DOVER AMBULANCE OPERATIONS MANUAL (Standard Operating Procedures)

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1. CERTIFICATION AND RECERTIFICATION OF PERSONNEL

The Commonwealth of Massachusetts -Department of Public Health – Office of Emergency Medical Services (OEMS) will certify and re-certify all EMTs. All EMT's must meet Massachusetts OEMS re-certification requirements. All EMTs must also provide evidence of appropriate CPR certification and Massachusetts driver's licenses.

Massachusetts State law requires that all ambulance services operating within the Commonwealth maintain an accurate up-to-date record of all licenses and certifications maintained by their personnel. Each employee is required to provide a copy of their current EMT license, CPR certification, and Massachusetts driver's license to the Fire Chief or Fire Chief's designee. Updated copies must be provided within one week of recertifying and or relicensing.

All EMT's must carry in their possession their current EMT license, CPR certification and a valid Massachusetts Driver's License. A copy of these documents (front and back) must be kept on file at the service headquarters. In addition, copies of all documents for active EMTs shall be carried in the Ambulance within a binder, a binder within the Ambulance Room and a binder within the Fire Chief's office.

IT IS THE RESPONSIBILITY OF ALL EMPLOYEES TO MAINTAIN CURRENT CERTIFICATIONS. FAILURE TO MAINTAIN REQUIRED CERTIFICATIONS MAY RESULT IN IMMEDIATE REMOVAL FROM ACTIVE EMT STATUS.

2. ORIENTATION OF DOVER AMBULANCE EMPLOYEES

Prior to employment as an EMT in the Dover Fire Department, all candidates must submit copies of current EMT license, Healthcare Provider CPR certifications, and Driver's License for review. Candidates must also complete with satisfaction a physical exam provided by the Town of Dover Physician, to include Hepatitis and TB screening.

New EMT employee orientation will include:

a) Meet with the Fire Chief or Fire Chief's designee, review policies and procedures of department.
b) Introduction to co-workers, tour of station.
c) Begin familiarization of major ambulance equipment (stretcher, scoop, stair chair, AED, O2 systems, suction units, first-in bags)
d) Driver Training (to include cleaning and refueling of ambulance)
e) Review loads, lifts, and carries utilizing patient transport devices.
f) Review ambulance equipment, driving and restocking procedures and associated paperwork.
g) Familiarization of ePCR system.
h) Review and assure knowledge and competency of service policies, procedures, dress code, statewide treatment protocols and hospital locations.
i) Attend "new employee" orientation with Town Administrator or Town Administrator designee and Fire Chief.
j) Review two way radio communications and C-Med procedures.
k) Record and maintain on file all orientation procedures completed.
l) Review standard operating policies and job responsibilities.
m) Information reading Infectious Control procedures.

Time spent in orientation by a new EMT will be recorded including:

1. Name of New EMT
2. Date of Orientation

3. Time of Orientation
4. Type of Orientation
5. Member Preforming Orientation
6. Other Information Deemed Necessary

New EMT's will be on probation for a 3-6 month period pursuant to the Town of Dover Personnel Rules & Regulations. While on probation EMT's will respond to calls as a third EMT. Probationary EMTs may drive the ambulance while it is returning from the hospital after delivery of a patient.

3. RESPONSIBILITY TO DISPATCH, TREAT & TRANSPORT

The Town of Dover Ambulance, including but not limited to its EMS personnel, shall not refuse in the case of an emergency to dispatch an available EMS vehicle and to provide emergency response, assessment and treatment, within the service's regular operating area, in accordance with the Statewide Treatment Protocols, at the scene or during transport, or to transport a patient to an appropriate health care facility in accordance with the applicable service zone plan.

Operational Response Plan

1. Dispatch Center operator serves as both PSAP operator and dispatch officer.
2. Upon request for emergency medical service dispatch shall respond Dover Fire Department Ambulance from Station 1 (only station and ambulance in service zone).
3. If a rescue is needed, dispatch shall respond Dover Fire Department Engine Company(s) from Fire Station 1 (only station in service zone).
4. All ambulance (EMT-B) and fire department personnel are notified by toned pagers, respond to fire station, staff ambulance (Rescue Engine if necessary) and respond to EMS scene. Ambulance personnel have portable radios to contact dispatch if necessary.
5. If Dover Ambulance is out of service, a backup ambulance (mutual aid) from nearest fire department shall be called by dispatch center and respond to EMS scene. If Dover Ambulance has not responded in two (2) minutes after pager notification, Dispatch shall call back up ambulance (mutual aid) from nearest fire department. Dispatch center shall determine at time of request of the closest back up ambulance by the location of the request.
6. If closest back up ambulance unit is unavailable next closest shall be dispatched.
7. ALS intercept service is dispatched under OEMS guidelines; it shall be requested by responding BLS ambulance, PD on scene or dispatch center if needed. Dispatch center shall respond an ALS intercept provider or nearest Fire Department ALS intercept ambulance. ALS intercept shall be canceled by BLS ambulance personnel after arrival to EMS scene through dispatch.
8. Patient(s) shall be treated in a safe, timely and appropriate method.
9. All statewide treatment protocols will be used for the treatment of patients.
10. Patient shall be transported to the nearest appropriate receiving hospital.
11. All pertinent regional point of entry plans will be utilized for trauma, stroke and cardiac emergencies.
12. Ambulance personnel will leave completed trip records at receiving hospital, return to Station, replenish/clean Ambulance and place ambulance back in service.

All personnel shall provide care to patients to the level of EMT Basic according to their training and certification and in accordance with MGL Chapter 111C, CMR 170.800 and 170.355 and the standard set forth in the uniform statewide treatment protocols.

4. DELIVERY OF PATIENT TO NEAREST APPROPRIATE FACILITY

All patients will be transported to the nearest appropriate facility for treatment required in an expedient manner, with regard to severity of sickness or injury and in accordance with the applicable Statewide Treatment Protocols including Point Of Entry plans. The Dover Ambulance will attempt to honor specific patient requests for transport to a more distant facility based on the condition of the patient and available EMS resources. The crew caring for the patient will make this determination with input from dispatch, and/or medical control if necessary.

5. NON-DISCRIMINATION

The objective of our service is to treat every employee with respect while providing a working atmosphere free from discrimination. We will continue to recruit, hire, train and promote without regard to race, color, creed, gender, age, or national origin. Our service bases its judgment solely on working knowledge, qualifications, and the ability to demonstrate quality interpersonal skills.

Our service shall transport the sick and/or injured patient without regard to race, color, creed, gender, or national origin.

6. BACK UP & USE OF BACK UP SERVICES

Mutual Aid. In the event that the Dover Ambulance is not available, backup ambulances will be activated by Dover Control. Backup ambulances may come from mutual aid responses from neighboring fire departments or from private ambulance services if available. EMTs and Fire Department personnel can request mutual aid by contacting Dover Control.

Advanced Life Support (ALS) Intercept. Advanced Life Support (ALS) intercept services may be activated as necessary, either by Dover Control based on information provided by 911 callers, or by EMTs or other fire department personnel on scene. Requests for ALS units will be made by contacting Dover Control (dispatch) and requesting an ALS intercept.

EMTs will request and use available advanced life support (ALS) – paramedic resources in accordance with the Statewide Treatment Protocols and initiate transport as soon as possible, with or without ALS. Calls that are dispatched as a BLS only response may result in a patient requiring ALS treatment. EMTs must evaluate patients quickly and call for ALS as soon as possible. This will allow an ALS unit to respond as you package and extricate the patient.

Patient transport should not be delayed to wait for ALS. In most cases you will initiate transport and contact the responding ALS unit or dispatch by radio to set up an intercept. Update the ALS unit that is responding to your call as soon as you are able. An update for ALS should be short and concise including the patient's age and chief complaint.

Transfer of patient care. Once ALS intercept is completed, ALS will either transport the patient in the ALS unit or will ride with the patient in the Dover ambulance. ALS will document this transport no matter what level of care the patient receives. BLS will document patient care up to transfer to ALS. BLS will document the call as patient care transferred. ALS is expected to accommodate a BLS provider who requests that ALS assume care of any patient.

Canceling ALS. After completing an appropriate patient assessment and having determined that a patient does not require the activation of an ALS intercept or ALS treatment in accordance with the Statewide Treatment Protocols; and there is no foreseeable need for ALS treatment based on the patient's condition or mechanism of injury, BLS may cancel responding ALS. BLS may also cancel ALS if it is determined that the

patient can be transported to an appropriate health care facility in less time than it would take ALS to arrive on scene or intercept BLS during transport.

7. ARRANGEMENTS FOR SECURING ADDITIONAL EMS PERSONNEL AT APPROPRIATE CERTIFICATION LEVELS.

Town of Dover ambulance shall at all times maintain an adequate number of EMS personnel to staff EMS vehicles to ensure compliance with the requirements of 105 CMR 170.385 and to carry out its responsibilities of service under the applicable service zone plan(s).

When ambulance transports a patient receiving care at the BLS level, the ambulance must be staffed with at least two EMTs, who are at a minimum certified at the EMT-basic level, as set forth in 105 CMR 170.810.

8. DISPATCH

All 911 calls will be received by Dover Control. Dover Control will evaluate the call received and dispatch the proper personnel and resources to the scene. It is the responsibility of the dispatcher to obtain all pertinent information and dispatch the appropriate units in accordance with the dispatch agreement between Dover Control and Dover Fire.

If two EMT's have not acknowledged response to a toned ambulance emergency within 90 seconds, a second tone will be sounded to alert additional EMS responders. If two EMT's have not acknowledged a response after 2 full minutes, then a mutual aid ambulance will be dispatched as well as the Dover Fire Department.

9. COMMUNICATIONS

Communications with Dover Control and other fire department units will be via two-way radio frequency 483.05000. All radio communications should be clear, concise and to the point.

On call EMTs shall carry or have at their side both a Portable Radio and Pager. At the time EMT's respond to a call, all EMTs responding shall contact Dover Control (D/C) by two way portable radio. Inform Dover Control that they are responding by giving D/C their EMT call in number. EMTs shall inform D/C if they are responding to the Station or the scene.

Portable radios should be used for ALL communication on ambulance calls. Cell phones are to be used a.)in an emergency situation only and only after radio communication is not possible: or b) for communications regarding matters deemed confidential by the Fire Chief.

All medical communications to receiving hospitals will be via C-Med Radio or on designated recorded phone lines ***only***. If necessary, basic medical information can be relayed via Dover Control if the hospital cannot be reached by radio, or in some instances if patient care (ex: combative patient) takes precedence in order to ensure safety of personnel and/or patient.

10. STOCKING OF SUPPLIES

It is the responsibility of EMT's responding to a call to replace the supplies used during the course of a call. Restocking is to be done at the station. If a particular supply item cannot be restocked immediately, the Fire Chief or Fire Chief's designee shall be notified immediately by the EMTs. If any required equipment is determined to be non-operational the Fire Chief or Fire Chief's designee shall be notified immediately by the EMTs.

If the ambulance is below operation standards due to lack of required equipment or supplies, then the Fire Chief or Fire Chief's designee will decide if the ambulance should be taken out of service until corrective action is taken. In the event it is taken out of service, Dover Control will be notified and a mutual aid ambulance will be utilized.

11. USE OF LIGHTS AND SIRENS

Lights and siren will be used to expedite ambulance travel to the scene of an incident. It will be at the discretion of the EMS personnel as to the use of emergency lights and siren when the patient is on board. All EMT's must observe Massachusetts Motor Vehicle laws when operating the ambulance. All personnel will come to a complete stop at all stoplights and stop signs when operating the Department vehicles.

12. STAFFING

When transporting a patient, the ambulance must be staffed with a minimum of two EMT's both of who shall be at minimum certified as EMT-B. No more than three (3) EMTs shall respond in the ambulance. Any other EMT responding shall respond and wait at the station for the remainder of the call. This is to assure response if another call for service is required.

13. CONDUCT OF PERSONNEL

Emergency Medical Technicians shall maintain a high degree of Professionalism while on duty. Personnel shall wear department issued attire (or similar, which identifies personnel as a member of the Dover Ambulance or Dover Fire Department) and must be in clean and sanitary condition. All personnel will conform to the Standards of Conduct as stated in the Town of Dover Personnel Rules & Regulations (Part 4).

14. MECHANICAL FAILURE

If a mechanical failure of the ambulance occurs while transporting a patient to a hospital, contact Dover Control immediately and give your exact location, your destination and request a backup ambulance. Give dispatch an indication of the nature of the patient's priority. After patients' needs have been attended to, request dispatch to send the Department mechanic or tow truck to your location.

If break down occurs enroute to an incident, request Dover Control to dispatch a backup ambulance to the incident. Request Dover Control dispatch Fire Department to the location of the call. The "Back-Up/Mutual Aid ambulance" policy will be in effect until the Dover ambulance is back in service.

15. INSPECTION AUTHORITIES

All EMT's must be aware that an Inspector from the Office of Emergency Medical Services (OEMS) reserves the right to spot inspect vehicles and credentials of any and all personnel and vehicles. If an inspector from OEMS should approach you for a spot inspection, follow these guidelines:

1. Request that the Inspector provide proper identification.
2. Notify the Fire Chief or Fire Chief's designee.
3. Notify dispatch immediately to determine if there will be any problems or delays.
4. Provide the Inspector with any and all materials requested but not before informing the Fire Chief or Fire Chief's designee.

16. INFECTION CONTROL

The Dover Ambulance recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency response, including in-station operations. The health and welfare of each member is a joint concern of the member, the chain of Command, and the Dover Ambulance. While each member is ultimately responsible for his/her own health, the Dover Ambulance recognizes a responsibility to provide as safe a workplace as possible. The goal of this program is to provide all members with the best available protection from occupational acquired communicable diseases.

DEFINITIONS

For the purpose of 105 CMR 172.000 shall mean:

(1) Airborne diseases
Infections tuberculosis, measles, mumps, rubella and chickenpox.

(2) Bloodborne Disease
Hepatitis B, Human immunodeficiency virus infection (AIDS), Hepatitis C

(3) Uncommon or rare disease
Diphtheria, Meningococcal disease, Plague, Hemorrhagic fevers, Rabies, Ebola

The Designated Infection Control Officer or Fire Chief or Fire Chief's Designee will:

- Serve as the department DICO as required by the Ryan White Comprehensive AIDS-Resources Act of 1990
- Evaluate possible member exposures to communicable diseases and coordinate communications between the department, area hospitals, and the Town Board of Health, and other health care professionals.
- Develop criteria, stock, and maintain infection control personal protective clothing and equipment.
- Receive notifications of exposures to infectious diseases dangerous to the public health from health care facilities, and notifies the indicated care providers of an exposure to an infectious disease dangerous to the public health.
- Ensure proper documentation of the exposure incident is recorded according to 105 CMR 170.171 and 172
- Address safety hazards requiring immediate attention pertinent to infection control.
- Conduct spot inspections of on-scene and station operations to ensure compliance of infection control policies.

- Coordinate immunizations, titers, and other related tests.
- Keep current of new developments in the field of infection control and make proper recommendations.
- Refer members to stress management or CISD as necessary only after notifying and approval the Fire Chief or Fire Chiefs Designee.
- No notification to outside agencies will occur without prior contacting the Fire Chief or Fire Chief's Designee.

All EMT's

- Assume responsibility for their own health and safety and always use appropriate PPE as the situation dictates.
- Report any suspected occupational exposures to a communicable disease to the Fire Chief or Fire Chief's Designee.
- Report any diagnosis of communicable disease (occupational or non-occupational) to the Fire Chief or Fire Chief's Designee.

17. COMPLIANCE WITH STATEWIDE TREATMENT PROTOCOLS

All EMT's employed by the Dover Ambulance while functioning in a clinical setting will abide by the uniform Statewide Treatment Protocols developed by the Massachusetts Department of Public Health. Copies of the most current protocols are available for personnel to review on the Massachusetts Department of Health website. Additional copies are located in the EMS Office and the ambulance. It is advised that all members with a smart-phone download the MA EMS app for immediate reference to the STP's. Any updates to these protocols will be provided to all EMS personnel. Ignorance of the Statewide Treatment Protocols will not be an excuse for noncompliance. It is the duty of all members to thoroughly familiarize themselves with the most current protocols, policies and other written orders.

The Fire Chief or Fire Chief's designee shall see that Protocols books are updated and forward them to EMTs.

18. TRAINING AND SKILL COMPETENCY ASSURANCE OF EMS PERSONNEL

The Dover Ambulance maintains an affiliation agreement with Metrowest Medical Centers, under which Metrowest provides oversight and provides a designated Medical Director. All Dover ambulance EMT's are required to attend a minimum of 5 Morbidity and Mortality Review sessions provided by Metrowest each year, as well as training in any special protocols as necessary. In addition, Dover ambulance provides internal training/skills assurance sessions on a monthly basis to cover standard operating procedures, software interface and equipment usage and treatment skills. Dover EMTs are required to attend a minimum of 5 of these internal training sessions. Dover ambulance also provides training/skills assurance sessions on special topics, such as documentation, as needed.

The five (5) minimum M&M rounds sessions and five (5) internal training/skills assurance sessions shall be over the course of one calendar year. M&M rounds and training/skills assurances sessions taken shall not be counted for more than one calendar year.

If EMT's failing to meet the minimum M&M rounds and training/skills assurance session's requirements, shall be given 60 days to meet minimums.

Failure to meet the minimum M&M rounds and training sessions/skills assurance's requirements and the 60 day extension, shall result in department discipline by the Fire Chief.

19. RIGHTS OF PATIENTS WHO ARE MINORS

An injured or sick child who is to be transported to the hospital by ambulance, shall be accompanied by a parent upon such parent's request, unless the EMT determines that the medical situation is life threatening or that the presence of a parent would create a potential risk to the child. Such determination shall be noted in the patient care report of said EMT and such report shall be sent to such parent within thirty (30) days of determination. Under no circumstance shall EMS personnel delay transport of a sick or injured child to await the on scene arrival of a parent. Patients under the age of 18 shall be transported unless patient is an emancipated minor.

20. MANDATED REPORTING

In accordance with Massachusetts General Law as defined in MGL ch.119 section 51A , and EMT is a mandated reporters of child abuse. EMTs are required by law to report all cases of suspected or actual abuse and/or neglect of children, the elderly, and the disabled.

An oral report must be made immediately by telephone and a written report must be made within 48 hours.

Child abuse cases must be reported to the Department of Social Services. Elder abuse must be reported to the Executive Office of Elder Affairs. Abuse of disabled persons must be reported to the Disabled Persons Protection Commission.

24 Hour Child Abuse Hotline – (800) 792-5200

24 Hour Elder Abuse Hotline – (800) 922-2275

24 Hour Disabled Person Abuse Hotline – (800) 426-9009

The EMT must also provide a written report of the incident. Forms can be obtained through the hospital, Dover Police or Fire Chief or Fire Chief's designee. Complete forms to be placed in the Medical Record 'mail box' within the Ambulance room. A copy of this report will be provided to the Fire Chief or Fire Chief's designee.

21. PATIENT RESTRAINTS

Restraints are to be used to protect a patient from inuring themselves or others. They should be used only as a last resort after all other means are exhausted. Use only soft restraints (leather restraints only if made with soft padding inside). Remind law enforcement that for ambulance transport, patients who are handcuffed must have handcuffs in front (not behind) or to the stretcher and that a key must be available for removal, if needed. The method of restraint used shall allow for quick release and adequate monitoring of vital signs and shall not restrict the ability to protect the patient's airway or compromise neurological or vascular status. A police officer shall accompany the patient to the hospital in instances where restraint is necessary. When restraints are used, it must be documented in the patient care report, including the reason for their

use, confirmation that the patient remained supervised at all times, and the time the restraints were put into place. Assess patient sensory and motor function before, during, and frequently after application of approved restraints.

22. SCHEDULING

The Dover Ambulance operates on a call basis. All scheduling is done with software provided by the department that allows each EMT to see and manage their call schedule. EMTs can also request time off or request to drop shifts if they are unable to be on call. The software program also can be set to remind EMTs of upcoming shifts. Each EMT is responsible for being aware of their schedule and giving early notification of any anticipated conflicts.

As soon as an EMT knows that they have a conflict with an upcoming shift, they should notify the Fire Chief or Fire Chief's designee for scheduling so that a replacement EMT can be scheduled. EMTs may use the software program to request a trade, or may text or call the designated scheduling coordinator. If an EMT needs to drop out of a shift within 24 hours of the start of the shift, they must also notify the Fire Chief and the Deputy Fire Chief directly by text or call in addition to requesting a trade.

23. ON CALL RESPONSIBILITIES; RESPONDING TO CALLS

When an EMT is on call, they are expected to be in the town of Dover, carrying their pager and radio, and ready to respond immediately to the Fire Station in the event the Ambulance is dispatched by Dover Control via pager tone and radio announcement.

When a tone signaling an Ambulance call is received, each EMT on the call schedule should sign on with Dover Control, identify themselves with their call number, and indicate that they are responding to the station. If other EMTs not on the call schedule are available, they may also sign on with Dover Control and respond to the station. All EMTs who are responding to a call must sign on with Dover Control.

While responding to the Fire Station or to a Scene for an emergency call for duty, the individual EMT is driving on his/her own license. Compliance with all traffic rules, speed limits and regulations of safe driving is mandatory.

Once the on duty EMT crew arrives at the Fire Station they will access the Ambulance and respond to the location of the Call. The Ambulance will sign on with Dover Control as they leave the fire station. The ambulance will have a minimum of 2 and no more than 3 EMTs on board when responding. If more than 3 EMTs have responded to the call, first priority will be given to the EMTs on the schedule and any EMTs in training. Any additional staff will remain at the station and be prepared to respond to any additional calls that may come in while the first call is ongoing.

If an EMT arrives at the Fire Station and no second EMT has signed on with Dover Control or arrived at the station, the first EMT should confirm with Dover Control that second EMT tone has been sent, and/or that a mutual aid ambulance has been dispatched. If a mutual aid ambulance is being dispatched, the first EMT may drive direct to the scene to assist, or wait at the station and ride with the Dover Fire Engine company being dispatched to assist the mutual aid ambulance.

If the Dover Ambulance is out of service, all EMTs will be notified by email. If a call is received while the Ambulance is out of service, Dover Control will tone out the Dover EMTs and also a mutual aid Ambulance. The Dover EMTs shall respond to the Fire Station as normal, but will respond to the scene in a squad truck to provide assistance to the mutual aid ambulance.

The Dover Ambulance may be dispatched by Dover Control to respond to neighboring towns as part of a mutual aid response. In the event of a mutual aid call, Dover EMTs should respond to the Fire Station as normal and sign on with Dover Control when responding. The Dover Ambulance should then switch to the appropriate radio channel for the town they are responding to and contact that towns Dispatch center for further instructions.

24. RESPONDING DIRECT TO THE SCENE

In certain situations it may be faster for a responding EMT to go directly to the scene rather than driving to the Station and riding with the ambulance. EMTs should only go direct to a scene if they are certain that at least one other EMT has signed on for the station and can drive the ambulance to the scene. In the event that an EMT decides to respond directly to the scene, they must still sign on with Dover Control, identify themselves with their call number, and communicate that they are responding direct. All EMTs who are responding to a call must sign on with Dover Control.

25. CREW MEMBER RESPONSIBILITIES

1.) Driver

Responsible for mechanical aspects of vehicle and tools, clean-up, make-up and restocking following calls. The driver also has a responsibility to assist the attendant with paperwork and other duties when necessary or requested.

The driver is also primarily responsible for reporting the following events to dispatch during the call

- Vehicle En route to scene (“Responding”)
- On scene (“Out”)
- Relaying any pertinent information such as delays, need for additional resources or ALS support
- Vehicle starting Transport and Hospital Destination (“Transporting”)
- On arrival at destination (“On Arrival”)
- Delayed at destination
- Clear and returning /in service (“Returning”)
- At the station and off the air

2.) Attendant

Primarily responsible for patient care when the unit is occupied. Responsible for completing paperwork (keep in mind both crew members are responsible for what is in the paperwork). The attendant is also responsible to assist the driver with clean-up, restocking, and other duties when necessary or requested.

26. RETURNING TO SERVICE AND COMPLETION OF RECORD KEEPING FOLLOWING A CALL

Once patient care is properly transferred to the receiving Hospital staff, the crew's primary focus must be on getting back in service and becoming ready to respond to the next call.

This means:

- equipment cleaned and replaced
- ambulance cleaned and disinfected, and
- stretcher made with a sheet, blanket, pillow and towel

When the Ambulance returns to the Fire Station after completion of a call, or for other reasons (details, driver training…Etc.) all necessary documentation and procedures to ready the Ambulance for the next call must be completed. These procedures must be followed each time the Ambulance is toned out, even if the call is cancelled or results in no patient contact. The following items should be completed for each call:

- Electronic Patient Care Report (Laptop)
    - To ensure proper transference of care of all patients, a patient care report will be filled out in its entirety, each time the ambulance responds to a call. The completed report must be printed and left at the receiving facility or electronically submitted upon return to the station. The patient care report is to be approved by all members of the crew prior to submission. Anything unusual that happened during the course of the call (delayed response, on scene delay, problem with patient loading and/or transport) shall be documented in the patient care report.
    - When the patient care report is completed, the EMT shall take the required steps to Lock and Sync the Record and return the Laptop to the charger.
- Supplies Used Form Completed (even if no supplies used)
- Driver Log Book Completed (even if call cancelled)
- Patient Face Sheet from Hospital (if Available)
- Dispatch run sheet obtained from PD
- Payroll Sheet Completed
- Payroll, Dispatch Sheet and Face Sheet filed in Mailbox
- Ambulance Check
    - Shore power plugged in; key off
    - Trash emptied
    - Patient Compartment Cleaned and Swept
    - Any linens bagged and marked for return to hospital
    - Supplies replaced
    - Equipment checked and ready for next run
    - Fuel: If fuel level is less than ¾ the ambulance should be refueled.
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27. DOVER EMT CLASSIFICATIONS

Active EMTs Active EMTs are members of the Dover Ambulance that are approved for duty on the Ambulance. In order to maintain active status, EMTs must:

- Maintain current EMT licenses, CPR certification and Massachusetts Drivers Licenses and provide copies as required to the Dover Fire Department
- Attend a minimum of 5 Metrowest M&M sessions each year
- Attend a minimum of 5 Dover Ambulance training sessions each year

- Be on call for a minimum of 36 hours (3 12 hour shifts) on the Night and Weekend schedule each month, on average.
- Complete any other training as required from time to time by the Medical Director, Fire Chief or Fire Chief's designee
- Any exceptions must be approved by the Fire Chief or Fire Chief's designee

Dover Ambulance EMTs who are in college, paramedic school, or other educational programs (Student EMTs) will be considered active if they

- Maintain current EMT licenses, CPR certification and Massachusetts Drivers Licenses and provide copies as required to the Dover Fire Department
- Attend a minimum of 5 Metrowest M&M sessions each year.
- Complete any other training as required from time to time by the Medical Director, Fire Chief or Fire Chiefs designee
- Receive in-service training on Dover Ambulance procedures and required skills
- Are on call for a minimum of 36 hours (3 12hours shifts) on night and weekend schedule each month, on average.

Active EMTs are eligible for:

- EMT Annual Stipend
- Per Call compensation
- Participation in paid call schedules
    - Weekday schedule
    - Holidays and Summer Weekends Schedule
- Paid time for participation in all required training sessions (Metrowest and Dover Fire) and training programs required to maintain their licensure and CPR certification
- Details regarding the amounts and methods of calculating these various payments are described in a separate document entitled "Payroll Policies for Active EMTs.".

28. TRANSPORT OF DECEASED

The Dover Ambulance will not transport the deceased except in special circumstances when it is in the interest of public health and/or safety to do so or when ordered to do so by the senior official on scene.

29. MAINTENANCE OF MEDICAL & BIOMEDICAL EQUIPMENT

1) All electrical, battery powered equipment and/or items having moving parts (stretchers, scoop stretchers, stair chairs etc.) shall be inspected for proper operation prior to being put into service. The inspection shall be completed by the Fire Chief or the Fire Chiefs designee and shall continue to be inspected every two weeks or as recommended by the manufacturer.
2) Inspections shall be documented on a Biomedical Equipment Inspection Form, Preventative Maintenance Form or other method of written recording.
3) The following equipment will be tested and inspected for defects prior to being placed into service:
    - AED's
    - Stretcher
    - Portable Suction units
    - Scoop Stretcher
    - Stair Chair
    - Glucometers
    - All other equipment in patient care area

- Oxygen supply

4) When a new piece of equipment is received, it will be tested and inspected for:
    - Proper Operation
    - Appropriate equipment and parts
    - Warranty information
    - Service and maintenance information
    - New maintenance file created
    - Develop a policy and procedures on correct use of equipment
5) Any outside manufacturer or contracted, licensed and insured technician is responsible for submitting maintenance records on all equipment listed above.
6) The Fire Chief or Fire Chief's designee will be responsible for maintaining separate maintenance files on each piece of equipment listed above and documentation of preventative maintenance performed on each piece of equipment.
7) All patient handling equipment (i.e. stretchers, scoops, stair chairs) shall be inspected and lubricated on a regular schedule per the manufacturers maintenance guide. A record of this will be kept.

30. CARE, INSPECTION, STORAGE & CONTROL OF MEDICATIONS

For proper care and to ensure a state of readiness, all medications (ie., oxygen, aspirin, Epi-Pens, Albuterol, Narcan) will be checked once every two weeks by the designee of the Fire Chief. Medications will be found in each of the 2 "first-in" bags, and a spare medication kit inside the patient compartment of the ambulance. Problems, expired medications or shortages must be reported and documented to the Fire Chief or Fire Chief's designee immediately.

31. QUALITY ASSURANCE

The Fire Chief or Fire Chief's designee will ensure that all EMT's adhere to the Statewide Treatment Protocols and policies, inter-departmental policies and procedures, and regional medical protocols. As such, all inquiries relating to the operations of the Dover Ambulance shall be directed to the Fire Chief or the Fire Chief's designee.

32. RED LIGHT PERMITS

A request for a Red Light permit may be submitted by an EMT to the Fire Chief or the Fire Chief's designee. The EMT requesting a Red Light permit shall (1) properly complete the RMV Red Light form provided to them, (2) provide and copy of the registration, (3) if the owner of the vehicle is different from the EMT requesting the permit, a letter from the vehicles owner is required allowing permission for the red light, and (4) a copy of the EMTs current Massachusetts Driver's License. Red light permits will not be issued if the Fire Chief or the Fire Chief's designee deem it not in the best interests of the department. Red light permits will be 'revoked' by the Fire Chief or the Fire Chief's designee if it is deemed not in the best interests of the department. The use of emergency lighting and warning devises granted by the Red Light Permit shall be used only within the Town Of Dover.

33. DRESS CODE

All reasonable efforts shall be made by the EMT's to present themselves in professional attire which identifies them as a member of Dover Ambulance while on duty. Protective clothing shall be worn in order to prevent injury to the responder, as in the case of a motor vehicle accident where broken glass and other

hazardous materials may be present at the scene. Protective footwear shall also be utilized regardless of the nature of the incident. This is especially important to protect the EMT from debris that may be present at the scene, as well as to prevent ankle/foot/lower extremity injuries due to a loss of footing. Therefore, only closed-toe shoes shall be acceptable when responding to a call.

34. CONFIDENTIALITY

Personal and medical information, whether oral or written, obtained by the EMT's in the course of carrying out their duties, shall be maintained confidentially. Such information contained in communications and records maintained by ambulance services pursuant to 105 CMR 170.345 shall be released as required in 105 CMR 170.345 and additionally only as follows:

1. To the patient or the patient's attorney or legally authorized representative upon written authorization from the patient or the patients legally authorized representative only after authorization from the Fire Chief or the Fire Chief's designee
2. To the Department (OEMS) in connection with a compliance investigation pursuant to 105 CMR 170.795
3. Upon proper order in connection with a pending judicial or administrative proceeding. only after authorization from the Fire Chief or the Fire Chief's designee
4. Pursuant to the requirements of MGL ch.111c, subsection 3(15). Only after authorization from the Fire Chief or the Fire Chief's designee.
5. No medical records of patient, patient information shall leave the Fire Station without authorization from the Fire Chief or the Deputy Fire Chief.

35. SEATBELTS

The Dover Ambulance shall be operated in a manner that provides the safety of all persons and property. Safe arrival shall always have priority over unnecessary speed and reckless driving to an emergency scene or while operating department vehicles.

All Ambulance members are required to use seatbelts at all times when operating a Town on Dover vehicles equipped with seatbelts. All Ambulance members as passengers in Town of Dover vehicles are required to use seatbelts. All passengers and other Town of Dover employees, in Town of Dover vehicles are required to use seatbelts.

Ambulance and Fire Department members who provide patient care while enroute to a hospital may need to have the ability to maneuver in the patent compartment of the vehicle. During these times it is permissible not to use seatbelts but only when care is given to a patient.

36. OPERATION OF DEPARTMENT VEHICLES

All EMTs will operate department vehicle in a safe and responsible manner. It is the responsibility of the driver of each department vehicle to drive safely and prudently at all times. Vehicles shall be operated in compliance with the Massachusetts Motor Vehicle laws.

Drivers shall avoid backing whenever possible. Where backing is unavoidable, spotters shall be used. If no spotter is available, the driver shall dismount and walk completely around vehicle to determine if obstructions are present before backing.

All personnel shall ride only in regular seats provided with seatbelts.

Prompt, Safe Response Shall be Attained by:
1. Leaving the station in a standard manner:
    - quickly mounting apparatus
    - all personnel on board, seated and seatbelts on
    - station doors fully open
2. Driving defensively and professionally at reasonable speeds.
3. Knowing where we are going. If you do not know or are in doubt ask Dover Control for location and/or a cross street.
4. Using warning devices to move around traffic and to request the right-of-way in a safe and predictable manner.
5. Operation the Ambulance in a reckless manner may prevent patient care. The Ambulance must get to the patient.

Fast Response Shall Not Be Attained By:
1. Leaving quarters before crew has mounted safely and before apparatus doors are fully open.
2. Driving too fast for conditions.
3. Driving recklessly or without regard for safety.
4. Taking unnecessary chances with negative right-of-way intersections.
5. Intimidating or scaring other drivers.

37. ADDITIONAL AMBULANCE POLICIES

- The Chief of the Department maintains total control and supervision of the Ambulance. The Deputy Fire Chief and other personnel will serve as his designees when duly authorized by Fire Chief.
- All general orders, special orders, notices, administrative orders shall be in writing and considered standing orders to be in effect until amended or cancelled in writing.
- Change orders and other modifications will be authorized only by the Fire Chief, and Deputy Fire Chief and posted in the station for public view. It is the responsibility of each member to through familiarize themselves with any new orders and be accountable for the contents of the orders.
- No EMT will use improper or disrespectful language at an incident or at the station.
- No EMT shall release information on any incident without the specific authority of the Fire Chief.
- In the situation where possible legal inquiries are involved or could be anticipated, all EMT's will adhere to the Chain of Command. EMT's will advise the Fire Chief or Deputy Fire Chief that inquiries are being made.
- Under no circumstances should any member affix his/her signature to documents, affidavits, other than internal departmental patient care reports.

38. AMBULANCE DISCIPLINE

Ambulance discipline shall be administrated in accordance with the Town of Dover Personnel Rules & Regulations by the Fire Chief or in the absence of the Fire Chief the Deputy Fire Chief and at the discretion of the Fire Chief or the Deputy Fire Chief.

39. AMBULANCE POLICY ACKNOWLEDGEMENT

All EMTs are required to sign a receipt of acknowledgement for Dover Ambulance Operational Manual (SoP's) within two weeks of documents presented to them. Failure to do so shall render the EMTs inactive.

40. SANITARY CONDITIONS

Disposable products and equipment should be properly disposed of after single use and replaced from the Dover Ambulance supply cabinet. All reusable equipment such as backboards, stairchairs and cots are to be cleaned of obvious debris and fully cleaned and disinfected before being returned to service. All personnel shall wear gloves and observe universal precautions when cleaning any item. Always assume all items are contaminated. Soiled linens should be replaced at the receiving facility. Any extra soiled linen items should be properly bagged and stored in an exterior compartment of the ambulance for transport back to the receiving facility.

41. DISPOSAL OF HAZARDOUS WASTE

Contaminated disposable equipment will be placed in a leak-proof red bag and disposed of properly at the receiving facility. All contaminated equipment that is not transported with the patient shall be returned to the Dover Fire Department in red bags with the tops closed. At the station, an EMT shall disinfect the equipment while wearing the proper Personal Protective Equipment.

ACKNOWLEDGEMENT OF RECEIPT

Received & Agree To Abide By Dover Ambulance Operations Manual
Revised December 18, 2019

Date: _____

Name-Print: _____

Name-Sign: _____