

# CHESTER COUNTY EMS COUNCIL, INC.

## Policies and Procedures

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**NOTE:** In an effort to ensure consistency and compliance with applicable Statewide and regional documents, the following *previous* Policies were deleted effective 7/1/11, as the area(s) they addressed were either no longer applicable or covered by another governing document (i.e. Statewide Protocol or Council, Inc. Bylaws):

#### Section C – Medical Command

- C-1: Role of the regional Medical Advisory Committee
- C-2: Role of the regional Medical Control Committee

#### Section D – Operations

- D-1: Utilization of protective equipment by EMS personnel
- D-2: Utilization of vehicular seat restraints
- D-6: Requesting an ALS unit enroute to the receiving facility
- D-8: ALS release
- D-13: EMS vehicle emergency lights and siren

Revised 7/1/11

# CHESTER COUNTY EMS COUNCIL, INC.

## Policies and Procedures

### **Advanced Life Support Annual Skills**

**Title:** Annual ALS skills review

**Purpose:** To provide a general format that ALS services may utilize in documenting the required annual ALS practitioner skills review.

**Policy:** In an effort to assist ALS services with the required annual ALS practitioner skills review, the Chester County EMS Council, Inc. will provide an ALS Skills Review Checklist that services may utilize for documenting this process. If utilized, the completed checklist may be shared between ALS services/ALS service medical directors as documentation that the practitioner's ALS skills were reviewed.

**Procedure:**

1. The ALS service may utilize the ALS Skills Review Checklist to document each ALS practitioner having completed their ALS skills review.
2. The ALS service medical director is responsible for determining which specific skills/procedures are reviewed, and may choose additional skills/procedures that are not noted on the checklist.
3. In lieu of requiring additional ALS skills reviews for practitioners who are authorized with multiple ALS services within the Council, the ALS service medical director may opt to use an ALS Skills Review Checklist completed by another ALS service to serve as the ALS skills review for their service.

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**Annual ALS Skills Review Checklist**

ALS practitioner: \_\_\_\_\_

ALS service: \_\_\_\_\_

This checklist includes the ALS skills most commonly reviewed as part of the annual ALS skills review. Services may choose to review additional skills that are not included on this checklist.

- |  |   |
|--|---|
| <input type="checkbox"/> Endotracheal Intubation                                       | <input type="checkbox"/> Alternative/Rescue Airway<br>(Combitube™/King LT™) |
| <input type="checkbox"/> Needle Thoracentesis  | <input type="checkbox"/> Intraosseous access                                |
| <input type="checkbox"/> Needle Cricothyrotomy<br>(Nu-Trach™ or other approved device) | <input type="checkbox"/> Accessing Existing Venous Ports                    |
| <input type="checkbox"/> 12-lead ECG Interpretation                                    | <input type="checkbox"/> Automated Transport Ventilators                    |
| <input type="checkbox"/> Medication Administration                                     | <input type="checkbox"/> Protocol Review/Test                               |
| <input type="checkbox"/> Other - Please List: _____                                    |   |
| _____  |   |
| _____  |   |
| _____  |   |

Date completed: \_\_\_\_\_

Medical Director's signature: \_\_\_\_\_

# CHESTER COUNTY EMS COUNCIL, INC.

## Policies and Procedures

### **Medical Command**

- Title:** Transfer of medical command to another medical command facility
- Purpose:** To identify proper handling of occasions when medical command is to be received from another medical command facility.
- Policy:** Whenever, for whatever reason, a medical command facility is unable to provide medical command for any period of time and must transfer that duty to another facility, it is the responsibility of the medical command physician or Emergency Department physician to contact the medical command physician at the alternate medical command facility to request that facility to provide medical command for the period of time in question. That individual will also be responsible to notify the alternate facility of the return of medical command capability at the facility in question.
- Procedure:**
1. The medical command physician or his/her designee will also notify Chester County Department of Emergency Services when medical command capabilities are transferred from and returned to their respective facility.

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**Operations**

**Title:** Care of patient belongings

**Purpose:** To provide for the safe keeping and tracking of patient belongings

**Policy:** All patient belongings removed shall be handled in a manner to provide for their safekeeping.

**Procedure:**

1. Whenever possible, the patient's belongings shall remain with the patient.
2. Any belongings that require removal from the patient, by reason of their interference with a medical procedure, or by virtue of their presenting a potential hazard to the patient or EMS personnel, shall be noted on the patient care report (PCR).
3. Patient belongings will be turned over to the staff caring for the patient at the receiving facility. The name of the staff receiving the property and a description of the property shall be noted on the PCR
4. Any weapons removed from a patient shall be turned over to the appropriate law enforcement officer at the earliest opportunity. Such disposition shall be noted on the PCR, including a general description of the weapon. The name, agency, and badge number of the officer receiving the property shall appear on the PCR, if possible.

# CHESTER COUNTY EMS COUNCIL, INC.

## Policies and Procedures

### **Operations**

**Title:** Determination of receiving facility

**Purpose:** To provide standard guidelines to be followed when determining to which facility an EMS patient will be transported; taking into consideration the patient's request, medical condition, and proper utilization of available resources.

**Policy:** An EMS agency may transport a patient to any approved receiving facility within or outside of Chester County at the patient's request, as long as reasonable time and distance factors are considered. Whenever the patient's welfare may be jeopardized by an unreasonable request, then the patient will be transported to the closest appropriate facility as agreed upon by the EMS agency and the patient/designee. Each EMS agency, should maintain a list of receiving facilities that they agree to transport patients to. This list will include at least one trauma center.

**Procedure:**

1. At the time of an emergency transport, the highest ranking EMS practitioner, in conjunction with the medical command physician when necessary, will establish which facility the patient is to be transported to, taking the following into consideration:
  - (a) need for specialty/tertiary center (trauma, burn, pediatric, etc...),
  - (b) the patient's current medical condition (based on assessment, physical exam and vital signs),
  - (c) the patient's request, if applicable,
  - (d) transport time to the requested facility,
  - (e) other relevant factors as applicable (i.e. weather or road conditions).
2. If transport time is potentially 45 minutes or greater, it may be in the patient's best interest to be transported to a closer facility for initial stabilization, and later transferred (as an inter-facility transfer) to the facility initially requested if appropriate.

**Determination of receiving facility**  
(continued)

3. The patient may be transported to the closest appropriate facility in the following situations:
  - (a) in the event that the patient is unstable (i.e. unresponsive, hypotensive, tenuous airway, etc...),
  - (b) in the event that the patient (or authorized designee) has no destination preference.
4. If applicable, the patient should be evaluated to determine if they meet the criteria for the “Air Ambulance Utilization Policy”.

# CHESTER COUNTY EMS COUNCIL, INC.

## Policies and Procedures

### **Operations**

- Title:** Recall of covering EMS unit
- Purpose:** To define the appropriate procedure for the recall of a responding covering EMS unit.
- Policy:** Primary EMS units shall not recall a responding covering EMS unit, until after ascertaining the location of the responding covering unit, and ensuring that the closest EMS unit handles the emergency. BLS services shall not recall an incoming ALS service until after they have established patient contact and determined that ALS evaluation is not needed.
- Procedure:**
1. When the primary BLS and/or ALS unit is committed to an emergency, and a second or subsequent emergency in their district is identified, a cover unit will be dispatched as per Chester County Department of Emergency Services dispatch protocol.
  2. If, while the covering unit is responding, the primary unit becomes available and wishes to respond to the subsequent emergency, they shall notify Chester County Department of Emergency Services of such.
  3. The primary unit shall be responsible to determine which unit is closest to the emergency.
  4. The closest unit shall continue their response to, and handle the emergency.
  5. The remaining unit shall place itself available for service.
  6. Chester County Department of Emergency Services may be utilized to relay location information between units if necessary, but will not be responsible for initiating such communication or determining which unit is closest.

**CHESTER COUNTY EMS COUNCIL, INC.**

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**Operations**

- Title:** ALS squad transportation of patients
- Purpose:** To provide an alternative means of expeditious transportation of the ill or injured patient in the event that a transport EMS unit is not readily available.
- Policy:** ALS squad units are excluded from patient transport, except in extenuating circumstances when an ambulance is not reasonably available and the ALS practitioner believes in good faith that the benefit of immediate transport will outweigh the potential risk of limited clinical care during transport.

# CHESTER COUNTY EMS COUNCIL, INC.

## Policies and Procedures

### **Operations**

- Title:** Patient refusal form
- Purpose:** To allow the patient or responsible party the right to refuse treatment and/or transportation, and to release the EMS service, pre-hospital personnel and medical command physician from responsibility when the patient refuses treatment and/or transportation.
- Policy:** Each EMS agency will adopt a “refusal of treatment and/or transportation” form to be utilized by the EMS practitioner on scene. Agencies may utilize the “EMS Patient Refusal Checklist” included in Statewide BLS Protocol 111, or they may use another agency specific form with comparable information.
- Procedure:** When encountering a patient in the pre-hospital environment who is refusing treatment and/or transportation, the EMS practitioner shall adhere to the “Refusal of Treatment/Transport” protocol. ALS services must continue to contact medical command for all ALS level patient refusals.

**CHESTER COUNTY EMS COUNCIL, INC.**

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**Operations**

**Title:** Role of field preceptors

**Purpose:** To identify a field preceptor's documentation responsibility when precepting an EMS student in the pre-hospital environment.

**Policy:** Each EMS training institute and their field preceptor sites will have well-established criteria for student performance. When a student provides patient care to a pre-hospital EMS patient in Chester County, he/she will sign or be noted on the precepting agency's patient care report (PCR) by name and by EMS certification number - if applicable.

Preceptors will have complete and ultimate authority over a student.

A student may never be the sole practitioner or be utilized in place of a certified/licensed practitioner.

**CHESTER COUNTY EMS COUNCIL, INC.**

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**Operations**

**Title:** EMS Officer notification

**Purpose:** To aid in the resolution of day-to-day EMS operational issues.

**Policy:** Chester County Department of Emergency Services will ensure that an EMS Officer is made aware of extraordinary circumstances that may occur in his/her EMS agency's primary response district.

**Procedure:** Chester County Department of Emergency Services may notify the respective EMS Officer for any of the following situations occurring in that EMS agency's primary response district:

1. EMS unit projected out of service for in excess of three hours without coverage.
2. First alarm disaster dispatch or medical box alarm.
3. EMS provider personal injury.
4. EMS unit involved in a motor vehicle accident.
5. Dispatcher discretion.

# CHESTER COUNTY EMS COUNCIL, INC.

## Policies and Procedures

### **Operations**

**Title:** ALS practitioner functioning at the BLS level

**Purpose:** To clarify the role of an ALS practitioner who also functions at the BLS level.

**Policy:** When an ALS practitioner responds as a member of a BLS, QRS, Fire, or Rescue service, they will function as a BLS practitioner, not as an ALS practitioner.

In extraordinary circumstances, the off-duty ALS practitioner may be needed as an additional resource in order to assist with ALS care of a patient. Under those circumstances, the off-duty ALS practitioner shall adhere to the procedures listed below:

**Procedure:**

1. The primary ALS practitioner (from the responding ALS unit) shall verify that additional assistance is needed from the off-duty ALS practitioner.
2. The primary ALS practitioner shall contact medical command for approval to give ALS status to the off-duty ALS practitioner at the scene. This can only occur if the off-duty ALS practitioner has pre-existing medical command authorization with the primary ALS practitioner's ALS service.
3. At multi-casualty incidents, medical command should be notified as soon as possible through the Incident Commander or designee. In those cases, only ALS practitioners who have been previously authorized to receive medical command by a Regional (Chester County) ALS service may be eligible to provide ALS level care while off-duty.

# CHESTER COUNTY EMS COUNCIL, INC.

## Policies and Procedures

### **Operations**

- Title:** ALS service not meeting minimum staffing requirements
- Purpose:** To delineate the responsibility of the ALS Coordinator/EMS Officer when their respective ALS service cannot maintain minimum staffing requirements for a limited time period.
- Policy:** This policy shall not be construed as condoning failure of a service to employ sufficient staff to meet those minimum staffing requirements. This policy is meant to identify the appropriate method of assuring uninterrupted ALS service in a timely manner to all areas of Chester County.
- Procedure:**
1. If the appropriate staffing level cannot be maintained, the ALS Coordinator/EMS Officer will notify the Chester County Department of Emergency Services and the ALS service will be placed out of service temporarily.
  2. Chester County Department of Emergency Services will cover all ALS calls in the ALS service's primary response area with the next due available ALS unit per current dispatch streams.
  3. The ALS Coordinator/EMS Officer will notify Chester County Department of Emergency Services when the ALS service has sufficient staffing, and is returned into service.
  4. If time/circumstances permit and the expected duration of unavailability is  $\geq 4$  hours, the ALS Coordinator/EMS Officer should notify mutual aid services, as they may need to adjust staffing levels accordingly.