

CHAPTER II Operations
SUBJECT 4 Emergency Medical Services
TOPIC I Emergency Medical Responses

A. PURPOSE

1. To establish a standard approach and general guidelines for Emergency Medical Responses.

B. SCOPE

1. Actual medical treatment is not a part of this procedure.
2. EMT Basic and Paramedic protocol are not a part of this procedure. Protocols are delineated in the current Southwest Ohio Protocols for Pre-Hospital Care.
3. The Current Southwest Ohio Protocols for Pre-Hospital Care are adopted by reference as part of this topic.

C. POLICY

1. Fire Department personnel must provide the level of care for which they have been authorized by Fire Department training and certification. All skills and care will be administered up to, but not beyond, the level of training of each member.
2. Fire Department personnel shall make every attempt to provide the most appropriate level of emergency medical care on every response
3. Fire Department Medic Units will be staffed with either;
 - a. One (1) EMT Basic and one (1) EMT Paramedic or
 - b. Two (2) EMT Paramedics
4. Unfortunately, even though we are an emergency service we are going to be called for injuries and illnesses that are not necessarily emergency situations. This is when our professionalism must prevail as we provide service to the community. The emergency is in the eyes of the caller, and the Fire Department has agreed to provide Emergency Medical Service. Fire Department personnel shall be professional and courteous in their dealings with the public. Members performing Emergency Medical Services deal with individuals at times of crisis and mental anguish and must consider the needs of the entire situation while at the scene.

Procedures cannot be written to cover every possible situation, therefore, common sense and good-judgment must be exercised at the scene of all emergencies, including medical responses.

D. OBJECTIVE

1. To provide the citizens and visitors of Cincinnati with the best possible pre-hospital medical treatment in a courteous, professional and cost effective manner. To accomplish this objective, The Cincinnati Fire Department will send the closest available Engine or Ladder Company on every Emergency Medical Response.
2. The highest ranking on-scene Fire Officer shall assess each situation encountered to determine safety to members, paying particular attention to:
 - a. Indications of victims suffering from contagious disease, protecting members who are attending to such patients with the equipment provided and limiting exposures.
 - b. Scenes of violent crimes, or situations presenting a possible threat to personnel, withholding care until the scene is secured if indicated.
 - c. Mentally disturbed and unstable victims, taking a cautious approach, obtaining police assistance as needed.
3. When at the scene of fires or other emergencies requiring personal protective equipment, members assigned to Medic Units shall not enter hazardous areas unless ordered and properly protected.

E. CHAIN OF COMMAND - ROUTINE BUSINESS

1. Members assigned to Medic Units are under the direct supervision of the Engine Company Officer. When the Engine Company Officer is not available,–Medic Unit personnel shall be under the direct supervision of the Ladder Company Officer.
2. When questions arise that are beyond the medical scope of the Engine or Truck Company Officer concerning Medic Units the ALS Supervisor of the District will be notified.

F. CHAIN OF COMMAND - ON SCENE

1. The senior ranking Fire Department Officer shall be in-charge of all medical emergencies, regardless of medical certification status.
2. This senior ranking Fire Department Officer should defer medical decisions to the most qualified Emergency Medical Technician on the scene. In cases of dispute over the level of care to be provided, the senior ranking Fire Department Officer can upgrade the level to a two Medic transport even over the objections of Medic Unit personnel. This Officer cannot down grade a run to a Single Medic transport when Paramedic personnel determine that Advanced Life Support is required.
3. During transport, and other times when no Officer or Member in charge is present, the senior member with the highest certification level is in charge of the Medic Unit.

G. TRANSPORTATION CRITERIA

1. Emergent, immediate threat to life and/or limb:
 - a. Critical/Unstable - Transport with Two Paramedics to the closest appropriate hospital capable of handling the emergency.
 - b. Critical/Stable - (Includes serious and/or special needs cases). Transport with Two Paramedics.
2. Emergent, non-life and/or limb threatening emergency.
Transport with a Single Paramedic.
3. Chronic illnesses or problems.
Transport with one or two paramedics as necessary.
4. Minor Injuries.
Minor injuries requiring first aid such as band aids, ice packs, etc. can be directed to find alternate methods of transportation to the hospital if they desire to visit such a facility. All members are reminded that this option should be reserved for visible minor injuries. If at any time you must use diagnostic skills to determine the extent or severity of a malady we are required to err on the side of mercy and transport the patient.
5. Extenuating circumstances (psychiatric, violent, other, etc.).
Transport via appropriate Fire Department or Police Department vehicle.

6. The Fire Department will not transport patients for scheduled medical appointments
7. The infant/child requiring spinal immobilization:
 - a. For Infants to 65 lb Children - Transport utilizing the LSP Pedi Immobilizer
8. The infant/Child who is ill and/or injured not requiring spinal immobilization
 - a. For infants/children: infant- 40 lbs the Pedi-Mate restraint system attached to the cot.
 - b. For children from 22 to 100 lbs the safeguard child transport may be utilized attached to the cot
9. The infant/child who is uninjured/not ill
 - a. CPD needs to be contacted to arrange transport for uninjured/not ill child(ren) if the mother or guardian is transporting with CFD.
 - b. In rare/extreme cases the family child seat (secured appropriately) may be secured on the Captains seat.
 - c. At no time may a child be transported unrestrained or on the mother's lap with the mother secured to the cot
10. CFD Transports to Freestanding Emergency Departments (Notice 2013-037)
 - In general, freestanding EDs have most of the capabilities of an Emergency Department but are not physically attached to a hospital. Patients who require admission or evaluation by a surgeon or other medical specialist would require transfer to another hospital.
 - The Cincinnati Fire Department strives to provide patients with the most appropriate care, which includes transport to an appropriate destination. This policy attempts to outline which patients should or should not be transported to a freestanding ED, including Jewish-Rookwood and Mercy- Western Hills. However, the policy cannot cover all clinical scenarios; when in doubt, transport to a hospital-based Emergency Department.

DO NOT TAKE TO A FREESTANDING ED	OK FOR A FREESTANDING ED
Protocols specify transport to a specialty hospital (cardiac arrest, STEMI, trauma, active labor/ imminent childbirth / field delivery)	Pregnant patient without pregnancy related complaints such as bleeding, leakage of fluid, or contractions.
Abnormal Vital Signs	Normal Vital Signs
Patients on CPAP, intubated, or requiring BVM Ventilation	Stable psychiatric patients (not belligerent or requiring sedation / restraints)
Complicated hand or eye injuries	Intoxication or Overdose
Complex Lacerations	Simple Lacerations
Open Fractures	Closed Fracture Distal to Knee / Elbow
STEMI, Chest Pain, CHF	Chest Pain <30 years old & normal 12-lead EKG
Status Epilepticus	Seizure (no versed given)
Critical High Blood Sugar	Nausea, Vomiting, Diarrhea
Stroke	General Illness with Normal Vital Signs
Pediatric asthma, anaphylaxis, abdominal pain, fever and <1 year old, possible meningitis, possible fractures, lacerations, cellulitis or abscess	Minor MVC (Ambulatory at scene, normal vitals, normal mental status, no abdominal pain, no difficulty breathing)
Altered Mental Status (except intoxication / overdose)	Allergic Reaction without Airway or Breathing Problems
Hypoglycemia and on oral agents	Hypoglycemia and on Insulin only and improved after D50 (or equivalent)
Severe Respiratory Distress	Opiate Overdose improved with Narcan
	Rash
	Back Pain without Arm or Leg Weakness
	Simple Assault
	Minor Burns
	Fall From Standing Height (Normal Mental Status, Vital Signs, and No Weakness/ Numbness <65 y/o)

H. DETERMINING PATIENT DESTINATION

1. Individual patient or family preference for a hospital facility shall be foremost considered for transport, providing the quality of emergency care at the receiving hospital is sufficient to handle the situation, and patient condition is conducive to transportation to the requested facility.
2. During times when Emergency Medical Resources are limited, (last Medic Unit available is making response) or other factors (road conditions, traffic, inclement weather, hospital diversion, etc) the patient and/or family shall be so informed and asked to choose another hospital. Judgment must be exercised in taking victim to closest appropriate emergency facility. Transportation of a patient to an emergency facility other than their request requires thorough documentation in the EPCR.
3. Destination request made by the victim's attending physician, when the physician is on the scene, shall be followed. Destination request by a physician in direct contact with the scene shall be followed provided victim's condition permits.
4. Some special medical emergencies exist that required transportation to specific medical facilities as enumerated below:
 - a. Critical Burns to victims 16 years of age and older are to be taken to University Hospital. Critical Burns to victims under 16 years of age are to be taken to Children's Hospital.
 - b. Neonatal (newborn) Emergencies are to be taken to Children's Hospital, Good Samaritan Hospital or University Hospital.
 - c. Critical Pediatric Emergencies are to be taken to Children's Hospital.
 - d. Trauma patients as defined in Trauma Triage Guidelines should be taken to a Level I Trauma Center (University hospital or Children's Hospital.
5. Hospital Destinations where CFD can transport to:
Christ Hospital
Children's Hospital
University Hospital
Mercy Anderson
Mercy Fairfield

Mercy West

Jewish Hospital

St. Elizabeth Covington (former St. Luke West)

St. Elizabeth Fort Thomas (former St. Luke East)

Bethesda North

Good Samaritan

Veterans Affairs Medical Center

Free standing ER's in the City limits including:

- Jewish-Rookwood
- Mercy- Western Hills

I. DUTIES OF MEMBERS ASSIGNED TO MEDIC UNITS

1. Remain available for emergency response as much as possible, keeping the Fire Alarm Dispatcher advised of their status. Return to quarters promptly after each response or assignment.
2. Report their location when reporting in-service or receiving a response while out of quarters, Press "on-scene" on the PMDC upon arrival at scene.
3. Inform District Chief whenever a member of the Cincinnati Fire Department is rendered emergency medical care. The District Chief will report serious injuries or illnesses to the Operations Chief during working hours and to the Duty Chief at other times.
4. At unit change, review special instructions and exchange a list of equipment that is to be picked up at hospitals. Instructions and the list of equipment should be written in the desk diary.
5. Inspect vehicle for damage and operational readiness. The Cincinnati Fire Department Drivers Manual shall be consulted for maintenance items. Any damage to the vehicle shall be immediately reported verbally to the immediate supervisor and in writing using the proper forms as prescribed in the Cincinnati Fire Department Report Manual.
6. Check all equipment for operational readiness. Take necessary action to provide completely operable equipment.
7. Vehicle interior and equipment shall be cleaned and sanitized daily, and as

needed, during a tour of duty.

8. Vehicle exterior shall be washed daily and more often if needed.
9. Complete necessary forms and reports for the Medic Unit.
10. Participate in training, housework and other duties required of members.

J. EMERGENCY OPERATION OF EMERGENCY MEDICAL SERVICES VEHICLES AND FIRE APPARATUS

1. Operation of all vehicles shall be governed by Chapter 3 of this Manual, Laws of the State of Ohio and Ordinances of the City of Cincinnati. In addition, defensive driving practices shall be observed at all times as explained in the Cincinnati Fire Department Drivers Manual.
2. Fire Department vehicles responding to Emergency Medical Runs shall respond as an emergency vehicle. On rare occasion a non-emergency run may be authorized.

J. EMERGENCY OPERATION (Continued)

When a run is to be made as a non-emergency response, the Fire Alarm Dispatcher shall communicate the non-emergency status.

3. While at the scene of an emergency, Medic Unit vehicle engines shall be left running with emergency lighting in operation. Where possible, park vehicles so they do not impede traffic movement. If vehicles are needed to protect scene from traffic, place them in position to block the necessary lanes of traffic. If possible, a member should be left near apparatus and Emergency Medical vehicles as a security measure. At times other than at the scene of an emergency, vehicle engines and lights shall be turned off and keys removed from ignition of Emergency Medical Vehicles.
5. When responding in an emergency status, the vehicle is required by law to have both the visual (red lights) and audible (siren) warning devices operating. If either the audible or visual warning device is not operating, the vehicle must be operated as a non-emergency vehicle. There are no exceptions to this rule.
6. If the patient's condition does not warrant emergency transportation, all traffic regulations will be obeyed en route to the hospital.
7. Emergency Medical Vehicle operation shall be consistent with proper medical care, and not further complicate injuries.

K. MENTALLY ILL OR VIOLENT PATIENTS

1. A mentally ill patient that is believed to present a danger to themselves or others can be taken into custody by a police officer. If such a patient is encountered, request response by the Cincinnati Police Department.

Violent persons encountered on an emergency run, are a police matter, and the police should be called immediately. If a victim is both violent and injured, it may be necessary to have police ride in the **Medic Unit** with the EMT.

If a victim becomes violent during transport, request police response (**back-up or assistance**), stop and vacate the vehicle if necessary. When vacating the vehicle remove the keys.

Mentally ill patients that are sick or injured can be transported to any appropriate hospital.

(Note: The Fire Department responds only when mentally ill patients are sick or injured)

L. VICTIMS REFUSING EMERGENCY MEDICAL CARE

1. Any mentally competent individual may decide to accept or refuse emergency care. Members of the Fire Department may not force treatment on any person unless they are judged incompetent or irrational. Members should make every effort to determine if the person is able to make their own decisions, even if the decisions are medically wrong. This is a difficult area of medical care requiring a careful assessment. Online medical direction can help in these situations
2. If a victim does refuse care, make every effort to have them sign the ~~Form 33~~ EPCR on the HIPPA/Refusal Signature button and indicate that the victim refused care on the report.

M. POLICE ASSISTANCE

1. When encountering an obviously deceased person during an EMS response, call for police. Await their arrival, answering any questions they may have before returning to service. If there is any doubt as to whether the victim is deceased or not start medical treatment immediately and call for a Medic Unit and ALS Supervisor.
2. The Police Department must be notified any time one of the following causes appears, even if the patient is en route to the hospital for medical treatment:
 - a. Injuries of a violent or suspicious nature (child abuse, etc.)

- b. Obvious trauma which may be criminal (beatings, stabbings, shootings, etc.)
- c. Any other suspicious cause or injury.
- d. Anytime a death is involved or anytime a victim may possibly die no matter what the cause.
- e. Mentally disturbed patients (violent, suicidal, danger to self, etc.)

N. PATIENT TRANSFERS FROM ONE MEDICAL FACILITY TO ANOTHER

- 1. The Cincinnati Fire Department does not Transfer stable patients from one nursing home or hospital to another.
- 2. The Cincinnati Fire Department does not transport patients to medical facilities other than hospital emergency rooms or freestanding ED's.
- 3. The Cincinnati Fire Department does not transport patients from another ambulance vehicle, because an ambulance vehicle prefers not to cross a political boundary.
- 4. The Cincinnati Fire Department will transport patients from one medical facility to another where the patient needs paramedic support during transport and medical treatment dictates the transfer. In such cases, a nurse and/or doctor from the medical facility must accompany the patient during transfer, and the transfer must be to a hospital. Notify an ALS Supervisor for this type of transport.
- 5. The Cincinnati Fire Department will transport unstable patients from nursing homes to hospitals.
- 6. Vehicle to vehicle transfers from another emergency medical provider will be permitted when the original vehicle can no longer respond or the victim's condition deteriorates beyond the expertise of the transporting vehicle's crew. These transfers are only permitted within the political boundaries of the City of Cincinnati, between Cincinnati Fire Department vehicles, or as part of a mutual aid response.

O. PRESERVATION OF EVIDENCE

- 1. Emergency Medical responses often involve intervention into a crime scene. Many times proper treatment of the victim requires disruption of the crime scene. In all cases, the victim's welfare takes precedence over evidence preservation. However, every attempt should be made to preserve the scene to the extent

possible.

2. Where the Medical Emergency involves a crime, verify that the Police Department is responding and keep unauthorized persons out of the area. Make visual observations, taking notes as appropriate for the situation. As soon as the Police Department arrives and live victims have been removed, turn control of the scene over to the Police Department.

P. CONTAGIOUS DISEASE

1. Limiting exposure to contagious disease organisms is the primary method employed by the Cincinnati Fire Department in protecting members against the transmission of contagious disease. This is accomplished in two ways:
 - a. Avoiding contact with body fluids from victims of accidents or illness.
 - b. Providing a barrier between the organism and member.
Equipment such as protective gloves, goggles, face masks and bio hazard suits are used to provide a barrier. Also, it may be possible to cover a wound or protect members from exhaled contaminants by placing a face mask on the victim.

P. CONTAGIOUS DISEASE cont.

2. Realizing that exposures will take place, other strategies to protect members from contagious disease are also used:
 - a. Members are to thoroughly wash their hands with soap and water after contact with a victim or body fluids.
 - b. Protect open wounds and sores on members using protective dressings and bandages, as needed.
 - c. Members are provided an opportunity to receive Hepatitis B vaccinations.
3. The Employee Health Service will make a determination as to exposure to an infectious disease, only after an injury report has been submitted. A member will usually be considered as exposed only if:
 - a. They are stuck with a contaminated needle.
 - b. Body fluid from a contagious victim comes in contact with a member in a manner known to spread the disease. Simply being in the presence of a diseased person does not constitute an exposure.
4. The presence of a contagious disease is not always evident; therefore, protective

measures should be taken anytime members are at risk of coming in contact with body fluids from an individual. Contagious disease reporting methods often protect the confidentiality of the victim at the expense of emergency personnel.

5. Disposable equipment shall be disposed of in a proper manner to avoid further exposure to members and the public.

Special care should be exercised when handling contaminated needles.

Hospitals have means of disposing of, or cleaning soiled materials. Most disposable contaminated equipment will accompany the victim to the hospital and should be disposed of properly at the hospital.

Disposable equipment brought back to quarters shall be placed in a plastic bag, sealed and placed in a proper receptacle.

P. CONTAGIOUS DISEASE (CONTINUED)

6. Non-disposable equipment should be thoroughly cleaned with a 10% Sodium Hypochlorite solution (2 cups of laundry bleach mixed in one gallon of water) *or* appropriate cleaning solution provided by central stores. A moderate amount of 10% Sodium Hypochlorite solution is applied to a clean cloth or gauze pad, and then applied to thoroughly clean the equipment. It may be necessary to complete the cleaning process using hot soapy water. The interior of Emergency Vehicle surfaces that are contaminated or suspected of being contaminated should be clean in the same manner.
7. When handling contaminated equipment, wear protective gloves.
8. Uniforms or protective clothing that is contaminated should be removed at the first available opportunity and washed in a hot soapy water solution. Contaminated clothing should not be placed in a hamper or laundered with non-contaminated clothing to avoid cross contamination with other clothing, including that of the member's family.
9. An ALS Supervisor shall be called on any suspected exposure immediately.

**TREAT ALL VICTIMS AS THOUGH THEY HAVE A KNOWN
CONTAGIOUS DISEASE!**

Q. MEDICAL MUTUAL AID

1. There are several reasons to call for medical mutual aid. Among them are:
 - a. When no Medic Units are available and the victim requires ALS treatment.
 - b. At the scene of an accident requiring more Emergency Medical Units than are currently available. This includes, but is not limited to Mass Casualty incidents. Mass Casualty incidents are addressed under a separate topic in the operations manual.
2. Medical Mutual Aid involving no more than two Medical Units from other communities can be ordered by the highest ranking on-scene officer without calling the Operations or Duty Chief when there are no Cincinnati Medic Units available, or when there will be a substantial delay in administering critical medical care. Determining the need for additional or more qualified units will normally be a decision left to the highest qualified Emergency medical person at the scene. Mutual Aid beyond two Emergency Medical Units or for a situation where our resources are inadequate can be made by a District Chief with notification to the Operations or Duty Chief.
3. The Fire Alarm Dispatcher shall immediately request mutual aid from The Hamilton County Dispatcher on request, and not delay assistance while awaiting a call to the Operations or Duty Chief.

Private ambulance companies are the last resource to be used at an accident site.

R. COMPLAINTS

1. Any instance involving accusations of improper conduct, inadequate or improper service lodged against members of the Fire Department shall be immediately reported to the member in charge who will submit a Form 47 explaining the incident. If the complaint originates from a citizen, have them complete a Form 273B (Citizen Complaint Report) explaining the incident.

S. CONTAMINATED MEDICAL SUPPLIES LEFT AT EMS SCENES

1. The last fire company on the scene will canvas the entire area where first aid was rendered and collect all disposal equipment and first aid supplies that have been left at the scene. These disposable articles will be secured in the plastic bags supplied by Central Stores and returned to quarters, at which time they will be

disposed of in the Bio-Hazard canisters located at each fire station.

2. Incidents where public places, such as sidewalks, are contaminated with blood and/or body fluids will require decontamination with a 10% solution of sodium hypochlorite (bleach) and water. All Companies are to carry sodium hypochlorite and an appropriate container to be used for disinfecting the above mentioned public places.
3. Occurrences that involve police investigations may require the area contaminated with blood, body fluids, and used first aid supplies, to be left undisturbed until the police investigation is complete. When such circumstances occur, the fire company officer should have the ranking police officer on the scene contact their company when the on-scene investigation is concluded. The Fire Company will return to the scene to appropriately decontaminate the public area and return the contaminated medical supplies to the Bio-Hazard canister located at all fires stations.
4. As in the past, paramedic personnel are to be cognizant at all times of the location of needles that are used in the field. These needles should be secured by paramedic personnel prior to leaving the scene.

T. MEDIC UNIT RESPONSIBILITIES AT FIRE SCENES

1. When the Medic units arrive at a fire scene, they are to immediately gather the backboard and the cot. A first in bag and monitor will be utilized from the first in Engine and kept with the backboard and cot. These supplies will be maintained in close proximity to the fire building. The members assigned to the medic unit will maintain this equipment until released by the incident commander
2. Make every attempt to keep vehicle from being blocked in.
3. Treat injured firefighters or victims as needed.
4. Report to the ALS Supervisor and assist with Rehab Operations.
5. The Incident Commander can choose to use the Medic Unit personnel for other duties. Refer to Operations Section 203.01 Structure Fires.