

# **SENECA COUNTY**

## **FIRE DEPARTMENT Emergency Medical Responder**

### **PROTOCOLS**

Michael Fitzpatrick, M.D.  
Medical Director

These protocols are designed as a guideline for firefighters possessing a current “Certificate to Practice” as a First Responder in pursuant of ORC 4765.30(a) under Medical Direction and running with a Fire Department participating in this First Responder program.

All first responder runs shall have documentation completed on a form and submitted weekly as prescribed by the Medical Director.

Use of gloves is mandated at all times. Gowns, masks, and eye shields may be required if there is a significant risk of body fluid exposure. Patients should have nothing by mouth.

# RESPIRATORY DISTRESS

- A. Assess airway; open airway using chin-lift or jaw-thrust (C-Spine precautions if indicated)
  - 1. Airway Obstructed
    - a. Manual clearing
    - b. Abdominal or chest thrusts
    - c. Suction
  - 2. Airway Open, Breathing Absent
    - a. Insert oral airway *only* if unconscious
    - b. Ventilate with 100% O<sub>2</sub> via bag mask, or mouth to mask if necessary
    - c. Consider cricoid pressure
  - 3. Airway Open, Respiratory Distress
    - a. Administer high-flow oxygen – Utilize Pulse Ox if available
    - b. Position of comfort
  - 4. If wheezing, flushed skin/hives are present or Pt. Showing signs/symptoms from a possible allergic reaction, consider Epi-Pen use:
    - a. Patient has to have their own medicine
    - b. Has to be *Patient's* medication
    - c. Check expiration date and dosage
    - d. Give in thigh
    - e. Time, date, initial when given

# AED

- A. Assess patient for respiratory and cardiac arrest (without visible signs of trauma).
1. If **both** breathing and pulse are absent (patient is unconscious), age and weight guidelines are met, AND no contraindications exist:
    - a. Apply AED and activate device
    - b. No shock advised – begin CPR – utilize ResQCPR system if available
      1. Ventilate with 100% O<sub>2</sub> via bag mask & oral airway
      2. Chest compressions per AHA
    - c. Shock advised:
      1. Deliver shock
      2. CPR per AHA guidelines – utilize ResQCPR system if available
      3. After 2 minutes of CPR, analyze rhythm and follow instructions
    - d. Can deliver two (2) shocks – contact Medical  
Control for additional shocks if ALS have not arrived.
  2. If breathing and pulse are present, support per BLS
  3. If visible signs of trauma are present, see Trauma Protocol

# TRAUMA

1. Assess Scene
  - A. Safety
  - B. Mechanism of injury, restraints, airbag, driver thrown, ambulatory
  - C. Number of victims
  - D. Update EMS unit / decision for Life Flight.
  
2. Initial assessment
  - A. Identify "URGENT" Patient
    1. Airway Compromise
      - a. Patient supine
      - b. Remember C-spine
      - c. Follow airway protocol
    2. Massive Hemorrhage
      - a. Support airway
      - b. Control bleeding with direct pressure, elevation, pressure points
    3. Head/Neck Injury
      - a. Support airway with C-spine control
      - b. Immobilization – backboard, straps, CID
    4. Penetrating Injury
      - a. support airway
      - b. Cover wounds with dry, sterile gauze dressing
      - c. Do not remove objects; however, stabilize objects to prevent further injury
    5. Shock
      - a. Cover, keep warm
      - b. Oxygen
      - c. Shock position
  
  - B. Non-Urgent patients
    1. Support with O2 – utilize pulse ox if available
    2. Immobilization
    3. Splint possible fractures
    4. Cover all wounds with dry, sterile gauze dressings
    5. Provide assurance
    6. Take vital signs
    7. Cover and keep warm

# ILLNESS AND INJURY

## A. Medical Complaint

### 1. Chest pain

- a. O<sub>2</sub> – utilize pulse ox if available
- b. Vital signs
- c. Position of comfort
- d. Allergies and medications
- e. Obtain a SAMPLE history
- f. Reassure patient

### 2. Shortness of Breath

- a. O<sub>2</sub> – utilize pulse ox
- b. Vital signs
- c. Position of comfort
- d. Allergies and medications
- e. Obtain a SAMPLE history
- f. Reassure patient

### PEDIATRIC PATIENT

- a. Blow-by O<sub>2</sub> – utilize pulse ox
- b. Position of comfort
- c. SAMPLE history
- d. Reassure patient
- e. Keep warm

### 3. Seizures

- a. Airway support
- b. O<sub>2</sub> – utilize pulse ox if available
- c. Vital signs
- d. Protect from injury: mortality is low
- e. Obtain a SAMPLE history  
Past history, fever, drug use

### PEDIATRIC PATIENT

- a. Airway support
- b. O<sub>2</sub> – utilize pulse ox if available
- c. Vital signs, including temp
- d. Protect from injury
- e. SAMPLE history
- f. Cool with tepid water if febrile

### 4. Stroke

- a. O<sub>2</sub>
- b. Vital signs – utilize pulse ox if available
- c. Position of comfort
- d. Obtain a SAMPLE history  
Headache, time of onset, bleeding problems, last time “normal”
- e. Reassure patient

### 5. Behavioral Change

- a. Poisons/OD/Unconscious/Altered Mental Status
  1. Airway/O<sub>2</sub> – utilize pulse ox if available
  2. Vital signs

3. Substance involved – if suspected Narcotic overdose, administer Narcan (Opiate Overdose kit) ½ of contents sprayed up each nostril using a nasal mucosal atomization device. Protect Airway! Ventilate with BVM if needed.

b. Others

1. Involve police if restraint is necessary
2. Vital signs
3. Obtain a SAMPLE history
4. Assist patient with self administration of their own sugar or glucose only if known diabetic & Pt is alert

B. Other Complaints

1. Obstetrics

- a. Reassure patient
- b. O2 and vital signs for Mom – monitor pulse ox if available
- c. Check for imminent delivery, check for complications
  1. Cord around neck
  2. Breech
  3. Stillborn
  4. Premature
- d. Deliver child if needed; clear airway as head is delivered
- e. Evaluate child's airway, keep warm
- f. Support mother and child
  1. Continue O2 for Mother – O2 for baby

2. Burns

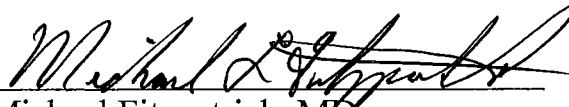
- a. **Protect self first!**
- b. Remove patient from scene and burning materials / STOP the burning process
- c. Airway/O2 – utilize pulse ox if available
- d. Irrigate chemical burns
- e. Cover patient with clean, DRY sheets or dressings
- f. Cold compresses only for SMALL areas
- g. Vital signs /Utilize Pulse Oximetry if available/ SAMPLE history

3. Extremity Injuries

- a. C-spine control, if indicated
- b. Control bleeding with direct pressure
- c. Dress open wounds with sterile, dry gauze dressings
- d. Splint deformities in the *position they are found*
- e. Retrieve amputated parts, place in dressing in a container and keep cool
- f. Do not remove impaled objects; stabilize for transport
- g. Vital signs / allergies /medications
- h. Utilize Pulse Oximetry if available

The preceding protocols are approved as listed.

1-14-16  
Effective Date

  
Michael Fitzpatrick, MD  
Medical Director,  
Seneca County Fire Departments  
First Responder Program