|  |  |  |
| --- | --- | --- |
| ***REPLACE WITH YOUR MASTHEAD*** | | |
| **VFIS logo black JPG** | **SOG Title:** | |
| **SOG Number:** | |
| **Original Date:** | **Revision Date:** |
| **ABC Fire Department General Operating Guideline** | | |

**Medical Operations**

***This is a sample of a standard operating guideline (SOG) on this topic. You should review the content, modify as appropriate for your organization, have it reviewed by your leadership team and if appropriate your legal counsel. Once adopted, make sure the SOG is communicated to members, implemented and performance monitored for effective implementation.***

**Policy:**

To establish organizational medical operations.

**Purpose:**

To assure uniformity, consistency and professionalism during the performance of medical operations.

**Procedure:**

**Medical Operations – At the Scene**

1. Company officers shall assure that all response personnel identify themselves when approaching a medical scene. Patients in vehicle accidents or within a residence shall be approached as follows:

“Hello, I am EMT/Paramedic \_\_\_\_\_\_\_\_\_\_ from (organization) are you OK?”

1. When entering any time of home or business, crews shall identify themselves as follows:

“Hello, emergency medical is anyone home?”

These two situations make for good patient rapport and ensure the safety of the crews when entering an unknown structure.

1. Company officers or lead medics shall attempt to limit the amount of rescue personnel in the area around a patient to enhance smooth operations and reduce the patient’s anxiety level.
2. Company officers and lead medics shall incorporate the use of ambulance personnel as soon as appropriate to ensure continuity of patient care and expedite transfer of patient reports.
3. Smoking is not permitted on any incident scene at any time, whether near a patient, in a patient’s home or on an accident scene. Smoking around the use of oxygen and possible fuel leaks is potentially dangerous and does not convey a professional image of the department.

**Medical Operations – Leaving the Scene**

1. Prior to leaving the emergency scene, all contaminated equipment shall be placed into RED BIOHAZARD BAGS. All needles, vitals, and syringes shall be placed into the needle disposal (Sharps) containers and secured properly on the transport unit for proper disposal at the hospital. If patients have already left the scene, place BIOHAZARDOUS waste in our units and return to the station containers for proper disposal.
2. Rescue personnel shall be sure to “police” the area around the scene to ensure that all equipment has been retrieved.

1. Prior to leaving the scene all exchange equipment shall be secured from the ambulance by fire rescue, Example: Kendrick Extrication Devices (K.E.D.S.) boards, splints etc. The remainder of the equipment shall be restocked at the station as soon as possible.
2. Materials other than biohazardous waste shall be disposed of at the station.

**MEDICAL OPERATIONS – At the Hospital)**

1. While at the hospital, personnel will conduct business pertinent to the patient as soon as practical.
2. Narcotics used for patient care shall be displayed for the emergency department staff; proper disposal, replacement and documentation will be necessary.

1. Prior to leaving the hospital, gather all equipment and be sure to save any and all of the electrocardiogram E.K.G. strips for documentation (if an E.K.G. was performed).

**MEDICAL OPERATIONS – Crew Problems**

To deal with problems with crews in a consistent and effective manner, the following steps should be taken:

1. Supervisor to Supervisor. The supervisor involved with the incident should call the dispatch at \_\_\_\_\_\_\_\_\_ and request that the field operations supervisor contact him/her. This call may be from the station or through dispatch.

The supervisors have several methods of dealing with the problem based on the severity of the incident:

* Telephone contact only.
* Personal contact at the scene or the station. On scene interaction should be limited to supervisory personnel to avoid confrontations.
* Personal contact at the station with the crews involved.

The on-duty chief shall be notified of the incident and the incident should be documented if continuing problems are occurring or the incident is of a serious nature.

1. Chief to supervisor on call. If the supervisor and field operations supervisor are unable to solve the problem, then the chief should be notified. She/he can contact the supervisor on call at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for follow-up action.
2. If the chief is unable to resolve the issue, then complete documentation should be forwarded to administration. The EMS coordinator will contact the EMS administration and/or the other agency for further action.

This SOP is not intended to inhibit an individual's right to file a medical care problem with the medical director via the county EMS Reporting form. It is intended to deal with personnel problems at the time that they occur, which is the most effective manner.

**MEDICAL OPERATIONS – Security**

This procedure was developed to ensure security of medications carried within units and to comply with applicable laws, rules, and codes. This procedure requires advanced life support providers to maintain security of medications, fluids and controlled substances.

1. A compartment on each ALS unit has been chosen to be the secured compartment; this secured compartment shall remain locked at all times.
2. The compartment may be unlocked for emergency situations, training purposes, resupplying, vehicle checks and demonstrations, then relocked at the conclusion.
3. Keys have been provided to lock and unlock the compartments for the above mentioned situations.
4. Key distribution:
   * Each ALS unit has two keys
     + 1 paramedic transfer key - on ring
     + back-up key - kept on dash ring
   * Each station will be provided with a third key which will be kept in the officer's desk.
   * Additional keys - for emergency situations
     + 1 key, on duty chief
     + 1 key, EMS coordinator
     + 1 key, administration (Master)
   * Additional keys - copies

In order to protect security, limited keys are provided. Making copies of the keys is forbidden and illegal!

All Keys are identical and may be used to open other units on the scene.

Missing or broken keys shall be reported to the on duty chief and logged in the journal (log book). A replacement will be provided immediately.

During shift change the off-going paramedic will transfer the keys to the on-coming paramedic.

Company officers shall ensure that the above procedures are adhered to. Cooperation by all personnel will ensure a safe and secure procedure.

***This is a sample guideline furnished to you by VFIS. Your organization should review this guideline and make the necessary modifications to meet your organization’s needs. The intent of this guideline is to assist you in reducing exposure to the risk of injury, harm or damage to personnel, property and the general public. For additional information on this topic, contact your VFIS Risk Control representative.***

**References:**