authority for the test and results must be obtained in conformance with State and local law. The member must be transported by another member to the collection site and will not be permitted to operate any EMS vehicle or perform any safety sensitive functions until negative test results are received.

- c. Nothing in this section shall be construed to require the delay of necessary medical attention for the injured member following an accident or to prohibit a member from leaving the scene of an accident to obtain assistance in responding to the accident or to obtain necessary emergency medical care.

APPENDIX C: STUDENT REQUIREMENTS.

- A. All students will request affiliation through MIEMSS ELicensure website. Upon completion of class the student must complete the credentialing process.
- B. Once the credentialing packet is completed, the packet must be submitted to the station representative and forwarded to the Assistant Chief of EMS for approval. After the packet has been reviewed, the Assistant Chief of EMS will send correspondence to the station representative stating the approval or denial for credentialing. (based on whether or not the standard has been met for the process.)

William H. Faust, Chairman
Queen Anne's County Fire & EMS Commission