
S.O.P. #: 600-10

SUBJECT: ROUTINE PATIENT CARE

DIVISION: EMERGENCY MEDICAL SERVICES

Objective: To outline the basic procedures to be followed on all patient interactions.

NOTE: All EMS personnel shall administer patient care in accordance with their level of training, as outlined in the appropriate Maryland Medical Protocol.

Section 1: Response to the Scene

A. All Medic Units will respond on their appropriate designated talkgroup.

1. When an ambulance/medic unit is in-service, but not in quarters, (i.e. in their district, training, returning from the hospital, etc.), they will monitor Talkgroup "Main 1".
2. When responding to an incident outside their first due area, EMS personnel shall transmit the phantom box number they are responding on at the time the unit is called "enroute."

EXAMPLE: "Medic 1 enroute to Box 10-1."

B. Whenever an ambulance/medic unit responds on a fire or rescue related incident, the following procedure will be followed:

1. Maintain radio discipline when communicating via radio to reduce walking over urgent transmissions.
2. Transmit on the designated talkgroup when enroute to the incident.
3. Upon arrival at the incident, transmit arrived and remain on the designated talkgroup.
4. If a unit is in-service at an incident, and an emergency call is received, the Incident Commander must be notified before responding. After notification, switch to the designated talkgroup to respond.
5. When released by the Incident Commander, transmit the unit number and "clear" on the designated talk group and then switch to Talkgroup "Main 1".

Section 2: Control of the Incident Scene

A. The Police Department shall assume responsibility of the incident scene.

1. Whenever a motor vehicle accident has occurred, not involving fire department apparatus, the EMS personnel on the scene are to request the Police Department and suppression unit to respond. This includes any accident involving any motor vehicle as listed in the definition below.

2. To clarify any confusion as to when to notify the Police Department, the following definitions are offered:
 - a. Motor Vehicle - any mechanically or electrically powered device not operating on rails, upon which any person or property may be transported or drawn on a highway. Motor vehicles include but are not limited to the following:
 - 1) Automobile (any type), bus, motorcycle, moped, truck, van, fire engine.
 - 2) Specialized motor devices such as go-cart, midget racer, mobility chair, snowmobile, dune buggy, or similar devices.
 - 3) Construction machinery, farm and industrial machinery, road roller, tractor, tanks, highway grader or similar devices, while in transport under their own power.
 - 4) Any object such as a trailer, coaster, sled or wagon being towed by a motor vehicle, including such objects while in motion or set in motion by a motor vehicle, such as during pushing.
 - b. Motor Vehicle Crash - an accident involving a motor vehicle in transport, but not involving aircraft or watercraft.
 3. In instances where any doubt exists, EMS personnel are to request a police officer to respond.
- B. Upon arrival of the Deputy/Battalion Chief, ICS shall be established
- C. The EMS personnel shall assume Medical
1. It is the responsibility of the EMS personnel to notify Fire Dispatch as soon as possible of the priority and number of patients.

Section 3: Patient Care Before Transfer to the Hospital

- A. General Orders for all Patients
1. Determine scene safety and maintain situational awareness. Crews should look for any life-threatening hazards that might affect the safety of the rescuers or patients (s), i.e. fire, hazardous materials, charged electrical wires, guard dogs, unstable vehicles, traffic etc. If the scene needs to be secured by police, stage in a safe area and request police to respond. Crews should wait for police to clear the scene prior to entering.
 2. Evaluate the mechanism of injury, nature of illness and treat the patient in accordance with Maryland Medical Protocol.

Section 4: Patient Care While Enroute to the Hospital

- A. The standard for the staffing of a "Medic Unit" will remain within current operational guidelines. The minimum for a "Medic Unit" is one (1) CRT, CRT-I or EMT-P and one (1) EMT-B. The minimum staffing for an "Ambulance" shall be (2) EMT-B's.
- B. The primary care provider will ride in the rear compartment with the patient, and shall:

1. Use their discretion in permitting person(s), other than the patient, to ride in the back of the ambulance/medic unit while enroute to the medical facility. All persons riding in the patient compartment must be secured with the appropriate passive restraint. Children will not be permitted to ride held by or in the lap of a family member or care provider.
 2. Continually observe, monitor, and protect the patient.
 3. Administer emergency care as outlined in the Maryland Medical Protocols or Departmental Policy and Procedures.
 4. When advanced life support measures have been initiated, the ALS provider must ride in the rear compartment with the patient.
- C. The driver will operate the vehicle in a manner that minimizes shock, allays fear and avoids aggravation of existing injuries. Drivers shall:
1. Abide by the laws and traffic regulations pertaining to ambulance/medic units, and exercise caution at all times during the operation of the unit.
 2. Exercise emergency privileges wisely, using warning lights and audible warning devices only when indicated by patient priority. EMS District Officers will monitor this policy and take corrective action as needed.
 3. Use of warning lights and audible warning devices for priority three (3) patients must be justified on the electronic patient care report (eMEDS®).

Section 5: Procedure for Requesting State Police Medevac Helicopter

- A. If the time of arrival at the Trauma or Specialty Referral Center via ground unit is less than 30 minutes, There will generally not be a benefit in using the helicopter, especially in Category Delta trauma patients.
- B. Requests for the State Police Medevac helicopter should be made via radio through Fire Dispatch. Follow Tac-03 SOP for Helicopter Operations.
- C. When fire/rescue equipment is requested by ambulance/medic crews, the appropriate divisional/fireground talkgroup is to be utilized.

Section 6: Field Providers Assisting with State Police Medevac Transport

- A. When an EMS field provider assists with the transport of a patient, and accompanies the flight medic to the receiving facility, the EMS District Officer will retrieve the provider from that facility. The EMS provider is not to be transported on-board the Medevac Helicopter to another location or respond on another Medevac response.

Section 7: Recording Devices

The use of audio/visual recording devices by EMS and suppression personnel, to include but not limited to cell phones, body worn camera, and fixed cameras, is prohibited in any situation where there is a possibility of recording patient care or protected health information. Any use of such devices must be in compliance with provisions of Maryland law.

Note: The restriction on the use of audio/visual recording devices outlined in this section does not apply to devices integrated into small Unmanned Aircraft Systems (sUAS). Guidelines for the use of sUAS mounted recording devices can be found in Tactical 39, Deployment of Small Unmanned Aircraft Systems.