

Washington Township Fire Department Standard Operating Procedure

Division 200: Emergency Operations
Section 202: Emergency Medical Services (EMS)
Subject 202.01: EMS Operations - General
Supersedes: Directive 202.01 dated 5/31/05



Approved By:

Date: December 1, 2005

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PURPOSE:

To provide an emergency medical service (EMS) operational guideline, in general terms, for the use of apparatus, equipment, and personnel.

RESPONSIBILITY:

Members will deploy and EMS forces will be utilized in a manner that provides the most effective and efficient outcome to intervene in, mitigate conditions, and bring to logical conclusion those circumstances that cause an emergency summons for assistance when illness or injury occur in the community. Further, that all members shall become familiar with and use the provisions of this policy, and refresh themselves as necessary to maintain their effectiveness.

PROCEDURES:

Emergency Services

EMS will respond to, treat, and potentially transport/remove patients stricken by or suffering from various illnesses or injuries. An EMS medic unit shall not remove persons unless or until an emergency exists. The EMS Squad Leader is empowered to determine when an emergency exists using training, experience, protocol, and/or medical control input. Only an EMS Squad Leader or fire department officer is empowered to cancel or otherwise abort a response to a reported emergency.

Response

EMS medic units will be dispatched to incidents in accordance with Standards of Response policies. Should an EMS medic unit be in service, but out of quarters, a Fire Alarm Operator (FAO) may dispatch them to another emergency. The dispatching of a particular EMS medic unit will be determined by which unit can provide the greatest level of service relative to their physical location, response time, weather conditions, traffic conditions, time of day, etc.

EMS medic units have specific assignments and duties when deployed to or used at incidents that may be classified as something other than EMS (fire, hazardous material incidents, etc.). Those policies relating to those General Subjects shall be referenced and used during EMS operations.

Priority During Response

When responding to an EMS scene, EMS medic units will have priority over other responding apparatus. Conversely, EMS medic units will give way to other apparatus when responding to fire incidents.

“First In” Equipment

When deploying for treatment services, members shall consider the appropriate equipment to be used for the nature of the emergency. First Aid Kit’s and Oxygen dispensing capabilities shall be

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considered on all emergencies. During reports of injuries, fractures, lacerations, burns, and assaults, in addition to the above, an Airway/IV Kit shall also be considered. During reports of any person down, unconsciousness, cardiac, breathing, neurological event, diabetic, medication (prescribed, over the counter or illicit), attempted suicide, poisoning, electrocution, or unknown problem, in addition to the above, a Cardiac Monitor and Drug Kit shall also be considered. The use of the Pediatric Kit shall also be considered on any of the above types of events when the patient is of the age and/or size to indicate such usage.

Conduct & Verbal Reports

During patient contact, members will extend the utmost courtesy and politeness, in a professional manner, to each person they may encounter or treat. Members shall only render the service and treatment they have been trained or certified to perform. As soon as practical after establishing patient contact, a report via radio to the Fire Alarms Operator will be made. Such report shall further define the situation or patient status and shall include the use of “stable” or “unstable”.

Telephone and/or radio contact shall be established with Medical Control as stipulated by a particular hospital or, as indicated and/or required by the Region 2 Standing Orders/Protocol for Paramedics, EMT-Basic’s, and First Responders as provided by the Greater Miami Valley Emergency Medical Services Council.

When either criminal or potentially criminal activity, such as abuse, assault, etc., is observed, it shall be reported. Such report will be in written form through the chain of command, or appropriate social or law enforcement agency as circumstances or conditions warrant. At established crime scenes, necessary direction and instruction should be obtained from law enforcement officials.

Written Reports

The EMS duty crew for each patient shall complete an EMS report of patient care/treatment. Such report shall be on a form furnished by the department for such purpose. The EMS report of patient care/treatment shall document factual information and contain the elements of treatment and documentation as stated in the Region 2 Standing Orders/Protocol for Paramedics, EMT-Basic’s, and First Responders as provided by the Greater Miami Valley Emergency Medical Services Council. A copy of the patient care/treatment report shall be given over to the hospital receiving the patient.

Should ill or injured persons refuse treatment that is indicated by either training or protocol, a Patient Release Form (#30A) shall be completed and a copy returned to the patient. (When two part forms are not available, simply complete the form in duplicate to furnish the patient copy.) The patient is to be competent to sign the Patient Release Form. Care shall be exercised to assure that a legal guardian has signed a Patient Release Form for a child less than eighteen years of age or a child that is not emancipated. Refusal to complete a Patient Release Form shall be noted thereon with an explanation of circumstances. Unknown witnesses to the Patient Release Form shall be identified thereon by recording their address and telephone number.

The highest level of privacy and confidentiality shall be maintained in regards to patient care, records, and reports. Only those members attendant to the treatment of a patient are to discuss and report their findings as necessary to provide such treatment or care. Any requests for patient records or reports shall be routed through the chain of command.

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Patient Property

Patient property collected or otherwise entrusted to the members of the EMS duty crew shall be kept safe and given over to hospital personnel when the patient is released to their care. The transaction of releasing such property shall be written into the patient record on the EMS report form, and include a listing of the property and the persons name receiving same.

Removal Information

The EMS Squad Leader will make seating assignments as needed to provide proper patient care.

A maximum of one passenger may be transported in the EMS medic unit when a patient is removed. The passenger will ride in the front seat of the EMS medic unit during transportation. Should the EMS Squad Leader determine that it would benefit the patient, and not interfere with the treatment of the patient, the passenger may ride in the patient compartment of the EMS medic unit.

Patient removals shall be made to the closest hospital equipped to give the patient the best care, and in accordance with the Ohio Revised Code. Patient removals will not be made to a clinic or physician's office. When a removal is completed on an emergency basis, this shall be communicated to the Fire Alarm Operator (FAO) when communicating the removal to which hospital. The removal is already presumed to be on a non-emergency basis if not otherwise communicated to the FAO. When a multiple (two or more) patient removal is completed, this shall be communicated to the FAO when communicating the removal to which hospital. The removal is already presumed to be one patient if not otherwise communicated to the FAO.

Based upon medical control, protocol, and re-routing procedures (as promulgated by the Greater Dayton Area Hospital Association), patient removals may be made to any of the following area hospitals:

Children's Medical Center	Miami Valley Hospital
Dayton Heart Hospital	Southview Hospital
Good Samaritan Hospital	Sycamore Medical Center
Grandview Hospital	Veteran's Administration Facility
Kettering Medical Center	74 th Medical Center – Wright Patterson Air Force Base

Mass/Multiple Casualties

In the event of a major emergency/mass-multiple casualty incident involving, or potentially involving, five or more persons, a report will be announced via radio. This report will provide a brief, clear summary of what conditions and circumstances exist or are observed. Should the EMS medic unit be the first arriving on the scene, those members shall institute incident command procedures and provide initial triage.

Medic Unit Care, Inspection, Supplies

At the completion of an incident or use, the duty crew or user(s) will inspect the EMS medic unit to assure, in terms of cleanliness, equipment, and supplies, its serviceability for subsequent use. It is

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especially imperative that policies relative to Infection Control and restocking EMS Supplies be completed correctly. Required post-run reports and forms shall be completed correctly.

References

Brady – Pearson/Prentice Hall;

Emergency Care, 10th edition, by Daniel Limmer, Michael O’Keefe

Essentials of Paramedic Care, 1st edition, by Bryan Bledsoe, Richard Cherry, Robert Porter

Greater Dayton Area Hospital Association

Patient Rerouting Procedures

Greater Miami Valley Emergency Medical Services Council, Inc.

Adult Treatment Standing Orders/Protocol – Paramedic

Adult Treatment Standing Orders/Protocol – EMT-Basic

Pediatric Treatment Standing Orders/Protocol – Paramedic

Pediatric Treatment Standing Orders/Protocol – EMT-Basic

Ohio Revised Code – State of Ohio

3727.08.1/.081 Designation of Level II Pediatric Trauma Centers

3727.09 Trauma care protocols; trauma patient transfer agreements

3727.10 Prohibitions concerning trauma care

3727.10.2/.102 Notice of changes in trauma center status

4765.01 Definitions (relative to EMS)

4765.11 Rule making authority

4765.40 State and regional triage protocols for trauma victims

Ohio Administrative Code – Emergency Medical Services (State Board of Emergency Medical Services; Department of Public Safety; State of Ohio)

4765-14-01 Definitions

4765-14-02 Determination of a Trauma Victim

4765-14-03 Enforcement of State or Regional Trauma Triage Protocols

4765-14-05 Exceptions to Mandatory Transport