



GLASTONBURY FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES



SOG NUMBER: EMS -001 ISSUED DATE: 05-19-97 EFFECTIVE DATE: 05-19-97
REVISION #: 2 REVISED DATE: 01-11-16 EFFECTIVE DATE: 01-11-16
CATEGORY: EMERGENCY MEDICAL SERVICE
SUB-CATEGORY: EMERGENCY MEDICAL SERVICE OPERATIONAL
SUBJECT: COORDINATION OF EMERGENCY MEDICAL SERVICES
RELATED GUIDELINE: EMS-002

Section I ~ Introduction

A. Objectives

To provide for inter-agency coordination during the provision of emergency medical services.

To provide medical care in the best interest of the patient without endangering emergency responders needlessly.

B. Applicability

All calls where emergency medical services are needed.

C. References

Memorandum from a discussion with the Office of Emergency Medical Services.

Section II – Fundamentals and Terminology

Members are to fully utilize turnout gear, SCBA, and other safety equipment (belay lines, floatation devices, etc.) as the situation and department procedures dictates. Providing medical care does not alleviate a member of their responsibility to properly protect him/herself.

Personal Protective Equipment (PPE) requirements for bloodborne and airborne pathogens are covered in Sub-Category Firefighter Wellness EMS-003 through EMS-009.

Personnel Hazards, as used in the SOG, are those conditions that require personnel to protect themselves from harm through the use of PPE and other equipment. Personnel hazards include, but are not limited to: fire/explosion hazards; hazardous atmospheres; hazardous spills, sprays and vapors; engulfment hazards; unstable objects, structures, and surfaces; sharp edges and slippery surfaces; uncontrolled energy sources (electrical, pneumatic, hydraulic, etc...); confined spaces; working at high elevations and on steep inclines; and any location where

personnel may be exposed to the hazards posed by the operation of power equipment and machinery. In all cases, the Incident Commander's (IC) determination as to hazards and required PPE is final.

Only those members certified to the Emergency Medical Responder, EMR level will provide patient care, see SOG #EMS-002 for further details.

Section III – Incidents Where EMS Agency is On-Scene First

A. Personnel Hazards Present

1. The IC is to assign a member(s) with EMS training and who is not needed for any other Fire Department function to patient care.
2. The member(s) is to obtain a patient report and instructions from EMS personnel, dismiss them to a safe location, and provide patient care.

Note: During prolonged extrications patient status reports are to be forwarded to EMS personnel on a regular basis to obtain instructions for care. The IC is to evaluate the need for prompt extrication versus immediate advanced patient care to determine which is in the patient's best interest. If he/she determines it appropriate, EMS personnel in proper PPE may be granted to enter the area provided they are properly trained to do so.

3. The member(s) is to continue patient care until the area is made safe or the patient is removed to a safe location. Once safe to do so, the member(s) is to immediately transfer patient care to EMS personnel, giving them a brief report.

B. No Personnel Hazards Present

EMS personnel shall remain in charge of patient care in these cases. The IC is required to inquire with the EMS agency on scene if the fire department assistance will be needed for patient care. If so, a member(s) that is EMS trained and not needed for any other fire department function will be assigned to patient care. Members assigned to patient care in these cases will be under the direction of the EMS agency.

Section IV – Incidents Where Fire Department is On-Scene First

In all cases, EMS personnel are to report directly to the IC to determine if it is safe for them to access the patient(s).

A. Personnel Hazards Present

In this situation:

1. A member that is EMS trained and is not needed for other fire department functions will be assigned to patient care. EMS personnel are to be assigned to stand-by at a safe location.
2. The member(s) is to provide patient care.

Note: During prolonged extrications patient status reports are to be forwarded to EMS personnel on a regular basis to obtain instructions for care. The IC is to evaluate the need for prompt extrication versus immediate advanced patient care to determine which is in the patient's best interest. If he/she determines it appropriate, EMS personnel in proper PPE may be granted to enter the area provided they are properly trained to do so.

3. The member(s) is to continue patient care until the area is safe or the patient is removed to a safe location. Once safe to do so, the member(s) is to immediately transfer patient care to EMS personnel, giving them a brief report.

B. No Personnel Hazards Present

In this situation:

1. Assign a member(s) that is EMS trained and not needed for other fire department functions to patient care.
2. Upon arrival of the EMS agency the member(s) is to immediately transfer patient care to EMS personnel, giving them a brief report.
3. The IC is to inquire with the EMS agency to determine if fire department assistance will be needed for patient care. If so, a member(s) that is EMS trained and not needed for other fire department functions will be assigned to patient care. Member(s) assigned to patient care in these case will be under the direction of the EMS agency.

Section V - Approval

Fire Chief

Michael P. Thuy

Date of Approval:

1/11/16