

SOP EMS RESPONSE  
EAST AURORA FIRE DEPARTMENT

**48. EMS OPERATIONS**

EAST AURORA FIRE DEPARTMENT

Revised: April 25, 2013

**SCOPE:** This policy covers all members that respond to EMS calls, including treatment of patients involved in any incident that the East Aurora Fire Department (EAFD) responds to.

**POLICY:** (\* It should be noted that these guidelines are a distillation of department SOP's and should not be a substitute for reading and knowing all department SOP'S). Firefighters shall adhere to the following guidelines or they may be banned from EMS response.

**1. EMS Responsibility for Village of East Aurora and Town of Aurora:**

A contract ambulance service will be contacted by the Village Board to be the primary emergency ambulance service serving the Village of East Aurora and the portion of the Town of Aurora protected by the East Aurora Fire Department. After arriving on scene, the contract ambulance is the primary authority on scene of an EMS incident.

All firefighters shall transfer responsibility of the EMS scene to the contract ambulance and take direction from the contract ambulance paramedic/ EMT team in regard to patient care and assistance in the discharge of their duties. The exception to this rule is in the event that a company or chief officer is on scene at which time the normal chain of command shall be followed.

EAFD assumes the primary responsibility as the primary EMS provider until the contract ambulance arrives on scene.

All EAFD EMS firefighters must work within the scope of his/her training and qualifications for providing patient care. All EMS responders are encouraged to further their training to provide the best level of care to the patient and lessen your liability under the New York State Good Samaritan Act, as well as Errors and Omissions liability.

**2. EMS Response for Village of East Aurora and Town of Aurora:**

1. EAFD firefighters are alerted via fire department issued tone activated pagers and alpha-numeric paging devices.

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2. Contract ambulance service with ALS paramedic skill level is immediately dispatched
3. East Aurora Police shall be alerted and will respond to calls if available.
4. If the contract ambulance is not available, mutual aid ambulance request from neighboring fire company may be requested per existing mutual aid agreement.

**3. EAFD EMS Response Vehicles:**

1. EA #4 - EMS response vehicle (equipped for MVA and small incidents)
2. EA #6 - EMS response vehicle (equipped as required for routine smaller general purpose incidents, required equipment to be added onboard before responding from fire station as situation dictates)
3. EA #7 - EMS response vehicle (equipped for MVA, large incidents and rescues)
4. All other EAFD vehicles - as required (Engines are typically used for response to mutual aid stand-bys)
5. EAFD Chief officers - Incident commander, may request Mercy Flight, fire police, additional fire department equipment and/or mutual aid resources as required.
6. EAFD Firefighter Personal Vehicle – EMTs, CFRs and CPR/AED certified firefighters may respond directly to scene with first aid equipment for their level of training to all EMS calls.

CPR/AED - primarily respond on request by ambulance crew or if knowledge of possible need for CPR/AED skills is provided by dispatcher. However, CPR/AED personnel may respond to all calls and stand-by to assist EMTs, CFRs and ambulance crews in tasks other than patient care (see below, Assisting Ambulance Crew).

Any firefighter driving a fire department vehicle must be qualified to do so per existing EAFD guidelines.

**4. Qualified Responders:**

All responding firefighters who are not Chief officers must possess a current EMT, CFR or CPR/AED card with New York State Health Department recognition.

Firefighters may only apply the skills that they are certified in and fully capable of performing. First responders responding as EAFD firefighters shall NOT perform skills higher than EMT-B level.

**5. Responding to Scene:**

When responding to any call, it is important to obey all traffic laws. The use of a blue light in NYS does not give you the right of way or variance to the traffic code. It is simply used as a warning device alert motorist that you are responding to an incident and if they choose to give you the right of way they may yield to your vehicle.

Maintain a professional attitude when responding and on scene of the incident.

**6. Arriving at Scene:**

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**a. Parking:** All EAFD vehicles and personal vehicles shall be parked as to allow arriving ambulance full access. Parking all vehicles on same side of street is preferred. Parking in neighboring driveways is also an option, but you may potentially be asked to move if necessary for owner access. Use of 4-way flashers and/or warning lights is optional if parking in street or neighbor driveway for identification and safety.

**b. Identification:** All first arriving firefighters shall display an ID badge or fire department issued clothing (uniform, jacket, shirt, hat, etc...) clearly identifying them as a member of the East Aurora Fire Department.

All first arriving firefighters shall verbally introduce themselves to the patient and/or household residents, patient relatives or care-givers on location.

Inform all parties that your name is "<state your name>" and that you are a member of the East Aurora Fire Department and that there has also been a paramedic level ambulance dispatched.

Be specific with terminology when addressing the patient or public as they may not know the Fire/EMS terminology.

**c. Appearance, Conduct & Hygiene:** All responders shall wear appropriate attire, and maintain a presentable appearance. Firefighters shall remain in control of their emotions while on scene, treating the incident as a serious matter and shall refrain from using profane language. Proper hygiene shall be maintained preventing the spread of germs and disease while also helping to maintain a professional appearance that is less offensive to the patient.

**b. Initial Scene Size-up & Scene Safety:** First responder on location must be able to evaluate the scene for any signs of personal danger "Is the Scene Safe?", and then consider the safety of the patient and others.

Then consider the following:

1. Stabilize and secure the scene and perform any actions or precautions necessary to keep the scene safe?
2. What may be necessary to keep the scene safe?
3. Are any additional resources required?
4. Is the scene safe for First Responder entry?

EAFD personnel should continuously be monitoring scene for any potential safety hazards.

Do not enter any known assault or violent situation until scene is secured by police.

Beware of uncontrolled pets. Have family member remove and confine any pets to another room away from patient and EMS providers.

Beware of environmental or atmospheric hazards requiring SCBA equipment (CO poisoning, etc...).

Beware of slip & trip hazards.

## **7. Communications:**

### **a. Dispatch Notification:**

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EAFD pagers will be activated for all EMS calls

Personnel responding with EAFD vehicle shall notify EAFC dispatch:

- a. when responding
- b. when on location
- c. when ambulance on location
- d. when ambulance leaves scene – state ambulance number, destination and if accompanied by EAFD firefighter.
- d. when returning in service

Personnel responding in personal vehicle shall not be required to notify EAFC dispatch of status.

**b. EMS Frequencies:**

1. EAFD mobile and portable radios typically use the following frequencies for EMS communication:

DISPATCH ZONE 1

Chan		Tx	Rx
1	EA-DISP	458.875	453.875
2	EA-TAC	453.875	453.875
8	M-FL-GND	453.175	453.175
9	RMA-IOP1	458	453
11	EC-IOP-1	425.275	425.275
12	EC-IOP-2	425.325	425.325

MED ZONE 4

Chan		Tx	Rx
3	32 NIA C	468.0625	463.0625
4	42 N ERI	468.0875	463.0875
5	52 E-CTY	468.1125	463.1125
6	62 EAST	468.1375	463.1375
7	62 WEST	468.1375	463.1375
8	92 ECMC	467.9625	462.9625
9	TAC-1	458.025	458.025
10	TAC-2	458.075	458.075
11	M-FL-REP	458.175	453.175
12	M-FL-GND	453.175	453.175
13	RMA-IOP1	458	453
14	RMA-IOP2	457.15	452.15

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**c. Mercy Flight Communication:**

Mercy Flight landing zone communication will typically be determined by Mercy Flight helicopter crew while in route to LZ. Primary communication will be either M-FL-REP, M-FL-GND, EC-IOP-1 or EC-IOP-2 depending on current frequency availability.

**d. Ambulance Communications:**

RMA communications are available on RMA-IOP1 or RMA-IOP2.

All inquiries to ambulance for routine information such as ETA or response upgrade/downgrade shall be communicated by contacting EAFD dispatch. Critical patient status may be communicated directly to ambulance if ETA is delayed. Firefighters without capability of direct radio communication shall channel communication through police officer on location or call dispatch via telephone non-emergency line (652-1111 or 652-2222).

**8. On Scene Activities:**

b. New York State Department of Health protocols for the firefighter level of training shall be followed for all EMS activities:

Note: EMT-B certified firefighters shall refer to "Statewide Basic Life Support Adult & Pediatric Treatment Protocols for EMT-B and AEMT" for all EMS patient care activities.

1. Perform Scene Size-up: (Scene Safe, BSI, MOI/NOI, Spinal Stabilization, Additional Resources, etc...)
2. Perform Initial Assessment (treat life-threats, General Impression, CAB, AVPU/ Orientation, CC, CUPS, load-&-go versus stay-&-play, Mercy Flight, Triage, etc...):
3. Continue with Focused History and Physical Exam (Head-to-Toe/PMS/DCAP-BTLS/OPQRST, Vitals, SAMPLE, etc...) until paramedic ambulance unit arrives.

**9. Transfer of Patient Care:**

Upon arrival of ambulance, EAFD EMS personnel shall hand over patient responsibility to ambulance crew. EAFD EMS personnel shall remain on scene as necessary to assist ambulance crew until patient is loaded in ambulance or until released by ambulance crew.

**10. Documentation:**

Prior to Ambulance Arrival, EAFD EMS personnel shall document (using blue or black ink pen) all information using PCR. The yellow copy of the PCR shall be provided to ambulance crew. All White copies of PCRs are to be immediately deposited in the EAFD secure mail slot for latter processing by EAFD EMS officer.

Refer to New York State Department of Health "Pre-Hospital Care Reports (PCRs)" Policy Statement 12-02 January 23, 2012.

**11. Assisting Ambulance Crews:**

After hand-off of patient care to ambulance crew, EAFD EMS personnel shall only provide patient care as directed by ambulance crew.

EAFD EMS personnel may also assist by performing other support functions such as:

1. Assisting in transporting patient into ambulance

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2. Retrieving additional equipment & supplies from ambulance. Firefighter must be familiar with location of all items in ambulance.
3. If adequate manpower is available, clear pathway between patient and ambulance. This may require movement of furniture and storage containers as well as snow & ice removal. Assure adequate lighting is provided.
4. Opening ambulance doors safely to prepare for patient entry.
5. Assist relative (or caregiver) who wishes to ride in ambulance to hospital; by seating that person in passenger seat of ambulance and assuring seat belt is fastened.
6. Help relative (or caregiver) collect medications that are to be taken to hospital. All medications should be placed in clear plastic zip-lock bag (if available) and given to ambulance crew.
7. Only assist in raising and lowering stretcher if you are familiar with correct operation.

**12. Assisting Ambulance Crew during transport to Hospital:**

Any EAFD EMS firefighter may accompany the ambulance crew to the assist in care of patient while in route to hospital if requested by ambulance crew.

Before leaving scene the EAFD EMS firefighter must confirm that his/her vehicle will be secure and not cause any traffic or access concern for the 1 to 2 hour period expected. Vehicle should have an EAFD sticker or other identification. Do not leave keys in vehicle.

The EAFD firefighter shall only perform skills within their level of training; and only as directed by ambulance crew and hospital staff. Certified EMS firefighters with the highest level of training shall be preferred if available.

The contract ambulance service will always return the firefighter to the scene to pick up vehicle.

**13. Infection Control & EAFD Policies:**

All firefighters shall read, understand, and abide by the EAFD policies for Infection Control, Bloodborne Pathogens, and the OSHA standards for personal protective equipment and the use of such equipment in the performance of their duties. It is recommended that first responders get immunized for Hepatitis B, as per CFR 1910.132.

Refer to the following existing EAFD guidelines:

#2: Safety and Health Considerations

#5: Infection Control

**14. Patient Confidentiality:**

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All information that you may come across during an EMS incident in regard to health history, medications or current medical or mental health problem, is confidential.

Always have another witness to your actions if possible.

**15. Mutual Aid Stand-Bys:**

EAFD EMTs, CFRs and CPR/AED certified firefighters may participate as first responders for any EMS calls in neighboring fire districts if requested by the mutual aid fire company of that district per existing mutual aid agreement.

**16. Community Event Stand-Bys:**

EAFD EMTs, CFRs and CPR/AED certified firefighters may be requested to stand by for large scale community events. At these events the number of contract ambulance services may not be sufficient depending on the number of people attending, delayed response times due to traffic and size of geographic area of activities.

EAFD Chief will assign locations for all EAFD vehicles to stage at. Ambulances from neighboring fire districts may also be requested per existing mutual aid agreement.

**17. Post Call Activities:**

**a. AED Used:** Notify EMS officer or Chief officer for all calls using AED to deliver shock(s). EAFD must issue a report to Regional Emergency Medical Services Council (REMSCO) with-in **48 hours**. Refer to New York State Department of Health "Public Access Defibrillation" Policy Statement 09-03 March 6, 2009.

**b. EMS Equipment:** Notify an EMS officer or Chief officer of any equipment transported to hospital or requiring cleaning or re-stocking.

NOTE: Attempt should be made to have contract ambulance service replenish any disposable equipment used at scene.

**c. Attendance:** Sign attendance sheet at fire hall noting chief complaint, if patient was transported and if EAFD firefighter accompanied ambulance crew to hospital.

**d. Stress Management:** In the event of a traumatic or stressful incident requiring stress debriefing and/or counseling, the fire Chief shall be notified immediately.

Refer to the following existing EAFD guideline:

#42: Firefighter Rehabilitation and Stress Management on Scene

**18. Training:**

All active EAFD EMTs, CFRs and CPR/AED certified firefighters are responsible for attending required EMS and blood borne pathogens OSHA drills.

All EMTs and CFRs must request approval before attending recertification courses.

CPR/AED certifications must be maintained.

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All EAFD EMS personnel are responsible for providing a copy of their most recent certification cards to the EAFD EMS officer for record purposes.

Copies of all certified EMS firefighters shall be maintained by the EMS officer.

**19. Quality Assurance/Improvement Monitoring:**

EMS equipment on EAFD vehicles shall be inventoried as part of the weekly equipment/radio check.

After inventory is completed and verified to have no shortages or expired items; EMS bag or storage compartment may be sealed (if possible) and tagged with any expiration dates to prevent need for subsequent inventories until seal is broken or expired item needs removal/replacement.

PCR's documenting EAFD EMS personnel contact with patients, are to be reviewed once each month by an EAFD EMS team assigned by Chief. A PCR should be completed for all calls in which EAFD firefighter establishes "patient contact".

AED maintenance shall be conducted per manufactures recommendations as part of the weekly equipment/radio check. This shall include verification that maintenance indicator displays "OK" and both adult and pediatric electrodes are available and not expired.

**20. Equipment:**

A list of EMS equipment assigned to EAFD vehicles shall be maintained by an EAFD EMS officer. This inventory list shall be used for monitoring inventory during weekly equipment/radio checks.

Refer to the following existing EAFD guideline:

#5: Infection Control

**21. AED Policy:**

**a. AED User Certification:** EAFD EMS firefighters shall have a current AHA Health Care Provider certification.

Any exceptions will need approval from appropriate authority defined by New York State Department of Health "Public Access Defibrillation" Policy Statement 09-03 March 6, 2009.

**b. AED Location:** EAFD defibrillator shall be located onboard the following vehicles:

EA #1 (crew cab behind driver seat)

EA #3 (crew cab behind driver seat)

EA #4 (middle passenger-side outside compartment)

EA #5 (crew cab behind driver area)

EA #7 (middle driver-side outside compartment "D2" )

**c. AED Testing:** All EAFD AEDs shall be routinely checked as follows:



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**1. Bi-Weekly:** EAFD AEDs (Medtronic Lifepak 500 & Lifepak 1000 AEDs) have an LED indicator that indicates the status of the AED based on results of an internal test conducted daily. This indicator shall be checked bi-weekly as part of the vehicle equipment check and recorded on the vehicle equipment checklist.

**2. Monthly:** Checks shall be conducted (by an EMS team assigned by Chief) to verify that the AED is able to be turned ON and conducts initial self-test. All expiration dates of adult & pediatric electrodes will also be verified at this time. Record of these monthly checks will be maintained by an EMS officer.

**22. Naloxone Policy:** see addendum titled **“WREMAC BLS Naloxone Policies and Procedures: Addendum to EAFD EMS Response Guideline”**