MARSING AMBULANCE EMS DISTRICT

OPERATIONS MANUAL

Version 1.0

Table of Contents

Staffing

"Standard" staffing consists of one "provider" (EMT, AEMT, RN-ABC, Paramedic) and one driver/non-medical individual. Any Marsing Fire or MRW Fire staff member is eligible to drive a district vehicle under the driver/non-medical capacity.

All providers are also capable of performing the driver role and as such a crew can consist of two providers. If a crew consists of two providers and the event being responded to has high potential of needing multiple ambulances, the two providers should split amongst the two available district ambulances and seek drivers or fire personnel to perform the driver role.

Should a full crew not be available, any call for assistance shall be transferred to the next closest ambulance/agency. Marsing Ambulance may respond as a single unit/individual to provide assistance to that responding agency. Should a single unit/individual respond, clear communication to dispatch is imperative to assure understanding that care/transport is limited (i.e. "Murphy, 6546 will respond as a single to assist Canyon").

Minimum Shift Count

Drivers and Providers are required to schedule and fulfill a minimum of 48 hours per calendar month (8 blocks). Each member may only schedule in advance 8 shifts per month initially. This is to assure each member has sufficient opportunity to acquire their needed shifts.

All shifts open within 48 hours of the beginning of the shift, regardless of prior scheduling, are considered open for any individual.

In order to meet the global staffing needs of the District, far greater than 8 blocks each is needed and members are encouraged to pick up any open shift that they can in order to assure the needs of the community are met.

Staffing Calendar

A Google calendar is maintained for the purpose of scheduling a "first out" crew for each shift. Each 24 hour period is broken down into 4 – 6 hour shifts.

Block 1 – 0000 – 0600

Block 2 – 0600 – 1200

Block 3 – 1200 – 1800

Block 4 – 1800 – 0000

Each month near the 15th, the next calendar month will be created and made available to all members for signing up. The Google calendar will be made available to all applicants having completed the onboarding process. Students/applicants are not part of the staffing process.

48 hour notice is required if unable to work a shift that has been committed to. It is each members responsibility to find replacement. If replacement cannot be found, the member must contact the EMS Chief.

If unable to meet the minimum monthly staffing requirements, a leave of absence form must be submitted to the EMS Chief.

New Member Training

Applicants that have been selected to participate in the onboarding process are placed first into "observer" status. The applicant will be provided a District radio and instructed on basic operating procedures to allow for emergency response. While in observer status, the applicant may participate in any request for service/911 call but are not to be required to perform any duty that requires specific training or skills validation nor are they permitted to operate any District vehicle. The purpose of this portion of the onboarding process is to determine "fit" for both the volunteer applicant and the District. Many non-healthcare/driver applicants have little to no EMS experience and this portion of the training process is allowing for exposure to determine if participation in EMS is appropriate for them.

Applicants having completed the observer phase will be placed into "student" status. A student applicant is able to operate District vehicles and perform patient care as appropriate for level of licensure but only under the supervision and direction of the duty crew members.

Non Medical/Drivers who complete the student phase will be moved into full duty status.

Providers may, at the discretion of the personnel committee, be moved into full duty status as a driver, but remain in student status for patient care. This usually is the case when additional medical training/observation is needed but proficiency as a driver has been determined.

Mutual Aid Requests

Marsing Ambulance EMS District has mutual aid agreements with all of our neighboring districts (Homedale, Canyon, Jordan Valley, MRW, Marsing Fire). Whenever possible, every effort will be made to support the neighboring districts with response of a Marsing ambulance however not at the detriment of the ability to provide response to the Marsing Ambulance EMS District. When responding into another jurisdiction, Marsing Ambulance providers will follow all District policies. It is understood amongst all mutual aid agencies that the responding agency will maintain their own policies, practices, and medical control.

Jordan Valley

Typical response is limited to the immediate area surrounding Jordan Valley (mile post 9 on NV side) and closer to the District. If requested significantly further out (south) of Jordan Valley, a second crew should be secured for District coverage prior to response.

Canyon County Paramedics

Since Marsing Fire does not respond to medical aids, Canyon County Paramedics (CCP) will request Marsing Ambulance response in the capacity of a quick response unit (QRU) to provide assistance and additional transport capability if needed. Due to district contractual obligations, CCP is the primary response and transporting unit. In the case of a multi-patient incident, CCP

may request Marsing Ambulance transport one or more of the additional patients. Should CCP be at status zero in response capability, Marsing Ambulance may be requested to transport. It is permitted for Marsing Ambulance personnel to drive CCP apparatus when requested to do so.

MRW

MRW Fire Department will respond to all calls for medical aid in their response area and start providing medical care. As a non-transporting EMS agency, care will be transferred to Marsing Ambulance if transport is needed. MRW is allowed under their own policies and procedures to care for and obtain transport refusals from patients. Upon arrival on scene, the Marsing Ambulance provider should make contact with the MRW EMT and receive report (care transfer) or standby while further determination is made on patient status by MRW personnel.

Homedale

Homedale EMS and Marsing Ambulance provide back up services to each other. Dispatch will attempt dispatch of the appropriate agency and if a unit is not available then the call will be transferred to the supporting agency.

Marsing Fire

Marsing Fire's district boundaries and Marsing Ambulance District's boundaries are not the same. Marsing Ambulance is covered under mutual aid agreement to provide standby services for any Marsing Fire event requested and by auto dispatch for any structure fire regardless of Marsing Ambulance District boundary. If not included in a structure fire dispatch for Marsing Fire district, Marsing Ambulance should self-respond and notify dispatch of response.

Emergency Vehicles

Marsing Ambulance District has two Braun ambulances built upon RAM 3500 chassis. While there are some differences between the 2023 and 2016 models, efforts have been made where possible to minimize those differences.

Medical Equipment

Each provider is ***solely responsible*** for restocking all medical equipment utilized during a call. Should replacement equipment not be available, an immediate call or text (preferred after hours) should be sent to the EMS Chief or Supply Officer regardless of time of day. The EMS Chief and Supply Officer will conduct monthly inspections for inventory and assuring outdates have been resolved.

Oxygen Systems

Minimum oxygen pressure for any tank (portable or main) is 500lbs. Sufficient spare tanks exist to assure an adequate supply for patient care. Should a Main tank fall below 500lbs or be noted to approach that level, the EMS Chief shall be notified. While any provider is qualified to change Main tanks, it is not required of them. It is expected that portable tanks will be changed out by the on duty provider immediately upon noting the low level.

4 Wheel Drive

Both ambulances have 4 wheel drive capabilities. Due to risks of transmission damage, transferring into and out of 4 high or 4 low should be done while stopped. Whenever possible, identify traction challenges early (i.e. snowing conditions) and place the ambulance into the proper setting prior to response. For potential off-road concerns/conditions, place transmission into proper setting prior to engaging in condition. In 4 low, speed is limited to 20MPH.

Fueling

All crewmembers are responsible for assuring the vehicles are left in a state of ready response. As such, when an ambulance reaches ½ tank of fuel, it shall be refueled prior to returning to the station. Marsing Ambulance's apparatus use diesel fuel only.

DEF – Crewmembers are not responsible for DEF. The EMS Chief or maintenance officer will assure adequate levels of DEF.

Vehicle Repairs and Maintenance

Vehicles will be inspected by the EMS Chief or maintenance officer every other month prior to rotating into service. If a duty crew observes a potential maintenance issue, the crew shall notify the EMS Chief or maintenance officer. If a vehicle needs to be removed from service the crew member shall raise the hood of the vehicle as a universal signal to other members that the vehicle is not available for use.

Use of a backer

The ambulances are equipped with a rear view camera to assist with backing. However, the cameras do not provide full view and should be used as an adjust rather than lone device. Anytime there may be risk of contact while backing, a spotter or backer should be used.

Vehicle Accident Procedures

If a District vehicle is involved in an accident:

1. Stop, turn on emergency lights if not already on, if able, pull safely to the side of the roadway.
2. If able, contact dispatch – provide your unit number, location, and request law enforcement and fire and/or EMS resources as needed.
3. If unit was enroute to a call prior to the accident, advise dispatch unit is out of service and request next closest unit be dispatched.
4. If able, assess the scene and begin patient care as needed
5. The Chief must be notified immediately of any accident involving a District vehicle or private vehicle in the service of the ambulance District (POV response).
6. The Chief or designee will respond to the scene and guide "after accident" procedures.

Disabled Vehicle Procedures

If a vehicle becomes disabled, (e.g. flat tire, mechanical failure, etc.):

1. Turn on emergency lights and, if able, pull safely to the side of the roadway, into a parking lot, or other location that does not inhibit the flow of traffic.

2. If unit was enroute to a call prior to the accident, advise dispatch you are out of service and request that the next closest unit be dispatched.
3. Contact the EMS Chief to report your problem, and your location

4. The EMS Chief or designee will respond to the scene and guide "after disabled vehicle" procedures.

Response Guidelines

Code 3

The use of lights and/or lights and sirens to ***request*** other drivers provide the ambulance the right of way. It is the expectation of all District personnel that the ambulance be driven in a manner that assures safety for all drivers/vehicles and members of the community. The operation of the ambulance under code 3 conditions does ***not*** allow for disregard of vehicle safety standards. Operations are allowed to deviate ***AFTER*** all consideration for and due regard of safety. For example, speed can exceed the posted speed limit but usually not greater than 10 MPH over (maximum 15 MPH) and an intersection can be passed through without stopping after slowing down and verifying the safety or absence of all vehicles. Both members, when occupying front seats, should be actively participating in the safe operation of the ambulance while traveling code 3 (i.e. intersection clearance, division of duties, etc). Code 3 driving shall only occur when responding to a 911 emergency dispatch and during transport of a critical patient at the direction of the medical provider. If transporting a patient code 3, dispatch shall be notified of that status for documentation as all Opticom use (tied to the emergency lights) is tracked by City of Nampa.

Adverse Weather – The priority is always the safe arrival at the destination. Weather conditions such as fog and blowing snow can be amplified by flashing emergency lights. It is always appropriate to turn off emergency lights during such conditions. Normal driving and adherence to all applicable rules of driving must be maintained regardless of contributing emergencies (i.e. patient condition or response).

Seatbelts

Personnel shall wear seatbelts while operating or riding in department vehicles. Personnel riding in the patient care compartment and attending to patients should use seatbelts whenever possible.

Passengers

Transporting passengers in a District ambulance will be at the discretion of the medical provider. If a passenger is transported, it is recommended that they occupy the passenger seat in the cab and are required to wear a seatbelt. At the discretion of the medical provider, a pediatric parent may be allowed to occupy a seat in the patient care area. This should be weighed against the parent's ability to remain calm and not interfere with care. The parent shall be required to wear a seat belt. It is not acceptable for a parent to hold the child on the gurney. The child shall be restrained with the child restraint device and the parent in a proper seat with seatbelt.

High Visibility Apparel

Each ambulance is equipped with multiple ANSI high visibility vests. Crew members are required to wear such high visibility apparel while operating on a roadway. Issued winter jackets meet this requirement.

Radios

Four sets of radios are available in each ambulance.

Primary – The Interop Radio is for primary communications with dispatch and local agencies

- MRW – When responding with MRW Fire/EMS, District ambulances should change to the MRW frequency when entering that district which occurs at approximately Givens Hot Springs. Notify dispatch of the frequency change (i.e. "Murphy, 65 is on MRW now").
- F2 – StateComm – F2 is the primary frequency for talking with air medical resources

Sheriff – Marsing Ambulance monitors Sheriff communications but talking on Sherrif frequencies should be limited to ONLY when direct communication is needed with a deputy or all other frequencies for speaking with dispatch have failed.

Canyon Portable – Each ambulance has a portable radio programmed for Canyon County operations. Should direct communication be needed (i.e. ALS rendezvous or mutual aid response), crews can use the Canyon portable.

Crew Portable – Each member is issued a portable radio used for initial dispatch and on scene communications. Programming of the crew portable is similar to that of the ambulance primary however power/transmit strength is limited compared to the ambulance radio. If difficulty occurs transmitting on scene, an attempt should be made with the ambulance based radio.

Radio Communication

Plain English is required for all District radio communications. Radio communication will be short, professional, and appropriate. Pleasantries (please and thank you) are assumed and discouraged over the radio as unnecessary transmissions. It is vital that members recognize that dispatchers are monitoring and transmitting on multiple frequencies for multiple agencies. Communication should be limited to operationally significant transmissions only. If more in-depth communication is required use of cell phone is preferred. MDT's should be used when possible.

Format of communication

- Identify intended audience (i.e. Murphy Seriff or another agency/unit)
- Identify sender – the person/unit transmitting (i.e. Marsing 65 or Marsing 6520)
- After acknowledgement – proceed with traffic
- "Murphy Sheriff, Marsing 65" upon acknowledgement "Have we confirmed scene is Code 4?"
- If no response, repeat the traffic
- If being hailed over the radio, crew will acknowledge traffic by stating their identifier

Communicating Mileage – can be accomplished via a note in the MDT or via radio as “Marsing 65 transporting 1 to West Valley beginning mileage 67.5”

Code 4 Communications

Crew should not enter a scene where there is a known or suspected threat to their safety. Units should stage at a safe location and advise dispatch when and where they are stagged. Once law enforcement has identified the scene is safe the crew can proceed further.

Dispatch will communicate with field crews every five minutes while they are on scene stating “(unit identifier), Murphy Sheriff units code 4?” this is to ensure crews are safe and no further assistance is necessary. Crews must respond in one of three ways, depending on the circumstances

- Respond to dispatch stating “Murphy, (unit identifier) code 4.” This response is used if, for whatever reason, crews still want dispatch to check in with them. This response signals the dispatcher to check back with the crew in another five minutes.
- Respond to dispatch stating “Murphy, (unit identifier) code 4 no further.” This response is used if crews don’t want any further check ins from dispatch. This response signals the dispatcher to not check back anymore with the crew.
- Respond to dispatch stating “Code 3 – Assist”. This response will signal the dispatcher to have available law enforcement units enroute to your location emergent.

MDTs

A Mobile Digital Terminal (MDT) is located in each ambulance and is a vital tool for District Operations. Crews are required to have a knowledge of its operation and troubleshooting. The MDT should be the primary means of communicating important times (i.e. en route, on scene, en route to hospital, arrival at hospital, clear) to Dispatch. In addition, it is a vital tool for mapping and communicating your location to dispatch as unit geolocation is sent to dispatch via the MDT.

Special Response

Water Rescue

Only Unit Two has water rescue equipment including life vests and floating backboard. If there is potential of water involvement, Unit Two should be used as the response unit regardless of which unit is designated “first out”.

Crime Scenes

The District’s priority when responding to a crime scene is to provide patient care. However, providers will be sensitive to the need to preserve crime scenes. Bring the minimum amount of equipment necessary to achieve patient care into the potential crime scene. If a patient is determined dead on scene, disposable medical equipment directly attached or inserted to the patient (airways, IV’s, monitor leads, etc) will be left in place. Non-disposable equipment directly attached to the patient (Lucas device) will be left in place until cleared by the coroner to be removed. All other equipment (monitor, bags, suction, etc) can be removed from the scene and placed back into the ambulance pending release from the scene.

Law enforcement officers are permitted to determine apparent death. If a law enforcement officer is unsure of the victim's status and requests a Marsing Ambulance provider to determine, one Marsing Ambulance provider will enter the crime scene leaving unnecessary equipment and personnel outside the area to determine patient status.

At no time should EMS personnel unnecessarily examine or move crash debris, shell casings, suicide notes, or any other physical evidence. In addition, no obviously dead victim of a hanging should be cut down, nor any bound body be untied, following the determination of death. Refrain from covering a dead body at a potential crime scene, except in cases of public view.

Pediatric Injuries/Death

Incidents involving the injury or death of a child should be considered potential crime scenes until proven otherwise. If there is suspicion of a crime, the law enforcement officer responding to the call will stay at the scene and secure the scene and another officer will respond to the hospital.

In pediatric and infant cases, the human nature response is to want to demonstrate for the parents that everything possible was done including transporting the child/infant to a hospital under CPR. In cases where death is obvious, this should be avoided and the scene should not be disturbed.

Hazmat Responses

Responding personnel's first consideration should always be their personal safety. Situations involving HAZMAT can be chaotic and difficult to handle. Upon arrival, crews should stage at a safe distance from the scene uphill and upwind. If able, crews should attempt to identify the material using the Emergency Response Guidebook (ERG) located in the cab of every ambulance and relay the information to dispatch and incoming crews. Identification of the hazardous material will facilitate the response of appropriate resources. It is imperative that any patient exposed to a hazardous material be properly decontaminated PRIOR to transport. Transporting a contaminated patient risks exposure to the EMS crew and all hospital personnel.

Air Medical Helicopter

Air medical resources should be carefully considered on a case by case basis and utilized when the situation is deemed appropriate. Criticality of the patient is an obvious indicator for air medical use but criteria such as remote location, extended transport time, and pain management should also be considered. Any licensed EMS provider or law enforcement agency may request an air ambulance. It is preferred to request a helicopter early based on limited available information and ultimately cancel it than delay patient care/transport by waiting until all information is available.

If a helicopter is being requested, assure adequate personnel have been requested/dispatched to handle LZ preparation and air/ground communications. This is a good use of fire department personnel if not otherwise dedicated.

ALS Rendezvous

Marsing Ambulance providers may request an ALS Rendezvous for any patient that in their judgement would benefit from care by an ALS provider. The benefits of an ALS provider usually consists of medications or skills needed that are out of the scope of the Marsing provider. These requests should be weighed against the time to definitive care vs time on the side of the road transferring care. Canyon County Paramedics is not always available for rendezvous and Marsing

Ambulance providers should plan accordingly. Delays or "wait time" should be limited by coordination of a rendezvous point close to midway between ambulances and ideally the ALS ambulance waiting for the Marsing Ambulance. Rendezvous points shall be far enough off the roadway to assure full safety of all crew members and preferably a parking lot.

Mandated Reporter

Licensed EMS personnel are mandated reporters for suspected elder abuse/neglect and child abuse/neglect. It is not the EMS providers responsibility to investigate or be assured of abuse/neglect prior to reporting. If the EMS provider has reasonable suspicion, they must report the incident to the appropriate agency. If law is on scene, the suspicion may be presented to law enforcement. If not on scene, the reports may be made as below. Note: The duty to report can not be passed to others. Telling the ED staff upon turning over care does NOT constitute reporting. Only the EMS provider can appropriately report what was observed on scene.

Adult

https://idaho.getcare.com/consumer/adult_protective_services_report.php

Child

Treasure Valley: 208-334-KIDS (5437)

Photography

Due to patient confidentiality and record-keeping requirements, District personnel are prohibited from taking pictures or video related to calls for any purpose not specifically authorized for District business purposes or for personal use. Crew members may take pictures or video to illustrate the mechanism of injury or vehicle damage for hospital staff, or for submission to management. These photos or video may not contain patient identifiable information or capture license plates, and may not be retained on personal cameras, cell phones, other electronic devices, or internet-based media storage. These Photos or video may not be shared on internet social media such as Facebook, snapchat, twitter etc.

Documentation

An electronic patient care report (ePCR) shall be completed on all calls whereby the ambulance departed the base in response to a 911 request. Additionally, a PCR shall be completed for any patient interaction regardless of transport or nature of activation (i.e. football standby or walk up). The District uses the State of Idaho EMS charting system (iGEMS PCR). Each provider will be given access upon affiliation with the District. District providers should follow the Medical Documentation policy to assure complete and accurate charting. It is expected that all ePCRs will be completed within 48 hours of the call with supporting documentation submitted to leadership.

PCRs create a legal record of an ambulance call. It is the responsibility of all providers to ensure that their PCRs accurately reflect patient information, care given and the medical condition of the

patient. To that end, Supervisory personnel may request that staff members modify, amend or fully complete PCRs for a given call when PCR reviews suggest that the information documented may be incorrect or incomplete. Information for each patient call must be complete, accurate, honest and wholly based on the patient's condition. It is legally permissible for staff members to amend PCRs for reasons of completeness, correction, and clarity.

Patient Signature Form/HIPPA – May be obtained via paper or electronic in the PCR

- A signature must be obtained for every transport.
- If the patient cannot sign, the stated reason must match the patient condition documented in the chart. For example, if the reason is "confusion" the GCS cannot be 15.
- The patient being seen by the doctor or nursing staff is not a valid reason for the patient not to sign.

Signatures should be obtained in the following order of preference in the correct location on the Signature Form:

• Signature

- Patient (they may mark with an 'x')
- If the patient is a minor, the parent/guardian/or family signs here
- If the patient is unable to sign, and they are in the custody of the law, then law enforcement signs here

• Witness

- If the patient refuses transport and a witness of said refusal is available, they may sign here. If the patient refuses to sign the refusal form, two witnesses should be obtained if possible. EMS staff should not witness their own refusal.

• Hospital Personnel

- If the patient is incapable of signing and another authorized person is unavailable, this section can be signed by the receiving facility staff.
- The signature should be their actual signature.
- The printed name must be the full first and last name and title. No abbreviations are permitted for any portion of the printed name.

Records Requests

All records requests will be handled by administration. No EMS provider shall turn over documents or copies of documents to any individual or agency without express direction from the EMS Chief.

Appendix I

Radio Channels

Revision Summary

Version 1.0

3/20/2025 – Created and adopted