

# **Kendall Park First Aid and Rescue Squad**

## **Standard Operating Guidelines**

### **1. Introduction**

The purpose of these SOGs are to document and communicate those standard practices and protocols of the Kendall Park First Aid and Rescue Squad which have a bearing on the safety of our crew members, our patients, and enable us to provide optimum patient care.

### **2. Crew Composition**

A minimum crew shall be composed of an Crew Chief, EMT and a Driver. Crew Chiefs must be vetted and approved by the Chief or his/her designee. At no point of time there will be more than 4 members in an ambulance. Once the Crew is formed with the Crew Chief, EMT, Driver, Crew Chiefs are advised to pick the 4<sup>th</sup> member accordingly. If you have more than 4 members on your crews, the 4<sup>th</sup> and 5<sup>th</sup> must take turns or pick shifts every alternate weeks.

### **3. Crew Response & Coordination**

When a call is received from SBHQ, available crew members shall call available on Group 20(if responding from home). The Crew Chief or Line Officer will give crew members instructions on where to meet the ambulance or to come to the appropriate building. The Crew Chief will then communicate Dispatch that the crew is assembling. No member shall follow the ambulance in their personal vehicles or meet the crew on scene unless additional resources are requested by Crew Chiefs. No member will have first contact with the Patient or PD or ALS or any other agencies without directions from Crew Chief or Line Officers.

### **4. The right front seat is designated to the Crew Chief unless Crew Chief is also the driver. Crew Chief or Driver will notify dispatch that the Rig/ambulance is in service.**

The ambulance and crew should not approach certain scenes until the dispatch agency has confirmed that the scene is safe and secure. Request dispatch instructions for staging and clearance to the scene. These scenes include:

- a. Suicide attempts
- b. Weapons involvement
- c. Psychiatric
- d. Any other potentially emotionally unstable patient.
- e. Domestic Violence

## 5. Crew Chief Responsibilities

### a. Radio communication

To the extent possible, the Crew Chief, or the right seat passenger if the Crew Chief is driving, shall handle all radio communications. Upon arriving on scene Crew Chief will turn on the portable radio and communicates with Dispatch on ALS status and provide them with updates. All communications with ALS must go through the dispatch.

### b. Patient assessment

Patient assessment must be performed by an EMT, or an EMT student under the supervision of an EMT. Whenever reasonably possible, the Crew Chief should remain in the patient compartment to supervise patient assessment and treatment.

### c. Request for or cancellation of ALS

The Crew Chief shall make the final determination on request for, or cancellation of ALS.

### d. Patient care

Patient care must be performed by an EMT or an EMT student, supervised by an EMT. A non-EMT attendant may perform certain assessment aspects of patient (Vitals) care at the discretion of the Crew Chief.

A non-EMT, student or otherwise, may not assist patients in administering interventions such as epi-pens, nitroglycerine, MDIs, Airways etc.

### e. Hospital radio report

The Crew Chief or EMT designee will deliver patient reports via phone to the receiving hospital and make the verbal report to the Charge Nurse upon arrival at the receiving facility.

## 6. Transport considerations

### i. Psych calls

Psych calls for "transport for evaluation" will be classified as "voluntary" or "involuntary" by the dispatch agency. It is preferable, whenever possible to have a crew member of the same gender in the patient compartment on all psych calls. This is particularly important in the case of female patients. Consider these issues during the crew coordination phase of the call.

A Police Officer must accompany the patient for all "involuntary" psych calls.

### ii. Police Officer in rig {firearm security}

In accordance with NJ State law, firearms are not permitted in the patient compartment of an ambulance. This is particularly important in the case of psych transports to prevent the patient from obtaining the firearm and injuring any crew members.

Firearms shall be transported in the lockable compartment behind the driver, or with a second Police Officer in a following vehicle.

### iii. Crew members safety (seatbelts)

In accordance with NJ Motor Vehicle law, all personnel must wear seatbelts in an ambulance. This includes the driver, the right front seat passenger, and crew members in the patient compartment. It is understood that a crew member may have to move around to obtain supplies, operate the radio, or communicate with the driver. Proper advance planning will minimize the need to move around while the ambulance is in motion. At all other times, the crew member must wear a seatbelt.

### iv. Radio, lights and sirens operation

In *response mode*, the Crew Chief or crew member in the right front seat shall operate lights, sirens and radios. In *transport mode*, the Crew Chief will determine whether the transport requires emergency or non-emergency mode.

### v. Safe vehicle operation

It is the responsibility of the driver to assure that the vehicle is operated in a safe manner.

All due prudence must be exercised to prevent any incidents regardless of who has the right of way. In emergency transport, the vehicle will be operated in full compliance with NJ motor vehicle laws. Ambulances will STOP for all red traffic signals until the driver determines that traffic is yielding, and it is safe to proceed.

Aggressive driving and road rage will not be tolerated.

The lives and safety of the entire crew and patient(s) depends upon the prudent judgment of the driver who will be held accountable for safety.

## **7. Uniforms**

Our patients and their families form their first impression of us from our appearance. They will be more comfortable and have more confidence in us if we appear to be clean, neat and professional. Remember, first impressions are very difficult to change.

Crew must wear uniforms provided by the Squad on all calls.

On MVC or Extrication calls, Reflective vests must be worn for all activities in roadways. If there aren't enough Reflective Vests in the ambulance for the Crew, the members without reflective Vests will stay in the ambulance.

## **8. MVC or Roadway Medical Emergencies**

### **a. Scene safety**

- i. It shall be the responsibility of the Crew Chief to determine when it is safe for the crew to exit the ambulance.
- ii. Ambulances shall stage at MVC scenes in such a manner as to provide safe egress for the crew and access to equipment.
- iii. If this is not feasible, the Crew Chief shall request the assistance of the Police Officer(s) in securing the scene and effecting lane closures as required.
- iv. If Police Officer(s) are not present, the Crew Chief shall request assistance in securing the scene from the dispatch agency.
- v. All crew members shall wear ANSI approved reflective vests.
- vi. A patient should never be extricated onto a backboard and cot where the cot is in a moving traffic lane. The lane of traffic **MUST** be temporarily closed.
- vii. Fire engines on scene may be requested to provide "blocking" enabling EMS personnel to perform their function.

## 9. Crew Chief Training

- a. Candidates for Crew Chief shall be identified on the roster as "Crew Chief in Training (CIT)."
- b. CITs must
  - i. Be members of the squad for a minimum of one year;
  - ii. Have completed a minimum of 100 calls;
  - iii. Have demonstrated proficiency in EMT skills.
  - iv. Have demonstrated excellent Team Work
  - v. Recommended by Crew Chief and/or Line Officers
- c. A CIT will be given the opportunity to "run" a number of varying types of calls under the supervision of an experienced Crew Chief.
- d. The Crew Chief will report to the Chief or his designee on the progress of the CIT and recommend whether or not the candidate is to be cleared as a Crew Chief.
- e. The Captain or his designee will make the final determination.
- f. At the discretion of a Line Officer, a CIT may be permitted to take a call without an experienced Crew Chief if the call would otherwise go unanswered.
- g. CEVO  
All squad members are urged to take the CEVO III course. This should be done as early in the driver training process as possible. New drivers must take the next available CEVO course offered by the Squad.

## 10. Cadets/Explorers:

EMT Certified Cadets/Explorers will be scheduled to ride 1800-2200 on weekdays and 0600-1200, 1200-1800, 1800-2200 on Saturdays.

Non-EMTs who aren't drivers will be requested to start their shifts past 2200 on the days when explorers are scheduled.

- Riding explorers must be in squad uniforms during their shifts.
- No more than one explorer unless there are only 2 KPFAS members in the ambulance
- No Cadets/Explorers on the following type of calls
  - Suicide Attempts
  - EDP
  - Domestic Violence
  - Psychiatric Emergencies
- Cadets/Explorers on MVC calls stay in the ambulance.