
POLICIES AND PROCEDURES

STANDARD OPERATING PROCEDURES

Medical First Responder

SECTION III 3.0 – 3.2

July 1, 2011

Approved by R. Dale Horne – Fire Chief

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3.0 PURPOSE:

- a. To define the appropriate guidelines for emergency medical first response within the City of Anderson.

3.1 SCOPE:

- a. This procedure applies to all Anderson Fire Department (AFD) personnel.

3.2 GENERAL:

- a. First Responder answers emergency calls to provide efficient and immediate care to ill and injured patients.
- b. After receiving notification of an emergency, the First Responder safely responds to the address or location given.
 1. Recognize the seriousness of the patient's condition or extent of injuries to assess requirements for emergency medical care;
 2. Administer appropriate emergency medical care for life threatening injuries relative to airway, breathing and circulation;
 3. Perform safely and effectively the expectations of the job description.
 4. Functions in uncommon situations;
 5. Has a basic understanding of stress response and methods to ensure; personal well-being;
 6. Has an understanding of body substance isolation;
 7. Understands basic medical-legal principles;
 8. Functions within the scope of care as defined by state, regional and local regulatory agencies;
 9. Complies with regulations on the handling of the deceased, protection of property and evidence at scene, while awaiting additional EMS resources.
- c. Before initiating patient care, the First Responder will "size-up" the scene to determine that the scene is safe, to identify the mechanism of injury or nature of illness, and the total number of patients, and to request additional help if necessary. In the absence of law enforcement, creates a safe traffic environment. Using a limited amount of

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equipment, renders emergency medical care to adults, children, and infants based on assessment findings.

- d. Duties include but are not limited to:
1. Opening and maintaining an airway;
 2. Ventilating patients;
 3. Administering cardiopulmonary resuscitation
- e. Providing emergency medical care of simple and multiple system traumas such as:
1. Controlling hemorrhage,
 2. Bandaging wounds,
 3. Manually stabilizing injured extremities
- f. Providing emergency medical care to:
1. Manage general medical complaints, altered mental status, seizures, environmental emergencies, behavioral emergencies and psychological crises.
 2. Assist in childbirth
 3. Searching for medical identification emblems as a guide to appropriate emergency medical care
 4. Reassuring patients and bystanders by working in a confident, efficient manner
 5. Avoiding mishandling and undue haste while working expeditiously to accomplish the task
 6. Where a patient must be extricated from entrapment, assesses the extent of injury and assists other EMS providers rendering emergency medical care and protection to the entrapped patient.
 7. Performs emergency moves and assists other EMS providers in the use of the prescribed techniques and appliances for safely removing the patient.
 8. Under the direction and supervision of EMS providers, assists in lifting the stretcher, placing the stretcher in the ambulance, and seeing that the patient and stretcher are secured.
 9. If needed, radios the dispatcher for additional help or special rescue and/or utility services. In cases of multiple patients, performs basic triage.

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10. Reports directly to the responding EMS unit or communications center, the nature and extent of injuries, the number of patients, and the condition of each patient. Identifies assessment findings that may require communicating with medical oversight for advice.
 11. Constantly assesses patient while awaiting additional EMS resources. Administers additional care as indicated.
 12. Orally reports their observations and emergency medical care of the patient to the transporting EMS unit. Upon request, provides assistance to the transporting unit staff.
 13. After each call, restocks and replaces used supplies, cleans all equipment following appropriate disinfecting procedures, and carefully checks all equipment to ensure availability for next response.
- g. Records
1. Medical First Responder Patient Report
 2. Report filled out the white copy for AFD records to be kept on file in a safe place locked.
 3. Yellow copy of the report is to be given to EMS crew.
- h. Training:
1. Quarterly in-service Training
 2. Recertification every 3 years
 3. CPR every 2 years
- g. Personal Protective Measures:
1. Shirts and Pants: Personnel may wear short sleeved shirts and short pants on medical incidents that do not involve a high risk of body fluids coming in contact with rescuers' arms or legs. High risk incidents include patients with spurting blood or where there is a large amount of blood on the scene. Tyvek Suits should be carried on the apparatus for these incidents. Medical gowns may also be used to protect the arms and legs.

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- i) Fire Protective Clothing: Personnel are not to wear their fire fighting PPE while responding to medical first responder calls. They are required to be in approved AFD uniform or wear *Tyvek* coveralls.
 - ii) Disposable Gloves: Latex gloves must be worn by all personnel who will come in contact with patients.
2. Minimize the Number of Persons Entering a Residence. No more than two AFD personnel shall enter a residence to assess a patient's condition. If EMS is already on the scene or takes over patient care and does not need assistance inside, fire personnel should remain outside until cleared by EMS.
- i) A common complaint about the first responder service was from a patient who was uncomfortable with extra personnel standing by inside the residence, but not actively involved in assisting EMS.

<u>Implemented</u>	<u>July 1, 2010</u>	<u>R. DaleHorne</u>
<u>Reviewed</u>	<u>July 1, 2011</u>	<u>R. DaleHorne</u>