



# **SENECA COUNTY**

## **Emergency Services**



### **Standard Administrative Guideline**

**Subject: EMS Operations - General**

**Reference Number: 15**

**Effective Date: 3-09**

**Review Date: Annually; 2-2020**

#### **Purpose:**

To provide an emergency medical service (EMS) operational guideline, in general terms, for the use of apparatus, equipment, and personnel.

#### **Background:**

Members will deploy and EMS forces will be utilized in a manner that provides the most effective and efficient outcome to intervene in, mitigate conditions, and bring to logical conclusion those circumstances that cause an emergency summons for assistance when illness or injury occur in the community. Further, that all members shall become familiar with and use the provisions of this policy, and refresh themselves as necessary to maintain their effectiveness

#### **Policy & Procedure** **Emergency Services**

EMS will respond to, treat, and transport/remove patients stricken by or suffering from various illnesses or injuries. An EMS unit shall not remove persons unless or until an emergency exists. The EMS Team Leader is empowered to determine when an emergency exists using training, experience, protocol, and/or medical control input. Only an EMS Team Leader or fire department officer is empowered to cancel or otherwise abort a response to a reported emergency. The EMS Team Leader is defined as a squad coordinator, assistant coordinator, or senior EMT, EMT-I, or EMT-P.

#### **Response**

EMS units will be dispatched to incidents in accordance with the Response policies. Should an EMS unit be in service, but out of quarters, the dispatcher may dispatch them to another emergency. The dispatching of a particular EMS unit will be determined by which unit can provide the greatest level of service relative to their physical location, response time, weather conditions, traffic conditions, time of day, etc. EMS units have specific assignments and duties when deployed to or used at incidents that may be classified as something other than EMS (fire, hazardous material incidents, etc.). Those policies relating to those General Subjects shall be referenced and used during EMS operations.

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### **Priority During Response**

When responding to an EMS scene, EMS units will have priority over other responding apparatus. Inversely, EMS medic units will give way to other apparatus when responding to fire incidents.

### **“First In” Equipment**

When deploying for treatment services, members shall consider the appropriate equipment to be used for the nature of the emergency. First Aid Kit’s and Oxygen dispensing capabilities shall be considered on all emergencies. During reports of injuries, fractures, lacerations, burns, and assaults, in addition to the above, an Airway/IV Kit shall also be considered. During reports of any person down, unconsciousness, cardiac, breathing, neurological event, diabetic, medication (prescribed, over the counter or illicit), attempted suicide, poisoning, electrocution, or unknown problem, in addition to the above, a Cardiac Monitor and Drug Kit shall also be considered. The use of the Pediatric Kit shall also be considered on any of the above types of events when the patient is of the age and/or size to indicate such usage.

### **Conduct & Verbal Reports**

During patient contact, members will extend the utmost courtesy and politeness, in a professional manner; to each person they may encounter or treat. Members shall only render the service and treatment they have been trained or certified to perform. As soon as practical after establishing patient contact, a report via radio to the dispatcher will be made. Such report shall further define the situation or patient status and shall include the use of “stable” or “unstable”. Telephone and/or radio contact shall be established with Medical Control as stipulated by a particular hospital or, as indicated and/or required by the Standing Orders/Protocol.

When either criminal or potentially criminal activity, such as abuse, assault, etc., is observed, it shall be reported. Such report will be in written form through the chain of command, or appropriate social or law enforcement agency as circumstances or conditions warrant. At established crime scenes, necessary direction and instruction should be obtained from law enforcement officials.

### **Written/Electronic Reports**

The EMS duty crew for each patient shall complete an EMS report of patient care/treatment. Such report shall be on [www.emscharts.com](http://www.emscharts.com); furnished by the department for such purpose. The EMS report of patient care/treatment shall document factual information and contain the elements of treatment and documentation as stated in the Standing Orders/Protocols. A written notation of the patient care/treatment report shall be given over to the hospital receiving the patient. Should ill or injured persons refuse treatment that is indicated by either training or protocol, a Patient Refusal Form shall be completed. The patient is to be competent to sign the Patient Refusal Form. Care shall be exercised to assure that a legal guardian has signed a Patient Refusal Form for a child less than eighteen years of age or a child that is not emancipated. Refusal to complete a Patient Refusal Form shall be noted thereon with an explanation of circumstances. Unknown witnesses to the Patient Refusal Form shall be identified thereon by recording their address and telephone number. The highest level of privacy and confidentiality shall be maintained in regards to patient care, records, and reports. Only those

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members attendant to the treatment of a patient are to discuss and report their findings as necessary to provide such treatment or care. Any requests for patient records or reports shall be made through the SCEMS Office ONLY.

### **Patient Property**

Patient property collected or otherwise entrusted to the members of the EMS duty crew shall be kept safe and given over to hospital personnel when the patient is released to their care. The transaction of releasing such property shall be documented on the patient record on the EMS report, and include a listing of the property and the person's name receiving same.

### **Transport Information**

The EMS Team Leader will make seating assignments as needed to provide proper patient care. A maximum of one passenger may be transported in the EMS unit when a patient is transported. The passenger will ride in the front seat of the EMS unit during transportation. Should the EMS Team Leader determine that it would benefit the patient, and not interfere with the treatment of the patient; the passenger may ride in the patient compartment of the EMS unit. Patient transports shall be made to the closest hospital equipped to give the patient the best care, and in accordance with the Ohio Revised Code. Patient transports will not be made to a clinic or physician's office. When a transport is completed on an emergency basis, this shall be communicated to the dispatcher when communicating the transport to which hospital. The transport is already presumed to be on a non-emergency basis if not otherwise communicated to the dispatcher. When a multiple (two or more) patient transport is completed, this shall be communicated to the Dispatcher when communicating the transport to which hospital. The transport is already presumed to be one patient if not otherwise communicated to the dispatcher. Based upon medical control, protocol, and routing procedures patient transport may be made to any of the following area hospitals:

Mercy Tiffin Hospital – Base Hospital  
Promedica Fostoria Community Hospital  
Blanchard Valley Medical Center  
Promedica Memorial Hospital- *Fremont*  
Mercy Willard Hospital  
The Bellevue Hospital  
Wyandot Memorial Hospital  
Bucyrus Community Hospital

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### **Mass/Multiple Casualties**

In the event of a major emergency/mass-multiple casualty incident involving, or potentially involving, five or more persons, a report will be announced via radio. This report will provide a brief, clear summary of what conditions and circumstances exist or are observed. Should the EMS medic unit be the first arriving on the scene, those members shall institute incident command procedures and provide initial triage.

### **EMS Unit Care, Inspection, Supplies**

At the completion of an incident or use, the duty crew or user(s) will inspect the EMS medic unit to assure, in terms of cleanliness, equipment, and supplies, its serviceability for subsequent use. It is especially imperative that policies relative to Infection Control and restocking EMS Supplies be completed correctly. Required post-run special reports and/or forms shall be completed correctly. If the EMS crew is using a backup unit, the backup EMS unit shall be maintained in the same manner.

Inspection of all systems within the ambulance, and the medication bag expiration date should be inspected after each run to ensure that ambulance is operational, and the medications are not expired.

Utilizing the time after the response while driving home can be done by crewmembers in the patient compartment.

### **EMS Student Activities during Response:**

Any time a student is running with a Seneca County EMS ambulance they will do so as a “third person”.

All students must submit paperwork to the EMS office prior to ever touching a patient as a student.

All paperwork should be completed by the Educational Institution outlining what the student has been trained to do and what expectations we should have in regard to skillset and performance.

No Student shall run as a second crewmember at any time.

If the student is a member of a squad at a lower level and no higher level provider is available to supervise the higher level skills being performed, the student will not work above their currently certified scope of practice.

No exceptions.

All paperwork must be submitted prior to any student ride time commencing, and the district coordinator and the EMS office shall maintain copies of those records.

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