

Washington Township Fire Department Standard Operating Procedure

Division 200: Emergency Operations
Section 203: Fire Suppression
Subject 203.05: Suppression Operations - EMS Incidents
Supersedes: S.O.G. B1-9 (7/13/92)



Approved By:

Date: May 31, 2005

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PURPOSE:

To provide a suppression force operational guideline, in general terms, for the use of apparatus, equipment, and personnel while operating at EMS incidents.

RESPONSIBILITY:

Members will deploy and 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 and conditions that exist at an EMS incident scene. Further, all members shall become familiar with and use the provisions of this policy, and refresh themselves as necessary to maintain their effectiveness.

PROCEDURES:

General

Suppression force operations, at an EMS incident, principally involve supporting those function and operations necessary to complete the EMS work. These operations may include, but are not limited to, establishing fire control, mitigating fire hazards and ignition sources, operating tools or equipment, assisting with triage, treatment, or transportation. Only those members trained or certified to perform certain functions or operations shall perform those functions or operations.

Fire apparatus shall be placed at EMS incident scenes to maximize patient care, provide member safety, and promote the most effective and efficient operations. When responding to EMS incidents, fire apparatus shall give way or priority in response to EMS medic units. Fire apparatus shall be placed in a manner at an EMS incident so as to facilitate the arrival and departure of any EMS medic unit on the scene, or summoned later. When fire apparatus is placed at an EMS incident that is occurring upon a paved surface intended to pass motor vehicle traffic, generally, the fire apparatus is stopped short of the patient(s)/scene.

Before the arrival of an EMS medic unit, members of the suppression forces will perform in a first responder mode. Members shall provide patient treatment to the fullest extent of their certification. After arrival of the EMS medic unit, suppression force members will transfer patient care to EMS medic unit members, and continue to perform in an assistance mode to promote and integrate their activities with those of the EMS medic unit. Assistance may include, but is not limited to:

- Providing patient care and treatment
- Directly assist with the administering of treatment
- Patient packaging
- Carrying equipment
- Movement of the EMS medic unit to improve efficiency or effectiveness

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“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 considered on all emergencies, and an Automatic External Defibrillator on incidents dispatched to indicate its use/presence may be warranted.

Other equipment, such as Airway/IV Kit, Cardiac Monitor, and Drug Kit, may be obtained from other sources at an EMS scene and deployed when needed to treat injuries, fractures, lacerations, burns, assaults, unconsciousness, cardiac, breathing, neurological event, diabetic, medication (prescribed, over the counter, or illicit), attempted suicide, poisoning, electrocution, or unknown problems. The use of a 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.

Motor Vehicle Crashes; Extrications

Fire apparatus shall be placed so as to facilitate the arrival and departure of any EMS medic unit on the scene, or summoned later. When fire apparatus is placed at an EMS incident that is occurring upon a paved surface intended to pass motor vehicle traffic, generally, the fire apparatus shall be no closer than 100 feet, unless otherwise directed by an on scene fire supervisor.

Rescue specific apparatus shall be placed as indicated by the on scene fire supervisor, or absent that instruction, placed in a location that maximizes their potential use of any on board tools or equipment. Apparatus shall be placed so as to facilitate the arrival and departure of any EMS medic unit on the scene, or summoned later.

Members responding to and arriving at such incident scenes shall have their entire structural protective clothing ensemble in place. At least two members shall also have self-contained breathing apparatus donned and ready for use. Fire apparatus members shall immediately deploy an attack hose line (sized according to hazard; nothing less than 1 ¾”) and a dry chemical extinguisher, appropriate for the hazards.

Conduct & Reports

Members shall comply with EMS operational policies. During patient contact, members will extend the utmost courtesy and politeness, in a professional manner, to each person they may encounter or treat.

As soon as practical after establishing patient contact, and presuming the EMS medic unit has not arrived on scene, a report via radio to the Fire Alarm Operator will be made. Such report shall further define the situation or patient status and shall include the use of “stable” or “unstable”. Written reports for each incident shall be completed the same as required in Suppression Operations-General, “Incident Reports & Investigations” policies.

References:

International Fire Service Training Association (IFSTA)
Essentials of Firefighting, 4th edition