

Cedarville Township Volunteer Fire Department

EMS Standard Operating Guidelines

2008

1. Personal safety is your first priority.
2. Patient care is your second priority.
3. Always operate equipment safely and under control. A vehicle will not move until all occupants are **seated with seat belt on**.
4. On scene communications will utilize GFE-EMS 1 on the 800 MHz system.
5. On all calls requiring a multi-vehicle response, IMS will be implemented. For a typical medical call, it will be up to the senior medical or officer on scene if IMS will be utilized.
6. EMS officer is in charge of seeing that patient care is fulfilled.
7. On a MVA, the first arriving unit shall establish incident command, preferably a fire officer. The EMS officer is in charge of patient care unless commanded otherwise. EMS personnel shall report to command for assignment.
8. If no line officers are on the scene, the senior fire person, department member, shall assume incident command and the senior medical person department member should be in charge of patient care. One person must be in charge in seeing that patient care is being fulfilled.
9. The driver of the ambulance / medic shall remain with the vehicle unless commanded otherwise. The vehicle shall always be operated with safety being the first priority. It is not mandatory for the driver to be EMS certified. It is not mandatory for the driver to don gloves unless patient contact is expected. The driver shall keep track of the number of personnel in the building.
10. Any personnel that may come into contact with the patient shall don gloves and must follow the exposure control program.
11. Personnel arriving on the scene shall check with command, or the ambulance driver, if command has not been established, to see where their service may be needed.
12. There should not be more than four people in the building at one time unless ordered by an officer.
13. Minimum ambulance / medic crew shall consist of two EMS certified personnel (one must be a department member) when transporting to a medical facility.
14. Maximum ambulance / medic crew should consist of a driver and three EMS certified personnel unless ordered otherwise.

15. A new run sheet shall be filled out, inventory sheet completed, copies made for EMS billing service, and all paperwork filed in the correct location after the call.
16. The run is not complete until the ambulance / medic is in service and all paperwork completed and filed. The run log shall be filled out legibly with the patient's name, address, removed from where if different than home address, medical facility transported to, illness or injury, incident times, month, day, year, run number, mutual aid given or received, and members that responded.
17. EMS run report form will be used filled out as follows:
 - A. Run number maintained in the upper right corner
 - B. Next to EMS service, write Cedarville Twp. F.D.
 - C. Unit ID is either Medic 11 or Medic 13
 - D. County is Greene
 - E. The ambulance / medic crew is responsible to keep times.
 - F. Run number for Medic 11 will start with the last two digits of the year plus 001.
EXAMPLE: 08-001, the next would be 08-002, etc. The number for Medic 13 will follow the same format except before the year number place the number 2.
EXAMPLE: 208-001, the next would be 208-002, etc.
 - G. Report must be kept as legible as possible, this is a legal document.
 - H. Report must be cleared by the officer in charge before being signed and turned into emergency department personnel.
 - I. Have the patient sign their initials in the box for release of information. If patient has Medicaid, Medicare, or insurance carrier is unknown; fill out the ambulance billing authorization and privacy acknowledgement form.
 - J. Obtain a face sheet if it can be accomplished in a timely manner, 5 to 10 minutes.
 - K. When signing a release for refusal of treatment, the supplemental run report form should be completed, explain the risks of refusal to the patient, have patient sign and date bottom of refusal form, and give a copy of the completed report to the patient.
 - L. Return to service as quickly as possible.
18. Always verify drug bag exchange and expiration dates.
19. If a paramedic is needed, have dispatch drop one tone. If no response, run BLS or have an ALS intercept en route to the medical facility.
20. Patient care shall correspond to personal training and Greater Miami Valley EMS Council protocol. Medical direction is Greene Memorial Hospital. We operate under the medical license of Dr. Stephen Dixon and Dr. Linda Bailey.
21. If a passenger is to accompany the patient to the medical facility, they should ride in the front seat of the ambulance / medic **with their seat belt on**.
22. When a passenger is to accompany the patient to the medical facility, notify dispatch.
EXAMPLE: Medic 11 is priority 3 to GMH with one patient and one passenger.
23. We must all work as a team and look out for one another's safety. If any problems arise, there will be a run review after the call is completed.

24. Must have Standing Orders, Blood Born Pathogen, CPR, C-spine clearance, Hazardous Material Awareness / Operations training, NIMS I700, I100, and I200.
25. Any equipment damaged or not working properly shall be reported to an officer as soon as possible and placed out of service. After returning to the station, tag the equipment, note the problem, sign, and date.
26. All personnel left at the station once the vehicles have responded shall remain at the station till released by command or when the ambulance / medic goes en route to the medical facility. The units on station will contact the ambulance / medic crew on GFE-EMS1 notifying them of the number of members on station.
27. Vehicle designation shall be according to the level of care capable of being provided. If a Paramedic is on board, the vehicle shall be known as **MEDIC** 11 / 13. For EMT Basics the vehicle shall be known as **AMBULANCE** 11 / 13. If an EMT Intermediate is on board, **AMBULANCE** 11/13, **Intermediate staffed**.
28. Ensuring that the apparatus and all equipment is clean is every member's responsibility. Upon returning from a call or training evolution, all vehicles and equipment will be cleaned as needed.
29. The officer in charge will release the crews from the station once all vehicles have been placed in service. It is the discretion of the officer in charge if a special need arises where you need to leave early.
30. Anything not covered in these guidelines, use personal knowledge and good common sense.

Revised January 28, 2002
Revised January 01, 2003
Revised June 30, 2005
Revised March 30, 2007
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_____ Date: _____

D. Scott Baldwin
Fire Chief
Cedarville Township Volunteer Fire Department

Attached: Accountability SOG / Driving SOG / Backing SOG