

SPRINGFIELD FIRE DEPARTMENT

Series 900

Title:	EMS First Responders	901
Category:	Emergency Medical Operations	7/2017

RESPONSE

- A. Springfield Medical Team will be dispatched along with the Springfield Fire Department's Squad 17, to all calls for emergency medical aid.
- B. Squad 17 with Springfield Medical Team on board will be the minimum response.
- C. The team will respond with the extrication equipment first, to all reported PIA's, along with the necessary support apparatus.
- D. Upon the arrival, the highest trained or the senior first responder will be in charge of patient care.

SCENE

- A. Upon arrival and securing of the scene, all non-pertinent personnel will be released from the scene or canceled.
- B. Once scene safety has been determined, an initial patient survey should be conducted assessing vitals, history and treatment.
- C. If the patient is a Priority I or II, then care is continued to include prepping the patient for transport.
- D. Department personnel at the scene will always prepare a medical report form for all patients, no matter who transports the patient. Upon returning to the station an EMS critique will be filled.
- E. At a multiple injury call, the incident commander (IC) will be responsible for the scene and should consider appointing necessary appropriate sector officers.
- F. The IC will be responsible for providing a safe path to a scene (i.e. PIA), for all essential personnel. The IC shall restrict all non-essential personnel from having scene access until such time it is determined that safe approach can be obtained.
- G. Medical Control Board protocols for the Agency licensing level.

H. Definition of Priority:

1. Priority 1: Highest Priority

- a) Immediate life/limb threatening situation,
- b) Cardiac arrest,
- c) Respiratory arrest,
- d) Airway obstruction,
- e) Partial traumatic amputation.

2. Priority 2: Urgent - Any patient:

- a) whose condition could deteriorate rapidly to a priority 1 situation,
- b) who requires IV fluids,
- c) who requires medication,
- d) who requires airway control,
- e) who requires monitoring,
- f) who requires spinal stabilization.

3. Priority 3: Stable - any patient whose condition is not expected to deteriorate or require hospitalization or surgery. Examples of priority 3 would include:

- a) simple first aid,
- b) closed fractures of an extremity,
- c) minor lacerations, contusions, abrasions,
- d) minor medical complaints.

4. Examples of PRIORITY 1 and/or 2:

- a) asthmatic attack,
- b) de compensated COPD,
- c) acute pulmonary edema,
- d) chest pain,
- e) cardiac arrhythmia,
- f) drug ingestion,
- g) shock,
- h) allergic reactions,
- i) possible spinal injuries,
- j) moderate to severe burns,
- k) emergency childbirth,
- l) gastrointestinal bleeding,
- m) seizure,
- n) coma,
- o) syncope episode,
- p) hypothermia,
- q) head injuries,
- r) stroke.

EMS WRITTEN REPORTING GUIDELINES

I. PURPOSE

Records and reports provide for a mechanism for efficient continuation of patient care, quality assurance, information, administrative information and an official documentation of the patient care given by EMS personnel. Remember, when writing a report, "If it wasn't documented, it wasn't done or did not happen."

II. RUN SHEETS/REPORTS

A Medical report shall be filled out on all patients who receive care by this department's personnel. It shall be the First Responders responsibility to make sure the report is filled out completely. It is appropriate for first responders to fill out these reports on any incident.

A. Minimally, a patient report shall contain:

1. Patient name and address, if possible,
2. Patient history,
3. Physical exam findings,
4. Medical First Responders impression of the patients' illness or injury,
5. Medical First Responders treatment of the patient.

B. Mistakes on a report are to be drawn through with a single line and initialed by the MEDICAL FIRST RESPONDER writing the report.

C. The MEDICAL FIRST RESPONDER may be required to file additional/other reports in special cases. (i.e. suspected child abuse forms).

D. Patient reporting should never delay transport of the critically ill.

E. Please refer to your HIPPA guideline for reporting guidelines.