

Chisholm Trail Fire/Rescue

First Responder Organization

Standard Operating Procedures/Guidelines

Mission: Respond to emergency requests to provide prehospital care to the sick and injured.

Personnel:

- Shall meet minimum qualifications to respond to emergency medical incidents including but not limited to:
 - a. Current AHA CPR Healthcare Provider with AED or American Red Cross Healthcare Professionals CPR with AED (all providers)
 - b. Current AHA First Aid or American Red Cross First Aid(preferred)
 - c. Current EMR/ECA, EMT-B, EMT-I/Advanced EMT, Paramedic through the Texas Department of State Health Services (Preferred)
 - d. NIMS 700. Others required at Officer/Training Coordinator discretion.
 - e. Current HIPAA training class (every 2 years)
- Shall have credentials available at all incidents to include but not limited to:
 - a. Current Texas Driver's License (Texas State ID card preferred if under 18 years of age)
 - b. Current and active CTFR ID badge
 - c. Current AHA CPR card
 - d. Current Texas Department of State Health Services card (if applicable)

Response:

- Respond emergent in an apparatus unless otherwise contraindicated or downgraded by on scene units.
- Units can downgrade to non-emergent response due to safety concerns such as weather
- If responding to an emergency units must notify dispatch of response including but not limited to:
 - a. Unit responding (if personally owned vehicle is used)
 - b. Apparatus responding (if apparatus is used)
 - c. How many souls on board (optional)
 - d. On scene
 - e. Unit establishing command (if applicable)
 - f. Scene size up (if applicable)

- g. Clear and available
- h. Transporting unit (Caldwell County if mutual aid ambulance is used)
- i. Unit making report
- j. Number of refusals obtained (as applicable)
- For calls which staging is required units shall:
 - a. Respond Non-emergent to staging area until scene is secured by law enforcement
 - b. Units may be upgraded on a call by call basis due to distance or Officer discretion.
 - c. Stage at a safe location- minimum of ½ mile from the incident

On Scene:

- Once on scene units shall evaluate scene safety and call for additional resources as needed including requesting second dispatch of CTFR with update on needed resources
- Units shall apply Personal Protective Equipment such as but not limited to:
 - a. Medical gloves
 - b. OSHA approved safety glasses (preferred)
 - c. Gown and N95 respirator (if applicable)
 - d. Surgical mask (if applicable)
 - e. Jumpsuit with helmet (if indicated)
- Units shall provide prehospital care to the sick and injured per protocol established by the Medical Director
- Provide verbal radio report to responding medic unit (if applicable)
- If appropriate responding EMS can be downgraded or cancelled “at their discretion”
- Provide verbal report to EMS arriving on scene (if applicable)
- Assist EMS with on scene packaging/patient care until released by EMS or patient transported.
- A CTFR first responder that is recognized by the Texas DSHS as EMR, EMT, AEMT, or Paramedic shall assume patient care and responsibility for patient treatments in the absence of other certified first responders. The senior member on scene or highest ranking (as appropriate) will assume “Incident Command” on scene.

Reporting:

- Written patient care reports shall be completed by unit making report within 24 hours and dropped in secured box located at each fire station.
- Written patient care reports shall be relinquished to ER, EMS, or air ambulance as requested for continuum of care.
- Written patient care reports shall be reviewed for QA/QI purposes. This review

may be at random.

- Reports shall be written legibly in SOAP format.
- When obtaining refusal of care or service the provider shall obtain signatures on all copies of the patient care report.
- All patient care reports/run forms shall be documented into Firehouse software.
- PCR must be completed when a provider assumes care and responsibility for a patient. If EMS unit is not on scene and patient care is initiated with interventions by CTRF providers, a patient care report is needed. If EMS is on scene prior to first responder arrival then a fire run form will be sufficient. These situations include- assisting EMS with moving patient, carrying bags, ect.
- The report shall document, at a minimum, the patient's name, the patient's condition when first contacted by FRO personnel; the prehospital care provided; the dispatch time; scene arrival time; and the identification of the FRO personnel who provided care to the patient.
- Refusals
 - a. CTRF first responders that are recognized by the Texas DSHS as an EMR, EMT, AEMT, or Paramedic can obtain refusals on scene and cancel the responding EMS unit. (Advise Lockhart dispatch the number of refusals being obtained if applicable)
 - b. All patients that identify themselves as a patient (requesting care or assessment) must be documented on a separate PCR.
 - c. Patients that indicate an ALS treatment or intervention shall be assessed by the Paramedic on the responding EMS unit. These patients include chest pain, SOB, abdominal pain, and others based on medic discretion.
 - d. Patient must be alert and oriented x 4 with GCS of 15 per protocol to sign refusal.
 - e. If patient is a minor, obtain signature from parent or caregiver that is of sound mind.

Air Ambulance:

- May be requested by units enroute or on scene.
- Closest available shall be requested for launch
- May be placed on stand-by until further information is available
- Landing Zone shall have a single responsible party
- Landing Zone should be 100ft x 100ft without obstacles or incline/decline
- Engine on scene for Landing Zone is preferred

Mutual Aid:

- May be activated at any time by first responders
- The closest/most appropriate department shall be requested
- May be used for specialized equipment

Media:

- Media shall be directed to the Fire Chief or Fire Chief's designee such as a Public Informations Officer.
- "No comment at this time" shall be utilized when speaking to media
- Under no circumstances shall patient information be given to the media including but not limited to:
 - a. Name
 - b. Age
 - c. Date of birth
 - d. Social security number
 - e. Condition of patient
 - f. Destination hospital
 - g. Description of car or accident

Exposure:

- If providers come into contact with a hazardous substance they shall:
 - a. Immediately flush the affected area with water for 15 minutes (if non-water reactive)
 - b. Powder substances shall be brushed away prior to flushing the affected area
 - c. Reference Emergency Response Guide (if applicable)
 - d. Notify EMS providers
 - e. Obtain emergency care needed
 - f. Notify chain of command and EMS Officer
 - g. Complete incident report and document on patient care report
- Bloodborne Pathogens training required annually by first responders.

Equipment:

- Shall remain on the assigned apparatus
- Personal bags are the responsibility of the provider
- First responder gear will be maintained under NFPA 1851 as applicable
- First responders that are not involved with firefighting shall be issued blue helmets with extrication gear.
- Shall be restocked when returned to the station
- O2 bottles should be exchanged if less than 1000 psi
- AEDs shall be serviced and applicable AHA standard updates at least every five years
- Dates of expiration shall be monitored by CTFR members including but not

limited to AED pads, AED batteries, consumable supplies and medications.

Hazmat

- Providers shall not operate in the hot zone unless trained/certified to do so
- Providers shall stage at a safe distance
- Providers may use Emergency Response Guide, Chemtrec, and/or binoculars to attempt to identify substance
- Biohazard materials shall be disposed of properly in a red bag labeled biohazard. The red bag shall be dropped in the proper disposal box provided at station 3. Sharps containers shall be taped not allowing sharps to come out prior to disposal.
- If biohazard box becomes full (up to 45lbs of medical waste) the EMS Officer is responsible for notifying Stericycle and scheduling pick up. First responders should notify EMS Officer if services are needed.

Stand-by/special events:

- Shall be approved by the chain of command
- Report shall be completed including a total number of hours at the event
- Once on scene for standby, notify dispatch so that an incident can be opened
- Patients treated per protocol and transport ambulance requested as needed

Breach of protocol:

- The chain of command shall be contacted immediately or as soon as possible
- The Medical Director shall be notified
- Call shall be reviewed by review committee appointed by the Fire Chief

Injuries:

- Any injuries to providers shall be reported to the chain of command as soon as possible
- Assessed/treated appropriately per protocol
- May be transported to hospital ER for evaluation.

Vehicle incidents:

- Stop immediately and announce over dispatch channel that you have been involved in a collision.
- Request mutual aid to the incident if needed. This includes the incident that apparatus involved in the collision was responding to.
- Check for injuries within CTFR apparatus and ensure EMS is responding.
- Check for injuries in other involved vehicles.
- DO NOT ADMIT FAULT
- Report to appropriate command staff. This may be the Duty Officer of the day, Battalion Chief, Assistant Chief, or the Fire Chief.
- Driver of apparatus shall be subject to post accident drug screen or blood

toxicology as needed per DOT standards.

- EMS Officer shall report any injuries and/or death to Texas DSHS as per the Texas Administrative Code

HIPAA:

- PHI (Protected Health Information) is defined to include to but not limited to the following:
 - a. Name
 - b. Date of Birth
 - c. Social Security Number
 - d. Medical history
 - e. Treatments
- PHI is under no circumstances to be released to any entity that is not going to aid in the continuum of care.
- Law enforcement must sopena the PHI and/or run form
- Run forms shall not be left unattended in the open.
- All PHI shall be kept in lock boxes at each station.
- Requests for PHI by the patient shall be forwarded to the Fire Chief.
- Reports shall be kept in a safe place for a minimum of 6 years.
- Any questions shall be directed to your officer or the HIPAA compliance officer.
- Training shall be provided to all members that may come into contact with a patient's protected information. This includes cadets, firefighters, officers and support members. Course shall be completed at a minimum of every two years.

Industrial Technology(IT):

- All providers shall have their own login for Firehouse.
- Providers shall not share user names or passwords under any circumstances.
- All programs shall be logged out of and closed prior to leaving computer unattended
- Audits shall be performed at minimum of once a year to assess risks with computer software and personnel access.
- Any member that is placed on suspension, leave of absence and /or resigns from current position shall have their login suspended immediately.
- At no time shall pictures be taken of patients or scenes with personal cellular devices

Additional attendant:

- If it is requested for first responders to accompany the patient to the hospital the following criteria should be met:
 - a. Patient is in critical condition (ie: CPR in progress, intubated)
 - b. Patient is combative
 - c. Directly requested by EMS personnel

- If a driver is available on scene to take apparatus back to station immediately the request may be granted.
- If a driver is not readily available to take apparatus back to station the following shall be utilized prior to transport:
 - a. Contact Officer with request to leave apparatus on scene.
 - b. Officer shall be notified of circumstances, location and destination of patient.
 - c. If the scene is in an unsafe location- the Officer may allow apparatus to be taken to a safe location where a rendezvous with EMS may take place.
 - d. Under extreme circumstances the Officer may allow a firefighter to take a brush truck back to the station. Class B apparatus shall not be operated without a class B license per by-laws.

Clearance Process:

- New members of CTFR that are certified as an EMR, EMT, Advanced EMT or Paramedic must be cleared by the EMS Officer for independent duty. All members shall be oriented to CTFR policies and procedures, safety practices and quality management procedures. Documentation will be reviewed at this time. This process will be handled on a case by case basis. Past experience, comfort level, and knowledge base will be evaluated by EMS Officer or his/her designee. To obtain clearance the following may be necessary:
 - a. Ride outs with local EMS providers
 - b. Ride outs with CTFR EMS Officer or designee
 - c. SOP/SOG review
 - d. Protocol review
 - e. Individual plans as per EMS Officer discretion

As Fire Chief of Chisholm Trail Fire/Rescue, I hereby place these procedures and guidelines into place on this _____ day of _____, 2014. I reserve the right to edit this document at any time necessary.

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Mark Padier, Fire Chief

Revised 1/2014-1