

SECTION: EMS

SUBJECT: PATIENT CARE

SOG #: 1700.01

A. SCOPE

This guideline will outline the policies adopted for the provision of EMS by the Burlington Fire Protection District.

B. PRIORITIES

1. The delivery of excellent pre-hospital medical care to the patients encountered by the Burlington Fire Protection District.
2. Identification of the protocols and standard of care documents that define the scope of practice of EMS personnel at both the Advanced Life Support and Basic Life Support levels.

C. PATIENT CARE

1. Basic and Advanced life support treatment shall be determined by the Boone County Regional Advanced Life Support protocols and On-Line Medical Control from St. Elizabeth Florence Hospital Emergency Department Physicians.
2. Air operations - When the use of a helicopter is desired for transportation to the hospital at least one of the following conditions should be met;
 - Mutli-sytem trauma
 - Evidence of absolute hypoperfusion
 - Closed head injury
 - Crush injuries where a surgical intervention is likely to be required
 - CVA or STEMI when ground transportation is delayed or not feasible
 - Prolonged extrication with a high index of suspicion
3. Crime scenes – Care at crime scenes, suspected or confirmed will be performed in the following manner;
 - a. Known crime scene – establish dialog with the law enforcement agency in charge of the scene. Let them know the type of care you need to provide and what hospital the patient will be transported to.
 - b. Unknown or suspected crime scene – treat the patient as you normally would but be prepared to work with the law enforcement agency with regard to the treatment you preformed, position the patient was found in, etc.

D. PATIENT DISPOSITION

1. Questions regarding patient disposition shall be decided by the senior paramedic on the ambulance in accordance with applicable protocols.
2. Coroner cases—once the coroner has been notified and the body released, the crew shall become available. It is the responsibility of law enforcement to stand by at the scene and wait for the coroner.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: EMS DAILY OPERATIONS

SOG #: 1700.02

A. SCOPE

This topic is limited to the policies dealing with the ambulance operations.

B. PRIORITIES

1. Provide the safest possible service for the members of this department.
2. Provide the best possible care to the citizens.
3. Identify standing policies of the department.

C. RESPONSE

1. At all times operators of emergency equipment must drive in a defensive mode. Excess speed is not permitted. Excess speed shall be defined as more than 20 miles over the speed limit on primary streets (Route 237 or the Interstate) or more than 15 miles over on any other street.
2. Response to a scene shall be either Code 3 (lights and siren) or Code 1 (no lights and no siren, traveling with the flow of traffic).
3. Transportation from the scene to the hospital may be either Code 1 or Code 3.
4. Ambulance personnel shall at all times remain in radio contact by the county radio frequency. Cellular phones may be utilized in cases of emergency and for contacting medical control.

D. PATIENT CARE

See SOG 1700.01

E. EQUIPMENT & STOCKING

1. Ambulance equipment and supplies shall be checked daily and any discrepancies resolved and recorded on daily check sheet.
2. Ambulance appearance and cleanliness shall be checked after each run and cleaned as needed.
3. The Ambulance shall be staffed at all times with at least one paramedic. In the event that on duty personnel are already on a run and no ALS personnel are available then BLS personnel will respond with mutual aid ALS.
4. Supplies shall be restocked after each run.
5. The on-board oxygen tank on the Ambulance will be changed when the level reaches 200 p.s.i.
6. All portable oxygen cylinders including the one in the BLS bag will be refilled when the level reaches 1500 p.s.i.
7. In the event any equipment is left at a hospital emergency room, the crew will note same on the dry erase board next to the EMS storage room and inform the on coming shift.
8. The OIC and the EMS Assistant Chief will be notified in the event any EMS equipment is lost or damaged.
9. Expiration dates on all medications shall be checked during the monthly evaluation of the apparatus. Outdated medications shall be disposed of and new ones purchased through St. Elizabeth, Florence Pharmacy.

G. TRAINING

1. EMS personnel are responsible to maintain all applicable training records and certification on an individual basis. Available continuing education classes will be posted in the training room on the bulletin board or communicated via approved medium such as email or newsletter.
2. Personnel requesting overtime for EMS continuing education must provide a copy of proof of attendance from the providing agency with the overtime request. In order to receive overtime the course must meet with the approval of the State EMS Office criteria. Any question about the use of a class may be resolved by the prior approval of the Assistant Chief in charge of EMS.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: AED Policy and Procedures

SOG #: 1700.03

Scope

This policy addresses the Automated External Defibrillators owned by the Burlington Fire Protection District

Priorities

To provide defibrillation to anyone who that suffers a cardiac arrest due to ventricular fibrillation or ventricular tachycardia.

Policy

1. AEDs will be kept on the following apparatus: Engines 701 and 702, Car 725 and 726, Gator 1, and the Administrative assistants office. The AED for 701 shall be kept on the apparatus floor between engine 701 and 702 and will only be put on 701 if the cardiac monitor from 701 is removed for any reason.
2. They shall be checked daily by the apparatus operator assigned to those apparatus. The 701 apparatus operator will check the AED on 701 and 702.
3. Once the decision has been made to use the AED, the provider must accompany the patient to the hospital with the transporting ambulance. The requirement does not apply to situations when an ALS unit arrives and applies their monitor.
4. The AED shall be cleaned and restocked immediately following each use.
5. All recommended safety and hazard warnings and recommendations regarding the use of the AED shall be adhered to.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: EMS RESPONSE

SOG #: 1700.04

A. SCOPE

This guideline will explain the order of response and mutual aid response for EMS operations.

B. PRIORITIES

1. Provide a rapid response to the residents of the Burlington Fire Protection District in the event of a medical emergency.
2. To clarify the intended order of response of Burlington Fire Protection District units.
3. To explain mutual aid response scenarios outside of the district.

C. DISPATCH OF BURLINGTON UNITS

1. 714 will be the primary response unit to all medical calls and 715 will be the back up unit.
2. 714/715 and Engine 701 will respond to the following calls;
 - a. Cardiac Arrest
 - b. Respiratory Arrest
 - c. Seizure
 - d. Diabetic Emergency
 - e. Motor Vehicle Collisions
 - f. Carbon Monoxide exposures
 - g. Known lifting assistance
 - h. Penetrating trauma
 - i. ALS Responses to the county jail and justice center
 - j. Stroke
3. 714 or 715 may call for additional resources as deemed appropriate at any time
4. If both transport units are not available, then Engine 701 will respond with personnel available and a mutual aid transport unit will be summoned.
5. If the primary units with EMS equipment are not available, then unit 702, 718, or 728 (if available) will respond with the mutual aid transport unit.

D. MUTUAL AID

1. Unit 747 will handle all mutual aid responses outside of the district in the following manner;
 - a. Equipment will be taken from Engine 701
 - b. A Paramedic and EMT (if staffing permits) will respond
 - c. If the Paramedic transports with the EMS unit requesting services, then the EMT will follow the ambulance to the hospital. If the EMT is needed or the Paramedic is solo then the vehicle will be parked and locked in a safe location and retrieved as soon as possible.
2. Unit 714 will respond to mutual aid requests when dispatched. If staffing permits and a mutual aid ambulance is needed in an adjoining district when unit 714 is not available, the shift officer may send 715.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: EMERGENCY MEDICAL PROTOCOLS

SOG#: 1700.05

A. PURPOSE

The purpose of this guideline is to maintain the highest degree of emergency medical patient care using an established plan.

B. SCOPE

The adopted Basic and Advanced Life Support protocols provide the EMS provider with a standard of patient care, accepted emergency procedures, personal quality assurance measurements, and medical director quality assurance individual measurements.

C. REFERENCE

Boone County Regional Basic and Advanced Life Support Protocols.

D. PROTOCOLS

1. The Burlington Fire Protection District has adopted protocols approved by the Medical Director and The Kentucky Board of EMS.

2. Every EMT and Paramedic will be issued a current copy of the protocols.

3. These protocols will be reviewed throughout the year by field and administrative personnel along with the Medical Director. Any changes deemed necessary will be forwarded to the protocol committee representative.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: TRANSPORT UNIT OUT OF SERVICE

SOG #: 1700.06

A. PURPOSE

This general operating guideline is to establish a procedure when a transport unit is deemed out of service due to mechanical or other unforeseen circumstances.

B. SCOPE

The Burlington Fire Protection District operates 2 licensed transport units to an advanced life support level.

C. PROCEDURE

1. When a transport unit goes out of service for more than 4 hours, the officer in charge will make the decision to use 701 as an EMS first responder or unit 747 (718) with the 715 crew will respond as an ALS first responder. If unit 747 is used and is out on an incident, then unit 701 will respond.

2. Equipment to be removed from a transport unit going out of service

- a. Cardiac Monitor
- b. ALS and BLS first response bags
- c. Portable suction
- d. All airway and medication modules
- e. Narcotic medications
- f. Extrication bag
- g. 1 extra oxygen cylinder with regulator
- h. 2 blankets, 2 sheets, 1 pillow
- i. Waterless hand cleaner
- j. Nitrile Gloves of each size
- k. EMS notebook and charger
- l. Portable radios
- m. GPS device

3. Any time a transport unit is taken out of service the Assistant Chief of EMS will be notified either face to face, phone or county paging system. In the event the Assistant Chief of EMS is not available, then the Assistant Chief of Operations or the Fire Chief will be notified.

Chiefs' Signature:

Date:

SECTION: EMS

SUBJECT: EMS Supplies

SOG #: 1700.07

A. PURPOSE

The purpose of this guideline is to ensure adequate EMS supplies are maintained on all apparatus and EMS supply areas.

B. REQUIREMENT

1. EMS supplies for apparatus are located in the supply room. Replacement supplies will be taken from these areas.
2. Ordering of EMS supplies shall be brought to the attention of the employee in charge of ordering supplies. When supplies are needed, you may notify the supply procurement individual in the following manner;
 1. Face to face
 2. Email
 3. Dry erase board on the apparatus floor
3. EMS supplies delivered shall be placed in the supply room. On the next tour on duty, the employee in charge of ordering supplies will then receive the supplies, count them for accuracy, condition, and will label non disposable items prior to stowing them in the appropriate areas.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: Morphine Sulfate

SOG #: 1700.08

A. SCOPE

Morphine Sulfate is a Schedule II controlled substance that, due to its analgesic qualities, can improve the condition of cardiac and isolated extremity trauma patients.

B. PURPOSE

The purpose of this SOG is to insure the proper storage, security, and administration of Morphine Sulfate as required by Federal Law.

C. REFERENCE

Boone County Regional ALS protocols and standing orders.

D. STORAGE

Morphine Sulfate shall be stored in the narcotic cabinet of 714, 715, & 701. Car 728 and 747 will also carry Morphine in a double locked container. Extra medication will be stored in the lock box mounted to the wall in the EMS storage room.

E. DAILY INSPECTION

At the beginning of each tour of duty, the medic assigned to 714, 715, and E-701 shall inspect the controlled substance medications. A total of 20mg will be carried in each unit and the amount in the lock box in the storage room will never exceed 100mg. At the time of daily inspection, each medic will note the seal number on the lock box and record it on the daily check form and sign for the medications in the narcotic log book. At the end of each tour of duty, the off going medic will sign the log book signifying that all narcotics have been accounted for.

THIS IS A MANDATORY ACTION REQUIRED BY FEDERAL LAW. ANY PERSON FOUND TO BE IN NON-COMPLIANCE WILL BE DISCIPLINED IN ACCORDANCE DEPARTMENTAL POLICY.

F. ADMINISTRATION

1. Morphine Sulfate can be administered up to 10mg without an order from medical control. Additional morphine may be administered upon orders from medical control.
2. Dosage and indications of Morphine Sulfate; refer to the protocols and standing orders.
3. Upon arrival at the receiving facility, the medic shall complete a Controlled Substance Administration form. Any Morphine Sulfate not administered to the patient shall be given to the receiving facility or disposed of and flushed with water. A staff member from the receiving facility at the level of RN or higher shall witness and sign the Controlled Substance Administration form. The empty syringe shall be discarded in a sharps container at the health care facility.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: PATIENT TRANSPORTATION

SOG #: 1700.13

A. PURPOSE

- A. The purpose of this SOG is to ensure the most appropriate treatment and transportation options for our patients.

B. PROCEDURE

- A. The Burlington Fire Protection District will respond to all calls received. The Department's policy for transportation is as follows:

- B. The Burlington Fire Protection District primarily transports patients to St. Elizabeth Florence or Edgewood with or without lights and sirens. All patients shall be transported in a non-emergent fashion to the closest appropriate hospital unless the highest medical authority on the transport unit deems it necessary to respond to the hospital with lights and siren. Further, employees of the Burlington Fire Protection District will transport patients only to the following areas in the hospital:

Emergency Department
Cardiac Catheterization suite
Labor and Delivery
Behavioral Health Unit

- C. The Burlington Fire Protection District is licensed by the Kentucky Board of Emergency Medical Services for basic and advanced life support. It is not licensed for non-emergency health transportation.
- D. The Burlington Fire Protection District will, on an emergency basis only, transport a patient from any St. Elizabeth healthcare facility to another medical facility provided a registered nurse accompanies the patient during the transport for the continuation of care if requested by the paramedic.

In the event that a patient requests or has a need to go to a hospital other than a St. Elizabeth facility, the following hospitals will be used;

University of Cincinnati – Trauma, organ transplant, high risk OB
Cincinnati Childrens – All serious pediatric illness or injury or special needs
Veterans in Cincinnati – No cardiac, trauma, or surgical cases
Good Samaritan – High risk OB, neurological emergency with previous relationship.
The Christ Hospital – Cardiac patients or patients with LVAD devices

*****The highest medical authority on the call reserves the right to make transport decisions based upon the patient's condition. If the patient's condition deteriorates while en route to the hospital of choice, diversion to the closest approved facility may be necessary.**

Chief's Signature:

Date:

SECTION: **EMS**

SUBJECT: **REHABILITATION**

SOG #: 1700.14

A. SCOPE

The rehabilitation procedure required for personnel working strenuously for extended periods of time while in training or at an actual incident.

B. PURPOSE

Using NFPA 1584 as a guide to ensure that the physical and mental condition of personnel operating at the scene of an emergency or a training exercise. Therefore medical monitoring will be established to ensure the safety of each person and the integrity of the operation.

C. POLICY

A. Upon request of the incident commander, a rehabilitation sector will be established. A rehab officer will be appointed. He/She will select an uphill, upwind, etc. area adjacent to the incident. He/She will take into account the weather conditions and the need for ground coverings and overhead shelter. In the event there is a building suited for this purpose, the rehab officer will ask permission of the property owner for this purpose. Once a suitable area has been set up then rehab personnel will set up all rehab supplies which include:

- 1) Misting fan (summer time)
- 2) Water off of apparatus
- 3) Extra blankets (winter time)
- 4) First In BLS and ALS bags
- 5) Cardiac Monitor
- 6) RAD 57 monitor
- 7) Rehab book

B. Combat personnel that have met at least one of the following criteria shall be mandated to report to the rehab area:

- 1) Strenuous work in a hazardous condition for greater than 45 minutes (Two bottle rule)
- 2) Strenuous work in any condition for greater than 30 minutes when the ambient air temperature is less than 32 degrees or greater than 85 degrees F.
- 3) If there is a complaint of dizziness, pain (anywhere in the body), shortness of breath, or altered mental status.

Personnel assigned to the rehab area will compare the vital signs and assessments in the rehab book with the current results and will use those as a baseline to determine when the firefighter can be released from rehab.

GUIDELINES:

A. The Incident Commander shall consider the circumstances of each incident and make adequate provisions early in the incident for the rest and rehabilitation for all personnel operating at the scene. These provisions shall include: medical evaluation, treatment and monitoring; food and fluid replenishment; mental rest and relief from extreme climatic conditions and the other environmental parameters of the incident. A person will be placed in charge of the sector/group and shall be known as the Rehab Officer. The Rehab Officer will typically report to the Logistics Officer in the framework of the incident management system. The rehabilitation shall include the provision of Emergency Medical Services (EMS) at the Basic Life Support (BLS) level or higher. Any activity/incident that is large in size, long in duration, and/or labor intensive will rapidly deplete the energy and strength of personnel and therefore merits consideration for rehabilitation.

Climatic or environmental conditions that indicate the need to establish a Rehab Area are a heat stress index above 90 F or wind-chill index below 10 F.

- B. Company Officers shall maintain an awareness of the condition of all personnel operating within their span of control and ensure that adequate steps are taken to provide for each person's safety and health. The command structure shall be utilized to request relief and the reassignment of fatigued crews.
- C. The "two air bottle rule," or 45 minutes of work time, is recommended as an acceptable level prior to mandatory rehab. Personnel shall rehydrate (at least eight ounces) while SCBA cylinders are being changed. Firefighters having worked for two full 30-minute rated bottles, or 45 minutes, shall be immediately placed in the Rehab Area for rest and evaluation. In all cases, the objective evaluation of a personal fatigue level shall be the criteria for rehab time. Rest shall not be less than ten minutes. Fresh crews, or crews released from the Rehab Sector/Group, shall be available in the Staging Area to ensure that fatigued personnel are not required to return to duty before they are rested, evaluated, and released by the Rehab Officer.
- D. During periods of hot weather, personnel shall be encouraged to drink water or activity beverages throughout the workday. During any emergency incident or training evolution, all personnel shall advise their Company Officer when they believe that their level of fatigue or exposure to heat or cold is approaching a level that could affect themselves, their crew, or the operation in which they are involved. Personnel shall also remain aware of the health and safety of other personnel in their crew.
- E. The Incident Commander will normally designate the location for the Rehab Area. If a specific location has not been designated, the Rehab Officer shall select an appropriate location based on the site characteristics and designations below.
- F. The characteristics of a Rehab Area:
 - 1. It should be in a location that will provide physical rest by allowing the body to recuperate from the demands and hazards of the emergency operation or training evolution.
 - 2. It should be far enough away from the scene that personnel may safely remove their turnout gear and SCBA and be afforded mental rest from the stress and pressure of the emergency operation or training evolution.
 - 3. It should provide suitable protection from the prevailing environmental conditions. During hot weather, it should be in a cool, shaded area. During cold weather, it should be in a warm, dry area.
 - 4. It should enable personnel to be free of exhaust fumes from apparatus, vehicles, or equipment (including those involved in the Rehab Sector/Group operations).
 - 5. It should be large enough to accommodate multiple crews, based on the size of the incident.
 - 6. It should be easily accessible by EMS units.
 - 7. It should allow prompt reentry back into the emergency operation upon complete recuperation.
- G. The Rehab Officer shall secure all necessary resources required to adequately staff and supply the Rehab Area. The supplies should include the items listed below:
 - 1. Fluids – water, activity beverage, oral electrolyte solutions and ice.
 - 2. Food – soup, broth, or stew in hot/cold cups.
 - 3. Medical – blood pressure cuffs, stethoscopes, oxygen administration devices, cardiac monitors, intravenous solutions, and thermometers.

4. Other – awning, fans, tarps, smoke ejectors, heaters, dry clothing, extra equipment, floodlights, blankets and towels, traffic cones and fireline tape (to identify the entrance and exit of the Rehab Area).
- H. Medical monitoring — NFPA 1584 specifies a minimum of six conditions that EMS must assess in each member during rehab:
 - a. Presence of chest pain, dizziness, shortness of breath, weakness, nausea or headache.
 - b. General complaints such as cramps or aches and pains.
 - c. Symptoms of heat or cold-related stress.
 - d. Changes in gait, speech or behavior.
 - e. Alertness and orientation to person, place and time.
 - f. Any vital signs considered abnormal in local protocol. The specific vital signs and what defines normal is entirely up to local medical control and department medical authorities. Vital signs listed in the 1584 annex include temperature, pulse, respirations, blood pressure, pulse oximetry and carbon monoxide assessment using either an exhaled breath CO monitor or a pulse CO-oximeter (i.e. a pulse oximeter designed to measure carboxyhemoglobin).
 - I. The heart rate should be measured for 30 seconds as early as possible in the rest period. If a person's heart rate exceeds 110 beats per minute, internal body temperature should be taken. If member's temperature exceeds 100.6 F and the heart rate remains above 110 beats per minute, rehab time should be increased. If the heart rate is less than 110 beats per minute, the chance of heat stress is negligible. Blood Pressure is an unreliable sign in this situation and should only be taken if the person is going to be evaluated at a hospital as part of a standard physical exam.
 - J. All medical evaluations shall be recorded on standard forms along with the member's name and complaints and must be signed, dated and time recorded by the Rehab Officer or his/her designee.
 - K. A critical factor in the prevention of heat injury is the maintenance of water and electrolytes. Water must be replaced during exercise periods and at emergency incidents. During heat stress, the personnel should consume at least one quart of water per hour. The rehydration solution should be a 50/50 mixture of water and a commercially prepared activity beverage and administered at about 40 F. Rehydration is important even during cold weather operations where, despite the outside temperature, heat stress may occur during firefighting or other strenuous activity when protective equipment is worn. Alcohol, caffeine and carbonated beverages will be avoided as they do not aid in proper rehydration.
 - L. The department shall provide food at the scene of an extended incident when units are engaged for three or more hours. A cup of soup, broth, or stew is highly recommended because it is digested much faster than sandwiches and fast food products. In addition, foods such as apples, oranges, and bananas provide supplemental forms of energy replacement. Fatty and/or salty foods should be avoided.
 - M. Personnel in the Rehab Area should maintain a high level of hydration. Members should not be moved from a hot environment directly into an air-conditioned area because the body's cooling system could shut down in response to the external cooling. An air-conditioned environment is acceptable after a cool-down period at ambient temperature with sufficient air movement. Certain drugs impair the body's ability to sweat and extreme caution must be exercised if the member has taken antihistamines, such as Actifed or Benadryl, or has taken diuretics or stimulants.
 - N. EMS should be provided and staffed by the most highly trained and qualified EMS personnel on the scene (at a minimum of BLS level). They shall evaluate vital signs, examine members, and make proper disposition (return to duty, continued rehab, or medical treatment and transport to a medical facility). Continued rehab should consist of additional monitoring of vital signs, providing rest, and providing fluids for rehydration. Medical treatment for members, whose signs and/or symptoms indicate potential problems, should be provided in accordance with local

medical control guidelines. EMS personnel shall be assertive in an effort to find potential medical problems early.

- O. The names of members and times of entry to and exit from the Rehab Area shall be documented by the Rehab Officer or his/her designee on the Check In/Out Sheet. Members shall not leave the Rehab Area until authorized to do so by the Rehab Officer.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: MEDICAL CONFIDENTIALITY

SOG#: 1700.15

Scope

This guideline will address the Health Insurance Portability and Accountability Act

- A. Purpose-** To ensure that all members of the Burlington Fire Protection District are aware of HIPAA guidelines and the proper procedures to insure compliance with law.
- B. Policy –** The Burlington Fire Protection District will follow the HIPAA act of 1996. Included for reference is the U.S. Dept. of Health & Human Services’ “Summary of the Health Insurance Portability and Accountability Act of 1996 or “HIPAA”. We will only release confidential patient information through the privacy officer or his/her delegate.
1. Fax cover sheets will include confidentiality statements. Fax machines which receive protected health information should be in a secure location. The individual receiving the report must sign a medical information release form and that form will then be attached to the original incident report.
 2. All Fire Department members will inform all patients of the Department privacy policy and attempt to obtain a signature from the patient signifying their acknowledgement.
 3. Training on HIPAA will be conducted once a year and is mandatory for all personnel.

Chief's Signature:

Date:

Burlington Fire Protection District
Health Information Release Form
(Use as Needed)

Name of person requesting _____

Name of agency (if applicable) _____

Contact phone number _____

Relationship to patient _____

Reason for request _____

Name of patient _____

Age _____ DOB _____

Date and time of incident _____

BFPD incident number _____

I the undersigned acknowledge that I am receiving a confidential medical document. I also agree to release the Burlington KY Fire Protection District of any liability associated with the release of this document.

Signature of person requesting document _____

Date and time _____

Witness _____



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SECTION: EMS

SUBJECT: EMS Reporting

SOG #: 1700.16

A. Scope

This guideline will address EMS Incident Report Completion Procedures

B. Purpose

To ensure that all members of the Burlington Fire Protection District are aware of functions of and procedures pertaining to EMS reporting.

C. Policy

1. An EMS incident report will be completed for each EMS incident regardless of what apparatus resource was utilized, or if the patient was transported.
2. The following are general functions that are served by EMS incident reports:
 - a. To enhance continuity of care, communicate to future caregivers as to, in general, initial status, changes in status, and treatment rendered.
 - i. We will obtain a signature from the hospital representative that acknowledges that they have been provided a report from the EMS provider and are now managing the care of the patient.
 - b. Provide for quality assurance.
 - c. Provide legal documentation
 - d. Provide standardized data
 - e. Provide billing information to recoup service costs
 - i. We will attempt to obtain a signed statement or required documentation acknowledging that the billing procedure is agreed to.
3. Patient confidentiality must be maintained per SOG 1700.15.
 - a. A written statement of our privacy policy will be mailed to each patient by our billing service.
 - i. We will obtain a signed statement stating the patient has been offered and/or has received a copy of the policy.

D. Procedure

1. All paper documents not a part of the report:
 - a. will be copied as applicable for the receiving facility;
 - b. will be assembled and placed in the EMS report "HIPAA Box".

2. These documents will be archived as needed and forwarded as required to the EMS billing service as required.

3. EMS Incident – BFPD Transports or Medical Care With Mutual Aid Transport
 - a. Complete an EMS report.

 - b. The "report" includes the:
 1. EPCR (Electronic Patient Care Report)
 2. ECG Tracings if applicable
 3. "Billing Authorization and Privacy Acknowledgment Form"
 4. Hospital "Face Sheet" from Cincinnati Hospitals only
 5. "Controlled Substance Usage" forms if applicable.
 6. Any other applicable forms or required documentation.
 7. Paper forms will be stocked in the transport units in the event the EPCR is out of service
 8. A hard copy of the report will automatically be faxed to the receiving facility when the report is uploaded to the billing company server.

 - c. A report will be completed for all of the following non transport situations;
 - i. Patient Refusals
 - ii. False Calls
 - iii. Medical Alarms
 - iv. Assist Fire Department
 - v. Assist Police
 - vi. No patient found

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: **EXPOSURE TO INFECTIOUS DISEASES & HAZARDOUS MATERIALS**

SOG #: 1700.17

Scope: This Guideline will address exposure to infectious diseases and hazardous materials

A. Purpose

To protect district personnel involved in the handling of a patient suspected of or found to have any form of a communicable or infectious disease; or personnel exposed to poisonous or hazardous materials while on an emergency scene.

B. Policy

- A. Any exposure of district personnel to infectious or communicable diseases, hazardous or poisonous materials shall be documented and reported to the OIC of the shift and the Assistant Chief of EMS as soon as possible.
- B. Said exposure shall also be reported to the hospitals receiving centers involved as early as possible to minimize further unnecessary exposures.

C. Guidelines

- A. Report suspicion to the on-duty Officer in Charge (OIC) immediately. Follow the guidelines for reporting found in the Emergency Medical Section of the SOG.
- B. Report suspicion to the hospital or receiving center.
- C. In case of hazardous materials and poisons, identify substance and contact Chem Trec for assistance.
- D. Document suspicion in the incident report.
- E. Use all precautions available to protect personnel on scene if a known hazard exists:
 - 1. Limit number of persons exposed.
 - 2. Minimize exposure times.
 - 3. Provide protection to exposed personnel to minimize contact.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: Daily/Weekly/Monthly Inventory

SOG #: 1700.18

A. PURPOSE

This general operating guideline is to establish a procedure to ensure that all equipment with expirations or of critical importance is inventoried on a regular basis.

B. SCOPE

The Burlington Fire Protection District operates 2 licensed transport units to an advanced life support level. An Advanced Life Support mutual aid chase vehicle is also available for responses.

C. PROCEDURE

D. Daily – Basic Equipment check – All EMS equipment will be checked daily on units 714, 715, and 701.

1. The Firefighter/EMT assigned to the ambulances will be responsible for all basic life support equipment and to ensure the road worthiness of the vehicle for general driving and emergency response. Any deficiencies will be reported to the O.I.C. as soon as possible. All deficiencies will be corrected if possible. If they can not be corrected then the O.I.C will make the decision to take the unit out of service.

2. The Firefighter/Paramedic assigned to the ambulances will be responsible for all advanced life support equipment carried on the unit and will maintain overall responsibility for the unit and the personnel assigned to it while on duty. Any deficiencies will be reported to the O.I.C. as soon as possible and the OIC will then make the decision to notify the Assistant Chief of EMS.

3. The paramedic assigned to 701 will be the 747 paramedic and become responsible for checking all EMS equipment on 701. In the event there are only 2 paramedics working during a 24 hour tour of duty the paramedic assigned to unit 715 will assume responsibility for the 701/747 equipment.

Weekly- On a weekly basis, the two personnel assigned to the ambulances will be required to complete the following additional tasks;

Sunday -Clean and disinfect the inside of the ambulance

Monday – Check all engine fluids

Wednesday – Sweep and mop EMS supply room

Friday - Check all spare oxygen cylinders and exchange cascade system if needed

Monthly- On a monthly basis the following tasks will be required to be completed by the on-duty personnel.

First and last Sunday of the month – check all medications for expiration dates and replace or move to unit 714 as necessary.

First Sunday of the month – remove all items from each exterior compartment of both ambulances and clean compartment interiors, clean equipment as needed, and exercise all movable parts of the stowed equipment.

Last Saturday of the month – check all EMS equipment in all other district vehicles that does not get checked on a daily basis.

Chiefs' Signature:

Date:

SECTION: EMS

SUBJECT: Fentanyl

SOG #: 1700.09

SCOPE

Fentanyl is a Schedule II controlled substance that, due to its analgesic qualities, can improve the condition of cardiac and isolated extremity trauma patients.

PURPOSE

The purpose of this SOG is to insure the proper storage, security, and administration of Fentanyl as required by Federal Law.

REFERENCE

Boone County Regional ALS protocols and standing orders.

STORAGE

Fentanyl shall be stored in the narcotic cabinet of 714, 715, 701 and 728. Extra medication will be stored in the lock box mounted to the wall in the EMS storage room.

DAILY INSPECTION

At the beginning of each tour of duty, the medic assigned to 714, 715, and E-701 shall inspect the controlled substance medications. A total of 200 mcg will be carried in each unit and the amount in the lock box in the storage room will never exceed 1000mcg. At the time of daily inspection, each medic will note the seal number on the lock box and record it on the daily check form and sign for the medications in the narcotic log book. At the end of each tour of duty, the off going medic will sign the log book signifying that all narcotics have been accounted for.

THIS IS A MANDATORY ACTION REQUIRED BY FEDERAL LAW. ANY PERSON FOUND TO BE IN NON-COMPLIANCE WILL BE DISCIPLINED IN ACCORDANCE DEPARTMENTAL POLICY.

ADMINISTRATION

1. Fentanyl can be administered up to 100 mcg without an order from medical control. Additional Fentanyl may be administered upon orders from medical control to a max dose of 100mcg for ACS and 200mcg for pain control.
2. Dosage and indications of Fentanyl; refer to the protocols and standing orders.
3. Upon arrival at the receiving facility, the medic shall complete a Controlled Substance Administration form. Any Fentanyl not administered to the patient shall be given to the receiving facility or disposed of and flushed with water. A staff member from the receiving facility at the level of RN or higher shall witness and sign the Controlled Substance Administration form. The empty syringe shall be discarded in a sharps container at the health care facility.

Chief's Signature:

Date:

SECTION: EMS

SUBJECT: Midazolam (Versed)

SOG #: 1700.11

SCOPE

Midazolam is a Benzodiazepine CNS depressant and a schedule IV controlled substance that is frequently used as an anticonvulsant, sedative, and hypnotic.

PURPOSE

The purpose of this GOGL is to insure the proper storage, security, and administration of Midazolam as required by Federal Law.

REFERENCE

Boone County Regional ALS protocols and standing orders.

STORAGE

Midazolam shall be stored in narcotic cabinet of 714, 715 and the truck running as 701.

DAILY INSPECTION

At the beginning of each tour of duty, the medic assigned to 714, 715, and E-701 shall inspect the controlled substance medications. A total of 8 mg will be carried in each unit. At the time of daily inspection, each medic will note the number on the seal and mark it on the daily check form.

ADMINISTRATION

1. Midazolam may be administered without an order from medical control.
2. Dosage and indications of Midazolam, refer to the protocols and standing orders.
3. Upon arrival at the receiving facility, the medic shall complete a Controlled Substance Administration form. Any Midazolam not administered to the patient shall be given to the receiving facility or disposed and flushed with water. A staff member from the receiving facility at the level of RN or higher shall witness and sign the Controlled Substance Administration form. The empty syringe shall be discarded in a sharps container at the health care facility.

Chief's Signature:

Date:

SECTION: **EMS**

SUBJECT: Lorezepam (Ativan)

SOG #: 1700.12

SCOPE

Lorezepam is a Benzodiazepine, sedative, anticonvulsant and a schedule IV controlled substance.

PURPOSE

The purpose of this GOGL is to insure the proper storage, security, and administration of Lorazepam as required by Federal Law.

REFERENCE

Boone County Regional ALS protocols and standing orders.

STORAGE

Lorazepam shall be stored in the refrigerator of 714, 715 and in the first in bag on 701/747.

DAILY INSPECTION

At the beginning of each tour of duty, the medic assigned to 714, 715, and E-701 shall inspect the controlled substance medications. A total of 8 mg will be carried in each unit and the amount in the lock box in the storage room will never exceed 100mg. At the time of daily inspection, each medic will note the number on the seal and mark it on the daily check form.

ADMINISTRATION

1. Lorazepam may be administered without an order from medical control.
2. Dosage and indications of Lorazepam, refer to the protocols and standing orders.
3. Upon arrival at the receiving facility, the medic shall complete a Controlled Substance Administration form. Any Lorazepam not administered to the patient shall be given to the receiving facility or disposed and flushed with water. A staff member from the receiving facility at the level of RN or higher shall witness and sign the Controlled Substance Administration form. The empty syringe shall be discarded in a sharps container at the health care facility.

Chief's Signature:

Date:

SECTION: **EMS**

SUBJECT: **Guide Dogs**

SOG #: **1700.19**

PURPOSE

The purpose of this GOGL is to inform all employees that guide dogs can be encountered while on EMS calls and what the procedure will be for handling this situation.

POLICY

Blind or hearing impaired patients may be accompanied by their trained guide dogs.

PROCEDURE

A. Guide Dogs:

1. If a patient is encountered with a medically trained dog, the dog may accompany the patient to the emergency department in the ambulance if it is the **ONLY** method of transportation for the animal. The dog may occupy the space behind the captains' chair and, if at all possible, have a family member in the back of the ambulance to control it.
2. Guide dogs should be well groomed, well behaved and on a leash or tether at all times.
3. Dogs must have up-to-date vaccination record before being allowed into a transport unit.
4. After transportation of the dog in the ambulance, the unit will remain out of service until it has been thoroughly cleaned and disinfected.

REFERENCES:

Guidelines for Environmental Infection Control in Healthcare Facilities, CDC, 2003. pp. 105-111.

Chief's Signature:

Date: