



City of Winter Park Fire-Rescue

Standard Operating Guideline

310.01

**Title: Emergency Medical Services /
Patient Transport**

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Purpose: To establish the policies and procedures for the transportation of patients to assigned medical facilities from the scenes of ALS or BLS medical emergencies.

Scope: These procedures are to be followed by all personnel. They are designed to assist fire-rescue medical personnel assigned with primary patient care when transportation to a medical facility is deemed necessary or required. The parameters as established by the current Medical Direction authority with whom the Department has a current contract will also be followed by all personnel to insure proper medical care and treatment. Authority to deviate from these procedures may only be given by the EMS Supervisors. However, Paramedics should use these guidelines to make educated decisions regarding patient transport. These procedures should be considered as Department general practices.

General: Beginning on January 1, 1997, the City of Winter Park Fire-Rescue Department assumed the role of primary patient transport agency for all emergency (9-1-1) responses within our jurisdiction and in those areas where the City is responsible under any joint response or mutual aid agreement. Winter Park will maintain two transport capable Rescue units at all times. A third unit will be available and will be staffed whenever shift staffing-levels allow. In addition, at the Battalion Chief's discretion, this unit may be staffed with other personnel immediately if needed to transport.

310.01.01. Unit staffing

- a. Two transport capable units shall be staffed at all times with a minimum of one Paramedic on each unit. All other designated ALS units shall also be staffed with a minimum of one Paramedic.
- b. A third transport unit shall be equipped and maintained as ready for use as needed. This unit shall be staffed as Rescue 64 whenever a shift-level staffing allows.

310.01.02. Patient Care

- a. It will be the practice of the Winter Park Fire Rescue to follow the practice parameters of the Medical Director established for the agency and under whose license the agency operates.

310.01.03. Fire Rescue Department Transport Facility Protocol

- a. In the event that a patient requests medical transport to a facility of extensive distance, the Paramedic in charge will have the authority to call a private ambulance company to the scene. If in the Paramedics opinion the patient needs to be transported immediately to a medical facility, the request of the patient will come second to their need for immediate treatment, unless under Winter Park Fire Department EMS Practice Parameters the patient's condition warrants transport to a particular facility, i.e.; Trauma Center.
- b. In the event a private ambulance company unit is requested the Paramedic should be prepared for a response time of between 20-25 minutes. Fire - Rescue personnel WILL REMAIN ON THE SCENE until the patient is released to the private company.
- c. If in the opinion of the Fire - Rescue Paramedic on scene, the ETA of the private unit is too long, or no other units are available, the Fire-Rescue unit on scene will transport the patient to the facility requested by the patient/physician.

310.01.04. Unit coverage for the City of Winter Park

- a. Under normal conditions all areas within the City limits of Winter Park will be covered by units from Winter Park Fire Rescue.
- b. Units designated under the City's joint response agreements will be selected to respond as they are assigned in the CAD system.
- c. It will remain the discretion of the Battalion Chief to utilize Rescue 64 whenever it is not normally staffed for use as a transport unit. The BC may designate an available Engine company to drop off their unit to respond Rescue 64 to the scene for transport.
- d. When Rescue 64 is in service, it will cover those calls as if it were located at Station 62. The Battalion Chief may use discretion to reassign other Rescue units to cover calls should Rescue 64 become busy during any one particular time.

310.01.05. Hospital Conduct and Returning to Service

- a. It will remain the responsibility of the Paramedic to monitor the conduct of their crew while at the medical facility.
- b. Delivery of the patient and returning of the crew and unit to ready service should be paramount to any other activity.
- c. The Department's Patient Care Report (PCR) shall be completed at the medical facility with a copy of the report being left with the patient.
- d. Each unit should be returned as soon as possible to ready status. All supplies should be replenished upon return to quarters.
- e. Basic Decontamination and cleaning out of the unit due to patient contamination should be done at the medical facility. **THE UNIT CANNOT BE PLACED BACK IN SERVICE UNTIL THE PATIENT COMPARTMENT HAS BEEN THOROUGHLY CLEANED.** For major vehicle decontamination issues reference SOG 300.04.05.
- f. All sheets and other patient specific materials must be changed prior to the unit becoming available for service.
- g. All completed PCR's should be placed in HIPPA compliant storage bins upon return to quarters.
- h. The Company Officer shall insure that all EMS reports are concise and complete and all ECG strips are attached and copied to the ECG mounting paper prior to shift change as described in this SOG 300.02.04
- i. Completed PCR's shall be returned to the EMS Supervisors office at every available opportunity. No units from a sub-station should be traveling to station 61 for other business without bringing all completed PCR's with them.

310.01.06. Quality Assurance Program

The best possible patient care and a high degree of customer service should be representative of each incident. The EMS Supervisors along with those Paramedics designated as Preceptors will be assigned to conduct an ongoing Quality Assurance Program to monitor patient care / complaints etc.

All reported complaints should be investigated under the Departments Internal Investigation Procedures. The Deputy Fire Chief shall oversee all EMS investigations along with the EMS Supervisor and the Battalion Chief.

Reports regarding patient care, equipment use, supplies, budget, revenue generation and other EMS related issues shall be developed by the EMS Supervisors and submitted on a quarterly basis to the Deputy Fire Chief.



A handwritten signature in black ink, appearing to read 'James E. White', is positioned above a horizontal line.

James E. White
Chief of Department