

**Oswego Town Fire Department
Emergency Medical Services (E.M.S.)
Standard Operating Guidelines (S.O.G.)**

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EMT Classifications

PROBATIONARY EMT

A Probationary EMT (P-EMT) shall report to the station for alarms P-EMT's shall not serve as an "In Charge" person on a call.

P-EMT shall serve at the discretion of a Senior EMT (S-EMT) on calls and during training.

If no S-EMT is available for a call, it is up to the Officer at the station to take responsibility for P-EMT and their conduct. This Officer is required to complete an evaluation/skill form to the best of his/her ability regarding such call.

SENIOR EMT

A Senior EMT (S-EMT) is allowed to first respond to the scene provided that they are not passing the Fire Station. A S-EMT will be recommended to the Line Officers by the EMS Coordinator, a CME Evaluator, and another rotated Senior EMT.

Recommendations will include:

Three good reviews by a S-EMT. A review must include the Probationary EMT's in questions:

- a) Patient Rapport
- b) Technical Skills
- c) Documentation
- d) Inter-Agency Rapport

A S-EMT must evaluate each call and or drill that is done with a P-EMT, and complete the appropriate evaluation/skill sheet.

Senior EMT's are ultimately responsible for patient care and documentation of same.

PATIENT ABUSE

Statement of Policy:

You are required to report to the Chief(s) misconduct/mistreatment/mishandling of any patient by Oswego Town Personnel. We take customer safety and satisfaction very seriously.

Any abuse observed by other agencies pre-hospital, hospital, and or home care needs to be documented and reported both in house and to appropriate agencies.

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CHILD, ELDER ABUSE AND DOMESTIC VIOLENCE

Statement of Procedure: While EMT's in New York State are not mandated reporters of child/elder abuse or domestic violence we are required to document events of these calls completely, accurately, objectively and without bias. Documentation on the PCR is a legal document. While you are not a mandated reporter, you are encouraged to notify the hospital nursing staff and/or medical staff of your concerns and findings. Documentation of this discussion is very important since the hospital staff and police are constituted mandated reporters.

E.M.S. Coordinator Position

This position reports to the Chief and the Line Officers.

RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

- 1) Oversee medical operations
- 2) Responsible for PCR's:
 - a) replenishment
 - b) completeness
 - c) submission to regional council
- 3) Membership Oswego County CQI Committee
- 4) Coordinate medical department training
- 5) Coordinate department physicals
- 6) Inform Chief and EMT/CFR's of restrictions
- 7) Inform medical personnel of protocol changes
- 8) Schedule and run monthly E.M.S. meetings

Controlled Substance Inventory Officer Position

This position reports to the EMS Coordinator, the Chief, and Line Officers

RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

- 1) Purchase and replenishment of controlled substances
- 2) Key control
- 3) Log control
- 4) Tell tag control
- 5) Written reports to Chief, Commissioners and New York State Department of Health as outlined in Controlled Substance Policy.

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Medical Supply Officer Position

This position reports to the EMS Coordinator and the Chiefs.

RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

- 1) Maintain medical supply inventory within budget
- 2) Arrange demonstrations for new items
- 3) Order medical supplies as needed per protocols

C.M.E. Manager Position

This position reports to the E.M.S. Coordinator

RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

- 1) Maintain records of CFR and/or EMTs.
Records to include:
 - a) Current CPR Certification
 - b) Current CFR or EMT Certification
 - c) Protocol tests and results
 - d) Affiliation status
 - e) CME skills and testing records
 - f) Didactic hours (AEMT)
- 2) Review/maintain/pass along communication from CNY EMS
- 3) Report to E.M.S. Coordinator restrictions of EMT and/or CFR's
- 4) Arrange and attend all department CME sessions (4 per year)
- 5) Inform E.M.S. Coordinator of protocol changes
- 6) Assist E.M.S. Coordinator with monthly E.M.S meetings
- 7) Assist E.M.S. Coordinator with attendance at Oswego County CQI meetings.

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Certified First Responders and/or Emergency Medical Technician

These people report to the Chiefs, Line Officers and E.M.S. Coordinator.

RESPONSIBILITIES TO INCLUDE BUT NOT LIMITED TO:

- 1) Maintain CFR or EMT certification and skills
- 2) Maintain CPR certification and skills
- 3) Medical supply checks and replenishment as posted
- 4) PCR documentation
- 5) Inform Medical Supply Officer of equipment needs
- 6) Attend E.M.S. Meetings (Monthly)
- 7) Attend REMAC "Topic of the Year"
- 8) Attend department bi-annual CME sessions

RADIO COMMUNICATION

Types of Communications:

1. Department to County :

All calls are dispatched by the Oswego County 911 Center. Vehicles will call out with 911 center on 7-1. 7-1 is reserved for contact with the 911 Center. The radio operator is required to call vehicle out and on scene. When calling out the staffing of the vehicle should be identified (Level of Care). If directed to another frequency by the 911 Center, contact with the 911 center should be done with the knowledge of the Officer in Charge, if possible.

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2. Field to Hospital Communications:

When needed the two (2) Oswego County hospitals (Oswego and A.L. Lee Memorial) can be contacted on channel 6-2. In the event that the radio does not work properly, you can use the cell phone or a residential phone. Call 349-8501 and request a phone patch for medical control. Treat as you would a radio. All radio and phone patch communications should start with the following statement:

**i.e.. Oswego Hospital this is Oswego Town Rescue:
EMT level and last name**

The following info needs to be communicated:

	i.e. Trauma BLS	i.e. Medical BLS
Age:	32	45
Sex:	male	Female
Chief Complaint:	rule out fractured leg	Cough times 2 weeks
Relevant Medical History:	Fall of 10 feet	none
What's Been done:	C-spine & leg splint	02
Requests from you of Hospital:	request clearance	request clearance
ETA:	3-5 minutes out	3-5 minutes out

WHEN COMPLETE: state Oswego Town Rescue Clear

Fire Standbys

Procedure:

When there is a structure fire or other significant operation, a medical area will be set up for the treatment of both victims and firefighters in distress. The following equipment will be removed from 3461:

1. Defibrillator
2. Trauma/airway bag
3. Backboard with C-Collar and head blocks
4. Burn kit

The above equipment should be staged in a location determined by a Chief or Officer. If the scene is very busy set up the medical staging area near the rescue as long as this is a safe location. Do not set up a rehab- area near the exhaust pipe of a vehicle. The EMT in charge of this area must stay in the area of the equipment and patients. Never walk away from the area. Command and firefighters know to find you here and life safety may depend on you being easily mobilized. The medical area will stay mobilized at the pleasure of Command.

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Victim Treatment: The EMS providers at this location will direct status reports on victim back to the Incident Command, requests for transport agencies (air & ground units) will be made by the Incident Commander or his designee.

FF Rehab: The EMS providers at this location will direct status reports on firefighter fitness back to the Incident Command directly. Fitness for duty is a serious safety issue for the department as a whole.

Patient Refusals

Patient refusals cause the department a major legal exposure. Our goal in providing rescue services to the public, as well as our firefighters, is to see they get treated by the appropriate medical providers in a timely manner. While some patients are going to exercise their right to refuse care and/or transport we require, at minimum, the following be done and documented.

1. Provide care to the point allowed by the patient advising them of the procedure and the necessity for the action.
2. Advise the patient they have a right to refuse but they need to allow you to repeat why they should allow you to proceed with the appropriate patient care plan. This should be done in the presence of another EMT, Officer, Police Officer or FF.
3. Ask if they have any questions. If they have none and you have explained that you are willing to provide the services required and they are refusing treatment and/or transport with the understanding that they realize that this is against medical advice, and could be harmful to their health up to and including death.
4. Have them sign and have your witness sign. Patient family, friends and bystanders are poor witnesses and should not be used as a general rule.
5. Review PCR to ensure you have documented the situation completely. Completeness should be judged on the ability of the PCR to provide a vivid account of the call that requires no explanation by the EMT who wrote the report.

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Unattended Deaths

The first responsibility of the crew will be to determine that resuscitation efforts are inappropriate to start or continue. An EMT with our company or another must make the official determination that resuscitation will not begin. Discontinuation of resuscitation will follow CNY EMS protocols and must be documented appropriately (for example: decapitation, decomposition, blood pooling, rigidity).

The second responsibility then becomes support of the survivors. Emotional and medical needs they have should become the new focus of the crew.

Third, preservation of the scene is important for pending police investigation. Contact of a police agency through dispatch should be made by the officer in charge or his/her designee.

Forced Entry

Procedure: The need to force entry into structures and vehicles in which a patient is unable to give you entrance is going to be required in some situations. After you and the company officer have determined that non-damaging entry is impossible or impractical, the method of forced entry should be the most expedient, least damaging and easiest to secure after entry.

Rationale: While forced entry may be our only recourse to execute a rescue we do not want to gain a reputation of being senselessly destructive.

MVA's and Infection Control Precautions

Procedure: The General SOP regarding PPE holds true with the addition that rescuers working in areas and exposed to both biohazards and other hazards should be duly protected. (i.e. latex gloves under fire gloves unless this provides a stronger hazard due to fire or chemical reactivity).