

**TRURO FIRE RESCUE  
STANDARD OPERATING GUIDELINE**

**S.O.G. #111 EMERGENCY MEDICAL SERVICES  
EFFECTIVE 02-08-99  
REVISED 03-12-07**

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## **1. GENERAL**

**1.1** The Truro Rescue Squad is an entity of Truro Fire Rescue, therefore all members shall follow Truro Fire Rescue Rules and Regulations; Standard Operating Procedures; General Orders; Cape & Islands Emergency Medical Services System's Protocols, Policies and Guidelines, and all pertinent Commonwealth of Massachusetts Regulations and Laws governing Emergency Medical Services.

**1.2** In the event of a call to respond to a medical emergency, known illness or injury, Fire Alarm will dispatch available rescue members and Department class I ambulances to treat at the scene and/or transport patients to an appropriate medical facility within its regular operating area.

**1.3** **Truro Fire Rescue shall document the patient care rendered on the Cape & Islands Emergency Medical Services System, Inc. CIEMSS "Standardized Ambulance Report Form"(SARF).**

**1.3.1** Distribution of copies of the SARF shall be as follows:

- A.** 1 copy is to remain with the patient for their hospital medical record.
- B.** 1 copy to be forwarded on a regular basis to the CIEMSS office.
- C.** 1 copy to be retained for Fire Department Records..

**1.3.2** The SARF shall be considered a medical record and shall be handled with the confidentiality required. Pursuant to an exception definition under MGL Chapter 4, section 7, ci. twenty-sixth (a)-(1) Exemption (c) of clause 26, personnel and medical files or information are exempt from the public record statute MGL Chapter 66, section 10.

**A.** All documentation shall be considered confidential except the following:

- 1.** Date
- 2.** Times of incident
- 3.** Location
- 4.** Patient name
- 5.** Patient age
- 6.** Reason for call
- 7.** Specific department information may be considered public information at the discretion of the Chief.

**1.3.2 cont.**

- B.** Information recorded on the SARF, except that noted in 1.4.2 A, shall be released by the Department only to the following:
- 1.** The individual whose case is documented.
  - 2.** The parent or legal guardian of a patient under the age of eighteen (18) years, who is not an "emancipated minor".
  - 3.** Any other person representing or designated by the patient, provided said representative or designee delivers permission on a form, "Authorization for Release of Confidential Records", provided by the Department, signed by the patient and witnessed and/or other legal document.
  - 4.** Commonwealth of Massachusetts Medical Examiner.
  - 5.** Anyone listed pursuant to a court order or subpoena.

**1.4 All Controlled Substances & Medications are the responsibility of the Fire Chief and Paramedics. Only authorized personnel shall administer medications specified in the currently approved Cape and Islands Emergency Medical Services Systems' Medical Protocols.**

**1.4.1** All Paramedics shall have access to locked medication storage boxes and cabinets. All EMT-Basics certified to use Epi-Pens shall have access to the medication boxes in the event the Epi-Pen is required for patient treatment.

**1.4.2** All medications are to be checked at least once weekly to insure that an appropriate stock level is present and that medications have not reached their expiration date. This check should be noted in the medication Log. The Rescue O.I.C. shall periodically review and sign the controlled substance and medication count sheets to insure that checks are made.

**1.5 On rescue calls where food poisoning is suspected, a written report shall be filed with the Town of Truro Health Agent.**

- 1.5.1** The report shall include the following:
- A.** If food was prepared and eaten at home, name of the store where the food was purchased.
  - B.** If food was prepared commercially, name of the restaurant where the food was purchased.
  - C.** If clams or shellfish were dug locally, name the specific location.
  - D.** Time food was eaten and when the first symptoms appeared.

**1.6 Line of duty injury to a Department member at an EMS incident.**

**1.6.1** A department member who has been injured in the line of duty **"MUST"** report the injury to the Officer in Charge. The Rescue Squad will treat and transport, if necessary, the injured member to an appropriate medical facility.

- 1.6.2** As soon after the incident as possible, the injured member will complete an incident report concerning the circumstances surrounding the injury with the Rescue O.I.C. Who in turn will notify the Chief ASAP.
- 1.6.3** When necessary, the appropriate Infection Control Forms will be filed with the Infection Control Officer, Rescue O.I.C. and the Chief.
- 1.7** **Newly appointed Rescue Squad Members (also see 16.0 Rules & Regulations)**
- 1.7.1** New members shall be required to successfully complete a six (6) month probationary period.
- 1.7.2** The probationary period shall be used by the Officers to observe and evaluate a new member's performance, attitude, conduct, and work habits. The new member shall utilize this probationary time to become acquainted with the Rules and Regulations, SOGs, General Orders ETC, and equipment and vehicles of the Rescue Squad.
- 1.7.3** Upon the expiration of the probationary period the Rescue O.I.C. shall notify the Chief that.
- A.** The new member's performance meets satisfactory standards and that they should be retained as a permanent member.
  - B.** The new member's performance does not meet satisfactory standards and that they require another probationary period of six (6) months.
  - C.** They should not be retained as a Rescue member.
- 1.7.4** All newly appointed members to the Rescue Squad will have eighteen (18) months in which to gain their Massachusetts EMT-Basic certification, after appointment as a regular member.

## **2. CERTIFICATION OF ATTENDANTS**

- 2.1** **All members of the Truro Rescue Squad must be certified as Emergency Medical Technicians, 105 CMR 170.800 et seq. and 105 CMR 170.941, or First Responders, 105 CMR 171.000, as defined by the Commonwealth of Massachusetts. Additional certification recognized by Truro Fire Rescue are.**
- 2.1.1** Paramedic as certified by the Commonwealth of Massachusetts.
- 2.1.2** Medical Anti-Shock Trouser (MAST) as certified by the Commonwealth of Massachusetts.
- 2.1.3** Semi-Automatic Defibrillator as certified by Region 5, Cape and Islands Emergency Medical Services Systems.

2.1.4 Epinephrine auto-injector (Epi-Pen) as certified by Region 5, Cape and Islands Emergency Medical Services Systems.

**2.2 The functions of the EMT-Basic shall include the following:**

2.2.1 Providing basic emergency medical care for patients at the scene and/or during transportation to a medical facility.

2.2.2 Operation of Class 1 Rescue/Ambulance.

2.2.3 Other duties consistent with this level of certification such as, but not limited to, proper documentation.

**2.3 Supplemental training requirements for EMT-Basic shall consist of the following.**

2.3.1 A current certificate, based on an annual renewal in Cardio-Pulmonary Resuscitation (CPR), consistent with the standards of the American Heart Association. A copy of the current certificate must be on file with the Training Officer.

2.3.2 A Rescue Squad member who has been certified as an EMT-Basic will, within the two-year term, seek recertification through the following mandated.

- A. A department provided or equivalent OEMS approved DOT Refresher course of not less than twenty (28) hours.
- B. Acquisition of not less than twenty-eight (28) hours of additional OEMS approved continuing education hours.
- C. A Rescue Squad member who does not attend the Truro Fire Rescue DOT refresher or CPR courses shall provide proof of attendance and course approval number.
- D. Upon receipt, a copy of the EMT-Basic certificate shall be provided to the Rescue O.I.C.. The right is reserved to view the original certificate.

**2.4 The functions of the First Responder shall include the following:**

2.4.1 Providing basic pre-hospital emergency medical care for patients at the scene and/or during transportation to a medical facility.

2.4.2 Operation of Class 1 Ambulance with an EMT, or meeting an EMT at the scene.

2.4.3 Other duties consistent with this level of certification such as, but not limited to, proper documentation.

**2.5 The First Responder supplemental training requirements shall consist of the following.**

- 2.5.1** A current certificate, based on an annual renewal in Cardio-Pulmonary Resuscitation (CPR), consistent with the standards of the American Heart Association. A copy of the current certificate must be on file with the Training Office (see 1.7.4)
- 2.6** Any member of Truro Fire Rescue holding recognized certification above the level of EMT-Basic, as allowed in 2.1 of this document shall maintain their training level in accordance with the procedures and requirements of the Commonwealth of Massachusetts and Cape and Islands Emergency Services System. The member must provide the Rescue O.I.C. with current copies of all such additional certification and must be notified of any change in certification. Any member with additional certification as recognized by Truro Fire Rescue as outlined in Section 2.1 of this document shall comply with all policies of the Commonwealth of Massachusetts, Cape and Islands Emergency Services System and/or Truro Fire Rescue.
- 2.7** **Additional requirements for the Rescue Squad include the following:**
- 2.7.1** Must be at least eighteen (18) years of age.
- 2.7.2** Have a valid Massachusetts motor vehicle license, a copy of the current license must be on file with the Rescue Captain at all times.
- 2.7.3** Abstain from the use of drugs or substances, which impair professional judgment and/or practice. (Town of Truro Policy #25)
- 2.7.4** Must be free of any physical or mental impairment or disease in accordance with 105 CMR 17c).910A(4).
- 2.8** The Rescue member shall be responsible for reading posted notices in regards to new equipment, equipment changes and policy and procedure updates. They shall also be responsible for knowledge of the location and operation of on board rescue equipment.
- 2.9** A copy of 105 CMR 170.000 through 171.000 is available for review by any member by contacting the Fire Chief.

### **3. CONDUCT**

- 3.1** The conduct of Truro Fire Rescue members shall be above reproach at all times. Members shall conduct themselves in a professional manner, avoiding vulgarities, slang and the discussion of confidential matter acquired in the performance of their duties.
- 3.2** When engaged in rescue squad duties, members shall have a valid Massachusetts driver's license, CPR, First Responder, EMT cards with them.
- 3.3** Members responding to a rescue call shall dress as clean and neatly as possible. (See SOP 101)
- 3.4** **Smoking is prohibited at any time in all Fire Department vehicles.**
- 3.5** **Attendance Expectations**
- 3.5.1** Rescue Squad members are required to attend a minimum of fifty percent (50%) of the Department meetings and drills. (See 18.0 rules & regulations)
- 3.5.2** Do to the intense number of annual Rescue calls, Rescue Squad members shall maintain a thirty three percent (33%) attendance record per quarter. A quarter shall consist of a three-month period, i.e.: January, February, March would be the first quarter.
- 3.6** **Failure to meet Attendance Expectations. (See 16.0 rules & regulations)**
- 3.6.1** Members who fail to abide with the attendance requirements, may face disciplinary action by the Board of Fire Engineers. Such action may include any of the following.
- a.** oral reprimand
  - b.** written reprimand
  - c.** suspension with pay
  - d.** suspension without pay
  - e.** dismissal

### **4. DUTIES OF TRANSPORTATION**

- 4.1** The Rescue shall be dispatched in the case of critical or unknown illness or injury to provide life-support at the scene and transportation to the nearest appropriate medical facility.
- 4.1.1** Upon receipt of a call to respond to a critical or unknown illness or injury, a class 1 ambulance shall be promptly dispatched to the scene. If the dispatcher has reason to believe that a class 1 ambulance will not be available within five (5) minutes, the dispatcher shall contact the (district) backup ambulance to respond to the emergency.

- 4.1.2** Upon receipt of call to respond to a critical or unknown illness or injury, and the dispatcher has reason to believe that another ambulance service has the capacity to reach the scene in a significantly shorter period of time, the dispatcher shall notify that affected Department. (Barnstable County Mutual Aid Agreement)
- 4.1.3** Truro Fire Rescue has two class I ambulances. In the event one vehicle is not available due to a previous call or mechanical failure, the second class I ambulance is to be used.
- 4.1.4** All transports to local medical facilities are to be performed by the Truro Fire Rescue ambulance. (If available)
- 4.1.5** All patient transports to Cape Cod Hospital are too made by Lower Cape Ambulance (LCA) as required by contractual agreement.
- 4.1.6** When Lower Cape Ambulance is not available or committed to another transport; the responding rescue vehicle and crew shall transport that patient to Cape Cod Hospital. When Truro Fire Rescue ambulances are utilized to transport to Cape Cod Hospital, Lower cape Ambulance Assn. Shall reimburse the Town for the wages paid to Truro Fire Rescue employee, and fuel the ambulance.
- 4.1.7** Transporting rescue vehicles should make every attempt to transfer their patient to Lower Cape Ambulance before reaching the Orleans Rotary. If this cannot be achieved, the Rescue Squad will continue to transport the patient to Cape Cod Hospital or an appropriate medical facility. Patient transport shall not be delayed for Lower Cape Ambulances arrival.
- 4.1.8** When the Rescue Squad transports a patient to Cape Cod Hospital it is the responsibility of the crew to obtain billing information as required by Lower Cape Ambulance contractual agreement, i.e.; the patients name and address, phone number, social security number, Health Insurance Company and insurance number.
- 4.1.9** When Lower Cape Ambulances are out of service due to maintenance or mechanical failure, Truro Fire Rescue shall be made available to the attendants of Lower Cape Ambulance for the transport of patients from Truro to Cape Cod Hospital.
- 4.1.10** If Rescues, Lower Cape Ambulance or the LCA attendants are not available the Rescue Squad shall utilize the mutual aid system with neighboring towns.
- 4.1.11** Drivers shall at all times drive in a safe manner, using care and caution. Speed at all times shall be reasonable and proper, with due consideration given to the driving conditions.

- 4.1.12** In the event that two (2) EMTs are required with the patient, the senior EMT or Officer in Charge (OIC) at the scene will determine if a third EMT is available to drive. If no EMTs are available, only then will a First Responder be allowed to drive the ambulance while transporting a patient.
- 4.2** On scene management of rescue calls and Motor Vehicle Accidents shall be the responsibility of the senior Fire Department officer or most senior EMT. (See chain of command)
- 4.2.1** Upon arrival at an incident, and after a survey of the scene for safety, the following equipment shall be taken to the vicinity of the patient. There will be no exceptions to this rule. The equipment is of no use left in the Rescue and important time may-be lost returning to obtain this equipment.
- A.** First In Bag, O2
  - B.** SAED (Life Pak 10 monitor
  - C.** Advanced Life Support Bag
  - D.** SARF Clip Board
- 4.2.2** There will be no more than 4 rescue members allowed to enter a building on a rescue call unless otherwise directed by the OIC.
- 4.2.3** At the scene of a motor vehicle accident (MVA) the first arriving officer or emergency vehicle will assume command and give an on-scene report to the dispatcher so that responding rescue personnel and vehicle will be appraised of the seriousness of the incident. The Incident Commander will relay the following information to the dispatcher:
- A.** Number of vehicles, severity of damage and positions of the vehicles involved.
  - B.** Estimated number of patients and their priorities.
  - C.** Any additional equipment that may be required.
- 4.2.4** Rescue members responding in their private vehicles will not park so as to block the roadway or traffic and appropriate access for responding emergency vehicles.
- 4.3** The Rescue Squad will not transport between medical facilities any patient receiving medical treatment that is beyond the training and certification capabilities of the EMTs and Paramedics staffing the Rescue.
- 4.4** Upon responding to a rescue call, the Rescue is required to sign on the air with the Barnstable C-Med radio. Once radio contact with the hospital has been established rescue then comes under the control of the attending emergency room physician. Orders for care, treatment and report of patients are taken from Cape Cod or Falmouth Hospitals.

4.5

Care rendered which requires documentation, shall include, but is not limited to all patients that have been given basic life support (BLS) or advance life support (ALS) care at the scene and/or en route to a medical facility, when a patient requires first aid regardless of the need for transportation, any person who is examined by a First Responder, EMT or Paramedic, including those patients who are not reported to a medical facility for more definitive care and persons who refuse medical care. If a person refuses to cooperate, follow up with the best documentation available noting patient's refusal.

4.5.1 Documentation shall at all times be and carried out in such a manner as to insure legibility of all copies of the document.

4.5.2 Documentation will be completed with the transfer of a patient to Lower Cape Ambulance, at Cape Cod Hospital or upon completion of an incident. Such documentation includes, but is not limited to, the following:

- A. CIEMSS Standard Ambulance Report Form (SARF)
- B. An Incident Report
- C. Appropriate notation of incidents, including times, on the daily Rescue Log.
- D. Notation of equipment left with patient, as outlined elsewhere in this document.
- E. Any other documentation as may be required by this document and/or by the Fire Chief, Cape and Islands Emergency Medical Services System and the Commonwealth of Massachusetts.

4.6 The Rescue, operating under unusual circumstances, may be directed to alternate facilities in the instances outlined below. (Hospital Diversion)

4.6.1 When the appropriate facility noted above redirects the Rescue to another facility.

4.6.2 During a major medical incident, disaster or mass casualty incident (MCI) when the rescue destination is determined by Medical Control, Transportation Officer or C-Med.

4.6.3 As defined in the CIEMSS Protocols.

4.7 **The Truro Fire Rescue Ambulance shall NOT be utilized to transport a deceased human body.** In any instance where a deceased individual is encountered, the Police Department and the Medical Examiner must be notified and the scene turned over to their personnel.

- 4.7.1** Circumstances when it is in the interest of Public Health and Safety to transport a deceased human body:
- A.** When the Emergency Room Physician has declared a condition 13 on a patient that is being transported to the hospital.
  - B.** When the patients physical condition threatens the lives and well being of others, such as a contagious disease or virus.
- 4.8** Patient shall not be transported while in a wheel chair. Such a patient shall be placed on an ambulance stretcher.
- 4.9** All members of Truro Fire Rescue and passengers shall use seat belts and shoulder belts in vehicles so equipped. All patients and non-patients, such as a relative, must be appropriately secured in the ambulance or by vehicle seat belts during transportation. Infants must be restrained by either the patient cot or an infant safety seat.
- 4.10** No non-patient friend, patient friend or relative shall be present in the patient compartment during transportation except as defined in 4.10.1.
- 4.10.1** A parent or legal guardian will be allowed to accompany a minor child in the patient compartment at the discretion of the attendants.
- 4.11** The Ambulance shall be checked at the completion of each run and restocked and cleaned as indicated within this document.
- 4.12** Duties of Drivers
- 4.12.1** The operation of the Ambulance shall always be carried out in accordance with applicable traffic and motor vehicle laws and regulations of the Commonwealth of Massachusetts. Reckless driving is never tolerated.
  - 4.12.2** The driver shall always use care to ensure the safety of themselves, other Rescue Squad members, patients, other passengers in the vehicle, Fire Department vehicles and equipment and the general public.
  - 4.12.3** The driver shall keep abreast of road conditions and exercise appropriate caution. Both the driver and attendant shall remain alert to potential hazardous situations.
  - 4.12.4** The driver shall not pass other responding emergency vehicles unless signaled by the other vehicle's operator to pass. A safe distance shall be maintained between responding vehicles.

- 4.12.5 The operation of the Ambulance shall always be carried out in accordance with applicable traffic and motor vehicle laws and regulations of the Commonwealth of Massachusetts.
- 4.13 Regulations regarding passing of School Buses
- 4.13.1 In accordance with Chapter 90, Section 14 of the Massachusetts General Laws, the driver of an ambulance must stop in accordance with this law when a School Bus has stopped to allow passengers to alight or board from the same and whose red light are flashing. **THE EMERGENCY VEHICLE MUST STOP BEFORE REACHING THE SCHOOL BUS AND NOT PROCEED UNTIL WARNING SIGNALS (RED LIGHTS) ARE DEACTIVATED.**
- 4.14 When parking, backing up or negotiating in tight spaces with the Ambulance, the driver shall use any means possible to prevent injury to a person or property damage. At the scene of a rescue call, a rescue member will assist the driver while backing up or negotiating a tight space with the Ambulance.
- 4.14.1 Upon arrival at an incident scene, the Ambulance shall be parked in a safe area, but positioned as closely as possible for easy accessibility to the patient.
- 4.14.2 When the Ambulance is not carrying a patient and must back up or negotiate in a tight space the attendant shall assist the driver.
- 4.14.3 When the Ambulance is carrying a patient the driver shall exercise extreme caution when backing or negotiating in a tight space. When possible, the attendant in the patient compartment shall visually assist the driver.
- 4.15 Red warning lights and headlights shall be used at all times during a Rescues response to an emergency call or while carrying a patient. The use of the siren shall be to access the right of way and to proceed through intersections. When the Rescue is to be parked for extended periods, such as fire scenes, the driver shall keep a minimum number of warning lights in operation to ensure safety and to minimize the demand on the vehicles electrical system.
- 4.15.1 When responding to an emergency call or transporting a patient, the Ambulance will stop for all red lights and stop signs unless otherwise directed by a police officer.
- 4.15.2 When transporting a non-life threatening emergency only the primary or secondary red lights shall be used. The Ambulance will respond with traffic..

- 4.16** In the event of an accident, the EMTs shall provide medical care to the best of their ability and initiate back-up response from the dispatcher. The driver and the senior EMT staffing the Ambulance at the time of the accident shall prepare all necessary accident reports for the Police Department, the Registry of Motor Vehicles, the Town's Insurance carrier and any other forms as may be required by the Chief of Department.
- 4.17** When called to transport a prisoner, a Police Officer **must** accompany the Attendant to the hospital in the patient compartment of the Rescue.
- 4.17.1** When transporting a female prisoner, the Police Matron **must** accompany the prisoner in the patient compartment.
- 4.17.2** When a matron is not available to accompany a female prisoner, or when transporting an emotionally unstable female patient, a Police Officer **must** accompany the patient in the patient compartment.
- 4.18** When mechanical failures occurs with a Ambulance the Rescue O.I.C. will notified the Chief as soon as possible so he may arrange for repair of that vehicle.
- 4.18.1** If a mechanical failure occurs while the Ambulance during an emergency response, the dispatcher shall be notified immediately and advised to initiate a back-up response. That rescue vehicle will then be placed out of service pending completion of repairs.
- 4.18.2** After back-up response has been obtained, the dispatcher shall be informed of the nature of the problem and what assistance will be needed.
- 4.18.3** If a mechanical failure occurs while the Ambulance is in transit, but not during an emergency response, the dispatcher shall be notified of the problem and assist as needed.
- 4.18.4** If a mechanical failure occurs with Ambulance at quarters shall require the notification of the dispatcher. The above shall also be notified when the problem has been repaired and the rescue vehicle placed back in service.
- 4.18.5** If the Ambulance is out of service at quarters, appropriate notices shall be placed in the daily Rescue Log, on the wipe board located in the apparatus bay and in the Ambulance to warn rescue members who may not be aware that the Ambulance is out of service. The Chief or OIC will notify members by Fire Alarm Tone with a message notifying them that the Ambulance is out of service. When the Ambulance is back in service the OIC will notify members in the same manner.

**4.9** Transport of Patients to Free-Standing Clinics, dated November 21, 1991  
Updated January, 10, 2007

**4.9.1** Purpose: To define the requirements for identifying and gaining approval to use freestanding clinics as a receiving destination for pre-hospital patients.

**4.9.2** Definitions:

**Acute Care Hospital:** A facility designed by the Department of Public Health as a hospital capable of treating patients on an inpatient basis and which operates a full time 24 hour per day emergency department.

**Freestanding Clinic:** Any health care facility, staffed by physicians, other than an acute care hospital to which pre-hospital patients may be transported.

**4.9.3** Policy/Procedure

A. The standard destination for patients transported by this system shall be to an emergency department facility which is part of a full-service hospital, and offers 24 hour 7 days a week service.

B. Recognizing that transportation to a local clinic, which provides care? for acute illnesses and injuries, may, on occasion, be in the best interest of the patient; the following guidelines shall be employed in deciding whether to utilize such a facility:

1. The Clinic must have a physician on duty to receive the patient.
2. The patient's illness or injury and acuity must be judged to be within the capability of the clinic to provide proper care.
3. The condition for which the patient is being transported is not likely to result in the necessity for admission to a hospital.
4. The estimated travel time to a full-service emergency department exceeds the estimated travel time to the clinic

C.

Departments which utilize local clinics as a destination point for patients transported by their services shall conduct a survey of those clinics they would normally expect to use, completing the "Free Standing Emergency Clinic Survey Form" provided by CIEMSS. The service shall maintain a file for this purpose, and provide a copy of such surveys to CIEMSS for review.

D. When considering transportation to a clinic, rather than an emergency department, the following steps must be taken prior to the transport:

1. The patient must agree with the decision to utilize the local clinic f his/her care.

2. The patient's injuries are judged to fall within the "Priority Three" category.
3. The patient must be informed as to the payment requirements of the clinic, and indicate his/her agreement with and ability to comply with these requirements.
4. The facility must be contacted and insure that:
  - a. It is open and able to accept the patient
  - b. A physician is present in the clinic
  - c. Given a prescription of the patient's illness/injury by the EMS provider, the physician agrees that he/she considers the conditions appropriately treatable in the clinic.
  - d. Such equipment as is deemed appropriate to meet the patient's needs is present, operable, and available for use immediately upon arrival.

#1 i.e., if the patient has a suspected fracture, the facility must have a functional x-ray machine and technician available.

- e. The facility agrees to accept the patient for treatment, and will transfer the patient to a hospital emergency department based only on his/her medical needs.
  - f. NOTE: Communication between the EMS provider and the clinic physician may be made directly via telephone from the field, or through the service dispatcher (Not through Barnstable C-MED)
- E. Once the decision has been made to transport the patient to a local clinic, C-Med shall be contacted and informed of the patient's decision.
- F. The Paramedic or EMT shall complete the Standard Ambulance Report Form on all patients transported to local clinics.
- G. The Service Medical Director or his designee will periodically review calls where patients are transported to local clinics.

## **5. NON--DISCRIMINATION**

- 5.1** Rescue Squad members shall not discriminate or cause to be discriminated against on the grounds of race, color, religion, national origin, age or sex in any aspect of the provision of ambulance service or in employment practices.
- 5.2** Under no circumstance shall the medical services provided by the Truro Fire Department be withheld on the basis of ability to pay.

- 5.3** Any reference to one specific gender in this document shall, by this definition, be reference to both genders.

## **6. MEDICAL SUPPLIES AND EQUIPMENT**

- 6.1** An adequate stock of medical supplies for the Ambulances are provided in the EMS room at the Fire Station. The Rescue Captain shall be responsible to maintain the inventory of medical supplies and equipment. The Rescue and medical kits shall be checked for proper supplies after ever use at a rescue call and as a routine procedure by the Rescue Captain. Paramedics will maintain the proper inventor of medications and Advance Life Support(ALS) equipment. Any discrepancies found by the Paramedics with the ALS equipment or medications shall report to the Chief. Such bags and supplies shall be replenished after every use, and, if any item is not available for replenishment, a note shall be left for the Rescue Captain.
- 6.2** Each ambulance shall be equipped with at least the minimum required medical equipment and supplies as required by OEMS, 105 CMR 170.994, 105 CMR 170.996, 105 CMR 700.004 (C)(1)(g) and 170.986(A).
- 6.3** When medical equipment accompanies a patient during helicopter transport, the OIC will advise the Rescue Captain to procure its return. Upon return to the Fire Station rescue members will complete the equipment log noting equipment used, service taking the equipment and its destination.
- 6.4** Whenever possible, medical supplies used at a rescue call should be obtained from Lower Cape Ambulance, which can be restocked at Cape Cod Hospital. When the Rescue is used for patient transport the attendants will be responsible for restocking medical supplies at Cape Cod Hospital.
- 6.4.1** Disposable items used should be replace, whenever possible, on a one-for-one basis from Lower Cape Ambulance or at Cape Cod Hospital. Examples:
- A.** Airway devices
  - B.** Cervical collars
  - C.** Oxygen masks, nasal cannulas and oxygen humidifier
  - D.** Linen (such as blankets, pillow cases, towels and sterile sheets)
  - E.** Sterile water and saline solutions
  - F.** Disposable bag valve mask resuscitators (BVMs)
  - G.** IV tubing solutions and other related equipment
  - H.** Other items as permitted by hospital policy
- 6.5** Certain disposable items are not readily available at Cape Cod Hospital. If used, the

Rescue Captain shall be made aware of their use so replacements can be obtained.

**6.5.1** Disposable items include the following:

- A. OB kit
- B. Oral glucose paste
- C. Oropharyngeal airways
- D. Contamination kits
- E. Poison kits

**6.6** Any rescue equipment used by Lower Cape Ambulance or left at the receiving hospital shall be noted in the equipment log, "wipe-board" in the apparatus bay and a note in the Rescue.

**6.7** Any Rescue equipment lost, left at a receiving facility, or not immediately usable, shall be replaced as soon as possible. If not replaceable from stock, a note shall be left for the Rescue Captain to arrange for repair or replacement.

**6.7.1** These items include, but not limited to, the following:

- A. Spine boards
- B. Short boards and extrication devices
- C. Cervical collars
- D. Oxygen cylinders
- E. Splints, including traction splints
- F. Straps, ropes, etc.
- G. Linen, towels, blankets, sheets, pillows

**6.8** Any unusual utilization of large quantities of supplies in the Rescue shall be immediately replaced from stock in the EMS room. If the stock in the supply locker should be diminished or exhausted by this unusual usage, a note shall be left for the Rescue Captain.

**6.9** Warming of parenteral & irrigation fluids:

**6.9.1**

Warming recommendations for large volume parenteral: Solutions of volumes 150ml or greater can be warmed in their over pouches to temperatures not exceeding 40oC (104oF), for Arthromatic & Uromatic Irrigation Solutions, the temperatures are not to exceed 45oC (113oF) and for a period no longer then 14 days or 66oC (150oF) for a period no longer then 72 hours. Once the plastic containers have been in the warming cabinet for their maximum time period, the container should be removed from the warming cabinet and identified as having been warmed. Solutions may continue to be used until their labeled expiration date, provided they have not been warmed more then once.

- 6.9.2** Warming of irrigation solutions in plastic pour bottles: Solutions can be warmed to temperatures not exceeding 66oC (150oF) and for a period no longer then 72 hours. Once the plastic pour bottles have been in the warming cabinet or water bath for their maximum time period, the container should be removed from the warming cabinet and identified as having been warmed. Solutions may continue to be used until their labeled expiration date, provided they have not been warmed more then once, and remain unopened.

## **7. PERSONAL PROTECTIVE DEVICES (PPD)**

- 7.1** Truro Fire Rescue shall make available the following PPDs to all rescue members at a rescue call - latex gloves, tyvec sleeves, disposable gowns, safety glasses, face masks with integral eye protection, pocket face masks, micro shields and bag valve masks.
- 7.2** Protective latex gloves shall be worn by “**ALL**” members who perform patient care during a rescue call.
- 7.3** All PPDs shall be used as dictated by the potential exposure during a rescue call.

## **8. SAFETY**

- 8.1** Members of the Department, when responding to an incident recognized as a threat to their personnel safety, or as a situation beyond their trained ability to control, are not expected to physically endanger themselves or others.

## **9. SANITARY PRACTICES**

- 9.1** The interior of the Ambulance shall be kept clean at all times. Floor, cushions, walls, etc., shall be cleaned of any dirt, oil, blood, etc. Standard precautions shall be taken including gloves when dealing with potential exposure to infectious contaminants. Any cleaning items utilized shall be properly disposed in the Biohazard Waste container.
- 9.2** Linen shall be exchanged on a one-for-one basis at the hospital or with Lower Cape Ambulance whenever possible. If linen is not available, clean spare linen is provided in the Rescue with additional supplies in the EMS room. The Rescue Captain will be advised concerning supplies in need of replenishment at the hospital.

- 9.3** Plastic pillow covers and cot cushions and rails exposed to patients shall be disinfected after use with proper aerosol or cleaning solutions. Any towels used in such cleaning shall be disposed in the Biohazard Waste container.
- 9.4** Any rescue equipment used at a rescue call shall be promptly cleaned, disinfected and returned to the proper location on the Rescue.
- 9.5** Disposable equipment either used or contaminated shall be properly disposed in a Biohazard Waste container. Such container is located at the Fire Station or at the hospital.
- 9.6** Whenever possible, replace used disposable equipment on a one-for-one basis with Lower Cape Ambulance or at the hospital. Be certain to complete and sign any supply form at the hospital. Follow any current hospital replacement practice and policy.
- 9.7** All sterile patient care items must remain wrapped and sealed in order to maintain sterility. Any item opened, even if not used, must be replaced.
- 9.8** Proper sanitary practices shall be utilized whenever there is possible contact with bodily fluids and substances from a patient. Any contaminated material shall be disposed in the Biohazard Waste container. When full the biohazard container waste bag shall be double bagged given to Lower Cape Ambulance for disposal at the hospital in the hospitals Biohazard Waste container.
- 9.9** Any problems or questions regarding sanitary practices should be immediately brought to the attention of the Infection Control Officer or Rescue O.I.C.

## **10. INFECTION CONTROL**

- 10.1** Designated Infection Control Officer (DICO)
- 10.2** Plan on file with Infection Control Officer.

## **11. COMFORT CARE/DNR ORDER VERIFICATION**

## **INTRODUCTION**

Emergency medical services (EMS) personnel (refers collectively to Emergency Medical Technicians - EMTs and First Responders) are required to provide emergency care and to transport patients to appropriate medical facilities. EMS personnel are further required to provide treatment to the fullest extent possible, subject to their level of training. However, more and more patients, where it is medically appropriate, are opting not to be resuscitated. Many patients arrange with their doctors for do Not Resuscitate (DNR) orders; a doctor=s order directing that the individual not be resuscitated in the event of cardiac or respiratory arrest. However, since there is currently no uniform mechanism to enable EMS personnel to recognize DNR orders in out-of-hospital settings, EMS personnel have been obligated to perform full resuscitative measures when encountering a patient unable to convey directions regarding medical treatment.

While it is clear within the emergency medical services= community that a patient has the authority to determine his/her medical treatment, EMS personnel have been unable to consider a patient=s wishes regarding resuscitation in the out-of-hospital setting where the patient is either not conscious or not competent, due to the difficulty of ascertaining the validity of these wishes in the field under emergency conditions. Usually there is no ongoing relationship between the emergency medical services personnel and the patient. Emergency conditions require an immediate response and accurate identification. Authentication of individuals and documents is difficult, if not impossible, under emergency field conditions.

This Comfort Care/DNR (ACC/DNR@) Order Verification Protocol is designed to allow EMS personnel to honor a DNR order in an out-of-hospital setting. To date, there are no standardized documents by which EMS personnel can verify a DNR order in the field, under emergency conditions. This protocol provides for a state-wide, uniform DNR order verification, approved by the Department of Public Health (DPH), that EMS personnel can instantly recognize as an acceptable verification of an existing DNR order; thus, allowing EMS personnel to honor the patient=s request for no resuscitation and to provide the patient with palliative care in conformance with the Comfort Care protocol.

## **PURPOSE**

The purpose of this protocol is to: (1) provide a verification/authentication of DNR orders to enable EMS personnel to honor DNR orders in out-of-hospital settings; (2) clarify the role and responsibilities of EMS personnel at the scene and/or during transport of patients who have a current, valid CC/DNR Order Verification; (3) avoid resuscitation of patients who have a current, valid CC/DNR Order Verification; and (4) provide palliative/comfort care measures for patients with a current, valid CC/DNR Order Verification. This protocol is not intended to alter the physician=s standard of practice in issuing DNR orders in any way, but only to provide a standardized mechanism for the verification of the DNR order so that it may be recognized in out-of-hospital settings.

## **DEFINITIONS**

For purposes of this protocol, the following are defined:

1. **Attending Physician**: A physician, licensed pursuant to M.G.L. c.112 s.2, selected by or assigned to a patient, who is responsible for the treatment and care of the patient, in whatever setting medical diagnosis or treatment is rendered. Where more than one physician shares such responsibility, any such physician may act as the attending physician for purposes of this protocol.
2. **Cardiopulmonary Resuscitation (ACPR@)**: Includes for purposes of this protocol, cardiac compression, artificial ventilation, oropharyngeal airway (OPA) insertion, advanced airway management such as endotracheal intubations, cardiac resuscitation drugs, defibrillation and related procedures.
3. **Comfort Care/DNR Order Verification Bracelet (Bracelet@)**: A bracelet modeled after a hospital identification bracelet, which shall include the patient=s name; date of birth; gender; date of expiration, if any, of the underlying DNR order; and the signature and telephone number of an attending physician. The bracelet can only be issued by someone who has a valid CC/DNR Order Verification Form and must be issued by an attending physician. Wearing the bracelet is voluntary; however, it is strongly recommended for individuals who remain mobile.
4. **Comfort Care/DNR Order Verification Form (Form@)**: A standardized state-wide form for verification of DNR orders in the out-of-hospital setting, approved by the Department of Public Health. The CC/DNR Order Verification Form shall include the patient=s name; date of birth; gender; address; date of issuance and date of expiration, if any, of the underlying DNR order; the signature and telephone number of an attending physician; and the signature of the patient, guardian or health care agent. The CC/DNR Order Verification Form is the only DNR document that EMS personnel will be instructed to honor and can only be issued by an attending physician.
5. **Comfort Care/DNR Order Verification Protocol**: A standardized statewide patient care protocol to be followed by EMS personnel (EMTs and First Responders) when encountering a patient with a current, valid CC/DNR Order Verification Form and/or Bracelet. The protocol provides that the patient in respiratory or cardiac distress will receive palliative, comfort care consistent with the scope of the EMT=s training and certification, but no resuscitative measures. The protocol applies to all emergency medical services personnel (Basic, Intermediate and paramedic EMTs and First Responders) operating in an out-of-hospital setting and requires that they perform patient assessment and treatment in accordance with this protocol.
6. **Emergency Medical Services Personnel**: Any EMT certified pursuant to 105 CMR 170.000 et

seq. and any First Responder as defined in 105 CMR 171.050.

7. Guardian: An individual appointed by the court, pursuant to M.G.L. c. 201, s. 6, 6A, or 6B, to make decisions for a person who is mentally ill, mentally retarded or unable to make or communicate informed decisions due to physical incapacity or illness, provided that the appointment as guardian includes the right to make health care decisions; or, a parent or other individual who is legally entitled to make decisions about the care and management of a child during his/her minority.

8. Health Care Agent: An individual authorized by a health care proxy to make health care decisions on behalf of the principal, pursuant to M.G.L. c. 201D. The authority of the health care agent becomes effective only upon a written determination of the attending physician, pursuant to M.G.L. c. 201D, s. 6, that the principal lacks the capacity to make or to communicate health care decisions.

9. Life-sustaining procedure: Cardiopulmonary resuscitation, as defined in number 2 above. Life-sustaining procedures shall not include any medical procedure or intervention considered necessary by the attending physician, EMS personnel, or the medical control physician to provide comfort care or to alleviate pain.

10. Medical Control Physician: A physician designated within the EMS system to provide on-line and off-line medical direction to EMS personnel.

11. Palliative care: Comfort care that eases or relieves symptoms without correcting the underlying cause or disease.

12. Out-of-hospital: Any setting outside a hospital where EMS personnel may be called and may encounter patients with CC/DNR Order Verifications including, but not limited to, long-term care, hospice, assisted living, private homes, schools, inter-facility transport, and other public area.

## **AUTHORITY**

It is well settled in Massachusetts that individual, while competent, have the right to determine the course of their medical treatment, including the right to refuse medical treatment and to make end of life decisions. Norwood Hospital v. Munoz, 409 Mass. 116, 564 N.E.2d 1017 (1991); Brophy v. New England Sinai Hospital, 398 Mass. 417, 497 N.E.2d 626 (1986); Lane v. Candura, 6 Mass. App. Ct. 377, 376 N.E.2d 1232 (1978) and Superintendent of Belchertown State School v. Saikewicz, 373 Mass. 728, 370 N.E.2d 417 (1977). Similarly, it is recognized that incompetent individuals have the same right to determine the course of their medical treatment as well as to refuse medical treatment. Brophy v. New England Sinai Hospital, *supra*; Saikewicz, *supra*; Matter of Spring, 380 Mass. 629, 405 N.E.2d 115 (1980). See also, Matter of Dinnerstein, 6 Mass. App. Ct. 466, 380 N.E.2d 134 (1978); and Care and Protection of Beth, 412 Mass. 188, 587 N.E.2d 1377 (1992).

As an extension of the health profession into the field, the emergency medical system has the same obligation to recognize an individual's right to refuse medical treatment in an out-of-hospital setting, where the authenticity of the documentation can be validated.

Further authority: M.G.L. c. 111C and 105 CMR 170.000 et seq.; M.G.L. c. 111 s. 201 and 105 CMR 171.000 et seq.

## **IMPLEMENTATION PROCEDURES**

**ELIGIBILITY:** Anyone with a current valid DNR order is eligible for a CC/DNR Order Verification (Form and/or Bracelet), including minors.

A DNR order is an order, executed by a physician, issued according to the current standard of care. The standard for issuing the DNR order is neither defined nor changed by this protocol. This protocol simply services to verify, for EMS personnel, a DNR Order issued by a physician.

**VALIDITY:** To assure that a DNR order is recognized in any out-of-hospital setting, an attending physician must provide a patient, who has a current DNR order, with a fully executed CC/DNR Order Verification. Pursuant to this protocol, EMS personnel will be instructed to honor a current valid CC/DNR Order Verification Form or CC/DNR Order Verification Bracelet. Patients without CC/DNR Order Verification Form or Bracelet will be resuscitated by EMS personnel in accordance with standard EMS protocols.

**CONTENT:** The CC/DNR Order Verification Form shall include:

- the name, date of birth, gender, and address of the patient;
- the name of the guardian or health care agent, if any;
- the signature of the patient or of the guardian or health care agent;
- verification by the attending physician of the existence of a current valid DNR order;
- the signature and telephone number of the attending physician;
- the issuance date and expiration date, if any, of the DNR order; and,
- authorization of EMS personnel to act pursuant to the Comfort Care protocol.

The CC/DNR Order Verification Bracelet shall include:

- the name, date of birth, and gender of the patient;
- the expiration date of the DNR order, if any; and,
- the printed name, signature and telephone number of the attending physician.

**EXPIRATION:** To the extent that the DNR order written by the physician has an expiration date, the CC/DNR Order Verification Form and CC/DNR Order Verification Bracelet, if issued, shall have an identical expiration date. This protocol does not prescribe an expiration date, but rather leaves the expiration date up to the physician. If the DNR order is revoked by the physician, patient, guardian or authorized health care agent, the CC/DNR order Verification Form and CC/DNR Order Verification Bracelet, if any, shall be similarly revoked.

**ACCESS:** This protocol is implemented solely through physician. Only an attending physician

can execute the CC/DNR Order Verification Form and provide the CC/DNR Order Verification Bracelet, if the bracelet is requested.

This protocol is activated when EMS personnel encounter a CC/DNR Order Verification Form or Bracelet. EMS personnel must:

- confirm the identity of the individual with the CC/DNR Order Verification Form or Bracelet; and, confirm that the CC/DNR Order Verification Form is an original and is current and valid, or that the patient is wearing a current and valid Cc/DNR Order Verification Bracelet. If there is a CC/DNR Order Verification Form and/or a Bracelet, and either indicates a revocation or expiration of the CC/DNR Order Verification, EMS personnel shall resuscitate.

PATIENT CARE: Upon confirmation of a current, valid CC/DNR Order Verification Form or Bracelet, EMS personnel shall follow the following procedures:

- If the patient is not in respiratory or cardiac arrest and the patient=s heart beat and breathing are adequate, but there is some other emergency illness or injury, the EMS personnel shall provide full treatment and transport, as appropriate, within the scope of their training and level of certification.

- If the patient is in full respiratory or cardiac arrest, the EMS personnel shall not resuscitate, which means:

- do not initiate CPR;
- do not insert an oropharyngeal airway (OPA);
- do not provide ventilatory assistance;
- do not artificially ventilate the patient (mouth-to-mouth, bag valve mask, positive pressure, etc.);
- do not administer chest compressions;
- do not initiate advanced airway measures such as endotracheal intubations;
- do not administer cardiac resuscitation drugs; and,
- do not defibrillate.

- If the patient is **not** in full respiratory or cardiac arrest, but the patient=s heart beat or breathing is inadequate, EMS personnel shall not resuscitate but shall provide, within the scope of their training and level of certification, full palliative care and transport, as appropriate, including:

- emotional support;
- suction airway;
- administer oxygen;
- application of cardiac monitor--
- control bleeding;
- splint;
- position for comfort;
- initiate IV line; and, -contact Medical Control, if appropriate, for further orders, including necessary medications.

-If EMS personnel have any question regarding the applicability of the CC/DNR Order Verification with regard to any specific individual, the EMS personnel shall:

- verify with the patient, if the patient is able to respond;
- provide full treatment; or,
- contact Medical Control for further orders.

-If efforts are initiated prior to confirmation of the valid CC/DNR Order Verification, discontinue the following resuscitative measures upon verification:

- CPR
- ventilatory assistance;
- cardiac medications; and,
- advanced airway measures.

**Established IV lines and advanced airways should remain in place.**

DOCUMENTATION: When a CC/DNR Order Verification Form and/or Bracelet are encountered by EMS personnel, it shall be documented. EMS personnel must also document palliative care provided to the patient and that the CC/DNR Order Verification Form or Bracelet is current and valid. Ambulance service personnel must document the presence of the CC/DNR Order Verification on the ambulance trip record.

REVOCATION: EMS personnel are not to honor any DNR request where the CC/DNR Order Verification form or Bracelet, if present, is void or not intact. If there is a CC/DNR Order Verification Form and Bracelet, and either indicates a revocation, EMS personnel shall resuscitate.

-The CC/DNR Order Verification may be revoked by the patient at any time, regardless of mental or physical condition, by the destruction or affirmative revocation of the CC/DNR Order Verification, or by his or her direction that the CC/DNR Order Verification not be followed by out-of-hospital providers or be destroyed. Patients shall be instructed, upon revocation, to destroy the CC/DNR Order Verification Form, CC/DNR Order Verification Bracelet, if issued, and the underlying DNR order.

-If an individual identifying him/herself as the health care agent or guardian revokes the CC/DNR Order Verification, EMS personnel shall resuscitate, as this raises an issue of doubt as to the validity of the CC/DNR Order Verification.

-EMS personnel, upon witnessing or verifying a revocation, shall communicate that

revocation in writing to the hospital to insure its inclusion in the patient's medical record. Ambulance service personnel shall document the revocation on the ambulance trip record.

**-In any situation where EMS personnel have a good faith basis to doubt the continued validity of the CC/DNR Order Verification, EMS personnel shall resuscitate.**

## **12. RESTRAINT POLICY**

**12.1** A person may be restrained when it appears to the Incident Commander that the patient presents a danger to him/her self or others. Law enforcement should be involved as soon as possible. When a patient of this type is identified, the following steps will take place.

12.1.1. A physician's order for restraint will be obtained ASAP (prior to, or immediately after restraining the patient)

12.1.2. Explain the need or purpose of the procedure to the patient and/or family.

12.1.3. Restrain the patient and secure to a stretcher or spine board in a four point configuration face up using soft restraints.

12.1.4. If a patient is violent, all efforts should be made to protect them from injury as a result from thrashing about. Sheets or towels should be rolled and used as padding where necessary.

12.1.5. Once a patient is restrained, insure that straps or restraints do not interfere with the airway or respirations.

12.1.6. Patient's extremities will be checked frequently for signs of impeded circulation. The patient will also be continually assessed for adequate respirations.

12.1.7. Patients will be restrained in such a manner as to permit a log roll or similar maneuver in event of vomiting in order to prevent aspiration.

12.1.8. Police assistance will be utilized whenever possible in restraining patients. **NEVER** attempt to restrain a patient if adequate manpower is not available.

## **13. GLUCOMETER UTILIZATION AND CLEANING**

Effective February 13, 2001

13.1 Purpose: In order to comply with 105 CMR § 170.340 (B) and § 170.370 to address the proper procedure to be followed in multiple patient-use of the Accu-Chek Advantage glucometer, which is designed primarily for single patient use.

### 13.2 Policy/Procedure

- 13.2.1 A new test strip shall be used for each patient requiring blood glucose testing.
- 13.2.2 Personnel conducting the Blood Glucose test, shall use all precautions necessary to prevent their being contaminated with the patient's blood and/or body fluids.
- 13.2.3 At the completion of blood testing, the test strip shall be disposed of in an appropriate manner.
- 13.2.4 Using a cotton cloth, swab or tissue moistened with water, all substances including blood, dirt, etc., shall be removed from the surface of the glucometer.
- 13.2.5 The test strip area and the glucometer surface shall be disinfected with a cotton cloth, swab or tissue moistened with a mixture of (1) part household bleach and ten (10) parts water. Allow the glucometer to dry for approximately one (1) minute, then wipe off any remaining bleach solution with a clean, dry lint free cloth.
- 13.2.6 The glucometer **MUST** remain out of service while the unit is being decontaminated.
- 13.2.6 Personnel shall dispose of all contaminated materials used for the blood glucose test, including test strips, contaminated cleaning materials and protective gloves/personal barriers as prescribed in this SOP #111, **Emergency Medical Services**, § 9.5 & § 9.8, **Sanitary Practices**.

