

# **TOWN OF WATERTOWN FIRE DEPARTMENT STANDARD OPERATING GUIDELINES**

## **SECTION: Alarms and Response Guidelines**

### **SUBJECT: Emergency Medical Services (EMS)/First Responder**

**REVISED: 04/2021**

#### **PURPOSE:**

To guide preparedness for and response to Emergency Medical Services (EMS) calls in accordance with applicable laws, policy statements, and established protocols.

#### **REFERENCES:**

- 10 NYCRR Part 800: Emergency Medical Services
- New York State Public Health Law Article 30: Emergency Medical Services
- New York State Public Health Law Article 30-A: Emergency Medical Services Training Act
- SEMAC Policy Statement 06-04: BLS-FR Services Information
- SEMAC Policy Statement 08-02: Prehospital Patient Confidentiality
- SEMAC Policy Statement 12-02: Prehospital Care Reports
- Town of Watertown Fire Department Constitution/Bylaws

#### **POLICY:**

- A. This Department provides EMS First Responder service to citizens in our response area. The Town of Watertown Ambulance Service is the primary cooperating transport agency.
- B. Training, Certification, and Re-certification
  - I. In addition to Department-mandated NIMS ICS 100/200/700 and bloodborne pathogen training, all personnel responding on EMS First Responder calls will maintain at minimum a current and valid American Heart Association Healthcare Provider BLS/AED or equivalent certification and current HIPPA training as provided by the Department.
  - II. All EMS-only members must maintain current and valid certification as a New York State Emergency Medical Technician-Basic or higher. New EMS-only members should obtain this certification within 1 year of acceptance of membership.
  - III. Training opportunities will be transmitted to certified EMS personnel by the Medical Officer.
  - IV. TWFD does not participate in a CME re-certification program. Personnel are required to maintain their level of certification through refresher training or a CME program at a participating agency.
- C. Equipment
  - I. Aid Bags
    - a. All aid bags will remain sealed unless utilized for EMS calls. If seals are broken, the Medical Officer will be notified by the person breaking the seal or finding the seal broken.
    - b. Aid bags must maintain minimum stock per Aid Bag Checklist and any applicable regional or statewide guidelines to be considered in service.
    - c. Aid bags will be checked for presence of seals and expired equipment monthly. Each aid bag must be completely inventoried every 6 months at minimum.

- II. Automated External Defibrillators (AEDs)
    - a. If any equipment is used from or deficiencies arise with an AED, the Medical Officer shall be notified as soon as possible.
    - b. AEDs, including those in common areas at stations, will be checked monthly at minimum. This will include removal and replacement of batteries on Lifepak 1000s and replacement of any expired pads or other equipment.
  - III. Additional equipment, such as PPE, will be maintained on each department vehicle in adequate amounts as determined and checked by the Medical Officer in coordination with the vehicle Foreman and in compliance with any applicable regional or statewide guidelines.
  - IV. Primary responsibility for equipment checks and supply ordering lies with the Medical Officer. Primary supply will be from Town of Watertown Ambulance Service.
  - V. Aid bag and AED checks will be documented using the current TWFD form as created and/or approved by the Medical Officer. Equipment check records will be maintained for 2 years prior to disposal. The Medical Officer will be primarily responsible for maintenance of these records.
- D. Response
- I. A response of apparatus must be attempted when First Responders are dispatched. Apparatus may respond “manpower only” if no certified EMS personnel are available for the call. Members holding NYS EMT certification will have priority for response over non-certified personnel.
  - II. POV Response
    - a. Personnel may respond via POV directly to a scene where first responders are requested if appropriately equipped with proper PPE (gloves, N95 mask, eye protection, and gown) and with the prior approval of the Chief.
    - b. Personnel with EMT certification who wish to respond directly to scenes via POV will also have an aid bag provided by the Department or the Member which will be inspected and approved by the Medical Officer. There are no specific equipment requirements for POV aid bags, but they should contain adequate supplies to provide basic airway control, respiratory support, and bleeding control.
    - c. Personnel responding in POVs will park on the same side of the road as the incident whenever possible.
    - d. Permission to respond directly to the scene may be granted by the Chief with the recommendation of the Medical Officer. Permission for direct response to scene may be revoked by the Chief at any time for any reason, to include elevated risk to EMS personnel.
- E. Treatment/Scene Operations
- I. Upon arrival at a scene where there is increased risk of physical harm to Department members (assault, overdose, shooting, stabbing, psychiatric patient, etc.), personnel will stand by outside of or away from the scene as directed by dispatch until the scene is secured by law enforcement. Department personnel entering these scenes will wear protective equipment to include ballistic vest.
  - II. The number of Department personnel in a scene will be limited to two unless otherwise directed by the EMT in charge.
  - III. All treatment provided will follow the current NYS EMS Collaborative Protocol and current North Country EMS Policy Statements. Personnel will not provide care beyond their level of certification. Patient care should be provided by the member

present with the highest level of certification.

- IV. Personnel who hold advanced certifications (AEMT, Paramedic, etc.) may NOT render care beyond the scope of practice of an EMT when providing care as a TWFD first responder. However, personnel may provide care within their level of certification if they are a credentialed member of the responding ambulance service and their care is documented on the ambulance service PCR as a secondary patient care provider on scene (and during transport, if applicable).
- V. Minors will be cared for in the presence of their parent or guardian whenever possible. If no parent or guardian is on scene, attempts should be made to contact them via phone to obtain verbal consent for treatment. If a parent or guardian cannot be contacted expeditiously, implied consent should be assumed and the patient treated as per protocol.
- VI. The responding ambulance should be updated with the patient condition via radio whenever possible.
- VII. Patient care will be monitored for quality assurance by the Medical Officer through review of written PCRs and observation of performance of medical duties on scene. The Medical Officer may provide recommendations to the Chief to require personnel to undergo remedial training or be placed on suspension/excluded from providing medical care if needed.

#### F. Refusals

- I. Refusal of Medical Aid (RMA) should primarily be the responsibility of the responding ambulance service, but may be obtained by Department personnel who are certified EMTs, especially in a situation where there are multiple patients present and/or delaying ambulance transport in order to obtain refusals could be detrimental to another patient. A patient assessment, including vital signs, should be obtained and documented for each patient. The refusal will be documented through completion of a NYS PCR and the North Country EMS Program Agency refusal packet.

#### G. Documentation

##### I. PCR Completion

- a. A NYS Prehospital Care Report (PCR) will be completed and submitted for the following situations:
  - i. Any medical call Department first responders are dispatched to and a certified EMT responds for, regardless of outcome. This includes standbys, canceled prior to response or while en route, no patient, etc.
  - ii. Any other type call (MVA, fire, etc.) the Department responds to and patient care is provided by a certified EMT from the Department. This would include bleeding control or collar application of an MVA victim if done by a certified EMT.
- b. PCRs do NOT need to be completed for the following situations:
  - i. A medical call where no certified EMT responds (manpower only response). This applies even if care is performed by these non-certified personnel (e.g. CPR), as a certified EMT is required to complete a PCR.
  - ii. Any other type call where medical care is provided by a non EMT, such as bleeding control or collar placement at MVA for extrication.
  - iii. Any other type call where services other than patient care are provided by an EMT. This would be a situation such as a firefighter who is a certified EMT doing extrication work but not performing direct medical care.

- c. PCR's may only be completed by NYS certified EMTs.
- d. PCR's should contain as much information as possible, including patient demographics. At minimum, the PCR will include date, dispatched address, and dispatch time. The last four digits of the incident number should be used as the incident number on the PCR.
- e. The Department will use the approved BLSFR paper PCR as provided by NYS DOH or an approved electronic system.
- f. Completed PCR's will be placed in the locked boxes at Station 1. PCR's will not be left in unsecured areas at any station or in any vehicle after they are completed. Access to the locked PCR boxes will be limited to the Medical Officer, District Clerk, and Chief.
- g. The pink copy of the PCR will be given to the ambulance crew, if available at time of patient transport. The white copy of the PCR will be secured in the station for 6 years, or for 6 years after the patient turns 18. The district clerk will be responsible for secure storage and maintenance of these PCR's. The yellow copy will be destroyed.

#### H. Infection Control

- I. The following precautions should be followed as basic Infection Control/sanitary measures applicable to the handling of all patients:
  - a. Assume that all patients may have a communicable (infectious) disease.
  - b. Assume that all blood and bodily fluids are potentially infected.
  - c. For patients known to have a communicable disease, inform other medical personnel to include incoming ambulance (if applicable).
  - d. Always exercise caution in administering any life support procedures which result in contact with any bodily fluids.
  - e. Gloves will be worn when treatment involves contact with patient's blood, body fluids, secretions, or excretions in order to avoid accidental contamination of open lesions or wounds. Goggles and masks should be worn if there is a possibility that such fluids could be sprayed or otherwise thrust at the face, or if there is risk of a communicable respiratory disease.
  - f. Exercise care to avoid accidental wounds or punctures from sharp instruments, metal, or glass.
  - g. After coming into contact with a patient, avoid touching your mouth, nose, eyes, or other mucous membranes until you have washed your hands thoroughly.
  - h. Use of a BVM with reservoir, a manually triggered resuscitator or pocket mask is preferred for patients in cardiac/respiratory arrest.
  - i. Wash or sanitize hands as soon as possible after every patient contact.
  - j. Place disposable items which have been contaminated into a red "bio- hazard" bag and turn into the hospital or ambulance service for proper disposal.
  - k. Clean equipment that cannot be sterilized, but was in contact with the patient's body fluids, using a 10% sodium hypochlorite (household bleach) solution.
- II. All personnel have the right to HBV vaccinations/boosters free of charge if they so desire. Any person requesting not to have the vaccination/booster shall sign a HBV declination form. Any person has the right at any time after signing the declination form to have the HBV vaccination/booster if they so desire. Contact the Medical Officer to arrange for the HBV vaccination/booster.
- III. Ryan White Act: If any member feels they may have been exposed to an infectious disease, contact the Medical Officer, who will query the hospital to that effect and

inform the potentially exposed member of the results. Provide name of patient, date, PCR number and suspected exposure.

I. Confidentiality

- I. All personnel will comply with current HIPPA policies and guidelines. Under no circumstances will any personnel divulge any information about any patient except as necessary for continuity of patient care, completion of PCRs, disclosure of a mandatory reporting situation (violent crime, methamphetamine laboratories, child abuse, etc.) to the appropriate authority, and for the protection of public health. This is to include name, address, date of birth, social security, phone number or any other information that identifies any patient.
- II. No information regarding EMS calls will be distributed by department members except as otherwise authorized in this SOG. This includes photographic, written, or verbal descriptions of incidents and includes but is not limited to social media, digital messaging applications, or media interviews. This does not apply to personnel acting in an official capacity as a public information officer, in which case the minimum appropriate amount of information will be released while still providing open and transparent communication of the operations of this department with the public. Personnel acting as public information officers will be authorized as such by the Chief or senior officer at the scene and will not release any personally identifiable information (PII) or protected health information (PHI).