EMS Quick Reference Guide

EMS Quick Reference Guide

San Diego Fire – Rescue Department

January 2009

EMS Quick Reference Guide

January 2008

EMS Quick Reference Guide

Introduction

The benefits gained by insuring SDFD/DSMSE employees are aware of their responsibilities and educating their supervisors to what is expected of the team on every customer contact will increase proficiency, decrease the possibility of litigation and boost morale by encouraging cooperation amongst all team players

Preface

This guidebook is designed to give the EMS supervisor a quick resource to answer frequently asked questions. It is not intended to replace any department policy or procedure. All information contained in this guide book has been researched from current established SDFD/SDMSE policies & procedures.

Table of Contents

Who are Supervisors 5
On Scene Supervision 5
What is a Patient 6
HIPAA 6
Patient Abandonment 6
AMA Procedure 7
Non Transports 6
First Responder On-Scene Responsibilities 6
Emergency Equipment Cache 11
Patient Documentation 11
Patient Disposition 12
TAP Chart Electronic Documentation 12
First Responder TAP Chart Usage 13
Dead on Scene (DOS) 13
Non-Transport Billing Information 13
Transfer of Custody 13
End of Shift Report 14
End of Shift Report (samples) 15
EMS Envelopes 17
Controlled Substance Checks and Accountability 17
Controlled Substance Restock 14
Controlled Substance Wasting Procedure 19
Expired / Damaged Medication 20
Contacting EMS Staff 21
Paging 21
Hospital Transport Codes 22
Ambulance Off-Load Time 22
Non Transport Disposition 22
Medical Supply Restocking 23
Zoll M Series Monitor Daily Checks 23
Zoll Card Uploading 19
Automatic External Defibrillators (AED) 20
Miscellaneous EMS Equipment Checks 25
SDMSE / SDFD Advanced Airway Policy 26
Battalion Medical Officer Program 29
Duty Medical Support (DMS) 31
Equipment Replacement 31
Who to Call 26
Ride Alongs Facts 27
First Responder Frequently Asked DMS Questions 28
DMS Equipment Issues Reference Chart 40

Who are Supervisors –

The San Diego Fire-Rescue Department operations have two primary levels of EMS supervision, battalion chiefs and captains. Rural Metro Field Supervisors offers a third level of supervision. In most circumstances, the three are interchangeable.

1. Battalion Chiefs
    - Battalion Chiefs are ultimately responsible for the policies and procedures that guide operations personnel.
2. Rural Metro Field Supervisors
    - Rank equivalent to a battalion chief
    - First level supervisors for Rural Metro employees that are posted out of Station 28.
    - Second level supervisors for Rural Metro employees that are posted out of fire stations.
    - Three 24 / 7 supervisors, one per division augmented by two 12 hour supervisors on flexible shifts.
    - Available to assist or augment fire department officers with issues related to any EMS incident, issue or program component.
3. Captains
    - Captains are identified in the City of San Diego Paramedic Provider Contract as on-scene supervisors for all medical incidents.
    - First-line supervisor for Rural Metro employees that are posted out of fire stations.

On Scene Supervision ï

- The majority of EMS responses provide an ALS first-responder unit with the captain serving as the on-scene supervisor.
- First-responder officers are bound by all SDFD / SDMSE and San Diego County Division of Emergency Medical Services policies and will be held accountable for the strict adherence to these policies.
- All SDFD / SDMSE supervisors have received the required training and certification as EMTôs to supervise the **overall** aspects of EMS and patient care responsibilities. (Part 1 section 1.1, SDMSE Policies Manual)
- Officers are ultimately responsible for all patient care and related documentation, regardless whether that care is being provided by paramedics at an ALS level.
- When an officer and paramedic have a difference of opinion regarding care, the treatment plan representing the most conservative patient care should prevail.

Example:
A patient that may or may not require cervical spinal immobilization: If one person (officer or paramedic) wants to c-spine the patient and the other person doesn't, the safest and most conservative approach would be to c-spine the patient and discuss the different treatment options after the call. To error in favor of the patient works best in all situations.

What is a Patient –

Any person for whom the 911 / EMS system has been activated and meets one or more of the following criteria are considered a patient:

1. Has a chief complaint or suspected illness or injury; or
2. Is not oriented to person, place, time and event; or
3. Requires/requests field treatment / transport; or
4. Is a minor who is not accompanied by a parent or legal guardian and is ill or injured or appears to be ill or injured.

HIPAA -

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. It was created to standardize electronic health care transactions in order to streamline the health care system. Because of concerns regarding individual patientôs privacy, Congress included a provision in HIPAA mandating the Department of Health and Human Services to adopt federal privacy protections, often referred to as ñprotected health informationò or the Privacy Rule.

- Under HIPAA, patients have certain rights to privacy.
- As pre-hospital health care providers we have certain obligations to protect the rights of the patients we treat and transport.
- As a rule, we should **never** divulge any patient information to anyone other than those individuals necessary to provide care to the patient. This may include family members, personal friends or any other person identified as being able to assist in health care operations. Written approval by the patient, or their legal guardian, is required to disclose such patient information. .(Part 1 Section 1.1.S, SDMSE Policy Manual)
- Each patient shall receive a Notice of Privacy Practices Form.

Patient Abandonment -

All patients who request transport, regardless of how minor their chief complaint may appear, shall be transported. Failure to comply can be considered ñPatient Abandonmentò. All crew members and supervisors will be held strictly accountable.

- The City of San Diego has an Exclusive Operating Area (EOA). The EOA establishes authorization and responsibility to SDFD/SDMSE for emergency transports.
- SDFD/SDMSE may allow/request outside agencies to perform these functions on an incident-by-incident basis, i.e. mutual aid, preplanned events and disasters.

AMA Procedure –

AMA Electronic documentation shall be completed for all suspected patients refusing care and transportation.

- The majority of AMAôs are BLS level decisions. Battalion chiefs and captains shall ensure that all personnel adhere to SDFD/SDMSE and San Diego County Division of EMS policies regarding AMA, Release and Transfer of Custody for minors.
- The following 8 questions are listed in the electronic AMA record. Any ñyesò answer makes the AMA process an ALS level decision and Base Hospital contact is required **every time**. Officers are responsible to ensure that Base Hospital contact is made anytime a ñyesò answer is encountered.

  The 8 Questions are:

  1. Altered LOC or previous loss of consciousness?
  2. Appears impaired by drugs or alcohol?
  3. ALS intervention has been performed? (Including blood sugar check)
  4. Significant mechanism, injury or illness?
  5. 65 years of age or older with a mechanism of injury?
  6. Abnormal vital signs?
  7. Minor (less than 18 years and not emancipated) who is ill or injured or suspected to be ill or injured?
  8. Minor, not ill/injured or suspected to be ill/injured without a parent or responsible adult to assume custody?

- Any BLS level AMA or Release can be completed by an EMT, including first responders, if the patient **does not** meet any of the 8 above listed criteria.

The New tapchart verson of the AMA has not changed in verbage from the old paper form so there is nothing new to learn about the information on the form it self. But we have simplifyed the information you will actualy see when filling the form out in the field.
In order to help explain to any person signing an AMA in the field, all units will be issued a laminated copy of the paper AMA to use when explaining the AMA on TapChart.

The following page is a depiction of the laminated copy.
As a reminder no paper forms are to be used.

Incident Data

Date	Incident #	Unit #	QA Net #
Patient Full Name DOB	Patient Full Address		Phone #

Type of Document (patient must initial a single choice)

	AGAINST MEDICAL ADVICE, as the patient or responsible adult, I have been advised of the possible risks (up to and including death) and/or consequences of my refusal of advice, care, and/or further care. **Complete PPR.**
	REQUEST RELEASE, as I do not feel my condition requires emergency care or transportation by the City of San Diego Medical Services Enterprise, L.L.C., or their agents. I have been advised to seek medical attention of my own choosing. **Complete PPR.**
	TRANSFER OF CUSTODY, of a minor who is under 18 years of, not emancipated, and not ill or injured or suspected to be ill or injured, to a parent, legal guardian, or responsible adult. Address & contact number of person assuming custody: _____ _____

Any "YES" Answer Requires Base Hospital Contact Prior to Release/AMA of Patient	***Yes***	***No***
1. Altered LOC or previous loss of consciousness		
2. Appears impaired by drugs or alcohol		
3. ALS intervention has been performed		
4. Significant mechanism, injury or illness		
5. 65 years of age or older with a mechanism of injury		
6. Abnormal vital signs		
7. Minor (less than 18 yrs and not emancipated) who is ill or injured or suspected to be ill or injured		
8. Minor, not ill/injured or suspected to be ill/injured w/out a parent or responsible adult to assume custody		

Patient/Responsible Party Acknowledgment & Privacy Practices

1. This is to certify that I, (print patient's) _____, do hereby release the following entities: San Diego Medical Services Enterprise, L.L.C., the City of San Diego, Rural/Metro Corporation, Rural/Metro of San Diego Inc., and the authorized San Diego County Base Hospital(s) and their employees from all liability or claims as a result of my decision to refuse or be released from medical care and transportation, or custody transfer. I have been informed that my injuries and/or medical condition may require further medical treatment. I have been advised of the possible risks and consequences of my decision, as applicable, and to contact Emergency Medical Services if my condition worsens. I acknowledge that I have read and understand the terms of this document and do so voluntarily. I further agree that this release shall be binding on my relatives, heirs, assigns and/or legal representatives.

2. I acknowledge that I've been provided with a copy of Rural/Metro Corporation's Notice of Privacy Practices on this date.

Date: _____ Patient/Responsible Party Signature:

_____

Responsible Party's Name & Relationship (print): _____

Witness Name (print): _____ Witness Signature:

_____

If patient refuses to sign and/or Privacy Practices not delivered, state medical reason(s) why:

_____

Notice of Privacy Practices delivered to:

☐ Patient ☐ Destination Facility ☐ Patient Representative/Other _____ ☐ Not Delivered

Paramedic/EMT Signature

Crew Name (Print)	**Crew Signature**	**County Accred. #**

Non Transports ï

All Level 1 responses declared to be an AMA, Release, Dead on Scene or No Patient Contact must involve the on-scene captain. These include:

1. ALS AMAs
2. BLS AMAs
3. Release
4. Dead on Scene
5. No Patient Contact
6. Mutual Aid (patient transported by another agency from within the City of San Diego EOA)
7. Mutual Aid (patient transported by ambulance from an area other than City of San Diego EOA)

First Responder On-Scene Responsibilities –

Whenever a first responder crew arrives at scene before the responding ambulance, the first responder paramedic will begin a patient assessment, utilizing other crew members, and start any appropriate treatment.

- The first responder captain or other designated crew member will begin a Pre Hospital Patient Report utilizing the TAP Chart program on their Palm Pilot.
- The first responder paramedic will give a complete turnover to the arriving transporting ambulance crew.
- The first responder crew will work with the arriving paramedic crew to prioritize patient treatment. Any questionable decisions will always error on the side of the patient.
- The first responder crew will transfer any data already imputed into the TAP Chart Pre-Hospital Patient Record to the ambulanceôs Palm Pilot via the ñBeamò function.
- First responders will remain at scene until the ambulance transports to provide supervision and additional support for the ambulance crew.
- First responder officers shall ensure the safe loading of all patients and that the ambulance is properly positioned, including re-spotting to avoid unsafe backing.
- At no time shall an ambulance crew be allowed to back-up or reposition an ambulance with a patient onboard without the assistance of the on scene first responder crew.
- Whenever a first responder is assigned to an incident it shall be the responsibility of the first responder crew to complete all non-transport paperwork (AMA, Release, Dead on Scene).
- First Responder Paramedics must accompany ambulance transports any time code 10 transport is necessary unless person being transported is a stable trauma patient

Emergency Equipment Cache –

The Initial Emergency Equipment Cache shall be considered a minimum amount of equipment and consists of:

1. Appropriate airway bag/equipment
2. Suction unit
3. Monitor
4. ALS drug box

- Incidents involving trauma shall be handled in the same manner as medical incidents.
- The suction unit shall be taken to the patient anytime the airway bag is taken off of the apparatus.
- In some cases the trauma bag may be appropriately substituted for the drug box; however the airway bag and suction unit must always stay together.
    1. C-Spine bag / backboard
    2. Obstetrical Kit
    3. Ked Sled
    4. Stair Chair, Scoop Stretcher, Pediatric Immobilization Device

Patient Documentation –

Officers shall ensure that all patients encountered that meet the San Diego County EMS Patient Contact Criteria be documented and submitted by the paramedic or EMT prior to being relieved of duty.

- Documentation includes a completed electronic TAP Chart Pre-Hospital Patient Record and a face sheet from the receiving facility for all transported patients.
- A ñJohn Doeò face sheet is rarely the only alternative for patient billing information.
- If a ñJohn Doeò face sheet is the only document that cam be obtained, the paramedic shall leave a SDMSE Fax Billing Sheet Request with the receiving facilityôs admission department requesting they face a copy of the revised face sheet to EMS at (619) 285-7006.
- Officers shall require that transport crew attempt to obtain a revised face sheet to replace a ñJohn Doeò face sheet prior to the end of the shift, before turning in their EMS envelope.

Patient Disposition-

SDFD/SDMSE recognizes all hospitals in San Diego County except Camp Pendleton as a patientôs ñhospital of choiceò.

- With very few exceptions ñcode 20ò thru ñcode 50ò transports can safely be transported to the patientôs hospital of choice.

- The on-scene captain shall ensure that the patientôs hospital of choice be honored.
  Exceptions to hospital of choice:
  1. Medical necessity
  2. Emergency room bypass

TAP Chart Electronic Documentation –

An electronic Pre-Hospital Patient Record will be generated for all transported patients utilizing the TAP Chart program.

- SDMSE billing information is also automatically generated from the TAP Chart program. All reports shall contain the following information:

  1. Patientôs name (**exactly as it appears on Medicare card**)
  2. Patientôs DOB
  3. Patientôs address
  4. Patientôs phone number
  5. Patientôs Social Security number
  6. Insurance name and policy number
  7. Mileage (to the nearest $1/10^{th}$ of a mile
  8. Signature of receiving hospital RN
  9. Signature of patient or designee
     - It is imperative that we capture a patient signature on all transports. There are very few instances when a patient signature cannot be obtained (i.e. patient is unconscious or is in CPRT status). When this occurs, personnel are required to fully document why the patient can not sign and the receiving RN or other appropriate facility personnel will sign the ñWitnessò field on the TAP Chart in the narrative section.
     - Unacceptable reason for not obtaining a signature include: c-spine, weakness, medical condition, physical exam and / or x-ray.

- The San Diego County EMS Bubble Form shall be used only temporarily (i.e. catastrophic disasters, hardware unavailable through TAP) until an electronic Pre-Hospital Patient Record can be generated on TAP Chart.
- No San Diego County EMS Bubble Forms will be accepted by the SDMSE billing department.

First Responder TAP Chart Usage ï

On all Level 1 responses where first responders arrive first or simultaneously with the ambulance the first responder unit shall initiate an electronic Pre-Hospital Patient Record using the TAP Chart program.

- The mandatory fields are:

1. FS # (incident number)
2. First responder unit identification, i.e. E-10
3. Age, sex, weight of the patient
4. First responder crew roster (all 4 crew members)
5. Initial vital signs

Dead on Scene (DOS) ï

Any patient determined to be obviously dead on scene (11-44), verified by any member of SDFD/SDSME, or pronounced by a base hospital physician requires an electronic Pre-Hospital Patient Record. ***The First Responder Company is responsible for the documentation.***

Non-Transport Billing Information ï

Captains shall ensure that billing information (see 1-6 from tap chart documentation above) is obtained on any response where BLS and/or ALS care is provided and the patient is not transported.

- This includes any patient who was treated and pronounced dead but left on scene.

Transfer of Custody – (No Patient Care Report required)

The Transfer of Custody section of the electronic record is to be completed including the name of the person taking responsibility for the juvenile.

- If the responsible person is a law enforcement officer the officerôs name and badge number are all that are required. The officerôs signature is not required.

End of Shift Report -

This form is can be accessed from Cad View on any fire station computer. An End of Shift Report shall accompany **every** EMS Envelope that crews submit to R/M billing. The report contains the following:

1. Unit response information by incident
2. Unit responsible for patient documentation (each incident)
3. Check box for the Daily Quick Check (required for ambulances only)
4. Check box for Pre Trip (required for ambulances only)
5. Hospital face sheet receipt verification
6. Signature space for Station Captain
7. Signature space for Paramedic

- If the off-going captain has already left and the oncoming captain is not available, (i.e. left for IST) the oncoming paramedic shall review and sign the envelope.
- Any paramedic/EMT who has documentation responsibility for any patient contacts during a shift shall print an End of Shift Report.
- The End of Shift Report shall be provided to a captain for review. The captain will ensure that all paperwork is accurate and complete prior to the EMS billing envelope being submitted to EMS.
- Any incident displaying an ñATTENTION: MISSING PAPERWORKò notice must be corrected. If for any reason this is not possible, a hand written note must be added to the report stating the reason.
- The **Electronic Documentation Coordinator** is available to assist all SDMSE/SDFD personnel 24/7 with any TAP Chart issues. **To contact this person call the System Status Controller at FCC request that they page "TAP**ò.

End of Shift Report (samples) -

The following is an example of a shift report with missing paperwork

This message appears anytime Paperwork is ~~missing~~

M63 Shift Report 08/04/2005 7:00:00 Hrs. - 08/05/2005 7:59:59 Hrs.

ATTENTION: MISSING PAPERWORK!
If unable to fix, have controller page TAP.
Duty TAP person helping you: _____

Response Information			Circle Yes or No	Completed Patient Reports
FS05068756	Unc/Fainting (Non Trauma)(L1	3665 North Harbor Dr		
FS05068760	Sick Person (Specific Dx)(L1)	3665 North Harbor Dr		M63 Paperwork Missing

Paramedic,
Prior to giving this *Shift Report* to your Captain/Supervisor, ensure that the paperwork listed below (1-4) is complete and ready to be submitted to EMS. Your signature confirms that all paperwork is complete or a written explanation for each item missing is attached to this report and explained to the Captain/Supervisor.

_____ _____
Paramedic (print name) Signature

Captain/Supervisor,
Your signature confirms the following paperwork is complete and submitted with this packet or a written explanation is attached:

1. Printed copies of any AMA's, releases and DOS assigned to this unit;
2. Hospital face sheets with FS# in the upper right corner for each patient transported by this unit ;
3. Completed and signed Pre-Trip Form;
4. Completed and signed Quick Check

If you have any questions, support is always available 24/7 by calling the System Status Controller at 858-974-0186.

_____ _____
Captain/Supervisor (print name and title) Signature

Paperwork Missing means that the patient record for this call has not been uploaded and the crew must resolve this with the on-duty TAP person before leaving.

The Blue FS number is a live link to the Cad-View detail report for this incident.

The following is an example of a complete End of Shift Report:

All Patient reports are complete

M24 Shift Report 08/04/2005 7:00:00 Hrs. - 08/05/2005 7:59:59 Hrs.

Response Information			Circle Yes or No	Completed Patient Reports		
FS05068786	Sick Person (Specific Dx)(L1)	2404 Loring St	Facesheet Y N with Run #	M24 Transported	88 Y/O F	Other-Medical
FS05068813	Traumatic Injuries, Spec (L1	1950 Abbott St		Transported By Other Unit	27 Y/O M	Trauma-Head/Neck
FS05068873	Abdominal Pain/Problems (L1)	3785 Torrey Hill Ln	Facesheet Y N with Run #	M24 Transported	50 Y/O M	Abdominal Pain
FS05068900	Assault/Rape (L1)	Carmel Valley Rd & Vi Aprilia				
FS05068950	Traffic Accident (L1)	Del Mar Mesa Rd & Anderson Ridge Pl	Facesheet Y N with Run #	M24 Transported	28 Y/O M	Other-Trauma
FS05068994	Allergy/Hives/M ed Rx/Stng (L1)	4245 Cte Favor		E24 Release	37 Y/O F	Allergic Reaction/Anaphylaxis
FS05069014	Stroke (Cva) (L1)	5445 Harvest Run Dr	Facesheet Y N with Run #	M24 Transported	72 Y/O F	CVA

Paramedic,
Prior to giving this *Shift Report* to your Captain/Supervisor, ensure that the paperwork listed below (1-4) is complete and ready to be submitted to EMS. Your signature confirms that all paperwork is complete or a written explanation for each item missing is attached to this report and explained to the Captain/Supervisor.

Paramedic (print name) Signature

Captain/Supervisor,
Your signature confirms the following paperwork is complete and submitted with this packet or a written explanation is attached:

1. Printed copies of any AMA's, releases and DOS assigned to this unit;
2. Hospital face sheets with FS# in the upper right corner for each patient transported by this unit ;
3. Completed and signed Pre-Trip Form;
4. Completed and signed Quick Check

If you have any questions, support is always available 24/7 by calling the System Status Controller at 858-974-0186.

Captain/Supervisor (print name and title) Signature

Captains should insure that AMAôs and Releases are done by first responders

EMS Envelopes –

All EMS paperwork (ambulance and first responder) submitted to EMS shall be placed into the same **Blue EMS Envelope**.

- The required daily markings on the outside of the envelope include:
    1. Unit number
    2. Date
    3. Crew
    4. Signatures (Captain and Paramedic)
- The following should be included inside the Blue EMS Envelope:
    1. End of Shift Report (printed via Cad View and signed by the Paramedic and Captain)
    2. Daily Quick Check Form (ambulance only)
    3. Pre Trip Form (ambulance only)
    4. Face sheets for all transported patients (with incident number written on front)

Controlled Substance Checks and Accountability –

It is the responsibility of the assigned Captain or Medical Supervisor to assure personnel are inspecting and logging the controlled substance at the beginning and end of each shift.

Inspections ï

- Daily inspections will be performed in the presence of the on-coming and off-going paramedics during the turnover process, face to face.
- Separate Daily Inspection Logs, EMS-12 (for morphine) and EMS-12A (for versed) will be assigned to the controlled substance and will be transferred with the controlled substance in the event of a unit change-out.
- The assigned paramedic will enter his/her license number, EMT-P certification number or MDT log-on number and sign in ink, on the designated space on the form.
- The count of controlled substance in milligrams, or the number of Mark I auto injectors, will be entered in the designated space on the form.
- If for any reason a missing signature is identified, the captain/supervisor shall be notified ***IMMEDIATELY***.
    - Captains are to determine why the signature is missing.
        - If the signature is missing due to an Emergency Response, the captain/supervisor shall circle the blank spot in red and write EMERGENCY RESPONSE in the circle.
        - If the signature is missing for any other reason, the captain/supervisor shall circle the blank spot in red and write MISSING in the circle. The captain/supervisor deals with this situation as a performance issue.

EMS-12 / EMS-13 (Inventory Logs) ï

- The EMS-12 and EMS-12A inspection logs will be signed at the end of each month by the captain or medical supervisor after verifying that all fields are complete.
- The current monthôs log and the previous monthôs log must be carried on the unit at all times.
- From the unit, the logs are rotated into a file at the fire station or post for three years.
- A copy shall be sent to your Battalion Chief by the 5th of the following month.

EMS-12B / EMS 12-C (Use Logs) ï

- Separate Controlled Substance Use Logs, EMS-12B (for morphine) and EMS-12C (for versed) will be maintained for all ALS first responder and transport units and will be transferred with the controlled substance in the event of a unit change-out.
- The Controlled Substance Use Log is to be completed and signed by a witness whenever a drug is used or restocked at Storeroom 42A.
- Mandatory information includes:
    1. Name of the drug
    2. Size (10ml in 2ccôs)
    3. Dose administered
    4. Form of administration (injectable / oral)
    5. Date of administration
    6. Patientôs name
    7. Paramedicôs name
    8. Receiving facility
    9. QCS number

- **Discrepancies in the controlled substance checks/forms are discovered immediately notify your supervisor.**

Controlled Substance Restock –

Storeroom 42A is the sole location for restocking or exchanging controlled medications.

- SDFD / SDMSE unit inventories for controlled medications are:
    - ALS First Responder units -
        - Morphine (syringe or multi-dose container) ï 20mgs
        - Versed ï 20mgs
    - ALS Transport units -
        - Morphine (syringe or multi-dose container) ï 50 mgs
        - Versed ï 50mgs
- Any overstock will be noted on the EMS-12 or EMS 12-A and kept with the unit until the medication is used or expired.

Ambulance Restocking ï

- If an ALS transport unit falls below 30mgs of injectable Morphine, the unit shall seek immediate restock either directly or by coordination with their assigned battalion chief or Rural Metro field supervisor.

First Responder Restocking ï

- First responder units requiring restock of a controlled substance will notify their Battalion Chief and be guided by his/her direction.
- When the Battalion Chief has determined the most practical method of restocking the unit, the appropriate duty medical supervisor will be notified in order to arrange for supplying the second narcotic key required to access the cache at Storeroom 42A.
- **First Responder units are prohibited by DEA regulations from restocking or exchanging any controlled substance assigned to any ALS transport unit.**

Controlled Substance Wasting Procedure –

After administration of a controlled substance the paramedic, in the presence of a witness will dispose of the unused portion in the following manner:

1. The remaining medication will be wasted by squirting it into a pharmaceutical disposal container located on all ALS transport units and at Storeroom 42A.
2. The **empty** tubex or vile will be disposed of in a regular sharps container.
3. The paramedic and witness will document and sign the unitôs appropriate controlled substance use log; either EMS-12B (for morphine) or EMS-12C (for versed).

Expired / Damaged Medication –

Expiration dates with a month and year listed (e.g. 12/05) are considered expired on the last day of the listed month.

- Controlled substances on ALS first responder and transport units should be exchanged at Storeroom 42A at least 30 days and no later than seven days prior to the expiration date.
- Damaged or compromised medication containers or tamper evident packaging will be replaced immediately per the following procedure:
    1. Request SSC to notify the Duty Medical Support person.
    2. Request SSC to page the appropriate Duty Medical Supervisor / Rural Metro Field Supervisor to arrange for replacement.
    3. Dispose of the damaged / compromised medication in the approved manner.
    4. Follow up with an FD-7 to the Battalion Chief of EMS detailing the circumstances of the damaged container.

For further clarification or information on controlled substance policies and procedures please refer to the EMS Manual, Part 5, Section 5.1, Controlled Substance Policy.

Contacting EMS Staff–

EMS Phone Numbers:

EMS Deputy Chief	Rod Ballard	(619) 533-4306
EMS Battalion Chief	Colin Stowell	(619) 533-4404
SDMSE Medical Director	James Dunford, MD	(619) 533-4359
Administrative Manager	Roger Fisher	(619) 533-4344
EMS Operations Coordinator	Harold Lemire	(619) 533-4402
EMS Operations Support	Ben Castro	(619) 533-4310
EMS Materials Coordinator	Tim Wilson	(619) 533-4403
Quality Management Coordinator	Ginger Ochs	(619) 533-4334
Medical Education Manager	Jeff Clyons	(619) 533-3846
Clinical Nurse Educator	Mary Mottet	(619) 533-4403
Clinical Educator	Noel Edwards	(619) 533-3887
Field Training Coordinator	Leto Contreras	(619) 279-4470
Electronic Documentation Coordinator	John Pringle	(619) 533-3068
Rural Metro Supervisor (A Div.)	Dan Summer	(619) 726-6551 (c)
Rural Metro Supervisor (B Div.)	Todd Smith	(619) 279-4277 (c)
Rural Metro Supervisor (C Div.)	Brian Hubbell	(619) 481-8900 (c)
Rural Metro Supervisor (12hr)	Lance Fickas	(619) 694-9076 (c)
Rural Metro Supervisor (12hr)	Eric Andersen	(619) 726-6541 (c)
Fire Station 9	EMS Station	(858) 552-1762
Fire Station 26	EMS Station	(619) 533-3341
Office Manager	Amanda Alvarado	(619) 533-3441
EMS Front Desk	Beth Carroll	(619) 533-4335
Clinical Data Analyst	Kim Stauffer	(619) 533-4848
Clinical Nurse Coordinator	Melanie Barnes	(619) 280-6060 x304

Paging –

- ***Duty Medical Support (DMS)*** can be contacted by calling the System Status Controller (SSC) through FCC at (858) 974-0186. The SSC will generate an incident and page the appropriate DMS personnel. At no time should ambulance or station personnel page DMS directly using the MDC. Crew members should route all paging requests though their captains. The SSC will send an additional page when the DMS call is complete.
- ***Electronic Documentation Coordinator*** can be contacted calling the System Status Controller (SSC) through FCC at (858) 974-0186. Be sure to notify SSC with your unit number and call-back phone number. The SSC will then generate an incident and page the Electronic Documentation Coordinator.
- In any case, you should receive a call back within 10 minutes, 24/7.

Hospital Transport Codes –

The appropriate transport code, number of patients being transported and the destination receiving facility will be transmitted to the SSC via radio (7/C) before transporting.

- Once the ambulance arrives at the receiving facility the driver will transmit via radio (7/C) that they are off-loading.
- The following are the appropriate transport codes:

10 - Acute Status Medical or Trauma - CPR, Major Trauma, STEMI, Stroke Code
20 - ALS Treatment (i.e. medications, fluid challenge)
30 - ALS Monitoring and IV TKO
40 - BLS Care, C-Spine, Splinting
50 - Could have taken private transportation or a cab

Ambulance Off-Load Time ï

Ambulances offload times (Code 20-50) should average between 15-20 minutes, excluding major trauma and CPR transports (Code 10).

- A page will automatically be sent to ambulance crews 15 minutes after they arrive at the receiving facilities.
- This page alerts the crew that in 5 minutes they will be placed ñavailableò for another response.
- If a crew requires additional time for any reason such as cleanup, bed delay, trauma patient or CPRs, they should contact the System Status Controller via radio (channel 7C) or phone (858) 974-0186 to request a delay.
- Ambulance crews should not unnecessarily delay returning to their district. Socializing at hospital parking lots or inside emergency rooms impacts the entire system.
- Once an ambulance crew leaves the hospital they should verbally notify the System Status Controller via radio (7C) that they are ñavailable and returningò.

Non Transport Disposition–

On all Level 1 responses where the patient is not transported (AMA/Release, DOS) the first responder is responsible for completing all patient documentation.

- The End of Shift Report will reflect that paperwork for this incident is assigned to that first responder.
- If the incident is declared ñno patient contactò this must be transmitted verbally on radio prior to going ñavailable on radioò (AOR) on the MDC.
- If the first responder goes AOR before voicing this to dispatch, the captain will have to contact dispatch to have the call amended.
- On Level 2, 3 and 4 responses, (no first responder) ambulances **will use clear text** to report the non-transport disposition of the call.

Medical Supply Restocking –

Any fire station without an assigned ambulance shall comply with the Non-Ambulance Post Inventory List. Current inventory lists can be accessed from the SDMSE website.

- EMS paperwork is ordered from Fire Station 9 on a monthly basis.
- ALS first responders shall restock from the ALS transport unit on a one for one basis. If a ALS first responder is unable to restock at-scene, the following options are available:
    1. If not critical, wait until next call to restock from the ALS transport unit.
    2. If critical ï Request permission to go to Storeroom 42/A.
- Additional supplies should be ordered on a monthly basis directly via the SDMSE Website
- ALS transport units will restock from the supplies in the BIN System.

Zoll M Series Monitor Daily Checks -

Prior to the start of each shift, or as soon as practical, the following daily checks should be performed to ensure the Zoll M Series Defibrillator is ready for operation.

1. **Inventory** ï Inventory the EKG monitor case (refer to the Quick Reference Card in rear pouch of monitor case).
2. **Condition** ï The unit should be clean with no evidence of spills and the case should be inspected for cracks.
3. **Cables** ï The cables should be inspected for cracks, frays, or broken wires. (EKG cables as well as multifunction cables.)
4. **Batteries** ï Ensure there is one battery in the monitor, one battery in the side pouch and one spare battery in the ambulance cabinet if working on an ALS transport unit. Two spare batteries should be in the charger at the fire station / post. Rotate the batteries daily from the monitor to the charger, from the pouch to the monitor, and then place a fully charged battery back in the pouch.
5. **Power On** ï When unit is powered up, four beeps should be heard and the monitor display should read ñREADYò. Press the recorder on/off button and run for five seconds; press again to stop recording. The accurate time and date should be printed on the recorded strip.
6. **Changing Time / Date** ï If the date / time are incorrect:
    - Turn unit off; wait for 10 seconds
    - Hold down right most soft key while turning monitor ñonò.
    - Use the appropriate soft keys to set the correct time / date.
    - Press ñEnter and Returnò soft key
    - Use the same technique at time changes in the Spring and Fall.

7. **Multifunction Electrode and Defibrillator Test** ï
    - Attach the multifunction electrode cable to the black testing plug and turn the monitor on.
    - Press the analyze key. The unit should immediately charge to 30 joules and be ready to shock.
    - Press the shock key once the unit has powered up to 30 joules. If the unit powers up beyond 30 joules terminate the test.
    - Once the unit has powered up press shock.
    - ñTest OKò should appear on the screen.
8. **Check ETC02 adaptor and sensor –**
    - Turn on Monitor and allow to ñWarm Upò; prompt will disappear after approximately 60 ï 90 seconds. If the Warm up prompt stays on longer the cable should be replaced through storeroom 42A
    - If ñzero C02 sensor ñprompt appears the unit has a malfunction; contact the System Status Controller to page DMS immediately.
    - If ñZero C02 Adaptorò appears and stays on:
        1. Hold down ñParameterò soft key
        2. Select ñETC02ò; press ñEnterò
        3. Press ñZeroò
        4. Select ñStartò; press ñEnterò
        5. Wait until ñzero doneò is displayed on screen
9. **Erase Memory Card –**
    - Turn off the unit; wait 10 seconds
    - Hold down left most soft key while turning the unit on
    - Press ñErase Cardò soft key
    - Press ñNext Itemò soft key to select ñYESò
    - Press ñEnterò soft key
    - When ñCard Erasedò appears turn the unit off.

<u>Zoll Card Uploading –</u>

- The Zoll data card will be uploaded onto a SDFD fire station computer when the patient meets any of the following criteria:
    1. Defibrillation or Cardioversion
    2. ST Elevation MI (***ACUTE MI***) confirmed on a 12-lead evaluation
    3. Pacing
    4. Treated dysrhythmias
    5. Any advanced airway management / placement
- The procedure for uploading cases using the ñGrabberò application can be accessed on the SDMSE website, EMS Training Bulletin 06-002, or the Quick Reference Card attached to all SDFD fire station computers.
- Any errors, failure to upload or question regarding this procedure can be addressed to any member of the EMS staff or EMS specialty station personnel.

- If there is a problem uploading **do not erase the data card!** Contact the System Status Controller to page DMS.
- Malfunctioning equipment that is recognized and not reported is unacceptable.
- If a replacement Zoll data card is required, replacements cards are obtained trough Storeroom 42A.

Automatic External Defibrillators (AED) –

If a private AED is used prior to the arrival of first responders, contact FCC requesting a member form Project Heartbeat to be notified. These will insure that the appropriate documentation and restocking of the equipment is done in a timely manner and in accordance with eh State of California Health and Safety Codes.

Miscellaneous EMS Equipment Checks –

In addition to all other mandatory equipment checks, the following miscellaneous EMS equipment checks should be performed daily.

Airway Bag ï

- Ensure oxygen tank has at least 1000 p.s.i.
- Inventory and inspect equipment

ALS Drug Box ï

- Inventory and inspect equipment
- Medication expiration checks should be performed every Sunday (make note in the company log)

Suction Unit ï

- Inventory and inspect equipment
- Make sure unit is plugged in and is charging
- Turn on and run for at least one minute

Palm Pilot ï

- Check with the off-going paramedic to ensure all reports have been uploaded
- Log all crew members at the start of the shift or as soon as practical, but always prior to the first response
- Ensure unit(s) are plugged into charger and are charging

SDMSE / SDFD Advanced Airway Policy –

Prior to any attempt to insert an advanced airway (endotracheal tube or ETAD) a constant ETC02 reading, other than zero, must be displayed on the Zoll monitor while the patient is being ventilated with a bag-valve mask (BVM) and an airway adjunct (either oral or nasal).

Deviation to Policy ï

When a CPR status patient is encountered with **Intractable Vomiting** (continuous unstoppable vomiting) paramedics will be allowed to insert an advanced airway prior to establishing a constant ETC02 reading via BVM. Immediately following insertion of the advanced airway, persistent ETC02 readings above zero must be maintained or the advanced airway must be removed.

Airway Debriefing ï

Whenever the anyone recognizes that a deviation from the airway policy is necessary, the airway paramedic will contact the System Status Controller (SSC) immeciatly after terminating patient care to request an airway debriefing. The SSC will page DMS who will contact the paramedic.

Verification ï

All advanced airways will be varified using the SDBREATHE numonic. SDBREATH is only a tool to assist the paramedic in confirming placement of an advanced airway and not necessary the order the checks are made.

S ï Size of ET tube
D ï Depth of the tube at the teeth or gum line
B ï Breath sounds, auscultated bilaterally
R ï Rise and fall of the chest during ventilations
E ï Esophageal detection device (posi-tube syringe)
A ï Absence of abdominal sounds
H - Hospital verification
E ï End Tidal C02 detection device (capnography or colormetric)

Capnography ï

Electronic Capnography is the standard for all SDMSE / SDFD paramedics and will be used on 100% of all patients that have Bag-Valve-Mask assisted ventilations, regardless of whether or not they are intubated.

- Malfunctioning units need to be troubleshot and corrected IMMEDIATELY. If the problem cannot be corrected the Zoll must be replaced. Some possible solutions are:
    1. Zero the adapter (remove from patient for 20 seconds prior to zeroing). It adaptor gets moist, clean first prior to attempting to zero, especially when using with a ET nebulizer treatment.
    2. Change the adapter.
    3. Switch cables with other unit (ambulance or fire engine).
    4. Switch monitors with another unit (ambulance or fire engine). If monitors are switched, they should be returned to original unit after the incident is complete.
    5. Check tightness of all cable connections to the Zoll unit.

Re-Checking Placement ï

All advanced airway placements will be re-checked every time the patient is moved (i.e. from floor to backboard, backboard to gurney, in/out of ambulance from gurney to hospital bed and immediately prior to pronouncement of a patient "deceased on scene".

Attempts ï

If a paramedic is unsuccessful inserting a endotracheal tube after three attempts, a ETAD shall be placed to secure the patientsô airway.

Zero ETCO2 Reading ï

If after intubating the patient a ETC02 reading above zero cannot be maintained the airway paramedic shall remove the intubation tube and resume ventillations with a BVM and airway adjunct. The patient may be re-intubated according to County policy, however a ETC02 value above zero must be maintained.

- If an intubated patient suddenly loses the ETC02 value on the Zoll monitor immediate steps shall be taken to attempt to troubleshoot the problem. If after 30 seconds the ETC02 value doesnôt return the patient shall be extubated.

Transporting ï

The airway paramedic will remain with the patient until the patient is either turned over to a receiving facility or the incident is completed.

Documentation -

All advanced airways, either endotracheal tube or ETAD shall be documented on the Pre-Hospital Patient Report using the SDBREATHE format.

- Include both the initial and the final assessment of the advanced airway regardless of the the outcome/disposition of the patient.
- Capnography data needs to be uploaded on a fire station computer from **all** Zoll monitors that were used to document the placement of the patients airway.
- Be sure to imput the incident number (FS#) prior to turning the Zoll monitor off.

Alleged Esophageal Endotracheal Tube and/or Advanced Airway Problems ï

Anytime an endotracheal tube or ETAD is alleged to have been improperly managed, both the ambulance crew and the first responder crew will be place out of service by calling the SSC. The following procedure must be completed prior to either crew going back into service:

- The airway paramedic will inform the first responder captain that an airway issue has been identified and the SSC must be notified.
- Both crews will remain at the receiving hospital until all required crew members have been interviewed.
- The SSC will page / contact DMS and the EMS Battalion Chief who will be responsible for coordinating all required interviews and collecting data cards from both Zoll monitors.
- The EMS Battalion Chief will contact the Shift Commander and provide a summary of the incident and anticipated interviews.
- The EMS Battalion Chief will contact the respective Battalion Chief for the first responder and provide an estimated timeframe for the debriefing process.

Battalion Medical Officer Program –

The Battalion Medical Officer (BMO) program is designed to provide EMS continuing education to all SDFD / SDMSE personnel, firefighter up to battalion chief and EMT through paramedic. Continuing education (CE) hours will be provided to personnel who complete the in-battalion training and will be used toward EMT recertification and paramedic re-licensure.

Concept-

The BMO program is designed to decentralize BLS and ALS training to the battalion level

- BMOs, with the assistance of the Training Division will provide in-station EMS training.
- BMOs will serve as a resource for battalion chiefs on EMS related issues and additional training needs.
- All SDFD/SDMSE personnel assigned to ALS first responder and ALS transport units within the city will participate in the program.
- ALS transport units assigned to fire stations will be assigned to that battalion.
- Battalion chiefs are responsible for ensuring full participation of all personnel assigned to their units.
- Rural Metro field supervisors are responsible for ensuring full participation of all personnel assigned to their ALS transport units within the city.
- Personnel assigned to BLS units and CSA units are not assigned to our battalions.
- BMOs will be available to assist battalions with scheduling and documentation.

.

Continuing Education (CE) ï

- EMTs are required to complete 24 hours of CE every two years.
- Paramedics are required to complete 48 hours of CE every two years.

Educationï

EMS training curriculum will be developed by the EMS Medical Education Manager and distributed by the Training and Education Division

- The curriculum will be approved by the Quality Improvement and Education Committee.
- BMO training will be provided at the company level, in-station / in-battalion.
- All BMO guided lesson plans, required equipment lists and any other pertinent information will also be posted on the web site to ensure consistent training.

Skill Competency ï

All EMTs assigned to ALS first responder units or ALS ambulances are required to be evaluated by a BMO/EMT Skills Evaluator for competency in all 10 National Registry EMT skills every two years.

- BMOs will utilize the standardized Skill Check-Off Sheets to document an individualôs competency.
- All Skill Check-Off Sheets will be standardized to meet National Registry requirements
- When an individual is unsuccessful demonstrating competency in a skill after one attempt, the BMO will privately advise him / her of their area(s) of deficiency and conduct emphasis training in these areas. The individual will then be re-evaluated.
- When an individual is unsuccessful demonstrating competency in a skill after two attempts, the appropriate battalion chief / Rural Metro field supervisor will be notified and the deficit documentation will be completed and forwarded to the training division for tracking purposes.

Education Plan ï

The appropriate battalion chief / Rural Metro field supervisor will be responsible for developing an Education Plan for any individual unable to demonstrate competency after two attempts in any required skill.

- Informal ï The battalion chief / Rural Metro field supervisor have the option of verbally directing the individualôs first line supervisor to ensure that his / her deficiencies are addressed through education and drills and to prepare the employee for a reassessment at the end of four shifts.
- Formal ï The battalion chief / Rural Metro field supervisor have the option to place the employee on a Performance Development Plan (PDP) for SDFD employees or a Learning Contract for Rural Metro employees.

For additional information on the Battalion Medical Officer program contact any BMO or refer to the Battalion Medical Officer Orientation Manual.

Duty Medical Support (DMS) –

The EMS division will staff a Duty Medical Support (DMS) person 24 hours a day, 7 days a week.

- Normally the DMS position is rotated between the three EMS captains but DMS can also be filled by other EMS staff members.
- DMS will be dispatched on all 2nd alarm residential and commercial structure fires to perform rehab and other assigned duties.
- DMS will be dispatched on all Multi-Casualty Incidents to provide assistance to the IC.
- DMS will be notified, via the System Status Controller for the following non-emergency issues:
    - Controlled medication issues (i.e. damaged tamper-proof containers, missing controlled medications)
    - Airway debriefings when necessary
    - Miscellaneous issues / questions, including hospital complaints.

Equipment Replacement –

Storeroom 42A will maintain a ñfirst responderò cache of common medical items that routinely need to be replaced due to loss or damage. Although these items are similar and in most cases identical on transport ambulance units and first responder units it is necessary to replace them separately because of budgetary issues. The ñfirst responderò equipment cache will include:

- Airway bags (shell)
- ALS boxes (shell)
- Trauma bags (shell)
- C-spine bags (shell)
- Frac Pac kits (complete)
- Zoll Monitor (loaner)
- Zoll Data Cards
- Zoll Cables
- 232 Cables (computer upload)

All other medical supplies required for first responder units should be ordered and replaced normally though Storeroom 42A.

Who to Call –

Equipment issues should be handled at the company level when ever possible.

- First responders should coordinate with their battalion chiefs when determining the most practical method of replacing equipment.
- DMS will be called back after normal business hours (0700-1700 hrs, M-F) only when all other options have been utilized.
- Please utilize the ñFrequently Asked Questionsò section and the ñEquipment Replacement Chartò on the following pages to address equipment problems:

Ride Along Facts

1. No ride along of any type - student, intern, field trainee, bridge, or other, may ride on an SDMSE ambulance (SDFD or RM) without first having been properly scheduled and officially entered on the SDMSE ride along calendar (www.sdmse.com).

2. Fire/EMS Station 26 is the official ride along scheduling group. All ride alongs are scheduled through Fire/EMS Station 26 for all SDMSE ambulances.
    1. All student ride alongs are scheduled through FS26.
    2. All interns are scheduled by calling FS26
    3. All Paramedic Field Trainees are scheduled through FS26, via the Paramedic Field Training Coordinator
    4. All EMT-Bridge Field Training shifts are scheduled through FS26, via the RM Schedulers.
    5. All MICN ride alongs are scheduled through FS26.
    6. All Physician/Resident ride alongs are scheduled through FS26, via the Paramedic Field Training Coordinator.
    7. All other requests for ride alongs will be directed to the Chief of EMS, via the Paramedic Field Training Coordinator, and scheduled through FS26.

3. Any ambulance personnel scheduled to work a shift other than their normally scheduled shift and desire to have their ride along on the extra shift, must schedule the ride along, **including interns**, on the extra shift through FS26.

4. Short notice requests for ride alongs may be approved by a Supervisor/Battalion Chief, and then called into FS26, indicating who approved the short notice ride along.

5. All ride alongs shall complete a FD554 (Waiver of Claims and Covenant Not to Sue) and FD556 (Ride-Along Confidentiality Agreement), unless they have already completed each through a cooperating training program. It is the responsibility of the crew to confirm the existence of these forms for each ride along and if unsure, to have them completed again.

6. Please refer to EMS Operations Manual, Part 1, Section 19 for Ride Along Policy.

EMS Battalion Chief ï 619-533-4404
EMS/Fire Station 26 ï 619-527-3438
EMS Paramedic Field Training Coordinator ï 619-533-4336

First Responder Frequently Asked DMS Questions

1. How do we replace a lost or damaged **airway bag**?

   An FD7 is required explaining how the airway bag was damaged or the history of how it was lost. The first responder captain should then contact his/her battalion chief and arrange for replacement from the ñfirst responderò cache at Storeroom 42A. The FD7 will be exchanged for the replacement airway bag. The FD7 will be forwarded to the EMS Materials Coordinator by the Storeroom 42A person performing the exchange. The EMS Materials Coordinator will investigate and determine if further action is required. ***DMS does not have to be paged.***

2. How do we replace a lost or damaged **ALS box**?

   An FD7 is required explaining how the ALS box was damaged or the history of how it was lost. The first responder captain should then contact his/her battalion chief and arrange for replacement from Storeroom 42A. The FD7 will be exchanged for the replacement ALS box. The FD7 will be forwarded to the EMS Materials Coordinator by the Storeroom 42A person performing the exchange. The EMS Materials Coordinator will investigate and determine if further action is required. ***DMS does not have to be paged.***

3. How do we replace a lost or damaged **trauma bag**?

   An FD7 is required explaining how the trauma bag was damaged or the history of how it was lost. The first responder captain should then contact his/her battalion chief and arrange for replacement from the ñfirst responderò cache at Storeroom 42A. The FD7 will be exchanged for the replacement trauma bag. The FD7 will be forwarded to the EMS Materials Coordinator by the Storeroom 42A person performing the exchange. The EMS Materials Coordinator will investigate and determine if further action is required. ***DMS does not have to be paged.***

4. How do we replace a lost or damaged **c-spine bag**?

   An FD7 is required explaining how the c-spine bag was damaged or the history of how it was lost. The first responder captain should then contact his/her battalion chief and arrange for replacement form the ñfirst responderò cache at Storeroom 42A. The FD7 will be exchanged for the replacement c-spine bag. The FD7 will be forwarded to the EMS Materials Coordinator by the Storeroom 42A person performing the exchange. The EMS Materials Coordinator will investigate and determine if further action is required. ***DMS does not have to be paged.***

5. How do we replace a **Frac Pac splint** we used on a patient?

   The first option should be getting a replacement from the transporting ambulance. If this is not possible for whatever reason, the first responder captain should contact his/her battalion chief and arrange for replacement from Storeroom 42A. If urgency is not an issue, a replacement can be ordered by the first responder FF/PM on sdmse.com. ***DMS does not have to be paged.***

6. How do we replace a lost or damaged **Frac Pac kit**?

   An FD7 is required explaining how the Frac Pac kit was damaged or the history of how it was lost. The first responder captain should then contact his/her battalion chief and arrange for replacement from the ñfirst responderò cache at Storeroom 42A. The FD7 will be exchanged for the replacement Frac Pac kit. The EMS Materials Coordinator will investigate and determine it further action is required. ***DMS does not have to be paged.***

7. How do we replace a **backboard** we used on a patient?

   The first option should be getting a replacement from the transporting ambulance. If this is not possible for whatever reason, the first responder captain should contact his/her battalion chief and arrange for replacement from Storeroom 42A. If urgency is not an issue, a replacement can be ordered by the first responder FF/PM on sdmse.com. ***DMS does not have to be paged.***

8. How do we replace a lost or damaged **suction unit**?

   An FD7 is required explaining how the suction unit was damaged or the history of how it was lost. The first responder captain should then contact his/her battalion chief and arrange for replacement from Fire Station 23. The FD7 will be exchanged for the replacement suction unit. The FD7 will be forwarded to the EMS Material Coordinator by the captain performing the exchange at Fire Station 23. The EMS Materials Coordinator will investigate and determine if further action is required. ***DMS does not have to be paged.***

9. How do we get replacement **Zoll data cards**?

   First, check all desk drawers in the station where spares could be stored. No spare cards should be stored in the station. If you find more than the one you need, send the extra cards to Storeroom 42A. If you cannot find a spare in the station the first responder captain should then contact his/her battalion chief and arrange for replacement from Storeroom 42A. No FD7 is necessary. ***DMS does not have to be paged.***

10. How do we replace defective or lost **Zoll cables** (4-lead, 12-lead, or C02 capnographer)?

    If the cable is not operating correctly, an attempt should be made to troubleshoot the problem. First try to determine if the problem is with the cable or the monitor. Try using the cable on another monitor if possible. If it is determined that the problem is with the cable, the first responder captain should contact his/her battalion chief and arrange for replacement from Storeroom 42A. No FD7 is necessary. ***DMS does not have to be paged.***

    If the cable is lost, an FD7 is required explaining the circumstances of how it was lost. The first responder captain should then contact his/her battalion chief and arrange for replacement from Storeroom 42A. The FD7 will be exchanged for the replacement cable. The FD7 will be forwarded to the EMS Materials Coordinator by the Storeroom 42A person performing the exchange. The EMS Materials Coordinator will investigate and determine if further action is required. ***DMS does not have to be paged.***

11. We have a defective **RS232 cable**. How do we get it replaced?

    The RS232 cable is the cable connected to the station computer that plugs into the Zoll monitor when uploading onto the Grabber program. If you have a problem uploading an incident and are able to isolate it to the RS232 cable the first responder captain should contact his/her battalion chief and arrange for replacement from Storeroom 42A. No FD7 is necessary. ***DMS does not have to be paged.***

12. How do we replace a malfunctioning **02 sensor** on our Zoll monitor?

    First try to determine if the problem is with the sensor or the monitor. Try connecting the sensor on another monitor if possible. If it is determined that the problem is with the sensor, try to isolate the problem to either the sensor cable connecting to the monitor or the finger probe extension. The first responder captain should then contact his/her battalion chief and arrange for replacement from Storeroom 42A. No FD7 is necessary. ***DMS does not have to be paged.***

13. How do I replace a defective or lost **Zoll Monitor**?

    If the monitor is not operating correctly, efforts should first be made to troubleshoot the problem in the station. You can refer to the operatorôs manual, the quick reference card inside the monitor pocket, or the EMS Quick Reference Tool (pages 19-20). You can also contact the EMS Equipment Coordinator if during normal business hours. If it is determined that the problem/s cannot be corrected, the first responder captain should contact his/her battalion chief and arrange to receive a spare from the ñfirst responderò cache at Storeroom 42A. The Storeroom 42A person issuing the spare Zoll monitor will log which unit received the spare and on what date. The defective monitor will be picked up by the EMS Equipment Coordinator as soon as practical. When the defective monitor has been repaired, the EMS Equipment Coordinator will arrange for the exchange of the original Zoll Monitor back to the first responder unit. ***Captains shall ensure the monitor is thoroughly cleaned prior exchange.***

    If the Zoll monitor is lost, an FD7 is required explaining the circumstances of how it was lost. The first responder captain should then contact his/her battalion chief and arrange for replacement from the ñfirst responderò cache at Storeroom 42A. The FD7 will be exchanged for the replacement Zoll monitor. The FD7 will be forwarded to the EMS Materials Coordinator by the Storeroom 42A person performing the exchange. The EMS Materials Coordinator will investigate and determine if further action is required. ***DMS does not have to be paged.***

14. We **can't upload** calls from the Zoll monitor onto the station computer. What do we do?

    Do not erase the card. First try to repeat the upload. If you are still unable to upload the call from your stationôs computer, try to upload with another Zoll monitor if possible. If successful, report the problem with the Zoll monitor to the EMS Equipment Coordinator. If you are still unsuccessful, try uploading on another computer if possible. If this works, the problem is with the RS232 cable or the ñGrabberò software program. The first responder captain should contact his/her battalion chief and arrange to receive a replacement RS232 cable from Storeroom 42A, (see FAQ #12). If, after connecting the replacement RS32 cable you are still unsuccessful uploading, the problem is isolated to the ñGrabberò program. Send the data card to EMS, attention: Quality Management Coordinator. Make sure you attach the incident number somewhere onto the data card. Follow this up with a phone call to the EMS Administrative Manager identifying which computer is having the problem. It is necessary to upload or send in all data cards that were used on the incident. If both the first responder and ALS transport units used their monitors, both should be uploaded.

15. We had a **deviation from the SDFD / SDMSE Advanced Airway Policy**. Who do we call?

    Once you have restocked the apparatus and are back in-service, the FF/PM should advise his/her captain that DMS needs to contacted for an airway debriefing. The captain will call the System Status Controller at FCC and request that DMS be paged. The on duty DMS person will call the station to conduct a debriefing with the first responder paramedic via phone. The DMS person will document the debriefing using the Airway Debriefing Tool. The DMS person will deliver the completed form to the Quality Management Coordinator for review upon his/her return to work. If any further action is necessary the appropriate Nurse Educator will direct.

16. One of our **controlled medication "tamper proof" containers is damaged**. What do we do?

    Once it is discovered, report the damage to the first responder captain. The captain will call the System Status Controller at FCC and request that the on-duty DMS person be paged. The DMS person will contact the first responder captain and request that a FD7 documenting the circumstances be written to the Quality Management Coordinator. The DMS person will arrange for the method of replacement and wasting of the remaining medication.

17. We have a **complaint or issue with a Rural Metro unit**. Who do we contact?

    If the Rural Metro unit is posted at a fire station, contact the on duty captain of the station and report your concerns. The captain will investigate at his/her level and take appropriate action/s to correct the performance. If necessary, the captain will contact the Rural Metro Field Supervisor for direction. If the Rural Metro unit is posted from Station 28, the captain will contact the Rural Metro Field Supervisor initially. The Rural Metro Field Supervisor will handle the issue at his/her level.

18. Our first responder paramedic has a **complaint or issue with a hospital employee or nurse**. Who do we talk to?

    If **any** first responder crew member has an issue or complaint with someone at a hospital, the crew member should report this to his/her captain. The first responder captain should call the System Status Controller at FCC to have DMS paged. The DMS person will contact the captain for a description of the complaint. The DMS person will conduct an investigation and direct the complaint to the appropriate channels.

19. A **missing signature on the Controlled Medication Inventories** form has been identified. What do I do now?

If a paramedic identifies that a "START SHIFT" or "END SHIFT" paramedic's signature is missing from the daily Morphine/Versed inventory log (EMS 12), that blank space shall be circled in pen and brought to the attention of the supervisor (Captain for all units in Fire Stations and Rural Metro Supervisor for all other units). The supervisor shall initial the blank space and then determine which of the following two situations exist.

Two reasons for blank signature spaces:

1. EMERGENCY RESPONSE INTERUPTS TUENOVER - Emergency response during the paramedic to paramedic physical face to face turnover in which there was no reasonable time for the off going paramedic to sign before the unit left on the emergency response. The on coming paramedic signs for the medication in the START SHIFT space and circles the blank space and notifies the supervisor. The supervisor shall initial the blank signature space, determines if an emergency response prevented a face to face turnover and then writes 'EMERGENCY RESPONSE" in the blank signature space.

2. NO APPARENT REASON - If a paramedic identifies that a "START SHIFT" or "END SHIFT" paramedic's signature is missing from the daily Morphine/Versed inventory log, that blank space shall be circled in pen and brought to the attention of the supervisor (Captain for all units in Fire Stations and Rural Metro Supervisor for all other units). The supervisor shall initial the blank space with the notation "MISSING" written in the blank space. This should not occur as the on coming paramedic is required to receive a physical face to face turnover for all controlled medications from the off going paramedic during a face to face controlled medication count. The supervisor deals with this situation as a performance issue.
.

20. We have **missing controlled medications**. What do we do?

Immediately upon discovering that a controlled medication is missing, the first responder captain will be notified. The captain will then immediately report the discovery to his/her battalion chief. The crew will investigate and attempt to locate the missing medication. If it is necessary to go out-of-service, the captain will notify FCC. If after two hours the crew is unable to locate the missing medication, the captain will notify the EMS Battalion Chief. The battalion chief of the assigned battalion will notify the operations deputy chief or the duty deputy chief. The battalion chief of EMS will notify the deputy chief of EMS and the chief operating officer of SDMSE. Mandatory drug screening will take place based upon the initial report of lost controlled substance. This process may involve the previous dayôs crews upon return to duty, any or all crews working in the station, or any other personnel at the discretion of the operations deputy chief. The on duty DMS person will also be notified to arrange for replacement.

DMS Equipment Issues Reference Chart

	System Status Controller	DMS	Station 23	Storeroom 42A
Airway Bag Shell		Does not get paged		Arrange for replacement with BC (FD7)
ALS Box		Does not get paged		Arrange for replacement with BC (FD7)
Splints		Does not get paged		Arrange for replacement with BC
Missing/Damaged Controlled Medications	Request to page DMS	Will investigate/ arrange for replacement		
Hospital Complaints	Request to page DMS	Will investigate/ direct		
Airway Debriefing (Deviation from Protocol)	Request to page DMS	Will debrief or direct		
Suction Unit		Does not get paged	Arrange for replacement with BC (FD7)	
Backboards		Does not get paged		Arrange for replacement with BC
Trauma Bags		Does not get paged		Arrange for replacement with BC (FD7)
Zoll Data Cards		Does not get paged		Arrange for replacement with BC
Zoll Cables	Request to page DMS	Will investigate		Arrange for replacement with BC (FD7)
Zoll 02 Sensors		Does not get paged		Arrange for replacement with BC (FD7)
232 Cable (computer upload) Replacement		Does not get paged		Arrange for replacement with BC (FD7)
Zoll Monitor	Request to page DMS	Will investigate		Arrange for replacement with BC (FD7)