

**Oswego Town Fire Department  
Emergency Medical Services (E.M.S.)  
Best Practices**

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**JOB DESCRIPTIONS FOR EMS PROVIDERS:**

The following are competency areas as described by the New York State Dept. of Health-EMS

*The EMT-B*

Must be able to demonstrate competency in assessment of a patient, handling emergencies using Basic Life Support equipment and techniques. Must be able to perform CPR, control bleeding, provide non-invasive treatment of hypo-perfusion, stabilize / immobilize injured bones and the spine; manage environmental emergencies and emergency childbirth. Must be able to use a semi-automatic defibrillator. Must be able to assist patients with self-administration or administer emergency medications as described in state and local protocol.

*The AEMT*

Must demonstrate competency in all EMT-B skills and equipment usage. Must be able to provide Advanced Life Support using intravenous therapy, defibrillator and advanced airway adjuncts to control the airway in cases of respiratory and cardiac arrest.

*The AEMT-Critical Care*

Must demonstrate competency in all EMT-B skills and equipment usage. Must be able to provide Advanced Life Support using the AEMT-Intermediate skills and equipment. Must be able to administer appropriate medications.

*The EMT-Paramedic*

Must be capable of utilizing all EMT-B and AEMT-intermediate skills and equipment. Must be able to perform under advanced cardiac Life Support (ACLS) and Basic Trauma Life Support (BTLS) standards. Must be knowledgeable and competent in the use of a cardiac monitor/defibrillator and intravenous drugs and fluids. The EMT-Paramedic has reached the highest level of pre-hospital care certification.

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The following is a job description of the tasks that may be required of an EMS provider in New York State as described by the New York State Department of Health-EMS:

Responds to calls when dispatched. Reads maps, may drive emergency vehicles to emergency site using most expeditious route permitted by weather and road conditions. Observes all traffic ordinances and regulations. Uses appropriate body substance isolation procedures. Assesses the safety of the scene, gains access to the patient, assesses extent of injury or illness. Extricates patient from entrapment. Communicates with dispatcher requesting additional assistance or services as necessary. Determines nature of illness or injury. Visually inspects for medical identification emblems to aid in care (medical bracelet, charm, etc.) Uses prescribed techniques and equipment to provide patient care. Provides additional emergency care following established protocols. Assesses and monitors vital signs and general appearance of patient for change. Makes determination regarding patient status and priority for emergency care using established criteria. Reassures patient, family members and bystanders. Assists with lifting, carrying and properly loading patient into the ambulance. Avoids mishandling patient and undue haste. Determines appropriate medical facility to which patient will be transported. Transports patient to medical facility providing ongoing medical care as necessary enroute. Reports nature of injury or illness to receiving facility. Asks for medical direction from medical control physician and carries out medical control orders as appropriate. Assists in moving patient from ambulance into medical facility. Reports verbally and in writing observations of the patient's emergency and care provided (including written report(s) and care provided by Certified First Responders prior to EMT-B/AEMT arrival on scene) to emergency department staff and assists staff as required. Complies with regulations in handling deceased, notifies authorities and arranges for protection of property and evidence at scene. Replaces supplies, properly disposes of medical waste. Properly cleans contaminated equipment according to established guidelines. Checks all equipment for future readiness. Maintains ambulance in operable condition. Ensures cleanliness and organization of emergency vehicle, its equipment and supplies. Determines vehicle readiness by checking operator maintainable fluid, fuel and air pressure levels. Maintains familiarity with all specialized equipment.

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**EMT CLASSIFICATIONS**

**PROBATIONARY EMT**

All newly certified EMTs are considered to be a probationary EMT. The EMS Coordinator, CME Manager and the chief's office will determine the EMT status of all EMTs that are new to the department.

A Probationary EMT (P-EMT) shall report to the station for alarms. P-EMT's shall not serve as an "In Charge" person on a call.

P-EMT shall serve at the discretion of a Senior EMT (S-EMT) on calls and during training.

P-EMT shall not carry medical equipment in their personal vehicle.

The apparatus shall not leave the station without a S-EMT whenever possible. Officers shall use the "IAR" system to determine if a S-EMT is responding. If no S-EMT is available for a call, it is up to the Officer at the station to take responsibility for P-EMT and their conduct. This Officer is required to complete an evaluation/skill form to the best of his/her ability regarding such call.

**SENIOR EMT**

A Senior EMT (S-EMT) is allowed to first respond to the scene provided that they are not passing the Fire Station. The S-EMT must use the IAR system and indicate "scene" as their response. They must also make sure they are not needed to allow the rescue to leave the station (i.e. being the only qualified driver). The S-EMT may not enter the residence until a unit with a radio arrives on scene.

Procedure for becoming a S-EMT:

1. A minimum of 5 good reviews. A review must include:
  - a) Patient Rapport
  - b) Technical Skills
  - c) Documentation
  - d) Inter-Agency Rapport
2. Approval of EMS Coordinator, CME Coordinator and the Chief's office.

A S-EMT must evaluate each call and or drill that is done with a P-EMT, and complete the appropriate evaluation/skill sheet.

Senior EMT's are ultimately responsible for patient care and documentation. Senior EMT status may be revoked at any point in time by the Chief's office.

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**PATIENT ABUSE**

Statement of Policy:

You are required to report to the Officer in charge (OIC) misconduct/mistreatment/mishandling of any patient by Oswego Town Personnel. We take customer safety and satisfaction very seriously.

Any abuse observed by other agencies pre-hospital, hospital, and or home care needs to be documented and reported both in house and to appropriate agencies.

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**CHILD ABUSE**

Statement of Procedure: EMT's in New York State are mandated reporters of child abuse. Documentation on the PCR is a legal document. Law Enforcement is to be notified and respond. Upon completion of the PCR the EMS provider in charge shall contact the NYS Child Abuse Hotline at 1-800-635-1522. A written report (LDSS2221A) must be submitted to the Oswego County Department of Social Services within 48 hours. The LDSS2221A form can be found in the file cabinet in the computer room and online. The EMS Coordinator shall be notified as it is their job to make sure the proper paperwork has been filed.

**ELDER ABUSE**

All suspected cases of elder abuse shall be documented in the PCR objectively and without bias. Appropriate agencies shall be notified at the discretion of the OIC.

**DOMESTIC VIOLENCE**

Domestic violence is a very sensitive matter. Events shall be documented in the PCR. Appropriate agencies shall be notified at the discretion of the OIC. Victim resources are located in the clipboard of 3462.

The Chief must be notified by the OIC when any reports are made to any outside agencies.

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**E.M.S. COORDINATOR POSITION**

This position reports to the Chief and the Line Officers.

RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO:

- 1) Oversee medical operations
- 2) Responsible for PCR's:
  - a) Replenishment
  - b) Completeness
  - c) Submission to regional council
- 3) Membership Oswego County CQI Committee
- 4) Coordinate medical department training
- 5) Inform Chief and EMT/CFR's of restrictions
- 6) Inform medical personnel of protocol changes
- 7) Schedule and run monthly E.M.S. meetings

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**MEDICAL SUPPLY OFFICER POSITION**

This position reports to the EMS Coordinator and the Chiefs.

Responsibilities include but are not limited to:

- 1) Maintain medical supply inventory within budget
- 2) Arrange demonstrations for new items
- 3) Order medical supplies as needed per protocols

**C.M.E. MANAGER POSITION**

This position reports to the E.M.S. Coordinator

Responsibilities include but are not limited to:

- 1) Maintain records of CFR and/or EMTs.  
Records to include:
  - a) Current CPR Certification
  - b) Current CFR or EMT Certification
  - c) Protocol tests and results
  - d) Affiliation status
  - e) CME skills and testing records
  - f) Didactic hours (AEMT)
- 2) Review/maintain/pass along communication from CNY EMS
- 3) Report to E.M.S. Coordinator restrictions of EMT and/or CFR's
- 4) Arrange and attend all department CME sessions (4 per year)
- 5) Inform E.M.S. Coordinator of protocol changes
- 6) Assist E.M.S. Coordinator with monthly E.M.S meetings
- 7) Assist E.M.S. Coordinator with attendance at Oswego County CQI meetings.

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**CERTIFIED FIRST RESPONDERS AND/OR EMERGENCY MEDICAL TECHNICIAN**

These people report to the Chiefs, Line Officers and E.M.S. Coordinator.

**RESPONSIBILITIES TO INCLUDE BUT NOT LIMITED TO:**

- 1) Maintain CFR or EMT certification and skills
  - 2) Maintain CPR certification and skills
  - 3) Medical supply checks and replenishment as posted
  - 4) PCR documentation on a district owned device
  - 5) Inform Medical Supply Officer of equipment needs
  - 6) Attend E.M.S. Meetings (Monthly)
  - 7) Attend department biannual CME sessions
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**UNATTENDED DEATHS**

**The first responsibility** of the crew will be to determine that resuscitation efforts are inappropriate to start or continue. An EMT of any level with our company or another must make the official determination that resuscitation will not begin. Discontinuation of resuscitation will follow CNY EMS protocols and must be documented appropriately (for example: decapitation, decomposition, blood pooling, rigidity).

**The second responsibility** then becomes support of the survivors. Emotional and medical needs they have should become the new focus of the crew.

**Third**, preservation of the scene is important for pending police investigation. The officer in charge or his/her designee should make contact of a police agency through dispatch.

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**PREVENTIVE MAINTENANCE:**

It is the policy of OTVFD that manufacturer's guidelines will be followed in preventative maintenance and repair of all fire district equipment.

Equipment found to be defective, contaminated or otherwise substandard for the job intended will be removed from service and replaced with a spare until which time it can be repaired, cleaned or replaced.

Equipment found to be defective, contaminated or otherwise substandard for the job intended will be conspicuously tagged and secured in a locked storage to prevent usage prior to repair or cleaning.

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**RADIO COMMUNICATION**

Types of Communications:

1. Department to County:

The Oswego County 911 Center dispatches all calls. Vehicles will call out with 911 center on the assigned dispatch channel. The dispatch channel is reserved for contact with the 911 Center. The radio operator is required to call vehicle out and on scene. When calling out the staffing of the vehicle should be identified (Level of Care). If directed to another frequency by the 911 Center, contact with the 911 center should be done with the knowledge of the Officer in Charge, if possible.

2. Field to Hospital Communications:

When needed Oswego Hospital can be contacted on its assigned radio channel. In the event that the radio does not work properly, you can use the cell phone or a residential phone. Call 349-5522. Treat as you would a radio. All radio and phone patch communications should start with the following statement:

**i.e.. Oswego Hospital this is Oswego Town Rescue:  
EMT level and last name**

The following info needs to be communicated:

	<b>i.e. Trauma BLS</b>	<b>i.e. Medical BLS</b>
Age:	32	45
Sex:	male	Female
Chief Complaint:	rule out fractured leg	Cough times 2 weeks
Relevant Medical History:	Fall of 10 feet	none
What's been done:	C-spine & leg splint	O2
Requests from you of Hospital:	request clearance	request clearance
ETA:	3-5 minutes out	3-5 minutes out

**WHEN COMPLETE: state Oswego Town Rescue Clear**

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**FIRE STANDBYS IN DISTRICT**

**Procedure:**

When there is a structure fire or other significant operation, a medical area will be set up for the treatment of both victims and firefighters in distress. The following equipment will be removed from 3462

1. Red Bag
2. Lifepak 15
3. Burn kit
4. ALS bag (if provider present)

The above equipment should be staged in a location determined by a Chief or Officer. If the scene is very busy set up the medical staging area near the rescue as long as this is a safe location. Do not set up a rehab- area near the exhaust pipe of a vehicle. The EMT in charge of this area must stay in the area of the equipment and patients. Never walk away from the area. Command and firefighters know to find you here and life safety may depend on you being easily mobilized. The medical area will stay mobilized at the pleasure of Command.

**Victim Treatment:** The EMS providers at this location will direct status reports on victim back to the Incident Command; requests for transport agencies (air & ground units) will be made by the Incident Commander or his designee.

**FF Rehab:** The EMS providers at this location will direct status reports on firefighter fitness back to the Incident Command directly. Fitness for duty is a serious safety issue for the department as a whole.

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**FORCED ENTRY**

**Procedure:** The need to force entry into structures and vehicles in which a patient is unable to give you entrance is going to be required in some situations. After you and the company officer have determined that non-damaging entry is impossible or impractical, the method of forced entry should be the most expedient, least damaging and easiest to secure after entry. Law must be requested prior to forcing entry.

**Rationale:** While forced entry may be our only recourse to execute a rescue we do not want to gain a reputation of being senselessly destructive.

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**PATIENT REFUSALS**

Patient refusals cause the department a major legal exposure. Our goal in providing rescue services to the public, as well as our firefighters, is to see the appropriate medical providers treat them in a timely manner. While some patients are going to exercise their right to refuse care and/or transport we require, at minimum, the following be done and documented.

1. Provide care to the point allowed by the patient advising them of the procedure and the necessity for the action.
2. Advise the patient they have a right to refuse but they need to allow you to repeat why they should allow you to proceed with the appropriate patient care plan. This should be done in the presence of another EMT, Officer, Police Officer or FF.
3. Online medical control can be contacted to have a doctor speak with the patient. If a medication has been giving then online medical control must be contacted.
3. Ask if the patient has any questions. If they have none and you have explained that you are willing to provide the services required and they are refusing treatment and/or transport with the understanding that they realize that his is against medical advice, and could be harmful to their health up to and including death.
4. Have the patient sign and have your witness sign the CNYEMS patient refusal form. Patient family, friends and bystanders are poor witnesses and should not be used as a general rule. This may be completed on paper or electronically on one of the department's iPADS.
5. Review PCR to ensure you have documented the situation completely. Completeness should be judged on the ability of the PCR to provide a vivid account of the call that requires no explanation by the EMT who wrote the report.

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**MVA'S AND INFECTION CONTROL PRECAUTIONS**

Procedure: The General Best Practice regarding PPE holds true with the addition that rescuers working in areas and exposed to both biohazards and other hazards should be duly protected. (i.e. latex gloves under fire gloves unless this provides a stronger hazard due to fire or chemical reactivity).

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**REPORTABLE INCIDENTS:**

It is the policy of OTVFD to notify by telephone the New York State Department of Health-EMS Field representatives in Syracuse, NY in the event of a state reportable patient incident.

Notification will be made by telephone no later than the following business day. The preferred method is to attempt to contact the DOH EMS field representative via pager or telephone regardless of time, day or night. Notification in writing within 5 working days will occur by the chief or his representative. All written submission will be sent by United State certified mail.

The following are reportable incidents:

- 1) A patient dies, is injured or otherwise harmed due to actions of commission or omission by a member of the ALSFR service.
  - 2) An authorized EMS response vehicle operated by the service is involved in a motor vehicle crash in which a patient, member of the crew or other person is killed or injured to the extent requiring hospitalization or care by a physician.
  - 3) EMS personnel are killed or injured to the extent requiring hospitalization or care by a physician while on duty.
  - 4) Patient care equipment fails in use, causing patient harm.
  - 5) It is alleged that any member of the service has responded to an incident or treated a patient while under the influence of alcohol or drugs.
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**MUTUAL AID PLAN:**

It is the policy of OTVFD to enter into the mutual aid plan of Oswego County. This plan authorizes the Oswego County E-911 system to dispatch the closest available resources to the patient. Oswego County E-911 has protocols in place to determine length of time between dispatches and which units are closest to the call location. Under normal operating conditions the OTVFD will be dispatched along with the ambulance service of contract to all calls within the Town of Oswego.

Upon notification of a call for service within the Town of Oswego, Oswego County E-911 will dispatch OTVFD. If five (5) minutes has lapsed since dispatch then the Oswego County E-911 Center will dispatch OTVFD again giving a "second activation: If another 3 minutes has lapsed without acknowledgement from OTVFD then OTVFD will be considered unable to respond.

If OTVFD is not able to respond the Oswego County E-911 Center will dispatch the closest available mutual aid unit to respond to the call.

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**RESPONSIBILITIES OF PATIENT CARE PROVIDERS WHEN:**

In the event that an ALS provider from OTVFD is placed in-charge of transport on a BLS ambulance (ex. During an MCI or no ALS transport unit available), the following guidelines will help the provider in making proper transport decisions.

- 1) Patients seek transportation to a hospital outside the area in which the transporting agency ordinarily transports patients:
  - a) It is the policy of OTVFD to ensure transport of a patient to the appropriate facility. The OTVFD will generally transport to Oswego Hospital or any Syracuse area hospital. OTVFD will follow any demands a patient may make regarding their destination hospital. A patient may request transport to a hospital of their choosing. The patient will be transported to the hospital of their choice unless protocol dictates otherwise (ex. Stroke or trauma protocol)
  
- 2) The receiving hospital requests that a patient be transported to another facility before arrival at the hospital:

It is the policy of the OTVFD to advise the patient that the receiving hospital has requested they be transported to another hospital due to the receiving hospital being on diversion. The OTVFD will honor any requests the patient may make. If the patient demands to be seen at the original receiving hospital then that hospital will be notified that the transport will be continued on a “patient demand”. If protocol dictates otherwise then the patient will be taken to the closest appropriate facility (ex. Stroke or trauma).
  
- 3) The patient is a minor

It is the policy of OTVFD to treat all patients within the protocols set forth by New York State DOH EMS and CNYEMS. If the patient is a minor and is not accompanied by their parent(s) or legal guardian then the patient shall be transported to the nearest appropriate facility. Law will be notified of the situation as well as medical control for the receiving hospital. If the parent(s) or legal guardian can be contacted by phone and they wish to refuse transport to the hospital then this may be granted. Online medical control should also be contacted and notified.
  
- 4) Treating or transporting patients with reported psychiatric problems.

It is the policy of OTVFD to treat all patients within the protocols set forth by New York State DOH EMS and CNYEMS. In the event that a patient may have a reported psychiatric problem then patient care should be focused around keeping the patient and the crew safe. If the crew determines that the patient needs to be restrained to ensure patient and crew safety then the crew shall follow their CNYEMS restraint protocol. The crew will restrain the patient and notify online medical control for the receiving hospital that restraints are being utilized. Law enforcement should also be in the patient compartment of the transporting unit during a transport of this type.

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5) Reporting of crimes

It is the policy of OTVFD to notify the proper law enforcement agency of any possible crimes. If the possible crime has been committed at a scene at which OTVFD has been called to every possible attempt not to disturb the scene will be made. Patient care is still the first priority and any actions necessary for proper patient care will be taken regardless of possible crime scene status. If possible the number of personnel from OTVFD to enter the scene will be limited and the entire call will be properly documented on a Pre-hospital Care Report (PCR).

6) A patient cannot be located

It is the policy of OTVFD to make every attempt possible to locate the patient in which OTVFD has been called to assist. In the event that a patient cannot be located at the scene then the EMS provider in-charge may choose to contact medical control or law enforcement for further assistance or guidance. If nothing more can be done by OTVFD to locate and treat the patient then the EMS provider in-charge will document the event on a Pre-hospital Care Report (PCR), using the “No Patient Found-008” disposition.

7) Out of service

It is the policy of OTVFD to place an “Out of Service” sticker on the windshield in front of the driver, on any vehicle that has been taken out of service. Any time a vehicle is taken out of service the members of the department will be notified of the change in service status. This may be done thru the IamResponding system, e-mail or telephone. If the vehicle will be out of service for more then 72 hours then the NYS DOH-EMS will be notified of the situation and what will be done to continue service at our level of care.

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**P-EMT Evaluation sheet**

P-EMT Name \_\_\_\_\_

Date \_\_\_\_\_

S-EMT/officerName \_\_\_\_\_

Call Number \_\_\_\_\_

Was the P-EMT able to...	Yes	No	N/A	Comments
take charge of the scene?				
communicate with pt and/or family?				
confidently use equipment?				
find necessary equipment?				
make the pt feel comfortable with us being in their home?				
use appropriate PPE?				
determine scene safety?				
communicate appropriately with the ambulance crew?				
communicate appropriately with law (if applicable)?				
complete a pt refusal form either on paper or electronically including vitals (if applicable)?				

Please describe any clinical issues you may have observed on this call (if any) that need to be addressed with the P- EMT

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Based on this observation do you feel the P-EMT is capable of running a call on his/her own? Why/Why not?

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