

Please note that these are guidelines only. Exception may be made at the discretion of the Crew Chief.

If you have any questions, please check with the Training Officer or the President of the Squad.

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I. General Rules of Conduct

1. All crew members should wear jumpsuits or appropriate clothing with some form of squad identification at the scene and at the hospital. Vests are available in the ambulance and turn-out coats are at the station.
2. No discussion of calls should be made in public or in front of people outside of the squad. (See Section II of Fairfax By-laws)
3. Try to be very discreet at the scene. Any comments made in front of patient or family should be handled very carefully.

(Appropriate clothing to include slacks, shirt and shoes.)

II DUTY TIME

Squad Members are required to be available for duty as required in the By-laws. This includes one 12 hour shift per week plus one 24 hour weekend shift per month or the equivalent. Exceptions must be approved by the Board of Directors.

Upon notification by the Scheduling Officer that a member is not meeting minimum requirements as outlined above and under the Squad By-laws, the Board of Directors will meet to determine if further action is required.

The following actions are recommended:

- First violation: Member will be given one month's notice to increase duty time, in writing.
- Second violation: Member placed on suspension for one month.
- Third violation: Member expelled from Rescue Squad.

III AMBULANCE RESPONSE

1. Ambulance should have at least two members to roll on a call. State law requires that the ambulance have at least two certified members to transport a patient.

2.** Ambulance should leave as soon as two members are on board and/or at the discretion of the Crew Chief. Remaining crew members should respond directly to the scene. Please call Central and have them notify the rest of the crew that the ambulance is enroute to scene have them repeat the directions to the scene for members who are responding direct to the scene.

** For Possible cardiac arrest - first EMT trained for Auto D-fib will take D-fib unit directly to scene and initiate treatment for patient until rig arrives. (Be sure to notify Crew Chief.)

IV PASSENGERS ON AMBULANCE

1. Only one non-rescue person allowed to ride in ambulance.
2. Rider must ride in front passenger seat and use a seatbelt. (Exceptions may be made when patient is a child and parent is needed to keep patient calm.)
3. Try to make sure patient will have transport home. (Family members must have their own ride home also.)

V FUEL FOR AMBULANCE

1. Town Garage - Crew Chief will supply the key.

VI WAIT AT HOSPITAL

1. Ambulance can wait up to one (1) hour for needed equipment, (Mast or quick-strap board) at discretion of Crew Chief.
2. If there is to be a transfer of patient to another hospital, ambulance can wait up to one hour at the Crew Chief's discretion. If the wait will be longer - have hospital call dispatch.
3. If equipment is left at the hospital it is the Crew Chief's duty to see it is picked up and returned to service. If unable to do so personally - please make sure other arrangements are made.

VII RESPONDING TO CALLS

1. When responding to out-of town calls: Only the crew goes. No members should be responding in private cars.
2. When ambulance is out on call:
 - A. Central Dispatch should tone out a back-up crew to scene. (Whoever is listening should respond.)
 - B. Crew Chief on duty should contact Central Dispatch, advise as to availability of ambulance or tell them which back-up ambulance to call.
 - C. Fairfax Rescue ambulance will be available when:
 1. Equipment has been loaded and ambulance has been restocked and is:
 - A. At Northwestern Medical Center
 - B. Getting off interstate in Georgia
 - C. North of Milton Village
 - D. West of Westford Village
 - D. Outside of this area, such as at Medical Center - another service should be dispatched.

VII NON-EMERGENCY TRANSPORTS

1. Set up jump crew to respond to calls.
2. Transports from hospital to hospital - Fairfax / Fletcher area residents only and at patient request, or mutual aid to another service.
3. When transport from hospital to house, Crew Chief must get extra sheets and blankets for gurney and see that dirty linen is returned to hospital.

IX GENERAL INFORMATION

1. Before leaving scene check to be sure all equipment is picked up (including BP cuffs, radios and jump kits).
2. While at scene be sure at least one radio is on Hear 1 frequency to communicate with Hospital.
3. The squad is responsible for picking up any medical waste or blood soaked clothing cut from patients at the scene by EMS personnel.
4. All members will be familiar with and follow the EMS District 1 Protocols for patient treatment.

X. DUTIES OF CREW MEMBERS

A. CREW CHIEF

1. Responsible for overseeing entire call - treatment of patient, scene control, transport of patient, transfer of patient into hospital's care, paperwork and preparing ambulance for next call.
2. Responsible for calling in back-up services as needed. This includes fire, heavy rescue, back-up ambulances, town road crews, etc. Also responsible for canceling units that are not needed
3. Delegate other crew members duties' depending on number of crew members available and what needs to be done.
4. During an MC1 incident - crew chief is medical command, or turns command over to another qualified member.
5. In case of a motor vehicle accident, the crew chief will request that Central dispatch the appropriate heavy rescue unit, back-up ambulance, Fairfax Fire Dept. and the Vt State Police (See back-up plan for which heavy rescue unit and back-up ambulance to call.)
6. Only on duty crew chief will be allowed to cancel the added units.

B. FORM ATTENDANT

1. Responsible for filling out forms including all information on call. (Please note all IV information must be included on form including requests denied and # of attempts).
2. Medicare form must be signed by a nurse or doctor on duty in Emergency room. This form is needed for all patients since it is also requested by insurance companies.
3. Any spoiled run sheets must be marked "VOID" and left in the locked desk.
4. Help with patient care as directed by Crew Chief.
5. All forms should be approved by Crew Chief before being turned in.

C. DRIVER

1. Responsible for driving in a safe manner.
 - A. Please be especially careful when traveling thru populated areas. General rule for speed: not more than 10 miles over speed limit. (Speed should depend on road conditions, condition of patient and safety of crew and patient.)
 - B. Use of siren: Please use only when necessary, especially at night.
2. The driver and any passenger in front seat must wear a seat belt.
3. Driver should get mileage at scene and at hospital.
4. Driver will be responsible for moving ambulance away from hospital bay when necessary (At Northwestern Medical Center the ambulance must be moved to the parking area away from the sliding doors as soon as possible after the patient is unloaded.)
5. Checking the fuel tank - should have at least 1 /2 tank for the next run.
6. Make sure the door comes down when leaving ambulance station

XI RADIO PROTOCOLS

1 Answering radio test (10-97) from Central Dispatch (CD)

A. Crew Chief (CC) will respond to Central with the following:

Portable unit "# copies Central loud & clear" OR "# copies Central 10-2"

If Central doesn't acknowledge, try again. If they still don't acknowledge, call by phone.

2. Answering tone-out for call

A. Crew Chief acknowledges the call.

Acknowledge by either stating "# acknowledges" OR "# is responding" Add "to the scene" if appropriate.

B. All on-duty members with radios will transmit as follows:

"# is responding" add "to the scene" if appropriate. If not then assume to the station.

Central should acknowledge with "10-4" If Central gives us a problem with this ask them to notify the Crew Chief or 700 that "# is responding, etc."

All other available members may report to the scene or the station, the Crew Chief can dismiss if not needed.

C. Requesting Fire, additional ambulance service or heavy rescue.

Only a Crew Chief (or other designated person) can request or cancel the above. (Refer to Crew Chief, page # 2, 5 & 6)

3. When the ambulance leaves the station:

A. Call Central "700 is enroute"

B. Call Northwestern Medical Center with the following information:

"Northwestern this is Fairfax Rescue" Wait for acknowledgment.
"We are responding to (location) for a (nature of call)
ETA # minutes.

4. While enroute if 700 needs directions or assistance, call Central on the ambulance radio. If crew member or jumper needs assistance or directions ask Crew Chief or 700 prior to calling Central.

5. On arrival at scene

A. 700 notifies NWMC and Central by stating "Fairfax Rescue on scene." Wait briefly for 10-4.

B. Crew member or jumper notifies Central they are on scene if they arrive before 700.

6. Advise NWMC As Soon As Possible with the information on the situation.

Example: If you're on scene for more than 15 minutes let NWMC know the nature of the call and when you expect transport. Call by phone if necessary.

Trauma situations: # of patients, severity of injuries, extrication, expected time of transport. Refer to MCI protocol as necessary.

7. After loading patient, make regular radio reports on patient.

A. Call Central and inform them you are enroute to NWMC (or ?)

B. You MUST have NWMC and medical control's permission to transport anywhere other than NWMC. Request and wait for permission.

C. Regular Patient Radio Report shall include:

1. Priority 1, 2, or 3
2. Male or Female
3. Date of Birth
4. Patient's initials
5. Chief complaint
6. Brief, pertinent history of complaint
7. Vital signs
8. Any treatment given
9. Estimated time of arrival

Any other pertinent information needed for patient's immediate treatment. Example: Meds, allergies; past medical history - only if it may make a difference in treatment.

D. Updates of vitals while enroute. Give only new info concerning vitals & changes in patient's condition.

8. Upon arrival at hospital:

A. Let Central know you are arriving at hospital (10-90).

B. Also call Hear 1 (Hospital) frequency to receiving hospital:

Name of hospital, "Fairfax Rescue is arriving" (or 10-90)

9. Other Considerations:

- A. Crew Chief and 700 have priority
- B. Crew Members have 2nd priority
- C. Limit use of 10 codes
- D. Keep transmissions brief and relevant
- E. LISTEN. Sometimes by listening to one side of the conversation you can figure out what is going on.
- F. Key radios for 2 seconds before transmitting

G. In-house transmitted messages or tests need to be OK'd by the President, or Vice President and the on-duty Crew Chief notified.

H. Don't keep "hounding" hospital or Central - attempt twice - if no response wait until in "better area" then attempt once more.

I. Your tone of volume and voice may dictate how YOU get responded to.

J. Don't forget transmissions are monitored by the public via scanners.

K. Always try to communicate with other members (Radio to radio or 700) before "Calling" Central Dispatch.

XII WATER RESCUE PROTOCOL

A. Dividing Line - Huntville Road

- North of dividing line - call St. Albans Town Aquatic Rescue 7 or STAR 7.
- South of dividing line - Call Milton Fire Department Water Rescue Team.

B. (All Crew Chiefs will follow Fairfax Squad protocols in addition to the following specialized protocols for water rescue)

1. Upon receiving info of a possible water or ice rescue, the Crew Chief will have Central notify:

A. Proper water rescue team (Use dividing line above) as quickly as possible.

B. Vermont State Police.

2. Upon arrival at scene: Initiate MCI Command structure. Crew Chief will become Incident/Medical Command and coordinate with other agencies. (Upon arrival of Fire Dept. Incident Command may be turned over to senior fire Official, Crew Chief will continue to be Medical Command. Incident Commander will ensure that the following activities are accomplished:

A. Proper directions are given for other responding units (or guides set up to bring units into hard to find areas).

B. Give incoming units updates on situation.

C. Interview all witnesses - get all info possible about location of victim. DO NOT allow witnesses to leave scene. Try to mark location of where witness was standing at time of incident and draw diagram using landmarks when possible.

TRY TO GET APPROX. TIME OF INCIDENT. GET TIME OF DISPATCH FROM CENTRAL

D. EQUIPMENT: After determining location and situation, the following should be evaluated:

1. Locate any available boats to assist in rescue.
2. How far from road is water - do we need 4 wheel drives, or 4 wheelers to get to water, or to get equipment to water? If so, start locating equipment needed.
3. Access route to water - do we need ropes and ladders for steep embankments? (If so call Fire Department)

3. At the scene, the Team Leader of the Water Rescue Team will be in charge of all rescue operations in and around the water.

4. The Team Leader in conjunction with the State Police will determine when a rescue operation becomes a recovery operation. Please note that in most drowning there is a one hour time limit. This can sometimes be extended during cold water drowning to 1 1/2 hours.

5. Radio Communications between Fairfax and responding water rescue teams will be as follows:

St. Albans Town (STAR 7) have Hear 1 and Hear 2 in their trucks.

Milton Fire Water Rescue Team - have Milton Rescue frequency in their vehicles.

XIII BACK UP PLAN

The following back-up plan will be used for calling in extra ambulances in case of an MCI or other incident requiring backup agencies.

XIV HAZARDOUS MATERIAL INCIDENT

1. Vehicles to suspect: Any delivery trucks such as UPS or Federal Express may be carrying small amounts of chemicals and they will not be placarded. Any tank trucks should also be approached with caution. Remember that even an empty fuel tank still have fumes which can ignite.
2. Businesses to suspect: Automotive shops and farms also have flammable and toxic chemicals present at all times.
3. Proper approach and distance: If a hazardous material incident is suspected, use the binoculars to verify by checking the placards or labels on the suspected vehicle or container. The

Hazardous Material book located in the front of the ambulance should be consulted.

A good rule to follow for these incidents is the "Rule of Thumb": If you hold your thumb out at arm's length and it doesn't cover the entire source then you're too close.

XV LIVING WILLS AND DNR'S

At the present time these documents do not apply to EMS personnel in the field. If a patient or family member states that they want a squad member to discontinue treatment, they should be advised that we will consult Medical Control. Squad members should continue to perform the Standard of Care unless directed by a physician to discontinue such care.

XVI. SAFETY PROTOCOL

A. Safety Equipment: The following is available for use by all squad members:

Turn-out Coats	Waterproof gowns
Face masks	Waterproof jumpsuits
Face shields	Antiseptic foam hand cleaner
Heavy Gloves	

B. Clean-Up of Equipment and Rig

If there has been contamination with any blood or body fluids it is recommended that we use a 1:10 mixture of bleach and water or use the Medacide spray. These solutions need to be left to air dry. For specific information on cleaning please contact the Squad Health Officer.

C. Exposure to Bloodborne Pathogens

An exposure is when the skin of a person is broken (i.e. needlestick, cut, etc.) and is then exposed to the blood of another person. If any member feels that there is a possibility that they have had an exposure they should immediately report it to the Squad Health Officer. To preserve confidentiality the squad member does not have to notify his Crew Chief or any other squad member. The Health Officer will then provide the member with any information needed and a plan of action.

D. Exposure to Airborne Illnesses:

If a squad member suspects any exposure to a contagious disease either on or off duty, it should be reported to the Squad Health Officer who will initiate the proper course of action.

GUIDELINES FOR STIPEND

- Fairfax Rescue Squad crew members will be paid a stipend at a rate of:

- \$20.00 per call for all types of calls whether transport or not
- scheduled duty crew has priority
- no more than 4 people shall be scheduled per shift
- ONLY the scheduled crew transports a patient unless there is a significant reason more personnel are required (CPR, ALS)
- You are not eligible for stipend if you are being paid for per diem on that shift

❖ PAPERWORK IS REQUIRED!

- If you respond as a jumper to a tone-out for a non-transport call, YOU are required to document it. YOU will also need to complete & initial a time sheet.
- For transport calls, crew (chief) is responsible for completing the time sheet & crew members are responsible for initialing it.
NO TIME SHEET, NO INTIALS, NO STIPEND!!!
- Some members may not wish to receive the stipend. However, every person who responds to a call needs to be documented.
- Stipends will be issued on an annual basis, around the first of December.
- Stipends will be paid for as long as there is money in the budget.
- The Board of Director's & the Treasurer will review the time sheets on a quarterly basis & report any problems to the Squad.

These are to be considered guidelines therefore will be included in the Fairfax Rescue Squad Guidelines. Stipends to begin 05/01/2000. Stipend guideline revised 12-15-04.