Z-08 SCENE SAFETY & SAFE TRANSPORT		

Scene Safety:

- Scene Evaluation
  - Assess potential hazards to medical responders.
    - Prior to exiting vehicle, ensure ingress/egress routes are clear and safe.
    - Get a general overview of the scene including obstacles to care, potential threats and note anything that appears out of the ordinary.
  - Assess present or potential hazards to patient(s).
  - Assess potential hazards to bystanders.
  - **Never enter unsafe scenes.**
- Notify Dispatch as soon as possible if additional resources are needed:
  - Law Enforcement
  - Rescue/Extrication
  - Fire
  - Additional Medical/Transport Units
  - Helicopter Transport
- Patient assessment should generally be performed on scene whenever possible, though you may transfer the patient to the back of the unit for assessment and treatment, if any of the following conditions exists:
  - Poor weather conditions affect an out-of-doors scene
  - Poor lighting or other environmental conditions interfere with patient care
  - Difficult crowd conditions
  - Unsafe scene
  - Discretion warrants that you not expose the patient to bystanders
  - Other environmental conditions interfere with patient care
- Transport should be initiated as soon as the patient is loaded into the unit when possible, unless extenuating circumstances exist.

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Minimal Equipment to Patient/Scene:

- Bring all basic equipment (“D.R.O.P.S.”) in close proximity to the patient:
  - Defibrillator (LifePak, A.E.D., etc.),
  - Radio,
  - Oxygen/airway equipment,
  - Primary Medical Kit, and
  - Suction.
- Consider special circumstances where additional equipment should be immediately carried:
  - Safety Glasses, Gown, Mask or other additional PPE as indicated
  - OB Kit for possible delivery.
  - Scoop stretcher or stair-chair into a high-rise or other difficult ingress/egress.
  - C-collar and other packaging devices in an entrapment case.

Safe Transport:

- Drive cautiously at safe speeds observing traffic laws unless patient condition requires emergent transport in accordance with operational standards on emergency response/transport.
- Tightly secure all monitoring devices and other equipment.
- Ensure that all EMS personnel use the available provider restraint systems during transport when not otherwise engaged in patient care activities.
- Ensure that all adult patients are restrained appropriately to the cot with straps.
  - Although not encouraged routinely, if multiple patients are being transported in a single transport vehicle (i.e. MCI such as an MVA), ensure that adults (not on a cot) are secured into the bench seat by the appropriate restraints.
- Ensure that all pediatric patients (less than 40 lbs) are restrained with an approved child restraint device secured appropriately to the stretcher or captain’s chair.
  - Do not allow anyone (parents, caregivers, etc.) to be unrestrained during transport.
  - NEVER attempt to hold or allow the parents/caregivers to hold the patient.
- Transport adults and children who are not patients, properly restrained, in an alternate passenger vehicle, whenever possible.

Transport BY (Vehicle/Mechanism):

- In general, all patients will be transported only by the designated transport agency in designated transport vehicles (i.e ambulances). Exceptions are only made under direction from EMS administration or under the standing orders of a specific guideline and include:
  - Unusual circumstances (such as severe weather or disaster/MCI situations) where transport in other vehicles may be more appropriate.
  - If specific alternative destination guidelines are in place, transport to alternative destinations by ambulance or other specifically designated transport method is allowed.
  - Law Enforcement may transport certain mental health, trauma or medical patients when specific guidelines have been adopted or when directly approved by the EMS administration.

Mandatory Stretcher Transport

The following conditions require patients to be transported by stretcher or stair chair. Other patients may be ambulated to stretcher/vehicle if their clinical condition permits.

1. Pregnant greater than 20 weeks
2. Possible cardiac chest pain
3. Shortness of breath (Asthma, COPD, etc.)
4. Stroke
5. Patients requiring spinal immobilization
6. Penetrating trauma to the torso, neck, or head
7. Lower extremity, pelvis, or low back trauma
8. Unconscious, unresponsive patients
9. Seizures within past hour or actively seizing
10. Generalized weakness
11. Patients unable to ambulate secondary to pain or weakness
12. Altered level of consciousness, except psychiatric patients
13. Psychiatric patients requiring restraint

Transport TO (Destination):

- All sick or injured persons requesting transport shall be transported without delay **to an appropriate local emergency department of the patient's preference**.
  - An "appropriate local emergency department" includes hospitals in the transporting agency's county and hospitals in contiguous counties.
  - In general, patients should be taken to the hospital at which they have a pre-existing patient-provider relationship unless the patient expressly requests otherwise.
  - All sick or injured persons requesting transport who do not express a preference should be transported to the closest appropriate local ED at the discretion of the EMS Provider based on complaint and available hospital resources.
  - A patient who meets determination of capacity guidelines has the authority to request a destination preference for themselves or their surrogate, regardless of the illness or injury or the ability of the destination facility to provide adequate care.
- The ability to pay or insurance status if known shall not be a factor.
- *System Status*: If the unit availability status of the 911 system is a concern, contact your supervisor prior to patient-requested out-of-county transport where applicable.

Specific Destinations (see Destination Section [0-TOC] of these Clinical Guidelines):

- **Specialty/Tertiary Care Destinations**: Patients whose conditions (Pediatric, STEMI, Stroke, Trauma, etc.) qualify them for a specific intervention at a specialty facility should be transported in accordance with those specialty algorithms to the appropriate destination.
- **Alternative Destination Guideline** (*where applicable*): patients who meet the criteria of an alternative destination guideline should be transported to an appropriate destination outlined in the guideline.
- **Patient-Specific Care Plan**: Select patients may have a plan developed with the patient, his/her health care providers, the EMS System, and one or more local hospitals.
  - The patient should be treated and transported in accordance with the Care Plan, unless the patient meets criteria to be transported to a specialty receiving center.
  - Regardless of the existence of a Care Plan, patients known to be discharged from an emergency department within the last 48 hours should generally, but not always, be transported back to the same emergency department, unless they meet specialty destination criteria as noted.

Z-08 SCENE SAFETY & SAFE TRANSPORT		First Responder EMT AEMT Paramedic

Rapid Transport ("Load-and Go"):

- The patients/situations below should be considered "load and go" criteria, with minimal on scene time (ideally *less than 10 minutes* once criteria identified). Clinically speaking, these are patients who require some type of emergent treatment (*not just evaluation*) that is not available in the prehospital setting.
  - Severe **Multisystem Trauma** patients with a significant mechanism and clinical evidence of significant injury (vitals and/or deformity, hemorrhage, or other clincal signs of trauma). The scene time should be minimized--ideally 10 minutes or less.
  - **Stroke** patients with positive Cincinnati Stroke Scale (or other approved stroke scale).
  - ST-Elevation Myocardial Infarction (**STEMI**) patients. 12-lead EKG should be run as soon as possible on scene if any symptom concerning for cardiac chest pain or equivalent atypical symptoms.
- All other patients should have assessment performed and any emergent treatments initiated on scene.
  - Transported in the most efficient manner possible considering the medical condition.
  - Unstable patients (not responding to basic interventions i.e. airway/O2, IV fluids and basic medications) should be transported emergently to the nearest appropriate emergency department for stabilization.
  - Advanced life support therapies should be provided at the scene if it would positively impact patient care: CPAP or RSI/intubation with acute respiratory failure, CPR and ACLS interventions with non-traumatic cardiac arrest, etc.

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Decontamination:

Consider the need with any patient who may have been exposed to significant hazardous materials, including chemical, biological, or radiological weapons

Procedure:

1. Fire/HazMat Command will establish hot, warm and cold zones of operation.
2. Ensure that all personnel assigned to each zone have proper PPE and training.
3. Assure that each patient from the hot zone undergoes appropriate initial decontamination. This is specific to each incident; such decontamination may include:
   a. Removal of patients from Hot Zone
   b. Simple removal of clothing
   c. Irrigation of eyes
   d. Passage through high-volume water bath (e.g., between two fire apparatus) for patients contaminated with liquids or certain solids.
   e. Patients exposed to gases, vapors, and powders often will not require this step as it may unnecessarily delay treatment and/or increase dermal absorption of the agent(s).
4. **Initial triage** of patients should occur **after step #3**. Immediate life threats should be addressed (*now*) prior to technical decontamination.
5. Assist patients with technical decontamination (unless contraindicated based on #3 above).
   a. This may include removal of all clothing and gentle cleansing with soap and water.
   b. All body areas should be thoroughly but gently cleansed--overly harsh scrubbing can break or abrade the skin should be avoided.
6. Place triage identification on each patient. Match triage information with each patient's personal belongings which were removed during technical decontamination. Preserve these personnel affects for law enforcement.
7. Monitor all patients for environmental illness (hypothermia).
8. Transport patients per protocol.