



HOLDEN FIRE DEPARTMENT

STANDARD OPERATING PROCEDURES AND GUIDELINES

6.3 – Patient Care/Transport Standards

Purpose:

Outlines the delivery of care and highlights specific actions for special situations, i.e. patient refusals, helicopter requests, ALS intercepts.

General:

Dispatch:

- a. All ambulance calls will be received by Holden Public Safety Dispatch Center referred to herein as dispatch. Dispatch will evaluate the call received and dispatch the proper personnel to the scene.
- b. It is the responsibility of the dispatcher to obtain all pertinent information, and dispatch to the proper department the nature of the call. Information should include, but not limited to the following:
 - Time of call
 - Address of call, with any cross streets needed
 - Nature of the Problem
 - Name of party calling
 - Call back number
- d. All ambulance calls will be received at the communication center, and dispatched under a priority basis:
 - Priority 1 - cardiac arrest, respiratory arrest or unscheduled field deliveries.
 - Priority 2 - heart attack, chest pain, difficulty breathing, severe head injury, unknown medical or potentially life threatening injuries.
 - Priority 3 - non-life threatening injuries.
 - Priority 4 - scheduled transfers.
- e. All dispatching will be done according to 105 CMR 170.355 Sec. (a), (b), and (c).
- f. A Dispatcher receiving calls for Priority 4 transfers shall advise the caller that the Holden Fire Department does not provide non-emergency scheduled transfers. The caller should be asked if they would like the Fire Department to respond and check on their welfare (as an emergency response).
 - The Fire Chief or Shift Officer shall be notified.
 - Refusal of this service from the caller shall be documented in the dispatch log.



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Mutual Aid Services:

- a. The Holden Fire Department maintains mutual aid agreements with the following EMS services. The agreements are outlined for a class 1 mutual aid ambulance and Paramedic Intercepts where applicable.
 - i. West Boylston Fire Department (ALS)
 - ii. Rutland Fire Department (ALS)
 - iii. Sterling Fire Department (ALS)
 - iv. Paxton Fire Department (ALS)
 - v. Princeton Fire Department (ALS)
 - vi. MedStar EMS (ALS)
 - vii. Vital EMS (ALS)
 - viii. UMass Memorial/Worcester EMS (ALS)

Transport:

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

The Department EMTs and Paramedics shall adhere to the Point-of-Entry outlined by Department of Public Health (Appendix A) for all patient transports. The following Service Policy considerations shall also be adhered to:

- A. Given the limited staffing of the department, department members should attempt to adhere to the best practice of transporting to the closest, most appropriate facility at all times, as to limit ambulance turn-around times while providing definitive care.
- B. The Department shall transport to definitive care facilities only. Patients will not be transported to a doctor's office or freestanding medical clinic, unless under the presence of DPH transport waiver.
- C. For the purposes of this policy, with only limited exceptions, the closest, most appropriate facility should be considered as one of the following:
 - a. Umass University – 55 Lake Ave, Worcester Ma
 - b. Umass Memorial – 119 Belmont St Worcester Ma
 - c. Saint Vincent Medical Center – 123 Summer St Worcester Ma
- D. Calls originating from Mutual Aid locations, or areas of the Town where one of the locations listed above would not be the closest, most appropriate facility, may be transported to other area hospitals provided that facility has the necessary resources for patient care.
- E. Pediatric patients presenting with serious illness, injury, or trauma shall be transported to the Pediatric Trauma Center at Umass Memorial – University Campus.



HOLDEN FIRE DEPARTMENT

STANDARD OPERATING PROCEDURES AND GUIDELINES

- F. In the event that a transport exception to the outlined definitions would be beneficial to a patient (for example: a patient adamantly refuses to transport to any other facility and the patient is stable) the following shall occur prior to transport:
 - a. Request to the OIC, Deputy Chief, Fire Chief, or EMS Coordinator to provide transport out of the designated transport region
 - b. Contact Medical Control if patient's condition is likely to deteriorate or be negatively affected by transport to an alternative facility
 - c. All transports deviations shall be reviewed by the EMS coordinator, and when deemed necessary, the Affiliate Hospital Medical Director.
- G. Transport and POE of K9 animals will be in accordance with STP K9.11, in circumstances where medical treatment or transport is no longer required for human patients.
 - a. Transport POE for K9s will be directed to; Cumming School of Veterinary Medicine – Henry and Lois Foster Hospital for Small Animals – 55 Willard Street North Grafton, Ma 01536

Use of Lights and Sirens for Patient Transport:

- A. Due regard must be utilized at all times for transports of patients from a scene of a call to a medical facility.
- B. MA STP 1.0 guides providers that "Use of lights and sirens should be justified by the need for immediate medical intervention that is beyond the capabilities of the ambulance crew using available supplies and equipment."
- C. US DOT/NHTSA indicates an increased risk of motor vehicle collision and limited decrease in time to destination arrival when compared to the use of no lights/sirens.
- D. At all times, crews transporting non-violent, low-acuity/stable mental health complaints shall operate **without** the use of lights and sirens.

Patient Movement – Power Cot/Bariatric Transport

This guideline applies to all personnel who participate in patient care and any movement of patients or the delivery of patient care. This guideline does not pertain to specific treatment practice parameters.

Use of the Powercot:

- a. A minimum of 2 Operators is needed to manipulate the stretcher when there is a patient on it.
- b. Although the stretcher is battery-operated, remember to use proper lifting techniques while operating the stretcher at all times.
- c. All patient restraint straps shall be utilized at all times. This includes over the shoulder straps and waist strap and leg strap.
- d. The stretcher can be in any position for rolling non-patient loaded.