

<b>HALIFAX FIRE DEPARTMENT R&amp;R ARTICLE 22</b>	<b>AMBULANCE OPERATIONS PROTOCOL</b>
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## **POLICY**

**All policy and procedure shall be consistent with 105 CMR 170.00 and the Departments Administrative Guidelines.**

### **TRANSPORTATION AND DELIVERY TO HEALTH CARE FACILITIES**

The policy of this ambulance service is to transport patients to the closest medical facility that can provide appropriate treatment for the particular injury or illness, and for that reason, the only hospitals that we will regularly transport patients to be Jordan Hospital, Brockton Hospital, Goddard Hospital, and South Shore Hospital. EMT's on the scene will make the final determination regarding which hospital is utilized, and they may make the determination to transport to another medical facility if they feel that medical circumstances warrant.

The responding ambulance shall take the most direct and efficient route known at the time of the emergency to the scene, during patient transport, and returning to quarters.

All patients, including sit-up patients, shall be secured to the stretcher with the appropriate straps. Relatives or friends of patients riding in either the patient compartment or the operator's compartment shall be required by attendants to wear seat belts.

The ambulance shall be fueled as necessary upon returning to quarters, and shall be cleaned after each run.

Department policy dictates that once a medical emergency response has been initiated, the response will be completed until an EMT has arrived on the scene, even if a follow-up call indicates the problem is resolved. The only exception is when a report indicates that all vehicles have left the scene of a motor vehicle accident.

### **MCI**

The Mass Casualty Incident Operating Procedure developed by the Plymouth County MCI Committee and dated January 20, 1988 is hereby referenced and made a part of this protocol, and shall be considered the Standard Operating Procedure for multiple victim incidents for this service.

### **COMPLIANCE WITH STATEWIDE PROTOCOLS**

The Commonwealth of Massachusetts Statewide Protocols is hereby referenced and made as part of this protocol, and shall be considered the minimum standard of care for this service.

### **ORIENTATION OF EMT'S**

Full-time employees hired by this Department shall undergo an orientation. This orientation shall consist of week day training as an additional member and not counted as part of the suppression force. The member shall during this two week period work directly under the senior firefighter or

Captain and receive training in all facets of the Department including fire and EMS related duties. Members shall review and understand all Department Administrative rules, policy and procedure, standard operating guidelines and OEMS Statewide Protocols. Only when the EMS Director signs off on the member shall he be able to function on his own as a Department EMT.

Paramedics shall be assigned to the Brockton Hospital Emergency Department and perform a minimum of 4 hours or however long the Medical Control Physician deems necessary to have skills and knowledge evaluated before being allowed to practice at the Paramedic level in this Department.

Part-time employees shall perform ride time with a senior EMT-P or EMT until such time as there are considered operational by the EMS Director.

### **NON-DISCRIMINATION**

This ambulance service shall not refuse, in the case of a critical or unknown type illness or injury, to dispatch an ambulance, provide life support at the scene, or transport the patient to an emergency medical facility due to the inability of the patient to provide payment for the services.

This ambulance service shall not refuse, in the case of a critical or unknown type illness or injury, to dispatch an ambulance, provide life support at the scene, or to transport the patient to an emergency medical facility on the basis of race, color, religion, national origin, age or sex.

### **CERTIFICATION/RECERTIFICATION OF ATTENDANTS**

All ambulance operators or attendants shall hold a current EMT or higher card, a current CPR Card, and a current Massachusetts driver license.

All operators or attendants are responsible for recertification of his/her EMT and CPR cards, and Mass. drivers' license prior to their expiration dates. First responders are responsible for recertification of First Responders cards, CPR cards, and Massachusetts driver's license.

Emergency Medical Technicians and First Responders are responsible to make their updated EMT, First Responder, CPR, and Mass. drivers licenses available to the Fire Chief or EMS Director for updating the Department medical file annually on or about the month of March.

The Fire Chief or his designee shall maintain a medical file containing copies of Emergency Medical Technician cards, First Responder cards, CPR cards, and driver's licenses for all members of the service.

All operators or attendants shall carry his/her EMT card, First Responder card, CPR card, and Mass. drivers license on their person whenever in the employ of this service.

The Chief or his designee shall conduct periodic checks on the OEMS web site to ensure proper certification.

### **STAFFING & CONDUCT**

The Department shall staff one ambulance fulltime with 2 EMT's or 1 EMT and 1 EMT-P on each shift. There will never be less than 2 EMT's in an ambulance while transporting.

A certified First Responder may drive an ambulance to an emergency or act as a third member of the team in an ambulance while transporting a patient, but there shall always be two EMT's while transporting a patient. This procedure is in compliance with Department of Public Health CMR 105 CMR 170.221A and 105 CMR 170.870A.

The EMT with the highest level of training will accompany the patient at all times.

Paramedics shall be regarded as highest level EMT.

All operators or attendants shall be well groomed and appropriately attired when on duty, and shall conduct themselves in a professional and respectful manner at all times. EMT's shall be in conformance with the Departments Administrative Guidelines for conduct including, but not limited to R&R Article 8 Uniform Policy.

### **DISPATCH**

The dispatcher shall, upon receiving a call for a critical or unknown type illness or injury, promptly dispatch the primary ambulance to the scene, giving the ambulance crew the exact location and all other pertinent information received from the caller.

The dispatcher, upon receiving a call for a critical or unknown type illness or injury, while the primary ambulance is unavailable, shall immediately request a mutual aid ambulance to respond to the emergency, and shall follow the appropriate Departmental procedure to recall off-duty Emergency Medical Technicians to assist at the emergency.

### **COMMUNICATIONS**

The primary ambulance and the back-up ambulance shall each be equipped with two-way C-MED mobile radio facilities which it normally utilizes.

The primary ambulance and the back-up ambulance shall each be equipped with two-way mobile radio communications between the ambulance and the dispatcher that will allow the dispatcher to provide updated information during response and to provide hospital notification in the event that the C-MED radio fails.

The primary and back-up ambulance shall be equipped with cellular telephones to facilitate medical direction in case of radio failure.

### **USE OF EMERGENCY SIGNALS**

Emergency lights and warning devices shall be used when responding to the scene of a critical or unknown illness or injury or when transporting a patient to a health care facility.

All EMT's responding shall follow the Commonwealth of Massachusetts General Laws Chapter 89.

### **REPORTS**

The Electronic PCR type ambulance report shall be filled out as completely as possible with patient information and condition, and shall be signed by the receiving nurse and the attending EMT prior to leaving the hospital. Copies of PCR sheets shall be left in the appropriate locations in the hospital, with one copy returned to the PCR box at the station.

The PCR type ambulance reports shall indicate any unusual problems or situations to assure complete documentation for the Emergency Medical Technician and the Halifax Fire Department. This would include such things as reasons for transport to other than the specified hospitals, transfer of patients valuables or other personal possessions to another party, or patients with known or suspected communicable diseases.

The Electronic PCR type ambulance report shall also be used for patient refusals when the attendants feel that medical care is in the patient's best interests. The PCR sheet patient refusal section shall contain the attendant's, patient's and a witness's signature.

In accordance with Mass. 105 CMR 172.000, and Mass. General Law Chapter 111, Section 111C, ambulance attendants who attend, assist, or transport a patient, and who may have sustained an unprotected exposure capable of transmitting an infectious disease dangerous to the public health shall immediately, upon arrival at the health care facility, make out an Unprotected Exposure Report Form and provide it to the admitting agent at the health care facility. An Unprotected Exposure Report Form shall also be completed within 24 hours of the exposure by other firefighters or department members who may have sustained an unprotected exposure but did not accompany the patient to the health care facility.

In accordance with the HIPAA, EMT's shall advise all patients of their privacy rights.

Consistent with Mass. General Law Chapter 119, Section 51A, EMT's and firefighters shall verbally report incidents of known or suspected neglect or abuse of children under the age of 18 immediately to the Fire Chief, and to the Department of Social Services. This initial verbal report by the EMT or firefighter shall be followed by a written report with-in 48 hours to the Department of Social Services.

### **SUPPLIES & RESTOCKING**

An adequate stock of medical supplies shall be kept at all times in the medical supply room. The storage area shall be kept clean and organized at all times.

The EMS Coordinator shall maintain a list of the minimum amount of stock and spare equipment that shall be maintained at all times in the medical supply locker or the secured medical area.

EMT's shall re-stock the ambulances following every call, supplies and ambulance readiness shall be checked at the change of each shift. The ambulances shall be inspected every Friday for proper count of all supplies as per the minimum stock list from OEMS.

Linen and disposable oxygen masks shall be procured from the hospital prior to returning to quarters. The patient cot shall be made up with fresh linen at the hospital to assure availability of the ambulance during the return trip.

Re-stocking of medical supplies as determined by the Hospital shall be the only accepted supplies to be exchanged. Criteria for restocking including medications shall be set by the Hospitals and their guideline as indicated in herein.

### **INFECTION CONTROL**

The Department shall adhere to and establish an Infection Control Policy.

The interior of the ambulance and the equipment shall be clean and vermin-free at all times. Pillows and mattresses shall be kept clean and in good repair. Waterproof protective covers shall be disinfected after each use.

Clean linen shall be used in the transportation of patients, and shall be exchanged at the hospital after each use. Blankets shall be exchanged at the hospital when necessary.

Adequate clean storage areas shall be provided on the ambulance for linens, equipment, and supplies. The storage space shall be constructed to permit cleaning.

Airway adjuncts, suction catheters, and positive pressure demand type resuscitator masks shall be disposed of after each use or shall be sterilized after each use in an approved manner.

Soiled disposable patient care items, equipment, utensils, and supplies shall be disposed of in such a manner as not to contaminate clean patient care items. Covered containers with plastic liners shall be available for disposable items or soiled supplies to avoid contamination of equipment and personnel.

When an ambulance has been used to transport a patient known to the ambulance service or medical facility to have a dangerous or highly contagious disease, the ambulance interior, including all contact surfaces, and all exposed equipment shall be cleaned in an appropriate manner. Cleaning and disinfection shall be completed in accordance with the Infection Control Plan.

During the handling of patients, barrier protection consisting of latex gloves shall be used if there is the possibility of contacting body fluids (blood, urine, feces or vomit). Goggles, mask and gown shall also be donned if there is a danger of body fluids being sprayed or splattered.

#### **MECHANICAL FAILURE & BACK-UP**

In the event of a mechanical break down of either the primary ambulance or the back-up ambulance, and they are unable to safely continue, the driver shall notify the dispatcher of the nature of the problem and the exact location where assistance is required. The dispatcher shall dispatch the back-up ambulance, if available, or notify the Plymouth County Mutual Aid Center and request the closest available ambulance from the running cards, depending on the exact location of the ambulance.

#### **DECEASED PERSONS**

In accordance with 105 CMR 170.260, the Halifax Fire Department will not transport a deceased person in either ambulance except where it is in the best interest of public health and/or public safety to do so. This determination shall be made by the Medical Examiner and senior EMT at the scene. In either case, any EMT that responds to a deceased person shall complete a PCR in accordance with State protocol.

#### **INSPECTION AUTHORITIES**

In accordance with 105 CMR 170.225, OEMS Inspectors may inspect Department ambulances, premises or persons credentials at any time. Department members are to assist Inspectors in any way possible. In the event an inspection is to be conducted the Shift Commander shall be notified as promptly as possible and log entry made.

### **MAINTENANCE AND USE OF BIOMEDICAL EQUIPMENT**

Members shall use and maintain all Department biomedical equipment as per the manufactures recommendations. The Department shall follow all required testing and needed certifications as per OEMS CMR's, manufacturers recommendation and industry standards.

### **DRUG SECURITY**

The Halifax Fire Department shall adhere to the Brockton Hospital Controlled Substance Policy and Procedure for controlled substances. The Controlled substance shall be secured with a double lock closed box system. The drug log shall be kept in the ambulance and entries made at the change of each shift after inventory taken by the attending Paramedic.

Inventory shall be as follows:

1. Every ambulance shall be completely checked on the 1<sup>st</sup> day of the month. All medication seals shall be broken and narcotics and drug boxes shall be inventoried and expiration dates identified. These boxes shall be resealed and the seals shall be noted on the medication accountability log
2. Every time a seal is broken on a drug box, it shall be restocked, re-inventoried, and sealed.
3. In the event no Paramedic is on duty, the off going EMT-P shall make a log entry indicating the drug books are sealed and note seal is in place and secure.
4. On the backup ambulance, the seal number shall be verified and recorded on the medication accountability log. The primary ambulance shall be inventoried daily at the start of each shift and the seals, drug quantities, and expiration dates recorded in the medication accountability log.

In the event any medications are found to be missing or tampered with the Chief of Department is to be notified immediately. The senior member is to summon the Police Department for immediate investigation and make log entry. The Shift Commander and the EMT discovering the situation shall submit a written report as promptly as possible.

### **MENTORING PROGRAM**

The Department shall provide a mentoring program for members that are OEMS certified Paramedics with field time of one year or less. This field time shall be described as work in answering 911 related emergency calls. Members being mentored shall be classified as a Paramedic Interns and assigned to a member with greater experience whenever possible and be partnered until such time as when he/she has the required experience. The Medical Control Physician shall determine the necessary experience. Paramedic Interns that do not have a senior member assigned to them shall on every ALS call, shall summon a second Paramedic first by summoning an on-duty member. If no on-duty member is available the Paramedic Intern shall request a recall for one paramedic to the scene. If no Paramedic is available he/she shall summon a Paramedic from a neighboring Town (Hanson, East Bridgewater, Kingston, and Bridgewater). In the event no second Paramedic is available the Paramedic shall transport without delay working to the best of his/her ability.

The Chief of Department and Brockton Hospital EMS Coordinator shall meet periodically to evaluate the field service and when appropriate seek approval from the Medical Control Physician to terminate Paramedic Intern status.

### **QUALITY ASSURANCE & IMPROVEMENT**

The Halifax Fire Department quality assurance program as required by the Advanced Life Support Ambulance Affiliation Agreement shall consist of the following.

Paramedics shall attend a minimum of five M&M rounds conducted by a local Hospital annually.

Brockton Hospital and Halifax Fire Department shall review monthly, at random ambulance PCR records and alert the EMT or Paramedic of any issues pertaining to questionable patient care as per the Statewide Protocols and to ensure proper documentation is performed. The EMS Coordinator shall do a 100% inspection of all PCR's and forward to the Brockton Hospital 10 at a minimum which shall include all Priority 1 and any that deviate from State protocol.

In the event an EMT or Paramedic falls below the standard of care he/she shall receive re-training and/or skill performance evaluation under the Medical Control Physician at the Brockton Hospital.