

<b>Subject:</b>	<b>EMERGENCY MEDICAL RESPONSES</b>
<b>Section:</b>	<b>PPG# 4400.28</b>
<b>Chapter:</b>	<b>Operations</b>
<b>Effective Date:</b>	<b>7/1/98</b>

## 1.0 POLICY

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- 1.1 Staffing for aid responses shall be as follows:
- (a) BLS one aid vehicle with two personnel.
- 1.2 Personnel manning aid vehicles shall wear personal protective clothing as required in PPG #4200.11.
- 1.3 An aid unit responding to an emergency in a residential area should exercise care while using the siren to ease any emotional stress the siren might cause.
- 1.4 The member who rides in the officer's seat on an aid unit shall serve as officer. The first paramedic arriving at the scene shall have command of the patient(s). All other arriving units shall report to the officer-in-charge.
- 1.5 Officers or acting officers at aid calls should consult with aid personnel and paramedics working with patients before making decisions such as: request additional vehicles, placing vehicles in service, returning incoming vehicles, ambulances or the medical unit.
- 1.5.1 The officer-in-charge shall be responsible for the overall scene management and should become involved with the patient's treatment only as necessary.
  - 1.5.2 The officer-in-charge will serve as a liaison between department personnel and law enforcement agencies in the following manner: Traffic movements will be handled by law enforcement unless unavailable.
- 1.6 Control of fire department members and apparatus will be the responsibility of the officer-in-charge.
- 1.6.1 Handling of patient treatment and transportation will be the responsibility of the aid crew and/or paramedics.
  - 1.6.3 Department staff will respond to orders given by their officer.

Incidents involving assaults, overdoses, homicides and fatalities must be handled in a

- 1.7 different manner than an auto accident, heart problems, etc.
- (a) In assault calls, the assailant may still be at the scene and could present a hazard to incoming staff and equipment. CapCom should attempt to determine if this situation exists. If so, law enforcement should assess the situation and assure the safety of members. Until this is done, department units should remain a safe distance away.
  - (b) Overdose cases should be handled as described above if the patient has been described as violent or combative.
  - (c) Incidents involving suspected suicide and homicide may be dealt with as previously outlined. Law enforcement involvement is necessary when the patient is found without vital signs of life. Staff arriving at the scene must be conscious of their actions and exercise extreme care when moving the patient and any other objects such as ropes, pills, firearms, other lethal weapons, and suicide notes. The officer must limit the number of personnel at the crime scene and should be able to identify who was allowed entry. An apparent suicide may have been a well-planned and concealed homicide.
  - (d) The handling of any fatality should be left to the law enforcement. Care must be exercised when allowing family, passersby and the press to view the accident or crime scene.

The department's aid unit shall transport sick or injured patients.

- 1.8 Transports will be treated "routine" unless the patients condition is life threatening.
- 1.9 Any riders must abide by the officer-in-charge, applicable laws and Thurston County Fire Protection District No.5 & 9 Safety Policies.
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