

TITLE OPERATIONS MANUAL	STANDARD INSTRUCTION 09		DEPARTMENT FIRE-RESCUE
SUBJECT MEXICAN AMBULANCE AT U.S./MEXICO BORDER VEHICLE SECONDARY	SECTION 27	PAGE 1 of 2	EFFECTIVE DATE July 30, 2024

I. PURPOSE

The purpose of this policy is to establish procedures when encountering patients at Border Vehicle Secondary in a Mexican Ambulance.

II. SCOPE

This policy shall apply to all sworn San Diego Fire-Rescue Department (SDFD) personnel, excluding Lifeguard personnel.

III AUTHORITY

The Fire Chief authorizes this policy.

IV. POLICY

The Company Officer, or Emergency Ambulance Provider if on a Level 2 response, will determine if the patient should be transferred and transported by a local Emergency Ambulance Provider or transported by Mexican ambulance.

A. Patients requiring continued transport by the Mexican ambulance:

1. Neonatal Patient in Incubator – Transport units equipped with the auto-lift gurney have limited capabilities to carry additional equipment in the ambulance and may not accommodate an incubator safely. The best practice may be for the Mexican ambulance to cross the border and transport the patient to a U.S. hospital.
2. Patient on IV pumps/ventilators – Patients arriving at the border with medications on intravenous medication pumps or on a ventilator that cannot be transferred safely to a local transport resource should be left in the Mexican ambulance to cross the border and transport to a U.S. hospital.

B. Mexican ambulance transport procedure:

1. Communicate with U.S. Customs Watch Commander, or designee, to approve the continuation of the Mexican ambulance.
2. If the Mexican ambulance is allowed to continue, U.S. Customs may escort the ambulance to the hospital to enforce Federal entry regulations.
3. Emergency Ambulance Provider and SDFD personnel are not approved to ride in a Mexican ambulance.
4. A base hospital radio report must be made by SDFD or the Emergency Ambulance Provider.
 - i. The following information must be communicated to the base hospital:
 - a) The patient’s reason for transport, e.g., stroke
 - b) Any medications the patient is currently receiving during transport
 - c) If the patient is on a ventilator
 - d) If the patient has any known or suspected communicable diseases, e.g., TB, COVID-19, Meningitis, etc.
 - e) Ambulance destination and estimated time of arrival

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5. Electronic Patient Care Record (ePCR) documentation of the incident must be completed by SDFD or Emergency Ambulance Provider personnel per the ePCR policy.

i. The following information must be included in the ePCR:

- a) Patient presentation and status
- b) Equipment being used
- c) Medications being infused upon EMS arrival
- d) Note “No patient care provided” (if applicable)
- e) Note “Other Agency Transported” (if applicable)

C. Patients transported by a local Emergency Ambulance Provider:

1. If U.S. Customs refuses to allow transport via Mexican ambulance to a U.S. hospital, a Battalion Chief should be consulted, or an Emergency Ambulance Provider Supervisor if on a Level 2 response.
2. If the patient can be safely transferred to a local Emergency Ambulance Provider, the following considerations must be taken:
 - i. Anticipate the Mexican ambulance crew will request to retain their incubator, IV pumps, ventilators, and equipment;
 - ii. Avoid removing the patient from the incubator if possible (hypothermia, etc.)’
 - iii. Identify any medications, IV drip rates, and ventilation rates;
 - iv. Disconnect from the Mexican ambulance ventilator and IV pump and manually maintain at preset rates per Protocol S-135, Pre-existing Medical Interventions (add hyperlink).
3. Transfer of family members, companions or service animal, if approved by U.S. Customs, will follow the existing Special Transport Considerations policy.