

REVISION DATES: July 24, 2007

EMS EMERGENCY RESPONSE

OBJECTIVE:

This guideline is intended to provide direction for response to emergency medical service incidents.

GUIDELINE:

9.1 Capital City Fire / Rescue provides Emergency Medical Services (EMS) up to the Advanced Life Support Level. We operate under the authority of the State of Alaska and our Physician Sponsor.

9.1.1 CCF/R members providing EMS will be currently certified or licensed by the State of Alaska.

9.1.2 CCF/R members will pass a preceptor program before treating patients independently. They will only operate at their level of certification, licensure, or as authorized under the level of their expanded scope of practice, unless specifically directed by a higher medical authority.

9.1.3 CCF/R members will bi-annually pass a protocol examination for their level of certification/ licensure. The CCF/R Standard Operating Protocols (protocols) are the guidelines for EMS operations.

9.1.4 CCF/R members must receive initial and refresher training annually on Blood Borne Pathogens and PPE.

9.2 Staffing

9.2.1 Minimum staffing for an ALS ambulance is:

One ALS provider at EMT III or MICP.
One BLS provider at ETT level or higher

An engine company of two persons will normally respond with the ambulance. The MICP on duty may be assigned to this apparatus. If the MICP initiates care of the patient using drugs or procedures that are above the level of the EMT III assigned

to the ambulance, the MICP must continue care of the patient until the patient is turned over to a higher medical authority.

9.2.2 Minimum staffing for a BLS ambulance is:

Two EMT's at EMT I or higher certifications.

9.2.3 All first-in ambulances dispatched per appropriate run card to emergencies will continue to the scene of all MVAs, medical, or behavioral emergencies, or any call which is questionable as to the need for medical assistance. On scene contact with either the patient, CCF/R EMS personnel, or law enforcement personnel will be made via face to face communication by the initial responding ambulance personnel.

9.2.4 All subsequent ambulance cancellations will only be made by first in, on scene ambulance personnel or captain, duty officer, or incident commander after size-up and initial contact.

9.3 Mass Casualty response

9.3.1 A Multiple Victim Incident (MVI) is any situation which results in injury or illness to multiple persons and which meets the following criteria:

1. Three (3) or more IMMEDIATE category patients based on the START triage system and
2. Potential to overload the immediate resources of a single hospital emergency room and
3. Exceeds the resource capabilities of the initial response but which can be managed in a relatively short time period without the need to activate the Juneau Emergency Operations Center. (Generally, less than 12 patients)

9.3.2 An MVI response will be initiated under the following conditions:

1. Dispatch receives caller information that the incident involves 3 or more seriously injured or ill persons, or
2. first-in CCF/R units declare an MVI based on their initial scene size-up.

9.3.3 MVI Response Profile

An MVI declaration will result in the dispatch of sufficient additional units beyond the initial response so that the following reinforced response level is achieved:

1. Fire Chief
2. Division Chief of Operations
3. Safety Officer

4. EMS Training Officer
4. 2 Ambulances
5. 2 Engine companies
6. Special Teams as deemed necessary by the first on-scene CCF/R Officer

9.3.4 MVI Communications Procedure

Declaration of an MVI will initiate the following communications procedure:

1. Assignment of a Tactical frequency for on-scene radio communications and
2. notification by CCF/R Dispatch to hospital emergency departments to put their radios on monitor status and
3. notification of the Fire Chief or designee.

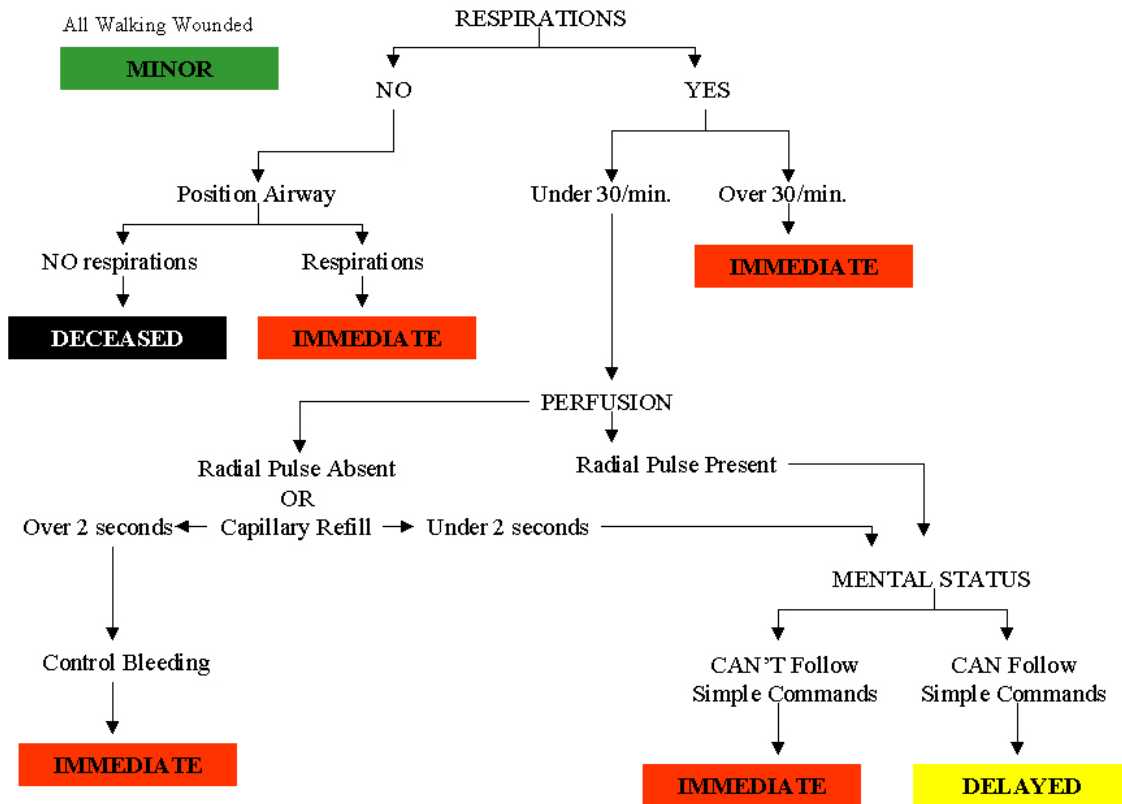
9.3.5 Initial Response

9.3.5.1 Initial Incident Command

1. Initial Incident Command will be assumed by the first-in company officer who will perform scene size-up
2. Size-up will include a brief description of the situation relayed to CCF/R Dispatch.
3. Initial Incident Command will assign the triage function and relay the triage report to dispatch using START criteria.
4. In the event that the incident meets the conditions for declaration of an MVI, the first-in company officer will declare an MVI and establish an MVI Incident Command System structure. The first-in officer will retain command until the arrival of the Duty Officer
5. Initial Incident Command will assess the need for and request additional resources that are needed in addition to the MVI Reinforced Response.
6. The initial Incident Command will designate a staging area for incoming reinforced response units.
7. The initial Incident Commander will affect an orderly transfer of command upon the arrival of the Duty Officer and will brief the Duty Officer on the incident including the START triage report.

9.3.6 Triage

Triage will be performed by the first-in FF/PM or FF/EMT utilizing the START Procedure.



9.3.6.2. Triage will account for and tag all patients.

9.3.6.3 Triage will assign immediate treatment needs to available personnel not otherwise assigned.

9.3.6.4 Triage will report number of patients and START categories to Initial Incident Command.

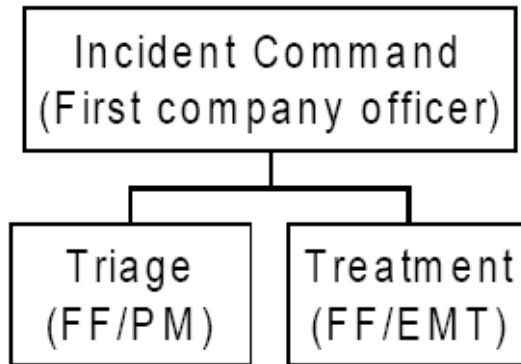
9.3.7 Treatment

9.3.7.1 Available personnel will be assigned to perform initial priority treatment as identified by Triage.

9.8. Reinforced Command

Multiple Victim Incident

Initial Response ICS Structure



9.3.8.1 Incident Commander

9.3.8.2 The Duty Officer will assume command from the first-in company officer and reassign the company officer as needed.

9.3.8.3 The reinforced response Incident Commander will coordinate the staging area and all incoming personnel will report in through the Incident Commander.

9.3.8.4 Incident Command may designate a Medical Branch/Group/Division and allocate needed personnel and resources.

9.3.8.5 Incident Command may designate an Extrication Branch/Group/Division and allocate needed personnel and resources.

9.3.8.6 Incident Command may designate a Medical Transport Officer.

9.3.8.6 Incident Command will account for all personnel.

9.3.8.7 Incident Command will terminate command upon completion of treatment and transport objectives and will direct the return to service of non-transporting units.

9.3.9. Medical Branch/Group/Division

9.3.9.1 The Incident Commander will assign the Medical Branch/Group/Division and brief them on the incident including the triage report.

9.3.9.2 Treatment teams will be formed and assigned tasks

9.3.9.3 A Ground Ambulance Coordinator and, if needed, a Helispot Manager will be assigned. The Helispot Manager must be familiar with helicopter operations and establish communications with aerial resources.

9.3.9.4 The Medical Branch/Group/Division command staff will communicate with receiving facilities and determine patient disposition based on available hospital resources.

9.3.9.5 The Medical Branch Director may provide direct patient care and transport upon termination of the Medical Branch.

9.3.10.0 Extrication Branch/Group/Division

- 9.3.10.1 The Incident Commander will assign the Extrication Branch/Group/Division and brief them on the incident including the triage report and extrication priorities.
- 9.3.10.2 The Extrication Branch/Group/Division command staff will obtain personnel resources from Incident Command and will form and direct Extrication Teams

9.3.11.0 Safety Officer

- 9.3.11.1 The Incident Safety Officer will identify and mitigate hazards.
- 9.3.11.2 The Incident Safety Officer will exercise the authority to prevent or stop unsafe actions.
- 9.3.11.3 The Incident Safety Officer will not engage in any task that precludes performing the safety function.

9.3.12.0 Treatment Teams

- 9.3.12.1 Treatment Teams will be formed by the Medical Branch/Group/Division and assigned according to available resources and patient need.
- 9.3.12.2 Treatment Teams will assess and treat patients.
- 9.3.12.3 Treatment Teams will direct and assist with removal of patients to assigned ambulances or temporary treatment area.
- 9.3.12.4 Treatment Teams will obtain the hospital destination from the Ground Ambulance Coordinator and continue to assess and treat during transport.
- 9.3.12.5 A Treatment Team member will communicate necessary patient information to the appropriate receiving facility while enroute.

9.3.13.0 Ground Ambulance Coordinator

- 9.3.13.1 The Ground Ambulance Coordinator will be assigned by the Incident Commander (or Medical Branch/Group/Division) and will coordinate patient/ambulance disposition based on hospital availability as specified by the Medical Branch Director.
- 9.3.13.2 The Ground Ambulance Coordinator will communicate directly with Bartlett Regional E.R, if possible via land telephone line 796-8305. The line should be kept open during the incident.
- 9.3.13.3 The Ground Ambulance Coordinator will assure that patients are transported in an effective manner by assuring that there are adequate Treatment Team personnel with the patient(s) during transport.
- 9.3.13.4 The Ground Ambulance Coordinator will record ambulance status, patient disposition and accompanying personnel and will report this information to Incident Command periodically and after all patients have been transported.
- 9.3.13.5 The Ground Ambulance Coordinator will manage any temporary treatment area.

9.3.14.0 Helispot Manager

- 9.3.14.1 The Helispot Manager may be assigned by the Incident Commander when helicopter transport is utilized.
- 9.3.14.2 The Helispot Manager will establish and control a landing zone (including assuring a tail guard.).
- 9.3.14.3 The aircraft pilot is in command of their aircraft. The Helispot Manager will may assist as directed by the pilot in the landing and take-off of the aircraft.

9.3.14. 4 The Helispot Manager will direct patient loading in conjunction with the flight crew.

9.3.15.0 Extrication Group

9.3.15.1 The Extrication Group will consist of a Rescue Company and any other resources as determined by Incident Command.

9.3.15.2 The Extrication Group will be under the command of the Incident Commander or if appointed, the Extrication Branch/Group/Division command staff.

9.3.15.3 The Extrication Branch/Group/Division will coordinate heavy extrication and patient removal with the Medical Branch Director.

9.4 Fatalities

9.4.1 Fatalities will be left insitu (in the original place and condition) unless it is necessary to move the fatality to accomplish rescue, treatment of other patients or to confirm death. When in doubt, treat but remember that fatalities are the last priority.