

Washington Township Fire Department Standard Operating Procedure

Division 200: Emergency Operations
Section 202: Emergency Medical Services (EMS)
Subject 202.01: EMS Operations - General
Supersedes: Procedure 202.01 dated 12/1/05



Approved By:

A handwritten signature in black ink, appearing to be "John J. [unclear]", is written over the "Approved By:" label.

Date: April 22, 2010 Date Last Reviewed:

Page: 1 of 5

PURPOSE:

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

RESPONSIBILITY:

Members who deploy and use EMS forces to provide the most effective and efficient outcome to intervene in, mitigate conditions, and bring to conclusion those circumstances that cause an emergency summons for assistance when illness or injury occur in the community must perform their duties according to the processes contained in this procedure. Further, that all members become familiar with and use the provisions of this policy, and refresh themselves as necessary to maintain their effectiveness.

PROCEDURES:

Emergency Services

EMS staff respond to, treat, and potentially transport/remove patients stricken by or suffering from various illnesses or injuries. An EMS Medic Unit will not remove persons unless or until an emergency exists. The EMS Squad Leader determines when an emergency exists based on training, experience, protocol, and/or medical control input. Only an EMS Squad Leader or Department officer can cancel or otherwise abort a response to a reported emergency.

Response

EMS Medic Units are dispatched to incidents in accordance with Procedure 602.01. If an EMS Medic Unit is in service, but out of quarters, a Fire Alarm Operator (FAO) may dispatch it to another emergency. The dispatching of a particular EMS medic unit is determined by which unit can provide the greatest level of service relative to its physical location, response time, weather conditions, traffic conditions, time of day, etc.

When responding to incidents involving threats or potential violence, Medic Units will remain at a safe location until law enforcement secures the scene. These types of incidents include, but are not limited to, shootings, stabbings, assaults, overdose or suicide. During these incidents, members must document that a search for weapons was conducted pursuant to procedure 202.08, *Firearms Handling Guidelines During EMS Incidents*. At established crime scenes, obtain necessary direction and instruction from law enforcement officials.

Mass/Multiple Casualties

When presented with more than one patient, a report will be announced via radio. 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

Subject 202.01: EMS Operations - General

Date: April 22, 2010

Page: 2 of 5

conditions and circumstances exist or are observed. If the EMS Medic Unit is the first arriving on the scene, its members will institute incident command procedures, provide initial triage, and request additional resources.

EMS Medic Units have specific assignments, processes, and duties when deployed to or used at incidents that may be classified as something other than EMS (fire, hazardous material incidents, etc.) Use these procedures relating to General Subjects during EMS operations.

Priority During Response

When responding to an EMS scene, EMS Medic Units have priority over other responding apparatus. Conversely, EMS Medic Units give way to other apparatus when responding to fire incidents.

"First In" Equipment

When deploying for treatment services, members must consider the appropriate equipment to be used for the nature of the emergency.

Minimum First In Equipment

Nature of Emergency	Equipment/Supplies
All emergencies	First In Bag Oxygen
Assaults, burns, fractures, injuries, lacerations	First In Bag Oxygen/Airway Kit IV Kit
Attempted suicide, breathing, cardiac, diabetic, electrocution, medication/drugs, neurological, person down, poisoning, unconscious, unknown	First In Bag Oxygen/Airway Kit IV Kit Drug Bag Cardiac monitor
Falls, motor vehicle crash	First In Bag Oxygen/Airway Kit IV Kit Spinal immobilization devices
Pediatric patient	Appropriate equipment given Nature of Emergency, plus Pediatric Bag

Conduct

During patient contact, extend the utmost professional courtesy, politeness, and compassion to each person encountered or treated. Only render the service and treatment you have been trained or certified to perform.

Reports

Members treating patients must report patient condition, via radio, to the FAO when the patient condition is "unstable."

Subject 202.01: EMS Operations - General

Date: April 22, 2010

Page: 3 of 5

Establish radio and/or telephone contact 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-Intermediates and Basics, and First Responders as provided by the Greater Miami Valley Emergency Medical Services Council (GMVEMS).

For each patient complete a Patient Care Report¹ (PCR) that details and explains patient care/treatment. The PCR must document factual information and contain the elements of treatment and documentation as stated in the Region 2 Standing Orders/Protocol for Paramedics, EMT-Intermediates and Basics, and First Responders as provided by the Greater Miami Valley Emergency Medical Services Council. Give a copy of the PCR to the hospital personnel receiving the patient and leave a copy for the EMS Coordinator.

Records, reports and patient care must receive the highest level of privacy and confidentially entrusted to the Department and its members, and as required by law. Only members attendant to the treatment of a patient are to discuss and report their findings as necessary to provide such treatment or care. Requests for patient records or reports must be routed through the chain of command.

When a person refuses treatment, complete an *EMS Liability Release* (Form #30A) and provide the patient a copy². Refusal by the patient, guardian or power of attorney (POA) person to complete an *EMS Liability Release* must be noted with an explanation. The patient must be competent to sign the *EMS Liability Release*. Exercise care to assure that a legal guardian or POA person signs the *EMS Liability Release* for a child less than eighteen years of age or a child that is not emancipated. Enter witness contact information on the *EMS Liability Release* as requested.

If you observe or suspect neglect or abuse of a patient, you must report that fact in writing. The completed report is immediately faxed to Adult Protective Agency or Family Children's Services depending on the age of the patient³. Give a copy of this report, along with a narrative, to the appropriate law enforcement agency as soon as practical following the incident.

You must report criminal or potentially criminal activity to the appropriate law enforcement agency. If this report is written, forward it through the chain of command. If this report is verbal, forward a written summation through the chain of command.

Patient Property

Keep patient property collected or otherwise entrusted to the members of the EMS duty crew safe and turn it over to hospital personnel when the patient is released to their care. The transaction of releasing such property must be written into the patient record on the PCR, and include a listing of the property and the hospital person receiving it.

¹ The PCR form is furnished by the Department.

² When two part forms are not available, simply complete the form in duplicate to furnish the patient copy.

³ Hospital personnel do NOT assume the responsibility for sending report forms. These forms can be completed and sent by EMS or engine crew members.

Subject 202.01: EMS Operations - General

Date: April 22, 2010

Page: 4 of 5

Transportation Information

The EMS Squad Leader assigns seating 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 rides 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 patient's treatment, the passenger may ride in the patient compartment of the EMS medic unit.

Remove patients to the most appropriate hospital equipped to give them the best care, and in accordance with the Ohio Revised Code and Region 2 GMVEMS Adult and Pediatric Standing Orders. Following these three considerations, also consider the patient's request. Patient removals will not be made to a clinic or physician's office. When communicating with the FAO about the removal to a hospital, indicate if the removal is on an emergency basis.⁴ Also, communicate to the FAO when two or more patients are transported to the hospital.

When necessary to transport patients to a particular hospital due to re-routing procedures, follow Procedure 202.10, *EMS Operations – Hospital Re-routing*, and the Greater Dayton Area Hospital Association's *Patient Rerouting Procedures*.

Concluding Activities

Inspect the EMS Medic Unit at the completion of an incident or use. Assure, in terms of cleanliness, equipment, and supplies, its serviceability for subsequent use. It is especially imperative that you carry out the procedures relative to infection control (see Procedure 302.01 – *Infection Control*) and restocking EMS supplies (see Procedure 202.07 – *Replacement of EMS Supplies and Equipment*.) Required post-run reports and forms must be completed correctly.

References

Brady – Pearson/Prentice Hall;

Emergency Care, 11th edition, by Daniel Limmer, Michael O'Keefe

Essentials of Paramedic Care, 2nd 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-Intermediate and Basic

Pediatric Treatment Standing Orders/Protocol – Paramedic

Pediatric Treatment Standing Orders/Protocol – EMT-Intermediate and Basic

Ohio Revised Code – State of Ohio

2151.421 *Reporting child abuse or neglect*

3727.08.1/.081 *Designation of Level II Pediatric Trauma Centers*

⁴ The removal is presumed to be a non-emergency unless otherwise communicated to the FAO.
202.01 EMS Ops-General

Subject 202.01: EMS Operations - General

Date: April 22, 2010

Page: 5 of 5

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

Washington Township Fire Department

Form – *Patient Care Report*

Form 30A – *EMS Liability Release*

Procedure 202.07 – *Replacement of EMS Supplies & Equipment Procedures*

Procedure 202.08 - *Firearms Handling Guidelines During EMS Incidents*

Procedure 202.10 - *EMS Operations – Hospital Re-routing*

Procedure 302.01 – *Infection Control*

Procedure 602.01 – *Response Listing*