

		<p>MUKWONAGO FIRE DEPARTMENT</p> <p>OPERATING PROCEDURES</p>	
EMS Operations		Approved by: Chief Jeffrey A. Rolfe	
SOG #1	Draft Date: 3-22-93	Revision Date: 4-28-09	Effective Date:

PURPOSE: To establish procedures for maximizing fire fighter and EMS personnel safety when responding and dealing with emergency medical calls.

SCOPE: This procedure is to be followed by all officers and members of this department. Authority to deviate from this procedure rests with the Chief of the Department who will be responsible for the results of any deviation.

A. Scheduling

1. Ambulance shifts will be as follows, each day of the week:
Day shift – 0600 to 1800
Night shift – 1800 to 0600
2. Once assigned to an ambulance shift, which has been posted on the monthly ambulance schedule, it is the responsibility of the EMT to cover the shift or have coverage, of equal or greater level, for the shift.
3. Changes to the ambulance schedule will have notification made to the entire ambulance crew by a phone call or email. If notification is within 24 hours of the shift, notification must be made by a phone call. Changes to the schedule shall also be recorded on the schedule in the primary ambulance for that shift.
4. Weekday and weekend daytime ambulance sign up will be posted at station #1 on the EMS information board 2 months in advance. There is no limit to the number of shifts an EMT can sign up for during weekday and weekend day shifts.
5. If an EMT should not sign up for a weekend day shift by EMS training and there are open shifts, the scheduler will assign shifts to those EMT's.

6. All night shifts of the ambulance schedule will be covered by the duty company that is on shift for that night.
7. When the ambulance schedule is completed for each month, the schedule will be posted on the MFD website, emailed to the members' email addresses, posted at each station, and placed in each ambulance. Access to the website can be gained while on a call via the laptop in each ambulance to check the ambulance schedule, if needed.

B. Crew Make-up

1. Each day of the week, there will be a fulltime firefighter/paramedic on call that remains at the station during his/her shift.
2. The primary crew will be scheduled with a minimum of 1 EMT-Basic and 1 EMT-IV Tech. The third crew member can be a driver and/or any level EMT. The on call paramedic will be first to respond to all primary EMS calls.
3. Daytime ambulance shifts are covered by EMT's available who signed up for the shift. Nighttime ambulance shifts will be covered by the duty company on shift for that night.
4. Second and third ambulance calls will be covered during daytime by personnel available to respond and nighttime will be covered by the duty company that is scheduled for that night. If non duty company personnel are in quarters and wish to respond to second and third ambulance calls, this is acceptable.
5. Student EMT's will be added to the schedule and more information can be referred to in SOG #16.
6. When a member of the duty crew is in quarters and is not on ambulance crew, they will respond with the on call paramedic to any EMS calls to be additional aid for the paramedic. Member must have a minimum training of CPR to respond with the paramedic. This practice is acceptable on paramedic intercept calls if a student is not responding with the paramedic. The paramedic does have the right to deny additional help for his or her response.

C. Responding to Ambulance Calls

1. When a paramedic is available, he/she will respond in the paramedic response vehicle with a staffed ambulance.
2. Crew members may respond to the scene in their private vehicles (POV) when it is within the response area of the MFD. If the call is on Interstate 43 or not in the response area, the crew members must respond in a MFD vehicle.

3. Prior to responding to a call, the ambulance driver will obtain the address from the CAD printer and make sure that he/she is knowledgeable in where the incident is. Use of a map, Garmin GPS unit and dispatch information will aid the crew in directions to the incident.
4. When responding to a possible violent scene, 3410 will respond and a staging area will be established by the law enforcement or command staff until the scene has been secured by law enforcement.
5. Once on the scene, units should stage in the driveway of the incident or on the same side of the street of the incident.
6. Responding personnel shall have their firefighting PPE with them in the event an additional incident comes in while they are out of quarters.

D. On Scene

1. Patient contact needs to be radioed into dispatch for a time stamp.
2. Patient care is to be professional with treatment of the patient to follow the Waukesha County guidelines.
3. When a paramedic is on scene, he/she will determine with the crew if the paramedic should transport with the patient or if the crew is comfortable transporting the patient to the hospital. If the paramedic does not transport the patient to the hospital, then the report should be documented as to why the paramedic did not transport.
4. If a paramedic is not available for a patient, then a second page should go out for a paramedic from MFD to respond. If a MFD paramedic is not available, then mutual aid shall be called. The crew should determine if they should wait for mutual aid or to transport. Do not delay transport just to wait for mutual aid. The crew can do a paramedic intercept with the mutual aid, if necessary.
5. Transport decisions shall be made with information to patient medical treatment needed and which hospitals are accepting patients. WI Trac should be checked to make sure that the hospital that you wish to transport to is open and accepting patients.

E. At the hospital

1. Patient will be transferred to the hospital staff. Signature from the staff will be obtained when patient is transferred as well as a signature will be obtained from the patient, as

well as the patient is competent and not a minor. If the patient is unable to sign, that that shall be documented in the report.

2. An EMS report shall be completed while at the hospital and 2 copies of the report will be printed. One copy shall be left at the hospital and the other copy shall be returned to the station for QA.
3. The driver of the ambulance and any other staff not involved in writing the report shall restock and clean the ambulance while at the hospital. While at the hospital, the crew shall look for any extra equipment that belongs to the MFD. The equipment shall be cleaned and returned to the proper station or vehicle.

F. Back in Quarters

1. The ambulance report needs to be posted to WARDS.
2. Ambulance needs to be restocked, batteries need to be replaced with fresh ones and the trash needs to be emptied.
3. The ambulance needs to be cleaned on the exterior by washing in the winter, and anytime the exterior of the ambulance is not clean. Vehicle shall be towel dried after washing.
4. The ambulance should be refueled when the fuel gauge is below $\frac{3}{4}$ of a tank. Fuel tickets will be filled out whenever fuel is added to the vehicle. Fuel tickets are found in the radio/report room.
5. Any items not available for restocking the ambulance shall be written on the board at Station #1, on the wall between the ambulances. Any mechanical problems with the ambulances shall be reported to the officer in charge of the shift.

G. Multiple Calls

1. When the primary and back-up ambulance is out on calls, the third ambulance shall be staffed with available personnel during the daytime and the duty company during the evening. An EMS report shall be entered for the stand-by
2. When all three Mukwonago ambulances are not available, then mutual aid shall be called to stand by either at Mukwonago Station 1 or in that department's quarters. This decision will be made by 3410. MFD staff shall wait in quarters with the Mutual Aid department to be available to respond with that department. An EMS report shall be entered for the stand-by or the possible patient contact, if there should be a response.

H. EMS Response to a mutual aid department

1. When a BLS ambulance is requested from MFD, the next due ambulance crew shall respond. A minimum of 2 EMT-Basics shall respond.
2. When an ALS ambulance is requested from MFD, the next due ambulance crew shall respond with a minimum of an EMT-Basic and an EMT-IV Tech. If the on call paramedic is available, he/she shall respond as well.
3. When an ALS intercept is requested from MFD, the on call paramedic shall respond in the paramedic response vehicle. If the on call paramedic is not available and another MFD paramedic is available, then he/she can respond using an ambulance and the equipment of that ambulance. 3410 needs to be notified when an ambulance is used for an intercept.

I. Decon of EMS equipment

1. All equipment that has come into contact with bodily fluids needs to be cleaned with a 10% bleach solution. Proper BSI shall be worn when cleaning and handling equipment.
2. All equipment that has been used during a call shall be cleaned after each use with disinfectant wipes, which can be found in the ambulance or at the hospital in the EMS room. Examples of equipment are stethoscope, BP Cuff, SPO2 sensor, and cot.
3. Mondays and Tuesdays of each week: The 3 ambulances and paramedic response vehicles are decontaminated and checked by the fulltime staff.

J. EMS Rehabilitation Duties

1. The first ambulance at the scene of an incident that is not involved in the care of victims shall establish that ambulance for firefighter rehabilitation (rehab).
2. If the first ambulance at the scene will be involved in the care of victims, either a second ambulance or mutual aid will be requested to respond to establish firefighter rehab.
3. Once rehab has been established, command shall be notified.
4. All firefighters that have had an SCBA on and require the change of an air cylinder must, before donning another cylinder, go through EMS rehab.
5. Any firefighter, once in rehab, that shows signs of elevated vital signs or CO retention **must stay in rehab** until either released or transported to a hospital for further evaluation. If the firefighter's vitals are within normal limits, that firefighter will be released to continue firefighter duties.

6. The incident commander must be kept aware of any transports or delays resulting from rehab.