

### 3.3.3.3 Ambulance Operations



YOUR ORGANIZATION  
STANDARD OPERATING PROCEDURES/GUIDELINES

**TITLE:** Ambulance Operations

**SECTION/TOPIC:** Patient Disposition and Transportation

**NUMBER:** 3.3.3.3

**ISSUE DATE:**

**REVISED DATE:**

**PREPARED BY:**

**APPROVED BY:**

X

Preparer

X

Approver

These SOPs/SOGs are based on FEMA guidelines FA-197

#### 1.0 POLICY REFERENCE

CFR

NFPA

NIMS

#### 2.0 PURPOSE

This standard operating procedure/guideline addresses behavior in the patient compartment, securing the patient, situating and securing equipment, standard safety devices and techniques, use of hazardous equipment during transport (starting and IV, defibrillation, etc.)

#### 3.0 SCOPE

This SOP/SOG pertains to all personnel in this organization.

#### 4.0 DEFINITIONS

These definitions are pertinent to this SOP/SOG.

#### 5.0 PROCEDURES/GUIDELINES & INFORMATION

##### 5.1 Behavior in the Patient Compartment:

### **ON STATION:**

Medical supplies and equipment shall be checked at the start of each shift. All defibrillators (AED and monitor) checks shall be documented on the daily apparatus check sheet. Crews shall ensure that the vehicle, medical supplies and equipment are accounted for, clean, not expired, and ready for service.

### **RESPONDING:**

The Marion County acceptable Standard of Care suggests that responding EMS personnel be in the vehicle and responding within sixty (60) seconds of being dispatched. Exceptions will be considered for overnight responses and if there are extenuating circumstances.

All vehicles shall be driven in a safe and courteous manner with the highest regard for personnel and public safety.

If you “come upon” an accident after you have been dispatched to an emergency or while transporting a patient to the hospital, you should continue with your initial assignment and report the accident to control (description of cars and number). If you cannot safely go around the accident, inform control of your status and render care.

### **AT THE SCENE:**

At a minimum take the following equipment to the patient: oxygen, suction, AED/defibrillator, ePCR, radio, and tech box.

If you are told the scene is not safe, stage out of site of the dispatched location and wait for notification from control the scene is safe

If you feel your life may be in danger immediately take protective measures and leave the scene. Immediately call for law enforcement and be prepared to give control an accurate description of your situation.

### **TRANSPORTATION:**

Prior to departure, personnel shall account for equipment, and remove any and all supplies and "trash" from the emergency scene.

Seat belts and safety restraints are to be used for all patients, family members and crew members.

### **HOSPITALS:**

Patients have the right to be transported to the hospital of their choice as long as their medical condition is stable. Critical patients should be transported to the closest appropriate facility for stabilization. Critical trauma patients must be transported to a trauma center (Hospital1 or Hospital2 or Hospital1 if a child).

With the exception of Hospital1, Hospital2, Community Hospital, crews should notify the ER of your transport.

### **ELECTRONIC PATIENT CARE REPORT (ePCR):**

The ePCR is a legal document. Therefore, special care should be used to ensure a proper description of the run is completed. The following guidelines apply when completing an ePCR:

- Your documentation should be objective. You should describe what is seen but avoid making assumptions about what has taken place.
- Streets names must be spelled out, not abbreviated.
- If the patient is under (18) years of age, be sure the guarantor is documented in the proper location.
- A patient signature is required for each patient transported. If the patient is unable to sign any available family member may sign for the patient. If you are unable to obtain the above signatures the following items must be obtained:
  - 1.) Your signature on the ePCR,
  - 2.) A signature from the receiving facility staff, and;
  - 3.) A copy of the hospital face sheet.
- Comments are a critical component for the ePCR. All words should be spelled correctly, proper sentence structure must be used (punctuation and capitalizing) and medical terminology and abbreviations used in the correct way.
- Comments must be written for each patient providing a summary of why we were called, what was found, any treatment and the results. For BLS patients this should two or three sentences. However for ALS patients additional comments may be required to fully explain your treatments and outcomes.

### **REFUSAL OF TRANSPORT:**

Only a competent person may refuse care and transportation. The patient must have the risk and benefits adequately explained and the ePCR must support the facts that the patient is competent to understand the risks and makes an informed refusal.

If the patient refuses transportation document the following factors to support the patient's competence:

- Alert and oriented
- Does not appear intoxicated

- Vital signs are not abnormal
- History and physical exam does not suggest life-threatening illness or injury

“Assist a Person” or “Lifting Assistance” runs shall be treated as a “Person Down” or as a “Fall”. A complete evaluation will be performed and an ePCR completed. Evaluate for injuries and insure that the fall is not the result of a serious medical condition. Obtain an SOR or transport if appropriate.

“MVA Checkouts” shall have the following minimal history and exam completed and documented:

- Location inside the vehicle
- What type of restraints were used or deployed
- Describe the damage to the vehicle
- Was the patient ambulatory at the scene?
- Denies: loss of consciousness, neck, back, chest and abdominal pain
- Complete sets of vital signs
- Level of consciousness, GCS
- No evidence head, spinal, chest, abdomen or extremity trauma
- Clear and equal breath sounds
- Normal gait

For any SOR document who the patient was left with and can they call 911 for help if needed.

Law enforcement **CANNOT** sign an SOR for the patient. They can only be a witness for the SOR. If the arrested/detained patient cannot sign the SOR, document the reason why in the comments section and have the police officer sign the “witness section.”

**PERSONAL PROPERTY OF THE PATIENT:**

Deliver any personal property transported with the patient to the ER staff.

Please note on the ePCR where personal items were left and to whom (name) it was given.

Should the patient’s personal property be left on the ambulance and you are unable to return to the hospital, label the items with the name, address, and telephone number of the patient and take items to Headquarters.

**CRIME SCENES:**

Crime scenes should be preserved for the coroner and/or police officials for analysis. The following guidelines should be followed:

Do not touch or disturb weapons on the scene.

When removing the patient try to avoid moving anything else surrounding the patient.

If objects have to be moved from the area, have police officials move them unless otherwise directed.

**TRANSPORT OF PRISONERS OR ID’S TO THE HOSPITAL:**

A Law Enforcement Officer should accompany a prisoner or ID patient either in the transporting ambulance or by following behind the ambulance.

#### **MEDICAL LEGALITIES:**

The following should be observed for all patient contacts and all patient records:  
City Fire Department personnel shall protect and maintain the confidentiality of each patient's medical and personal information which may be obtained in the course of and, as a result of the provision of medical care.

The use of patient's medical information and documentation shall be limited only to the following purposes:

- To provide permanent documentation of the course of the patient's illness and medical treatment.
- To communicate between the physician and other professionals contributing to the patient care.
- To provide continuity of patient care for subsequent admissions or treatment.
- To provide a basis for review, study, and evaluation of patient care processes.
- To provide data for third parties concerned with the patient including other physicians/hospitals, insurance companies, or prepaid agencies, attorneys and governmental agencies.
- To provide data to assist in protecting the legal interest of the patient, hospital and its employees and/or medical staff.
- To provide clinical data for research, study and education.
- To provide statistical data for administrative decision making and planning.

#### **RELEASE OF MEDICAL INFORMATION BY PERSONNEL:**

Personnel shall neither obtain nor divulge information contained in the patient's records, except only as it relates to the personnel's direct role of delivering care to that individual patient.

#### **HANDLING OF DISAGREEMENTS:**

It shall be this Department's policy to err on the side of the patient and provide the highest level of care available. Disputes between personnel shall NOT be discussed in the presence of the patient or his/her family members either on-scene or at the hospital. Any disagreements may be discussed at the completion of the run. When conflicts cannot be resolved between two crews, Incident Reports should be prepared by all parties concerned and the matter pursued through the chain of command.

#### **OFFICER INTERVENTION:**

Officers present on EMS responses who witness what they believe to be an inappropriate or incomplete evaluation of the patient condition or overall situation may and should be compelled to intervene. While many officers will not represent the highest medical authority on the scene, they are entrusted with ensuring scene decorum and appropriate interaction with the public. Their years of experience and knowledge are invaluable, and their input shall not be casually disregarded. The on-scene personnel are to be approached discretely by the Officer regarding his/her concerns, and the most appropriate, patient-directed disposition of the response shall be the goal. All medical interventions are at the discretion of the transporting Paramedic.

**5.2 Securing the Patient:**

**5.3 Situating and Securing Equipment :**

**5.4 Standard Safety Devices and Techniques:**

**5.5 Use of Hazardous Equipment during Transport (starting an IV, defibrillation, etc):**