IX MEDICAL EMERGENCIES

A. Policy

It is the policy of the City that emergency medical technicians (EMT's), firefighters, lifeguards, paramedics, police officers, or any other City employee who possess the proper training, administer first aid to the extent of their ability and training until relieved by a higher medical authority. In addition, command and control of all medical incidents within the City of San Diego shall be under the direct authority of the ranking officer on scene from San Diego Fire-Rescue Department (SDFD).

B. Authority

Recommendation of medical resource assignment to medical incidents within the City of San Diego is at the discretion of the City Medical Director and is based upon National Standards of Emergency Medical Dispatch (EMD).

The Fire Chief has the responsibility for final approval of medical dispatch guidelines in agreement with the Public Safety and Neighborhood Services (PS&NS) Committee of the San Diego City Council and the County of San Diego, EMS Division.

Under contract with the City of San Diego, SDFD in conjunction with San Diego Medical Services Enterprise will provide Advance Life Support (ALS) care and transportation under the following response time criteria:

1. ALS ambulance response time should be no greater than 12 minutes 90% of the time for priority (level) 1 calls and no greater than 15 minutes 90% of the time for priority 3 and 4 calls.
2. ALS first responder engine companies should make a "best effort" for a response time no greater than 8 minutes 90% of the time.
3. BLS ambulance units responding to priority 4 calls should be no greater than 30 minutes 90% of the time.

C. Guidelines - Dispatching

1. **Priorities or Levels of Dispatch** -

a. Level 1 - A **LIFE THREATENING** medical emergency identified through call triage as requiring the services of an ALS First Responder and ALS transport unit on a code 3 response, (lights and sirens). Incidents triaged as "Medical Alert Alarm" will have an ALS First Responder dispatched only. If

a true emergency is recognized by the company officer once patient contact has been made, an ALS Transport Unit shall be assigned to the incident.

b. Level 3 - A **NON-URGENT** medical response with little immediate health risk. Identified through call triage as requiring the services of an ALS transportation unit on a "no code" response.

c. Level 4 - An **UNSCHEDULED, NON-EMERGENCY** medical response identified through call triage as requiring the services of a BLS transportation unit on a "no code" response or an ALS transportation Unit utilized in a BLS capacity.

d. Level 0 - **CALL IN TRIAGE**. Units dispatched under a Level 0 are to assume the response is a Level 1 call and respond code 3 until downgraded by dispatch.

2. Traffic accidents, where law enforcement is at scene and have determined there are no known injuries, will not require automatic ALS first responder and transport unit response. These calls will be evaluated by the on scene law enforcement officer and the appropriate level of response will be added based upon the reporting officer's assessment, i.e. fuel spill.

D. Scene Management Guidelines

1. The first arriving ALS first responder, ALS transportation unit, or BLS first responder on scene of a medical emergency shall determine the need for additional resources. If appropriate, the first arriving unit may reduce the code of other responding units or request additional resources such as law enforcement.

   At no time will a transport unit cancel a first responder when responding to an incident involving a motorized vehicle accident.

2. If law enforcement is first on the scene of a medical emergency, the officer shall report the incident to Fire Communications through their dispatch center. Fire Communications Center shall determine the units needed to respond.

3. The ranking fire officer, or incident commander, is in charge of the overall medical incident. The duties of the fire officer shall include:

   a. Coordination of personnel and assignment to ICS roles.

   b. Control of the scene to include placement, ingress and egress of apparatus.

c. Order additional resources: Medical control of the patient(s) is granted to the paramedic charged with patient care as their primary role. In situations where an ALS first responder paramedic and an ALS transport paramedic are on scene, patient care decisions should be discussed and agreed upon. Both paramedics share responsibility for the assessment and treatment of the patient while on scene of the incident.

d. In situations where the first arriving paramedic is a crew member of an ALS first responder, the firefighter/paramedic will assume all responsibility for patient care until the patient is transferred to the care of the transporting paramedic. Transfer of the patient to the transport paramedic should not be delayed; however, the first responder paramedic shall complete any treatment procedure or assessment prior to turnover.

e. In situations where the first arriving paramedic is the transport paramedic, all patient care decisions and responsibilities are made by the transport paramedic in collaboration with the first responder paramedic.

Examples of medical control decisions include:

1) *Treatment protocol for patient care.*
2) *Appropriate method of patient movement, e.g. should the patient be moved by gurney, scoop or be walked to the ambulance. This refers to patient movement situations where no extrication of an entrapped victim is necessary. In situations where a patient is trapped, the Incident Commander is charged with the duty of determining the most appropriate method of removing the patient from their entrapment or entanglement.*
3) *Patient destination and level of transport.*
4) *Base hospital contacted.*
5) *Code of transport.*

f. When medical control issues conflict with incident control, the paramedic shall brief the incident commander as to the medical necessity for the patient. As the overall incident authority, the incident commander will make a decision based upon scene dynamics and input from the paramedic as to the ultimate disposition of patient care treatment, and transport. In this event, the Chief of EMS and the Quality Management Coordinator will be notified of the event in writing for the purpose of policy/procedure review and education.

4. When a citizen is determined to have no other chief complaint other than inebriation, and can walk without assistance, the citizen will be released to the custody of the police department. In situations where an inebriated patient is

found to have traumatic injuries or is suspected of illness, the patient will be completely assessed and treated. Patient disposition will be the responsibility of the base hospital.

5. If, at any time, a threat to the safety of SDFD or San Diego Medical Services personnel exists, the fire officer shall immediately direct all personnel to a safe area and request police assistance. In situations where fire or medical units are dispatched to a "Stand back for PD" incident, units responding to a stand back call will use discretion as to the code of response based upon the distance to the call, traffic on the response route and other related factors. Units will stage at least two blocks from the address in a location which is not in the line of sight of the address.

6. At rescue and extrication scenes, the incident commander from SDFD has control over rescue and extrication procedures. The transport paramedic will be responsible for patient care issues once the patient is extricated and the paramedic has received turnover by rescue crews.

7. CPR should be started as soon as possible on all patients who are pulseless and apneic unless they are determined to be obviously dead. The criteria for obviously dead are:

   a. Decapitation
   b. Rigor Mortis
   c. Incineration
   d. Evisceration of a major organ (heart or brain)
   e. Decomposition
   f. Valid presentation of a DNR or Durable Power of Attorney for Health Care.
   g. Pronounced dead by a licensed California physician who accepts legal responsibility for the victim.

E. <u>Canceling ALS Ambulance Responses</u>

1. SDFD officers may not cancel ALS ambulances and replace them by calling for a BLS ambulance.

2. Canceling the ALS ambulance shall be documented by stating the reason on the command channel.

3. SDFD officers may cancel the paramedic ambulance response only when:

   a. No patient can be located.

   b. The patient meets the obviously dead criteria as listed above.

   c. When the patient has an injury or illness or suspected injury or illness and meets the following criteria, and is requesting to sign a release or Against Medical Advice form, they must assure that the patient:

      1) Is 18 years of age or older, or emancipated
      2) Is oriented to person, place, time and event and is competent
      3) Does not appear impaired by drugs or alcohol
      4) Has not had an ALS intervention performed
      5) Has not had a significant mechanism of injury or illness
      6) Is not over 65 years of age with a mechanism of injury from a fall
      7) Does not have abnormal vital signs
      8) Is a minor who is ill or injured, or suspected to be ill or injured with a legal guardian at scene.
      9) Is a minor who is not ill or injured or suspected to be ill or injured without a parent or legal guardian at scene, but can be released to the custody of a responsible adult, school official, or law enforcement.

   d. If a patient does not meet any of the above criteria, but is refusing treatment or transport, the paramedic ambulance shall continue its response until patient disposition has been determined by the base hospital in contact with the ALS first responder. In incidents where a BLS first responder is on scene with a patient, the ALS transport unit will continue to determine patient disposition.

F. <u>Downgrading the Code of ALS Ambulance Responses</u>

1. ALS Responses may be downgraded <u>only</u> when the ALS first responder paramedic on scene determines that the patient's condition does not require urgent care or transportation.

2. Downgrading the code of the ALS ambulance shall be documented by stating the reason on the response channel.

G. Assisting the Transport Paramedics

1. It may be necessary for a Company Officer to assign crew members to either assist in the patient compartment during the transport or drive the ambulance to the hospital. Absent extenuating circumstances, fire companies shall contact their Battalion Chief through Fire Communications to retrieve their crew members from hospitals. Units directed to retrieve their personnel from the hospital will remain assigned to the incident until FCC is advised of full crew status.

2. In circumstances where the Battalion Chief, or designee, retrieves the personnel from the hospital, and the engine or truck company is staffed by two personnel, that company is to go available and remain in service as a two-person crew. Fire Communications will be notified of the staffing level as soon as the company is available as a full crew.

3. It is understood the capability of a two-person company is significantly limited. When situations exist and the two-person crew is dispatched to any type of incident, a second unit will be automatically dispatched to lend support. The two-person crew is not expected to take an aggressive attack role at structure fires, only a command role or any other function the company officer deems necessary.

4. ALS transport units may require the assistance of first responders for the purpose of lift assistance. In situations where the patient is morbidly obese, movement of the patient should be considered an extrication and ultimate authority of patient movement is at the discretion of the incident commander.