Tab 100
Operations Section

Lucas County Emergency Medical Services
2144 Monroe Street
Toledo, Ohio 43604

TAB 100
OPERATIONS SECTION
TABLE OF CONTENTS

SECTION

A
Advanced Life Support (ALS) First Response

Lucas County EMS has been a strong proponent for enhancing our emergency response to the citizens of Lucas County. "ALS First Response" has allowed our system to dramatically reduce response times for paramedic level assessment and treatment. Paramedics assigned to ALS equipped first response vehicles have not only the ability to begin advanced level patient assessments, but also begin potential life-saving treatments much earlier in the field.

Many first responders within the Lucas County EMS system have been provided an "ALS First Responder Box" which contains advanced airway equipment as well as pharmacologic agents for emergency patient stabilization. Each operating fire department with an ALS First Responder Box is responsible for the inventory and medication expiration dates.

Paramedics responding on ALS first response vehicles and utilizing LCEMS supplied medications must be approved on the Ohio State Board of Pharmacy license for LCEMS (NOTE: Paramedics not operating under the medical direction of the Lucas County EMS Medical Director should be included on the pharmacy license of the medical director for their respective fire department).

B
Appropriate Transport Facility

Life squads within the Lucas County EMS system shall be assigned the closest hospital-based emergency department or Freestanding Emergency Department (FSED) for purposes of ***On-Line Medical Control*** and transport.

On-Line Medical Control, after contact with the field paramedic, may divert (bypass) a life squad to another emergency department which may be better equipped to handle the emergency. ***On-Line Medical Control*** has the authority to direct the life squad to proceed to the alternate receiving facility, including for patient preference when appropriate based on proximity.

Incidents for ***On-Line Medical Control*** diversion may include (not limited to):

1. Severe burns
2. Neonatal emergencies
3. Obstetrical emergencies
4. Hyperbaric treatment
5. Trauma
6. Pediatrics
7. Acute Coronary Syndromes (STEMI)
8. Acute Stroke (CVA)
9. Therapeutic hypothermia

Situations may arise where, after field evaluation, the paramedic may declare criteria for bypass of the closest hospital / FSED:

1. **Adult Medical Cardiac Arrest:** Any adult (≥ 16) cardiac arrest not related to trauma or hemorrhage will be triaged to the closest "STEMI" / "Hypothermia" Center. Upon notification, RCOG EMS Dispatch will determine the closest open facility, and assign med channel for MC contact.

2. **Pediatric Medical Cardiac Arrest:** Any pediatric (< 16) cardiac arrest not related to trauma or hemorrhage will be triaged to the closest "STEMI" / "Hypothermia" Center. UTMC will not be utilized as a transport destination for pediatric cardiac arrest.

3. **Adult Trauma Arrest:** Any adult (≥ 16) trauma arrest requiring transport will be transported to a Level 1 or Level 2 trauma center. RCOG EMS Dispatch will determine the closest open facility, and assign med channel for MC contact.

B
Appropriate Transport Facility

Appropriate Transport Facility, cont.

4. **Pediatric Trauma Arrest:** Any pediatric (< 16) trauma arrest will be transported to the closest available Level 1 or Level 2 trauma center. RCOG EMS Dispatch will determine the closest open facility, and assign med channel for MC contact.

5. **Trauma Protocol:** A patient that meets one of the categories of "trauma protocol" as determined by the field paramedic will be triaged to the closest appropriate trauma hospital designated by RCOG EMS Dispatch.

6. **Obstetrical Emergencies:**
   a. University of Toledo Medical Center (UTMC) will not be assigned for purposes of ***On-Line Medical Control* / transport** for obstetrical-related emergencies.
   b. St Anne's will not be assigned for purposes of ***On-Line Medical Control* / transport** for obstetrical-related emergencies
   c. Mercy St. Charles will not be assigned for purposes ***of On-Line Medical Control / transport*** for obstetrical-related emergencies
   d. McLaren St. Luke's will not be assigned for purposes of ***On-Line Medical Control / transport*** for obstetrical-related emergencies

7. **Pediatric Emergencies:**
   University of Toledo Medical Center (UTMC) will not be assigned for purposes of ***On-Line Medical Control* / transport** for patients less than 16 years of age. RCOG EMS Dispatch will assign the next closest appropriate emergency department.

Lucas County Hospitals / Designations:

Level 1 Trauma Center There are currently two (2) hospitals within Lucas County with Level 1 verification through the American College of Surgeons:

Mercy St. Vincent Medical Center
Promedica Toledo Hospital

B
Appropriate Transport Facility

Appropriate Transport Facility, cont.

Level 2 Trauma Center There is currently one (1) hospital within Lucas County with Level 2 verification through the American College of Surgeons:

University of Toledo Medical Center

Level 3 Trauma Center There are currently (2) hospitals within Lucas County with Level 3 verification through the American College of Surgeons:

Mercy St. Charles Hospital
Promedica Bay Park Community Hospital – *beginning 5/1/24*

STEMI / Therapeutic Hypothermia Center There are currently six (6) hospitals within Lucas County with STEMI / Therapeutic Hypothermia designation:

Mercy St. Vincent Medical Center
Promedica Toledo Hospital
University of Toledo Medical Center
Mercy St. Anne Hospital
Promedica Flower Hospital
Mercy Perrysburg Hospital

Comprehensive / Interventional Stroke Center There are currently four (3) hospitals within Lucas County with interventional neurology capabilities:

Mercy St. Vincent Medical Center
Promedica Toledo Hospital
University of Toledo Medical Center

Primary Stroke Centers There are currently eight (7) hospitals within Lucas County with Primary Stroke Center Designation:

Mercy St. Vincent Medical Center
Promedica Toledo Hospital
University of Toledo Medical Center
Promedica Bay Park Community Hospital
Mercy St. Charles Hospital
Promedica Flower Hospital
Mercy St. Anne Hospital

B
Appropriate Transport Facility

Appropriate Transport Facility, cont.

Freestanding Emergency Department (FSED) Diversion
Diversion away from a FSED may become necessary due to a patient condition that is better handled by a hospital-based emergency department. Situations may arise where, after field evaluation, the paramedic may declare criteria for bypass of the FSED:

- Trauma (Intermediate or Major)
- STEMI
- RACE
- Stroke
- GI Bleed
- Dialysis associated illness
- Respiratory distress with the possibility of needing ventilator support
- Shortness of breath requiring multiple respiratory treatments
- Patient with advanced airway in place
- Patient needing immediate blood transfusion

To simplify communication with RCOG EMS Dispatch, paramedics will declare to dispatch that they have a '***Freestanding Diversion/Bypass Patient.'*** RCOG EMS Dispatch will automatically assign the closest, appropriate hospital-based ED for purpose of ***On-Line Medical Control*** contact and transport.

C
Communications Failure

Pursuant to Ohio Revised Code 4765.39 and 4765.40:

If communications fail during an emergency situation ***or*** the required response/transport time prohibits communication, a paramedic may perform any of the services detailed in the applicable protocols adopted by the emergency service organization with which the paramedic is affiliated, including ***On-Line Medical Control***–Only orders (if system wide communications failure).

When radio communication fails during transmission of a patient care report, contact RCOG EMS Dispatch to identify or rectify the communication problem. RCOG EMS Dispatch will assign a different ***On-Line Medical Control*** if the problem was identified within the receiving hospitals' equipment.

Any communication problem and/or failure should be documented on the ***Lucas County EMS Communications Failure Incident Form (Tab 100, Section C-2)*** and forwarded to Lucas County EMS through the paramedic's chain of command.

LUCAS COUNTY EMS
COMMUNICATION FAILURE INCIDENT REPORT

Lucas County EMS Life Squad #_____ Incident#_____

Date ___/___/___

Date and Time of occurrence_____

Detail events of communication failure: _____
_____
_____

What attempts were made to correct problem?
_____
_____

Did you go beyond Standing Orders due to failure?

Yes_____ No_____

What protocols did you institute and why?
_____
_____

Medical Control Hospital_____

Transport Hospital_____

Signed: _____
(Paramedic)

_____
(Paramedic)

_____
(Operating Chief)

D
Control of ALS at the Emergency Scene

A. A paramedic in the Lucas County EMS system operates under a Medical Director's supervision and obtains his/her immediate direction from assigned ***On-Line Medical Control***. A doctor/patient relationship exists between the patient and ***On-Line Medical Control.***

B. If the patient's private physician is present and willing to assume/continue responsibility for the patient's care, the paramedic should defer to the orders of the private physician. ***On-Line Medical Control*** should be notified for record keeping purposes. The paramedic's responsibility reverts back to ***On-Line Medical Control*** at any time the private physician is no longer in attendance. Transport will only be to the closest appropriate hospital unless alternative destination authorized by ***On-Line Medical Control***.

C. An "intervener physician" is an Ohio licensed physician (who has not established a prior physician/patient relationship) wishing to take control of patient care, and who provides evidence of licensure. An “intervener physician” **will** accompany the patient to the hospital should such control be granted by Lucas County EMS ***On-Line Medical Control***.

- If an "intervener physician" is present and willing to assume responsibility for the patient's care, he/she must request contact with ***On-Line Medical Control*** from RCOG EMS Dispatch. ***On-Line Medical Control*** may transfer control to the "intervener physician." Lucas County EMS ***On-Line Medical Control*** maintains right of managing the case entirely, working with the "intervener physician," or allowing him/her to assume responsibility. In the event that the "intervener physician" is granted responsibility, all orders to paramedics should be repeated over the radio for purposes of recording. The "intervener physician” must sign in the appropriate area of the patient care report containing any orders he/she has given. The "intervener physician" must accompany the patient to the hospital in the emergency vehicle in cases of single patient encounters. However, in the case of a multiple casualty incident, or a disaster, patient care needs may require that the "intervener physician" remain at the scene. If there is any disagreement between the "intervener physician" and Lucas County EMS ***On-Line Medical Control***, the paramedics should take orders from the EMS ***On-Line Medical Control*** physician.

D
Control of ALS at the Emergency Scene

Example of Intervener Physician Card Carried by Paramedics:

Please be advised that while working as part of the Lucas County EMS system, the paramedic operates under my supervision. He/She is in direct communication with ***On-Line Medical Control,*** which has established a patient-doctor relationship. Violating or abandoning this relationship is inappropriate unless certain procedures are followed and/or agreed to by you. If you are a licensed physician in the State of Ohio, in order to intervene during this patient's treatment, you must first have permission from the ***On-Line Medical Control*** physician. Radio communication will be obtained for you, direct with the ***On-Line Medical Control*** Physician. You must also be willing to provide proof of your licensure, sign the patient run sheet containing any orders you have given and accompany the patient in the emergency vehicle to the hospital. Thank you for your cooperation.

David A. Lindstrom, M.D., F.A.C.E.P.
Medical Director
Lucas County EMS

D. The LCEMS Medical Director will, on occasion, respond to scene incidents. The Medical Director for Lucas County EMS is considered ***Off-Line Medical Control***, and in some circumstances, will respond to the scene and also may perform as ***On-Scene Medical Control***. The LCEMS Medical Director will assign himself to the dispatched incident and report on-scene through RCOG EMS Dispatch who in turn will notify ***On-Line Medical Control*** he is on scene. He or the paramedics will still notify the receiving hospital of the patient's assessment and treatments.

In situations where ***Medical Control*** is en route to the scene but not yet on scene, and the paramedics are ready to give report, the paramedics will call assessment to ***On-Line Medical Control***, and not delay radio report pending arrival of ***On-Scene Medical Control***.

The LCEMS Medical Director can authorize other physicians to operate as ***On-Scene Medical Control***. The LCEMS Medical Director shall sign and date a completed ***On-Scene Medical Control*** Authorization Check Sheet" (Tab 100, D-6). A LCEMS issued picture I.D. will be worn by all authorized ***On-Scene Medical Control*** physicians.

D
Control of ALS at the Emergency Scene

Control of ALS at the Emergency Scene, continued

E. The Lucas County EMS Medical Director will notify Lucas County EMS Administration of approved physicians capable of responding as ***On-Scene Medical Control***. When available, a county equipped ALS Medical Control vehicle may be the method of response to the scene.

On-Scene Medical Control, after arrival on scene may:

1 Give medical direction to the paramedics within the scope of their practice.
2. Observe medical procedures for quality improvement/assessment.
3. Practice at a physician level.

On-Scene *Medical Control* will defer to **On-Line *Medical Control*** for determination of appropriate facility for diversion purposes.

Medical Control Vehicle: Paramedics may request ***On-Scene Medical Control*** by contacting RCOG EMS Dispatch. RCOG EMS Dispatch will, subject to availability, attempt to accommodate. Geography or other priorities may not make it possible for the ***Medical Control*** vehicle to respond when specifically requested.

The purposes of ***On-Scene Medical Control*** are to:

- Facilitate communication with the medical director
- Allow on-scene run quality improvement/assessment
- Allow the medical director to assess skill levels in actual patient care situations
- Allow the medical director to determine areas of future continuing education
- Allow physician expertise and a mechanism for timely and safe transport to the scene
- Allow a mechanism for physicians to obtain a more in-depth EMS education
- Allow higher skill levels and physician specific supplies

D
Control of ALS at the Emergency Scene

Control of ALS at the Emergency Scene, continued

The LCEMS Medical Director requires the following orientation process/standards to be completed by all physicians wishing to operate the LCEMS Medical Control Vehicle:

- Completion of the Safe Driving course offered or approved by LCEMS
- Complete approved driving internship offered by LCEMS
- Possess a valid driver's license
- Complete orientation to RCOG EMS Dispatch
- Complete orientation to portable & mobile radio use
- Complete an orientation to the specifics of the vehicle
- Operate with due regard for public safety as a safety vehicle
- Complete orientation of medical supplies & location
- Demonstrate understanding of all LCEMS existing protocols
- Operate within appropriate speed for conditions
- Obtain infection control kit from annex

Authorized **On-Scene *Medical Control*** physicians will generally be one of four different types:

1. **LCEMS Medical Director**

2. **ED Attending Physicians:** This offers them additional exposure and experience with the prehospital EMS system.

3. **Fellows in EMS/Emergency Medicine:** A fellow in EMS is a physician who has completed his/her residency training in Emergency Medicine and has chosen to do additional post-graduate training beyond the residency level. The fellow may be functioning as an attending physician at one of the local hospitals' emergency departments. Fellows in EMS work under the direction of the LCEMS Medical Director and require completion of the On-Scene Medical Control Authorization Check Sheet (Tab 100: D-6)

4. **Residents in EMS:** Physicians completing post-graduate training in Emergency Medicine, as part of their training, are required to gain an understanding of EMS systems. Locally, residents are assigned ride-along time with a life squad or first responder unit during their three years of training.

D
Control of ALS at the Emergency Scene

Control of ALS at the Emergency Scene, continued

Residents in post-graduate year 2 or 3 may seek out additional EMS experience as On-Scene approved Medical control physicians. The sponsoring residency program must endorse the resident as approved for independent practice (flight or moonlighting). All residents seeking this training experience must complete the On-Scene Medical Control Authorization Check Sheet (Tab 100: D-6).

Residents may choose EMS as one of their elective month rotations. The resident will have the opportunity to participate in all of the above activities as approved by the LCEMS Medical Director. The resident may also respond in the ***On-Scene Medical Control*** vehicle for all, or most of the month. There is no financial compensation from Lucas County for ***On-Scene Medical Control***.

Medical liability insurance for physicians must be provided by their employer, and shall cover all EMS activities within the role. Personal injury and death benefits must be provided by the physicians themselves or by employer while functioning in a role with Lucas County EMS or other EMS related activities.

Lucas County will carry liability insurance that covers the operation of the On-Scene Medical Control vehicle. Authorized physicians operating as On-Scene Medical Control will document and sign all procedures he/she has ordered or performed on the patient care report. When necessary, for continuity of care, they will accompany the patient to the hospital. If no physician intervention occurs, the patient care form does not need to be signed by the physician.

D
Control of ALS at the Emergency Scene

On-Scene *Medical Control*
Authorization Check Sheet

NAME: _____
(Print)

The physician identified above has been in-serviced on the procedures listed below and has been approved for **On-Scene *Medical Control*** per the Lucas County EMS Medical Director.

	Date	Signature of Evaluator
Safe driving course		
Completed approved driving internship		
Possess a valid drivers' license (copy attached)		
Orientation to RCOG EMS Dispatch		
Orientation to mobile and portable radios		
Orientation to life squad vehicle and equipment		
Orientation to **On-Scene *Medical Control*** vehicle		
Orientation to ***Physician On-Scene Medical Control*** Program by the Lucas County EMS Medical Director		
Orientation to **On-Scene *Medical Control*** equipment		
Demonstrates understanding of LCEMS protocols		
Obtained Infection Control Kit		
Possess valid Ohio Medical License (copy attached)		
Is approved for air ambulance duty / independent practice		

I have reviewed the completion of requirements regarding above named physician and hereby certify my permission to operate as pre-approved **On-Scene *Medical Control***. I will cause notification of this approval to be provided to: LCEMS Administration, who will in turn be responsible for notification of RCOG EMS Dispatch, Lucas County Fire Chiefs, contracting private ambulance companies and hospital emergency centers in Lucas County. **A picture ID will be issued for this physician from Lucas County EMS.**

_____

_____ _____
David A. Lindstrom, M.D., F.A.C.E.P. Date
Medical Director

E
Direct Admission Policy

In certain cases it may be advantageous for an EMS patient to be delivered to a critical care area within the hospital, thus bypassing the emergency department. (Example: obstetrical patient delivered to OB ward; STEMI patient delivered to cardiac cath lab).

Upon life squad arrival to the emergency department, a physician and/or nurse will meet the life squad and accompany the paramedics to the specified critical care area. The receiving hospital assumes medical responsibility for the patient upon entering the hospital.

F
Emergency Vehicle Operations

Life squad vehicles are owned, licensed and insured by Lucas County. Lucas County EMS requires that specific rules be followed during their operation.

1. **Response Speeds**:

   During Code-3 response (emergency lights and siren operating), a driver shall operate the vehicle with ***due regard for safety***. Slower response speeds shall be affected by factors including, but not limited to:

   a. Slippery/wet roads
   b. Inclement weather
   c. Poor visibility
   d. Heavy or congested traffic conditions
   e. Road design or characteristics
   f. School zones
   g. Residential areas

   There may be scenarios where response at a greater speed (within the law) is acceptable. They are:

   a. Four lane highways
   b. Non-congested highways with excellent visibility
   c. Rural roads with excellent visibility and few intersecting roads

2. **Code-2 Response:**

   Life squads may be dispatched to a scene Code-2 (e.g., unoccupied house fire). Response is considered to be immediate without emergency lights and siren operating. All traffic laws must be obeyed just as if operating a private vehicle.

3. **Code-3 Response:**

   Code-3 response (emergency lights and siren operating) ***must be made with due regard for safety of all persons***. Any additional fire service driving regulations shall be followed in addition to obeying all Ohio laws governing emergency vehicle response.

Emergency Vehicle Operations, continued

4. **Backing Policy:**

When backing a Lucas County EMS life squad, the following guidelines shall be followed:

a. If you can avoid backing, don't back.
b. Never be in a hurry when backing.
c. Do not start to back when unsure of the area.
d. Do not put the vehicle into reverse before coming to a complete stop.
e. Lower the driver's window down completely.
f. Attempt to elicit the services of a spotter to stand behind the vehicle while you are backing.
g. Make visual and verbal contact if someone is behind the vehicle assisting you.
h. The vehicle reverse alarm must be used when backing.

5. **Safe Following Distance:**

Rear-end collisions are one of the leading causes of accidents. These types of accidents are often preventable. There are a number of guidelines which can be followed to avoid this type of accident:

a. Practice the four (4) second rule for following the vehicle ahead. As the vehicle ahead of you passes an object, your vehicle should pass the same object no less than four (4) seconds later.
b. Increase following distances for adverse weather conditions or with a patient on board:
    i. Add one (1) second for reduced visibility.
    ii. Add one (1) second for having patient on-board.
    iii. Add two (2) seconds for snow covered roads.
    iv. Add three (3) seconds for ice covered roads.
c. Know the gross vehicle weight of the vehicle and understand the concepts of reaction time and the stopping distance needed at various speeds. Reaction time is the time when a situation arises until the time the operator identifies the hazard and decides on an appropriate response. Stopping distance is the time when the brakes are applied until the time the vehicle comes to a complete stop.

Emergency Vehicle Operations, continued

d. Look ahead:
   i. Scan ahead of the vehicle so that potential hazards can be identified.
   ii. Scan 12-20 seconds ahead.
   iii. Maintain an escape route so that hazards identified or unexpected maneuvers by others won't cause you to slam on the brakes.
   iv. Ease off the accelerator and cover the brakes if hazards are clearly recognized.
   v. Change the pitch of the siren when the vehicle is within 100 feet of the vehicle ahead.
   vi. If available, utilize a signal requesting vehicles ahead to pull to the right.

6. **Intersection Crossing:**

Intersections provide a location for high frequency and severity of accidents. Restricted visibility, assumptions of other driver's actions, and confused or startled drivers are reasons for these accidents. Listed below are special considerations for proceeding through an intersection:

a. Proceeding through a green light:
   i. Slow down.
   ii. Take foot off accelerator.
   iii. Look in all directions. Be aware of oncoming vehicles which may turn in front of you.
   iv. Proceed with caution.
b. Proceeding through a yellow or red light:
   i. Come to a complete stop.
   ii. Establish eye contact with drivers of other vehicles.
   iii. Wait for at least two (2) seconds.
   iv. Proceed with caution one lane at a time.
   v. Make eye contact with any vehicle driver that is approaching. You do not have the right away. You are asking to have the right of way.

Emergency Vehicle Operations, continued

c. Right or left turns across stopped traffic:
   i. Come to a complete stop next to vehicle.
   ii. Establish eye contact with vehicle's driver.
   iii. Beware of vehicles approaching from behind.
   iv. Proceed with caution.

d. Special precautions:
   i. Be aware of all surroundings as they change rapidly.
   ii. Avoid startling motorists.
   iii. Do not pass school buses with their red lights or stop sign activated.
   iv. Obey school zone speed limits.
   v. Do not cross double yellow lines.
   vi. Use all emergency lights when responding Code-3.
   vii. Do not try to outrun trains.
   viii. Use varied or different siren tones.
   ix. Be courteous and patient.
   x. Avoid passing on the right unless as a last resort.
   xi. Avoid travelling in opposing traffic unless you are certain that traffic is clear. Travelling down a one-way street in the wrong direction, if necessary, should be done with extreme caution
   xii. Siren must be used during Code-3 response.

G
Guidelines for Activation of Air Ambulance

The Lucas County EMS System has made a significant impact on the mortality and morbidity of the critically ill and/or injured patient(s) in Lucas County. Our ability to respond rapidly, deliver advanced life support techniques, and move the patient to the closest medical facility capable of handling the emergency has been the foundation of our success. In addition to life squad response, when the need and availability of resources allow, RCOG EMS Dispatch can access one or more approved Air Ambulance services. The approved Air Ambulance emergency service(s) and call distribution procedures are determined administratively and will be reflected in the RCOG EMS Dispatch Procedures.

Lucas County Air Ambulance Services must have EMS med-channel radio capability to coordinate with RCOG EMS Dispatch. Air Ambulances must have medical capabilities that exceed the capabilities of the Lucas County EMS life squads. Recognized air ambulance services must be staffed, at a minimum, with a registered nurse and a paramedic. Air ambulances will be considered available only when they are physically ready and are staffed.

An approved Air Ambulance may be placed on stand-by status whenever the RCOG EMS dispatcher believes, from the information available, that the potential to utilize the helicopter may exist. Upon receiving a stand-by request, an approved Air Ambulance flight crew should ready the aircraft and await a “go”/”no go.” The expected lift off time, once on stand-by status, should be less than one (1) minute in most cases. Flight times in Lucas County range from 1-10 minutes. When a stand-by alert is given to an approved Air Ambulance service at or near the same time that the life squad crew is dispatched, response times in Lucas County can be greatly diminished.

Air ambulance transport is generally not advantageous when ground EMS can transport the patient to receiving centers sooner. Geographically, it is unlikely that air transport inside the interstate beltways (I-75, I-475, US-23, I-280) is appropriate.

When the decision is made to mobilize an approved Air Ambulance it shall be done only through RCOG EMS Dispatch. Communication directly with Air Ambulance services while en route to the scene should be accomplished through RCOG EMS Dispatch. Any approved Air Ambulance service which has had a direct request for an EMS response from within Lucas County, will contact RCOG EMS Dispatch to verify/confirm the request for activation, unique circumstances and ETA. Information regarding the patient, scene and landing zone should be transmitted.

G
Guidelines for Activation of Air Ambulance

Guidelines for Activation of Air Ambulance, continued

Air Ambulance stand-by status should be considered in the following circumstances:

A. When the transport of critically ill/injured patients may take an extended period of time with the potential for deterioration of the patient's condition.
B. Multiple critically ill and/or injured patients.
C. Transport from an area not readily accessible by conventional land transports.
D. Delayed extrication of an unstable patient
E. Severe burn patient with more than 30 minutes transport time, especially with possible airway involvement.

The Lucas County EMS system seeks to provide optimal care for any patient by utilizing an integrated, tiered response approach (BLS units, ALS units, air transport, and primary/tertiary care facilities). To assure that air ambulances are available for those patients in critical need, guidelines for identifying specific circumstances warranting air ambulance activation have been developed. The following policy statements augment the paramedic's guidelines of an air ambulance in Lucas County:

A. Only a public safety official or RCOG EMS Dispatch may activate air ambulances for pre-hospital EMS purposes in Lucas County.
B. Approved air ambulance services shall communicate their availability status to RCOG EMS Dispatch upon request.
C. RCOG EMS Dispatch will follow an administrative policy of equitable call distribution.
D. Calls received by approved air ambulance services for EMS help from Lucas County Public Safety officials will be immediately referred to RCOG EMS Dispatch.
E. The paramedic will use the Lucas County EMS Guidelines for Activation of air ambulance in deciding the need for such assistance.
F. The highest trained medical official on-scene will identify themselves to the responding air ambulance crew upon arrival and relay patient status report.
G. Paramedics will take their medical direction from Lucas County EMS ***On-Line Medical Control*** until the crew from an approved air ambulance service arrives and has been given a patient status report. Lucas County EMS ***On-Line Medical Control***, upon the arrival of an approved air ambulance, should always be notified by the paramedic of this transition of control.

G
Guidelines for Activation of Air Ambulance

Guidelines for Activation of Air Ambulance, continued

The following guidelines will be used by Lucas County EMS for setting up a landing zone (LZ) for air ambulances:

A. During daylight hours a landing zone (LZ) is required to be 60' x 60'. At dusk this changes to 100' x 100'. Assess for overhead wires or any other obstructions. The landing zone (LZ) should be far enough away from the scene as not to blow loose items such as medical equipment or de-stabilizing hazards (downed poles).

B. It is preferred that the landing surface be flat and hard such as a roadway. One person should be in charge of the landing zone (LZ) and establish direct communication with the air ambulance pilot. Do not use hand signals to the pilot unless properly trained.

C. Only approach the aircraft from the front after receiving direction from the air crew. You should also make direct eye contact with the pilot.

RCOG EMS Dispatch will rotate call distribution of emergency requests for air ambulance service. Air ambulances should be:

1. Physically based within Lucas County.

2. Willing to cooperate with and follow Lucas County EMS guidelines for activation of air ambulance; including notification to RCOG EMS Dispatch of any direct requests for scene flights within Lucas County.

3. Transport destination for trauma patients will be determined by the combination of patient consent and medical control.

4. If a requested air ambulance is not available, RCOG EMS Dispatch should contact the next air ambulance service on the rotation schedule.

5. An air ambulance rotation will be maintained by RCOG EMS Dispatch. The rotating schedule will reflect which air ambulance service will be contacted for the emergency response.

6. Once the designated air ambulance has been notified and is airborne, the rotation schedule will be updated. An air ambulance placed on stand-by and not dispatched to the incident will remain first on the rotation schedule.

G
Guidelines for Activation of Air Ambulance

7. In extraordinary cases, should no air ambulances be available in Lucas County, the RCOG EMS dispatcher may contact another air ambulance service.

8. When an air ambulance requests a med channel assignment, the existing process for such assignment will be followed.

9. When establishing radio contact between the air ambulance and a ground unit, the RCOG EMS dispatcher shall provide a routine radio patch or allow units to go direct on the assigned channel.

H
Hospital Diversion Criteria

Hospital emergency department status may be either:

1. Updated through the EM System, or,
2. Updated by direct communications between RCOG EMS Dispatch and the physician in charge (or his/her designee) of the emergency department.

Upon request, and at other reasonable times, RCOG EMS Dispatch may contact hospitals to obtain updated information regarding off-line status. At such times, RCOG EMS Dispatch may provide information to the hospital that could assist them in deciding whether to open or remain on bypass.

When a hospital no longer meets guidelines for special verification, they are required to immediately notify RCOG EMS Dispatch. Patients would no longer be diverted to the facility for the purposes of special care.

Lucas County EMS, in conjunction with the hospitals of Lucas County, will recognize multiple special emergency center status categories: Open to EMS, EMS Bypass, BLS Bypass, Peds Bypass, Open to Peds, Stroke Bypass, RACE Alert Bypass, "ICE" Bypass, STEMI Bypass, Trauma Bypass, Trauma Red Alert, and EMS Red Alert. Hospitals may also permanently close to certain patients (i.e., does not accept OB patients beyond 24 weeks at any time).

Definitions:
For the purpose of this protocol, the definitions of terms are as follows:

ALS (Advanced Life Support) is a paramedic level service including respiratory aerosol treatments or administration of IV medications (i.e., other than pain medication for orthopedic injuries). Patients being transported by LCEMS life squad are classified as ALS patients.

BLS (Basic Life Support) is a patient care service not including respiratory aerosol treatment or IV medications (other than pain medication for orthopedic injuries).

Level 1 Trauma Center There are currently two (2) hospitals within Lucas County with Level 1 verification through the American College of Surgeons:

Mercy St. Vincent Medical Center
Promedica Toledo Hospital

H
Hospital Diversion Criteria

Hospital Diversion Criteria, cont.

Level 2 Trauma Center There is currently one (1) hospital within Lucas County with Level 2 verification through the American College of Surgeons:

University of Toledo Medical Center

Level 3 Trauma Center There are currently two (2) hospitals within Lucas County with Level 3 verification through the American College of Surgeons:

Mercy St. Charles Hospital
Promedica Bay Park Community Hospital – *beginning 5/1/24*

STEMI / Therapeutic Hypothermia Center There are currently six (6) hospitals within Lucas County with STEMI / Therapeutic Hypothermia designation:

Mercy St. Vincent Medical Center
Promedica Toledo Hospital
University of Toledo Medical Center
Mercy St. Anne Hospital
Promedica Flower Hospital
Mercy Perrysburg Hospital

Interventional Stroke Center There are currently three (3) hospitals within Lucas County with Interventional Neurology capabilities:

Mercy St. Vincent Medical Center
Promedica Toledo Hospital
University of Toledo Medical Center

Primary Stroke Centers There are currently eight (7) hospitals within Lucas County with Primary Stroke Center designation:

Mercy St. Vincent Medical Center
Promedica Toledo Hospital
University of Toledo Medical Center
Promedica Bay Park Community Hospital
Mercy St. Charles Hospital
Promedica Flower Hospital
Mercy St. Anne Hospital

H
Hospital Diversion Criteria

Hospital Diversion Criteria, cont.

Approved Hospital Emergency Center Status Categories are as follows:

A. ***Open to EMS:*** Hospital ED is open to all EMS (i.e., life squads, rescue squads and ambulances)

B. ***EMS Bypass:*** Hospital ED is on bypass to all EMS traffic and cannot accept any BLS or ALS patients. This does not affect "walk in" patients.

C. ***BLS Bypass***: Hospital ED is on bypass to BLS transport patients. Under this designation they are still open to ALS patients.

D. ***Stroke Bypass***: Hospital ED is on bypass to patients exhibiting signs and symptoms of a stroke. This status is used when equipment (CT Scanner) required for diagnostics is not available.
    1. **RACE Alert Bypass:** Interventional Neurology Center is on bypass to patients exhibiting signs and symptoms of moderate to severe stroke (RACE Score ≥5)

E. ***"ICE" Bypass:*** Hospital ED is on bypass to patients requiring therapeutic hypothermia. This status is used when the equipment required for therapeutic hypothermia is not available or the cardiac catheterization lab is closed/on bypass.

F. ***STEMI Bypass:*** Hospital ED is on bypass to patients classified with an "injury" pattern on the 12-Lead electrocardiogram. The cardiac catheterization lab may be unavailable due to staffing or patient overload.

G. ***Trauma Bypass:*** The level 1 designated trauma centers may go on bypass to trauma protocol based upon internal capabilities. Within this status the hospital ED is still open to ALS and BLS EMS patients.

H. ***Trauma Red Alert:*** The "Red Alert" status is designed to avoid situations where both level one trauma centers are on bypass to serious trauma at the same time. "Trauma Red Alert" status commences when no level one trauma centers are open. During "Trauma Red Alert," both level one trauma centers agree to "open" to receive patients that meet Lucas County EMS trauma protocol until at least one (1) of the trauma centers reestablishes its open status.

Hospital Diversion Criteria, cont.

I. ***Completely Closed:*** Hospital ED has had a critical internal system occurrence and has closed the ED to all patients. This would include both "walk in" and EMS patients. (Examples: gas leak, internal hazmat incident, quarantine, power failure, structural damage, etc.).

Hospital ED changes in status are reported to Lucas County EMS Dispatch by the ED physician or his/her designee.

Pediatric Considerations:

There are currently two (2) hospitals within Lucas County designated as Pediatric Centers:

The Toledo Hospital
St. Vincent Mercy Medical Center

RCOG EMS Dispatch will be notified of any hospital change in status related to their ability to receive pediatric patients. The ED physician or his/her designee is responsible for notifying Lucas County EMS dispatch of any status changes. A pediatric patient is defined as: Age < 16

J. ***Peds Bypass:*** Hospital ED is not accepting pediatric patients by EMS transport units. (Peds bypass can only be used if ED is on EMS bypass).

K. ***Open to Peds:*** Hospital ED is accepting all pediatric patients.

EMS Red Alert Status / Altered Standards of Care (ASOC)
Variable stressors may impact hospital emergency centers affecting their ability to receive and/or treat patients transported by EMS. Altered Standards of Care (ASOC) enacted during these stressor periods can help relieve some of the difficulty and thereby helping to ensure proper triage and treatment of sick or injured patients. ASOC situations are rare and variable depending on the nature of the stressor on EMS, Hospitals, Community and Infrastructure. There is no one single situation to define when an Altered Standards of Care may need to be implemented (Examples: Emergency centers on EMS bypass at the same time, Earthquake, loss of communication, loss of critical infrastructure, increased patient load due to community spread of disease [pandemic]).

H
Hospital Diversion Criteria

Hospital Diversion Criteria, cont.

An Altered Standards of Care (ASOC) will/may be enacted when EMS care in Lucas County is compromised due to emergency center overcrowding. When the majority or all Lucas County based emergency centers are on EMS Bypass, RCOG EMS Dispatch will declare an 'EMS Red Alert.' The following guidelines for ASOC will be utilized during the declared EMS Red Alert defined by RCOG EMS Dispatch.

Procedure / Protocol:

- Protocol applies to patient age 12 – 50 years.
- ***On-Line Medical Control*** physician's judgement (during contact) may be that emergent EMS transport is not indicated. That determination would come from EMS providing a thorough, problem-focused assessment.
- Paramedics will verbally declare patient to ***On-Line Medical Control*** physician as an Altered Standards of Care (ASOC) patient.
- When paramedics believe that emergent transport is indicated, they will not request (or verbalize) ASOC.
- Upon declaration of an ASOC patient, RCOG EMS Dispatch will assign the closest emergency center for purposes of **On-Line Medical Control** and transport destination.
- Acceptable vital signs as determined by paramedic assessment and ***On-Line Medical Control*** review.
- Sp02 $\geq$ 95%
- Heart Rate < 100 if temperature < 101° F.
- Paramedics will educate patients that do not qualify for transport under ASOC conditions. Patients have option of seeking care at their personal physician's office, alternate care sites or urgent care centers.

I
Hospital Exchange Program

Lucas County EMS has placed lockers and vending machines in each hospital emergency department within Lucas County. The lockers/vending machines contain emergency medical supplies that county life squads and ALS First Responders would routinely use in the care of patients in the field. Life squads have around-the-clock access to lockers/vending machines (ALS First Responders have access to vending machines only) for purpose of re-stocking inventory items utilized during patient care. Additional lockers/vending machines for re-stocking are also located at the Lucas County EMS Annex. Access to inventory is ***only*** for Lucas County EMS life squads and/or ALS First Responders in the Lucas County EMS System. Lucas County EMS Administration can only authorize exceptions to this policy. Access to lockers/vending machines by unauthorized personnel shall be considered ***theft*** and may be subject to ***prosecution***. Supply lockers shall be kept locked at all times. Each life squad has been assigned key(s) for locker access and should remain in the possession of the life squad paramedics. Locker keys are ***not*** to be duplicated. In the event of a lost key, an Unusual Incident Report must be filled out and filed with Lucas County EMS Administration. Additional key(s) for replacement can be signed out through the Lucas County EMS Annex. Electronic/digital access is used for hospital vending machine access. The Lucas County EMS Annex will be responsible for vending machine access/setup.

Lucas County EMS Annex personnel re-stock hospital lockers/vending machines during the week, or as needed when supplies run low. If lockers/vending machines are found to be missing required items for replacement, life squads may access lockers/vending machines at a different hospital, or the LCEMS Annex.

Lucas County EMS life squads are authorized only to exchange expendable supplies with pre-hospital providers that transfer patient care to them. Exchange of medications (i.e., curbside exchange) should only take place between first responders and life squads utilizing LCEMS medications. Only items utilized during the course of patient care will be exchanged. Life Squads are not to exchange supplies with any pre-hospital care providers for basic life support calls nor let any personnel have access to locker supplies for this purpose. To do so may constitute a theft offense for unauthorized use of county property and be subject to prosecution. This policy does allow for exchange of AED supplies with other pre-hospital care providers that are utilized prior to Lucas County EMS arrival.

Failure to comply with the above stated procedures may be considered improper or illegal by the Ohio State Board of Pharmacy.

J
LCEMS Annex Access

The Lucas County EMS Annex is open M-F (0830 – 1630) except for observed Lucas County holidays. Access to the annex beyond normal business hours can be accomplished by the following procedure:

1. Life squad personnel have access to the Lucas County EMS Annex through the door located between overhead doors 3 and 4. A key card assigned to life squad vehicles will unlock the entry door and disable the alarm allowing for entry. Should the key card allow door access, but fail to disable the security alarm, there are directions posted on the wall next to the entry door for disabling the alarm.

2. Upon entry into the annex, life squad personnel are required to complete an entry in the "LCEMS Annex After Hours Log" (Tab 100, Section J-2). Log entries should detail the reason for annex entry (i.e., vehicle changeover, equipment exchange, supplies, etc).

3. Upon exiting the annex, life squad personnel will need to set the security alarm before exiting the building. The directions for setting the alarm are posted on the wall next to the entry door. Confirm that the entry door is closed tightly after exiting the building.

LCEMS
AFTER HOURS LOG

Date	Unit #	Time In	Time Out	Reason	Print Name of Personnel

K
LCEMS Life Squad / Equipment Repairs

When identified, any life squad or equipment maintenance/repairs will be forwarded to the Lucas County EMS Annex. Vehicle/Equipment repair forms (available at the LCEMS Annex) should be filled out with as much information as possible noting the specific problem or concern (see LCEMS Vehicle/Equipment Repair Form – Tab 100, Section K-2).

Upon completion of maintenance work, the Lucas County Annex will document on the repair form any actions or repair work completed to rectify original complaint for maintenance. Copies of completed repair forms will be retained at the Lucas County EMS Annex.

K
LCEMS Life Squad / Equipment Repairs

L.C.E.M.S. Vehicle/Equipment Repair Information Form

Department: _____Vehicle #: _____Mileage: _____

Date: _____ Shift: A B C D

Personnel Reporting Problem: _____/_____

Problem/ Concern#: _____

_____
_____
_____

Conditions under which problem occurs (speed, road condition, turns, weather, etc.)

_____
_____
_____
_____

Action taken by county to correct problem (Date: _____)
(Repairs made, P.M. scheduled, problem not duplicated this time, etc.)

_____
_____
_____
_____
_____

****

Problem/Concern #: _____

_____

Conditions under which problem occurs (speed, road conditions, turns, weather, etc.)

_____
_____
_____
_____

Action taken by county to correct problem (DATE: _____)
(Repairs made, P.M. scheduled, problem not duplicated at this time, etc.)

_____
_____
_____
_____
_____

****

Additional Notes:

_____
_____
_____
_____

Date Vehicle Returned. _____ (Additional pages can be attached)

L
Lucas County EMS Waiver Form(s)

Any personnel riding on a Lucas County EMS life squad for the purpose of observation or training are required to have a completed/signed “Waiver of Liability and Indemnity Agreement” on file with Lucas County EMS Administration.

Refer to Tab 100, Section L-2: “Waiver for minors” and Tab 100, Section L-3: “Waiver for adults”

L
Lucas County EMS Waiver Form(s)

LUCAS COUNTY EMS

"MINOR" WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

WHEREAS, the undersigned voluntarily desires, requests and consents to ride with Lucas County EMS and/or in a Lucas County EMS vehicle and/or participate in any program or activity including facility use for the purpose of education/training; and

WHEREAS, the parent or guardian of the undersigned has read, acknowledges and agrees to the following; NOW, THEREFORE,

In consideration of the privilege to ride with Lucas County EMS or with a driver authorized to drive a Lucas County EMS vehicle and/or participate in any program or activity including facility use for the purpose of education/training, the undersigned (inclusive of heirs and estate) agrees to hold harmless the Board of Commissioners of Lucas County, its officers, agents and employees (including any authorized driver) for any injury, accident, damage or event occasioned to the undersigned as a result of riding with Lucas County EMS and in a Lucas County vehicle and/or participating in any program or activity including facility use for the purpose of education/training.

Furthermore, the undersigned (inclusive of heirs and estate) agrees to release, acquit, and forever discharge the Board of Lucas County Commissioners, its officers, agents and employees of and from any and all actions, causes of action, claims, demands, costs on account of, or in any manner arising from, known or unknown property damage or personal injuries caused by or resulting from riding with Lucas County EMS and in a Lucas County EMS vehicle and/or participating in any program or activity including facility use for the purpose of education/training.

It is further stated and acknowledged by the undersigned that riding with Lucas County EMS and in a Lucas County EMS vehicle and/or participation in any program or activity including facility use for the purpose of education/training is done at the undersigned's own risk.

Agency/ Program Name: _____

Date(s) of Activity: _____

Date Signed: _____

_____ _____

Signature of Participant Signature of Parent or Guardian

_____

Printed Name

_____

Witness

L
Lucas County EMS Waiver Form(s)

LUCAS COUNTY EMS

"ADULT" WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

WHEREAS, the undersigned voluntarily desires, requests and consents to ride with Lucas County EMS and in a Lucas County EMS vehicle and/or participate in any program or activity including facility use for the purpose of education/training; and

WHEREAS, the undersigned is of majority of age; NOW, THEREFORE,

In consideration of the privilege to ride with Lucas County EMS or with a driver authorized to drive a Lucas County EMS vehicle and/or participate in any program or activity including facility use for the purpose of education/training, the undersigned (inclusive of heirs and estate) agrees to hold harmless the Board of Commissioners of Lucas County, its officers, agents and employees (including any authorized driver) for any injury, accident, damage or event occasioned to the undersigned as a result of riding with Lucas County EMS and in a Lucas County vehicle and/or participating in any program or activity including facility use for the purpose of education/training.

Furthermore, the undersigned (inclusive of heirs and estate) agrees to release, acquit and forever discharge the Board of Lucas County Commissioners, its officers, agents and employees of and from any and all actions, causes of action, claims, demands, costs on account of, or in any manner arising from, known or unknown property damage or personal injuries caused by or resulting from riding with Lucas County EMS and in a Lucas County EMS vehicle and/or participating in any program or activity including facility use for the purpose of education/training.

It is further stated and acknowledged by the undersigned that riding with Lucas County EMS and in a Lucas County EMS vehicle and/or participation in any program or activity including facility use for the purpose of education/training is done at the undersigned's own risk.

Agency/Program Name: _____

Date(s) of Activity: _____

Date Signed: _____

_____
Signature of Participant

_____
Printed Name

_____
Authorized by:

M
Life Squad Status Times / MDT

Individual Life Squad Status

RCOG EMS Dispatch must be notified of any change in life squad status (i.e., in-service, out-of-service, out of district, etc.). This notification is necessary to ensure timely emergency response to the citizens of Lucas County and to assist dispatchers with system status management should an emergency response be required.

Any life squad activity, other than an assigned emergency response, must be communicated to RCOG EMS Dispatch. Life squad travel outside of the first due response district, other than emergency response, shall be coordinated with RCOG EMS Dispatch to ensure adequate response coverage within the county.

Following is a list of examples intended to provide a guideline for life squad activity where RCOG EMS Dispatch should be notified:

1. **A life squad leaves its designated quarters and is "on the air":** Destination, arrival, departure and next destination will be communicated to RCOG EMS Dispatch.
2. **A life squad is leaving a hospital after transport and not returning to quarters:** Destination, arrival, departure and next destination will be communicated to RCOG EMS Dispatch.
3. **A life squad is refueling or replenishing oxygen supply at a station other than their assigned quarters:** Destination, arrival, departure and next destination will be communicated to RCOG EMS Dispatch.
4. **Any change in life squad location that is not initiated by Lucas County EMS Dispatch:** Destination, arrival, departure and nest destination will be communicated to RCOG EMS Dispatch.

Recording Emergency Response Times

Dispatch time: The time a life squad is dispatched by RCOG EMS Dispatch.

En-route time: The time a life squad leaves its present location in response to an emergency incident.

Transport time: The time a life squad leaves the scene and begins transport to a designated emergency department.

M
Life Squad Status Times / MDT

Life Squad Status / Times / MDT, continued

Transport
Complete time: The time a life squad arrives at the destination hospital emergency department.

In-Service time: The time a life squad is available for another emergency response (NOTE: Hospital out-of-service times are limited to 20 minutes unless extraordinary circumstances).

In Quarters time: The time a life squad has arrived back at their designated quarters.

A complete list of accurate emergency response times can be accessed from the MDT or by contacting RCOG EMS Dispatch at 419-720-0280.

MDT Procedures

At shift change both life squad paramedics must "sign-on" to the MDT with personalized ID numbers. Any change in life squad personnel during a shift requires that the "sign-on" process be repeated so that CAD reflects the current crew assigned for response on the life squad.

1. Incident Processing:
   Incidents for emergency response will be received via the life squad voice pager(s) and mobile data terminal (MDT). Incident information will be displayed on the MDT along with any additional text or premise information.

   Life squads will notify RCOG EMS Dispatch of their following status:

   - Enroute
   - On Scene
     (RCOG EMS Dispatch will assign transport facility upon life squad verbalizing "on-scene.")
   - Transport
   - Transport Complete
     (The time of transport should be verbalized to RCOG EMS Dispatch by radio)

M
Life Squad Status Times / MDT

2. In-Service:
   To place the life squad back in service from an emergency run, use voice radio communication with RCOG EMS Dispatch to give disposition of incident.

   - AOR (Available on Radio)
   - AIQ (Available in Quarters)

3. Incident Times:

   Incidents can be viewed by entering the proper commands into the MDT

4. Messages:
   Messaging by MDT should not be used for delivery/receipt of "incident information." Pertinent incident information should be voiced by radio communication to RCOG EMS Dispatch or other field units.

   If MDT is not functioning, NOTIFY RCCOG EMS Dispatch immediately.

N
Med Channel Assignments

The request for a medical channel for purposes of communicating with ***On-Line Medical Control*** can be initiated by (1) a Lucas County EMS life squad; (2) ALS first responder; (3) private/public transport agency, or (4) air ambulance service. RCOG EMS Dispatch will assign medical channels based upon their current policy.

Lucas County EMS life squads will be assigned the closest appropriate hospital for ***On-Line Medical Control.*** This may not be the closest hospital to the life squad's location (i.e., Trauma, OB, STEMI, Cardiac arrest, etc.)

Upon receipt of a request for a medical channel from a Lucas County EMS life squad, RCOG EMS Dispatch will notify the appropriate hospital that they have been assigned as ***On-Line Medical Control***. If the transport hospital is different from ***On-Line Medical Control***, that information will be given to both the life squad and the hospital assigned as ***On-Line Medical Control***. The hospital assigned as ***On-Line Medical Control*** will forward any life squad reported patient assessments to the transport facility.

Dispatch information (incident #; times) required for patient care report (PCR) documentation can be obtained from the MDT or by contacting RCOG EMS Dispatch at 419-720-0280.

O
Medication Inventory
Supply/Storage/Use/Disposal

Lucas County EMS distributes and maintains a supply of pharmaceuticals ("Dangerous Drugs") and controlled substances under the authority of the Lucas County EMS Medical Director. The Lucas County EMS Medical Director has delegated the day-to-day operation of inventory management and distribution of pharmaceuticals to the Lucas County EMS Quality Officer, Annex Supervisor and his/her assigned staff. Additionally, the day-to-day tasks related to field inventory/storage/use/documentation are delegated to the emergency medical service (EMS) organization personnel who hold appropriate certification to access the dangerous drugs for which they are responsible.

Lucas County EMS Annex

- The Lucas County EMS Annex Supervisor must be a paramedic with State of Ohio certification.

- Pharmaceuticals (Dangerous Drugs) stored, and under the control of the Lucas County EMS Annex, shall be maintained in a temperature controlled, clean, and secured environment. Controlled substances shall be stored in a locked safe with limited access to the annex supervisor or his/her designee.

- All pharmaceuticals (Dangerous Drugs) stored at the Lucas County EMS Annex are routinely checked for expiration dates. All outdated medications identified during inventory management will be considered adulterated and will be separated from the active stock to prevent use in the field.

ALL Lucas County EMS Paramedic Personnel

- Any loss, theft or tampering of pharmaceuticals must be reported upon discovery. All known information surrounding the event must be detailed in writing and forwarded to the Lucas County EMS Medical Director.

- Destruction of expired controlled substances may only be authorized by the Lucas County EMS Medical Director after proper advance notice to the State Board of Pharmacy***. Management of controlled substances is detailed in Tab 100: Section W (Controlled Substance Program Policy).*** The following medications, for purposes of this policy, are labeled as 'controlled' substances: Dilaudid, Fentanyl, Ketamine, Morphine and Versed.

Medication Inventory, cont.

- Lucas County EMS Staff, upon direction/authorization of the Lucas County EMS Medical Director, may visit any licensed site and retrieve medications for expiration or qualitative/quantitative testing.

- Field paramedics may not destroy any expired or broken medication that is licensed the Lucas County EMS Medical Director. Medications must be turned into the annex for exchange. Controlled medication exchange is documented in a log maintained by the Lucas County EMS Annex and field paramedic unit. **Management of controlled substances is detailed in Tab 100: Section W (Controlled Substance Program Policy)**.

Ohio State Board of Pharmacy Rules / Procedures

Rules governing the possession and use of dangerous drugs by emergency medical service organizations is detailed in the Ohio Administrative Code: Chapter 4729:5-14.

The Ohio Administrative Code requires that all dangerous drugs be secured in a tamper-evident manner with access limited to EMS personnel based on certification status, except for the following if stored in a sealed (by manufacturer), tamper-evident manner:

- Solutions labeled for irrigation use;
- Dextrose solutions;
- Saline solutions;
- Lactated ringers;
- Sterile water; and
- Naloxone Hydrochloride

Tamper-evident is defined as any of the following: a package, storage container or other physical barrier is sealed or secured in such a way that access to the drugs stored within is not possible without leaving visible proof that such access has been attempted or made.

O
Medication Inventory
Supply/Storage/Use/Disposal

Medication Inventory, cont.

Administration of dangerous drugs by EMS personnel is limited to the individual's scope of practice based upon certification level and either:

1) The protocols established by the organization's medical director; or
2) A verbal order by a prescriber received in-person or over an electronic communications device.

Record Keeping: Rule 4729:5-14-04 (Ohio Administrative Code)

The Ohio Administrative Code ***REQUIRES*** the following:

- **Records of receipt** shall contain a description of all dangerous drugs received, the kind and quantity of dangerous drugs received, the name and address of the persons from whom received, and the date of receipt.

- **Records of administering** dangerous drugs shall be legible and shall contain the first and last name of the EMS personnel who administered the drug, name of the EMS organization, name and strength of the drug administered, date of administration, time of administration, amount of the dose administered, the name or other means of identifying the patient, such as medical record number or run number, and the identification of the individual administering the drug.

- **Drug transfer / Exchange with another EMS Unit (i.e., curbside exchange):** Dangerous drugs under common LCEMS ownership can be exchanged between EMS units with proper documentation of the transfer**. (Example: ALS First Responder with LCEMS medication box receives a dangerous medication from the Life Squad to replenish inventory).**

LCEMS Policy and Procedure for Dangerous Drug Inventory – Storage – Use:

ALL Fire/EMS agencies in Lucas County that maintain a dangerous drug inventory supplied by Lucas County EMS (ALS First Responder or Life Squad) MUST follow the outlined procedure for dangerous drug inventory, storage and use.

O
Medication Inventory
Supply/Storage/Use/Disposal

Medication Inventory, cont.

All Life Squads and ALS First Response vehicles will have a soft-sided medication pouch added to their drug box where all dangerous medications will be maintained and sealed with a numbered tag at all times when not in use in performance of job-related duties. Dangerous drugs excluded from this medication pouch, if stored in a tamper-evident manner, include:

- Solution labeled for irrigation use;
- Dextrose solutions (i.e., 50% Dextrose pre-inject)
- Saline solutions (includes all IV bags)
- Lactated ringers;
- Sterile water; and
- Naloxone Hydrochloride (Narcan pre-inject)

Access of dangerous drugs by EMS personnel is limited to the individual's scope of practice based upon certification level (Paramedic only) and inclusion on the Lucas County EMS Ohio State Board of Pharmacy License.

Pursuant to rule 4729:5-14-03 of the Ohio Administrative Code, Lucas County EMS and the office of the Medical Director delegate the day-to day tasks to the emergency medical service EMS organization personnel who hold appropriate certification to access the dangerous drugs for which they are responsible.

All records of access, receipt, transfer and administration of dangerous drugs shall be annotated (documented) in an on-going log and maintained for a period of three (3) years at the place where the dangerous drugs are located.

Log Entries:

- **Record of Medication Pouch Access:** Anytime that the tamper-evident, numbered seal is broken for pouch access (i.e., inventory, etc.), a log entry will be made with reason for access. Log entry should include old seal number, new seal number and name/signature of personnel making access.

- **Records of receipt** shall contain a description of all dangerous drugs received, the kind and quantity of dangerous drugs received, the name and address of the persons from whom received, and the date of receipt.

Medication Inventory, cont.

- **Records of administering** dangerous drugs shall be legible and shall contain the first and last name of the EMS personnel who administered the drug, name of the EMS organization, name and strength of the drug administered, date of administration, time of administration, amount of the dose administered, the name or other means of identifying the patient, such as medical record number or run number, and the identification of the individual administering the drug.

- **Records of transfer / exchange (curbside exchange)** of dangerous drugs shall be legible and contain the first and last name of the EMS personnel who transferred the drug, name of the EMS organization, date of the transfer, agency/vehicle receiving the transferred drug, and identification of the individual taking receipt of the dangerous drug.

NOTE: Any dangerous drug (medication) pouch found with a broken seal and/or not maintained with the tamper-evident process outlined in this protocol must be immediately reported to LCEMS Administration for review and follow up.

Special Considerations:

1. A drug that reaches its expiration date is considered adulterated and must be separated from active stock to prevent possible administration to patients. Paramedics may not destroy any expired or broken medication that is licensed to the Lucas County EMS Medical Director. Medications must be turned in to the annex for exchange.

2. This policy does not cover the inventory and management of controlled substances. Please refer to Tab 100: Section W – Controlled Substance Program Policy.

3. LCEMS will maintain one small, sealed (tagged) cabinet in the Life Squad for the purpose of storing the medication Cyanokit. Medication receipt, administration and/or transfer would be subject to the tagging and documentation procedures outlined in this protocol.

4. Agencies in possession of LCEMS medications will not maintain additional storage (of any kind) on a vehicle, in a cabinet, or in a locker at a Fire/EMS station.

Medication Inventory, cont.

5. Lucas County EMS Administration reserves the right (as the responsible party for overall supervision and control of dangerous drugs on the LCEMS pharmacy license) to randomly inspect dangerous drug inventory on ALS first response apparatus and Life Squads. Inventory found not in compliance with the Ohio State Board of Pharmacy rules and LCEMS policy would be subject to paramedic removal from the pharmacy license and/or removal of dangerous medications from apparatus inventory.

Dangerous Medication Inventory Log: Example

DATE	Old Seal #	Name (Printed)	Signature	**Description of Use** Administration / Receipt / Transfer (Run Incident # - if applicable)	New Seal #

P
On-Line Medical Control Contact

A. A paramedic in the Lucas County EMS system operates under a Medical Director's supervision and obtains his/her immediate direction from assigned ***On-Line Medical Control***. Upon radio contact, a doctor/patient relationship has been established between the patient and ***On-Line Medical Control***.

B. Contact with On-Line Medical Control should occur when time permits to allow for:
   1. Early notification of patient assessment.
   2. Notification of treatments rendered in the field***.***
   3. Request of therapies outlined within the protocols as ***Medical Control Order.***
   4. Patient refusal of treatment and/or transport
   5. Treat and Release authorization
   6. Transport capabilities and transport decisions. (i.e., transport by BLS vs. ALS)

C. ***On-Line Medical Control*** contact is required for any patient transported by Lucas County EMS life squad.

D. A Lucas County EMS life squad paramedic who evaluates an ALS patient and, after evaluation, requests ALS or BLS transport by another private/public transport agency, must have authorization from ***On-Line Medical Control***.

E. Patients deemed BLS following life squad evaluation does not require ***On-Line Medical Control*** contact. A completed patient care report (PCR) is required detailing patient assessment, any interventions, justification for deeming patient BLS, and disposition of the patient.

F. In the event a paramedic (or paramedic officer) on a first responding ALS vehicle renders ALS care, and the life squad is subsequently canceled prior to patient contact, the first responding paramedic must make ***On-Line Medical Control*** contact to detail the assessment and events of patient contact. A completed patient care report (PCR) is required detailing patient assessment, any interventions and disposition of the patient. (Example: ALS care by first response paramedic with patient improvement and refusal of transport).

Q
Patient Care Report (PCR)

With the expansion of our EMS system to include ALS First Response, the responsibility for patient care documentation varies. This protocol addresses the responsibilities for completion of the patient care report (PCR).

Lucas County EMS life squad paramedics will document all response and/or transport activity into the electronic patient care reporting form (ePCR). **NOTE: Paper reports are only to be used as a back-up for ePCR tablet failures, or in the case of a disaster situation.**

Lucas County paramedics operating on a life squad will utilize a username and password for entry into the electronic patient care reporting form. Adding/changing of usernames or passwords can be accomplished by contacting Lucas County EMS Administration.

The scope of this protocol is not to provide step-by-step instructions for ePCR entry.

The responsibility for ***Patient Care Report (PCR)*** documentation is determined as follows:

A. A Lucas County EMS life squad paramedic who evaluates and transports an ALS patient is required to complete a patient care report (PCR). Upon transfer of the patient to the receiving facility, a PCR will be completed detailing patient demographic information, response times, assessments, vital signs, interventions and outcome information. All ECG data acquired during patient care must be transferred to the ePCR. All PCR's shall be completed before a paramedic leaves their completed work shift.

B. A Lucas County EMS life squad paramedic who evaluates an ALS patient and, after evaluation, requests ALS or BLS transport by another private/public transport agency, must have authorization from ***On-Line Medical Control***. Upon completion of the incident, a tablet PCR must be completed detailing patient demographic information, response times, assessments, vital signs, interventions and outcome information. All PCR's shall be completed before a paramedic leaves their completed work shift.

Patient Care Report (Documentation/ On-Line Medical Control), continued

C. A Lucas County EMS life squad paramedic who, after patient evaluation, classifies (deems) patient as BLS, is ***not*** required to make ***On-Line Medical Control*** contact. Upon completion of the incident, a tablet PCR must be completed detailing patient demographic information, response times, assessments, vital signs, interventions (if any) and outcome information. All ECG data, if acquired, must be transferred to the ePCR. All PCR's shall be completed before a paramedic leaves their completed work shift.

D. ALS first responders, upon determining a patient meets BLS criteria, may cancel the responding life squad. Life squad paramedics who have been canceled are not required to establish ***On-Line Medical Control***. The ALS first responder is responsible for completing the appropriate patient documentation outlined by their department policy.

E. ALS first responders, upon determining a patient meets ALS criteria, will initiate interventions based upon standing orders from his/her protocols. Patient care will then be turned over to the Lucas County EMS life squad paramedics upon their arrival to the scene. Upon completion of the incident, a tablet PCR must be completed detailing patient demographic information, response times, assessments, vital signs, interventions and outcome information. All ECG data must be transferred to the ePCR**. NOTE: Interventions performed by the ALS first responder prior to life squad arrival to the scene should be documented into the life squad ePCR**. All PCR's shall be completed before a paramedic leaves their completed work shift.

R
Refusal Treatment/Transport
Treat / Release

Refusal of Treatment or Transport
Patients refusing treatment and/or transportation should be made fully aware of the nature of their existing problem and the possible consequences of their refusal. The patient must be considered alert/oriented and not under the influence of alcohol, drugs, or a medical condition that could impede his/her decision-making ability. When diligent, repeated efforts to reason with the patient fail, a refusal statement (AMA) should be signed and witnessed.

In the event the patient refuses to sign the AMA statement, a family member's signature is acceptable as witness of the refusal as long as the family member is aware of the consequences of the patient's action. If no relatives are present, witness of the refusal by two (2) persons (preferably not the EMS crew) and clear documentation of all information must be contained within the electronic patient care reporting form.

If the patient is under the influence of alcohol, drugs, or a medical condition that can impede his/her decision-making ability, neither the patient nor family member can refuse treatment. The patient must be treated and transported as medically appropriate. Law enforcement assistance and/or transport to the hospital are to be considered if necessary.

The patient who has attempted suicide or who has suicidal ideation may not refuse treatment or transport. Law enforcement assistance and/or transport to the hospital are to be considered if necessary.

Special Notes:

A. Explain in comprehensible lay terms the need for treatment and the consequences to the patient of declining treatment, (i.e., worsening condition, seizure, brain damage, stroke, heart attack, death, etc). Explain to the patient what treatment is to be done per protocol (such as Oxygen, cardiac monitoring, IVs, etc.). Also explain to the patient what treatment may be done at the hospital such as x-rays, ECG, blood test, cardiac cath, and physician evaluation.

B. If the patient still declines care, meticulously document what you advised the patient and all indications of the patient's alertness, full orientation and capacity to repeat back the explanation given. Have the patient do this in front of another person, preferably in the presence of another family member, police officer, or ambulance crew personnel. Document the results and the name of the person who witnessed the event of the refusal.

Refusal / Treat and Release, continued

C. It may be appropriate to have the patient communicate directly with ***On-Line Medical Control*** via radio to reinforce the consequences of the patient's decision.

D. ***On-Line Medical Control*** contact must be made while at the scene with the patient. A full radio report including any assessments, vital signs, interventions, and request for refusal must be given to ***On-Line Medical Control for approval*.**

E. Before securing a patient's signature, the refusal statement should be read aloud for a complete understanding of the consequences of signing.

F. Upon completion of the incident, a tablet PCR must be completed detailing patient demographic information, response times, assessments, vital signs, interventions and outcome information. All ECG data acquired during patient care must be transferred to the ePCR.

Treat and Release

The LCEMS Medical Director has established criteria and reporting requirements for those scenarios where treatment without transport role is deemed appropriate by EMS (Treat and Release). In many cases patients respond favorably to treatments in the field, where in the paramedic's best judgment, transport may not be necessary (i.e., treatment of hypoglycemic Type 1 diabetics with D50).

Criteria for field "Treat and Release":

A. Perform complete/detailed medical assessment including patient interview and physical exam before and after medical treatment.

B. The patient must be considered alert/oriented and not under the influence of alcohol, drugs or a medical condition that could impede his/her decision-making ability.

C. Be certain the mentally competent patient understands the consequences of his/her condition as well as the consequences of a "treat and release" before acquiring a signature.

Refusal / Treat and Release, continued

D. ***On-Line Medical Control*** contact must be made while at the scene with the patient. A full radio report including any assessments, vital signs, interventions, and request for "treat and release" must be given to ***On-Line Medical Control for approval***.

E. Before securing a patient's signature, the "treat and release" statement should be read aloud for a complete understanding of the consequences of signing.

F. Upon completion of the incident, a tablet PCR must be completed detailing patient demographic information, response times, assessments, vital signs, interventions and outcome information. All ECG data acquired during patient care must be transferred to the ePCR.

1. **All drivers and front seat passengers of Lucas County vehicles are required to wear seat and shoulder belts while the vehicle is in operation.**

2. When practical, it is extremely important to ensure that all occupants, including the patient, passengers and EMS workers are buckled up when the vehicle is moving. Lucas County EMS does not encourage transporting un-injured family members of patients who are being transported. If, in the paramedic's judgment, transporting un-injured family member(s) is necessary, all such passengers shall be secured by occupant restraining devices. If an operator of a life squad is unable or unwilling to properly secure an un-injured occupant, such person(s) shall not be transported in a Lucas County EMS vehicle.

3. Over the shoulder belt systems, which are designed to be used with our cots, have demonstrated safer restraint for patients in the event of a crash. Shoulder belts should ***always*** be available and ***attached*** to the cot. They should be used when transporting patients whenever possible without jeopardizing patient medical care.

For transport of pediatric patients, Lucas County EMS has provided the ACR-4 (Ambulance Child Restraint System) for all operating life squads.

Infants and Children

NOTE: BTLS and EMT training many times recommend using the pediatric patient's existing child restraint seat for immobilization and transport. Many manufacturers may void warranties for use of a child restraint seat if it has been damaged due to an accident. Properly inspect any existing child restraint device for damage and integrity before considering its use. It should be properly attached to the seat/cot before transport. Use common sense in deciding whether or not to transfer an infant/child from an existing child seat in which they are restrained.

ACR-4 (Ambulance Child Restraint System): The ACR-4 in an innovative, flexible and fully adjustable harnessing system designed for safe and effective transport of infants and children in an ambulance. It is color-coded for easy selection and includes universal stretcher straps to connect with the ACR harness, holding the patient in place to prevent potentially dangerous movement during transportation.

Vehicle Restraint Systems, continued,

THE DO'S AND DON'TS OF TRANSPORTING CHILDREN IN A LIFE SQUAD

Approximately six million children are transported by emergency medical services (EMS) vehicles each year in the United States. There are risks of injury associated with transport that can be minimized. A life squad is **NOT** a standard passenger vehicle. Unlike the well-developed and publicized child passenger safety standards and guidelines, specifications for the safe transport of ill and injured children in life squads are still under development. Standard automotive safety practices and techniques cannot be applied directly to EMS vehicle environments due to biomechanical and practical differences. Caution is encouraged in the application of passenger vehicle principles to life squads and in the utilization of new and unproven products.

There are certain practices that can significantly decrease the likelihood of a crash, and in the event of a crash or near collision, can significantly decrease the potential for injury. Importantly, as is mandated in several states, the NHTSA Emergency Vehicle Operations Course (EVOC), National Standard Curriculum or its equivalent is an integral part of this transport safety enhancement.

Do's	Don'ts
DO drive cautiously at safe speeds observing traffic laws.	**DO NOT** drive at unsafe high speeds with rapid acceleration, decelerations and turns.
DO tightly secure all monitoring devices and other equipment.	**DO NOT** leave monitoring devices and other equipment unsecured in moving EMS vehicles.
DO ensure available restraint systems are used by EMT's and other occupants, including the patient.	**DO NOT** allow parents, caregivers, EMT's or other passengers to be unrestrained during transport.
DO transport children who are not patients, properly restrained, in an alternate passenger vehicle, whenever possible.	**DO NOT** have the child/infant held in the parent, caregiver, or EMT's arms or lap during transport
DO encourage utilization of the DOT NHTSA Emergency Vehicle Operating Course (EVOC), National Standard Curriculum	**DO NOT** allow emergency vehicles to be operated by persons who have not completed the DOT EVOC or equivalent.

T
Transport from Nursing Homes

Nursing home administrative staff may request private/public ambulance transport for a nursing home resident based upon (1) standard operating procedures, (2) telephone order from the patient's private physician, or (3) telephone order from the nursing home medical director. It is understood that in settings where the 911 system is not activated, and the patient would potentially benefit from Lucas County EMS response, the patient's physician and/or ambulance transport agency assumes medical liability for the patient.

A. Private/public transport agencies who, after receiving a direct call for transport, find patients in what appears to be a "life-threatening" situation ***may*** call RCOG EMS Dispatch for assistance.

B. RCOG EMS Dispatch will request information about patient status, need for life squad response and the private/public transport agencies level of training (ALS vs. BLS).

C. In the setting where a Lucas County EMS life squad is dispatched to assist an ALS level private/public transport agency, ALS care ***may*** have been initiated by their approved medical protocols or medical direction.

D. Lucas County EMS life squad personnel will work in concert with any private/public transport agency for purposes of patient assessment, stabilization and transport.

E. With Lucas County EMS assistance requested, patients who have not yet been removed from the scene will be transported by Lucas County EMS life squad. With patients who have already been transferred to the private/public transport agencies vehicle, a Lucas County EMS life squad paramedic should weigh the risk/benefit of transferring the patient from one transport vehicle to another (NOTE: Consider training level of private/public provider). The Lucas County EMS life squad paramedic may elect to transport the patient in the private/public transport agencies vehicle for patient stabilization reasons. In this setting, LCEMS paramedics are required to notify RCOG EMS Dispatch of the transport disposition and contact ***On-Line Medical Control*** according to protocol.

F. Private/public transport agencies already in a "transport" mode, may request ALS assistance from RCOG EMS Dispatch. The time to life squad intervention shall be weighed against the time to patient delivery to a hospital in these circumstances.

U
Transport Procedures

A. The following cases ***must*** be transported via Lucas County EMS life squad or county designated ALS service to the closest ***appropriate*** facility:

   1. Life or limb-threatening emergencies
   2. Whenever ***any*** medication or other invasive medical procedure is indicated, unless otherwise directed by ***On-Line Medical Control***.
   3. Specific transport requests from ***On-Line Medical Control***.

B. Patients not requiring ALS transport or treatment may be transported by other means, or left in care of self with ***On-Line Medical Control's*** **permission**.

C. Patients refusing treatment or transport should be made fully aware of the possible consequences of their decision. It is a patient's right to refuse treatment and still consent to transport. The patient should be asked to sign an AMA (Against Medical Advice) statement if any recommendation is refused. A family member's signature, as witness, is strongly recommended. (See Operations Section "REFUSAL OF TREATMENT OR TRANSPORT" Tab 100, Section R).

D. Any ALS patient refusing transport by Lucas County EMS life squad to the closest appropriate facility should be offered transport by a recognized private or public ALS service. Specific requests for transfer of patient to a recognized private or public ALS service must be directed to ***On-Line Medical Control*** for authorization.

V
Hazardous Materials
WMD

This protocol shall serve as a guideline for life squad response to hazardous materials or chemical agent incidents. While not all inclusive, personnel should remember that scene safety is paramount. The life squad's role shall be one of patient assessment and treatment. Setting up work zones and patient decontamination should be left to personnel specifically trained and equipped for these incidents. All responders should have a basic understanding of hazardous materials, hazardous material equipment and safety policies.

I. Priorities at HazMat Incident

A. **Recognition** – recognizing the incident, dangers of the substance, and need for isolation.
B. **Scene Safety** – Back up to 1000ft. upwind from the incident.
C. **Identification** – Begin indentifying substances involved.
D. **Communication** – Initiation of ICS and/or coordinated HazMat response (per local FD protocol).
E. **Isolation of area/event** – Initiate/assist with isolation of area to prevent further contamination of personnel and equipment. Communicate with safety officers.
F. **Medical Treatment** – knowledge and ability to reference treatment modalities for identified agent.

II. Zones: HazMat incidents should have work zones established based upon identified and safety risks (usually performed by HazMat Team).

A. **Hot Zone** – (Restricted Area) this zone is only for personnel with the appropriate protective clothing and appropriate training. Typically, EMS personnel do not enter this zone.
B. **Warm Zone** – This zone is where decontamination occurs and also acts as a limited access area. This may be a large zone dependant on what hazardous material has been identified.
C. **Cold Zone** – This zone is also known as the clean zone. Transport lines would form in this zone. Incident command personnel and transport vehicles would be in this location.

III. Role of the Paramedic at HazMat Incidents

A. To transport decontaminated patients from the cold zone to an appropriate emergency facility
B. To provide medical care to patients/safety personnel in the cold zone.
C. To monitor members of the emergency response team (rehab).

IV. Equipment Protection

Whenever possible a front-line vehicle should not transport patients to a medical facility due to the risk of contamination of the vehicle, it's equipment and the medical facility receiving the patient. During activation of the HazMat team, the Toledo Fire Department will be notified by RCOG EMS Dispatch. A request shall be made by dispatch to mobilize the empty HazMat/Rehab vehicle for transport of decontaminated patients.

The recommended order for obtaining a transport vehicle during a HazMat incident (dependant on availability) is as follows:

1. Vehicle transferred to The Toledo Department of Fire and Rescue for HazMat/Rehab purposes.
2. An empty back-up vehicle housed at the LCEMS Annex.
3. A front-line back-up vehicle housed at the LCEMS Annex.
4. A front-line life squad
5. Private Ambulance
6. Other Transport (i.e., school bus, TARTA, etc.)

Paramedics should use their portable supplies when assessing and treating patients. Portable equipment should remain in the zone it is used until properly decontaminated. Patients transported should be wrapped in cotton sheets to further reduce the risk of cross contamination to the vehicle and other personnel.

V. Hospitals

Medical facilities should expect that the patients transported to their facility will have had decontamination procedures performed by the on-scene hazardous materials team. Decontamination means that an attempt has been made to remove the majority of the contaminating agent. No assumption should be made that the entire agent has been removed.

Hazardous Materials / WMD, continued.

VI. Chemical Agents

A. If a scene is a suspected chemical event, life squad paramedics will not approach patients until they are decontaminated.
B. Treatment shall be based upon history and physical examination, and does not require confirmation of the agent. Treatment will be based upon patient symptomology.
C. Triage will occur based upon the following colored tagging system:
    1. **Red Tag** – Patients with symptoms
    2. **Yellow Tag** – Patients that were exposed, but are asymptomatic
    3. **Black Tag** – Cardiac arrest

VII. Nerve Agents: If the suspected contaminate is a nerve agent. Utilize the following guidelines for patient treatment:

Nerve Agent and Insecticide Poisoning Symptoms:
Common symptoms of organophosphorous exposure are listed below. Individuals may not have all symptoms:

Mild Symptoms	Severe Symptoms
Blurred vision, miosis	Strange or confused behavior
Excessive, unexplained teary eyes	Severe difficulty breathing or copious secretions from lungs/airway
Excessive, unexplained runny nose	Severe muscular twitching and general weakness
Increased salivation such as sudden drooling	Involuntary urination and defecation
Chest tightness or difficulty breathing	Convulsions
Tremors throughout the body or muscular twitching	Unconsciousness
Nausea and/or vomiting	
Unexplained wheezing, coughing or increased airway secretions	
Acute onset of stomach cramps	
Tachycardia or bradycardia	

Hazardous Materials / WMD, continued.

The DuoDote™ Auto-Injector has replaced the Mark 1 Kit which offers the same protection in a single auto-injector.

DuoDote™ is indicated for the treatment of poisoning by organophosphorous nerve agents as well as organophosphorous insecticides. DuoDote should only be administered to patients experiencing symptoms of organophosphorous poisoning in a situation where exposure is known or suspected. DuoDote should be administered as soon as symptoms or organophosphorous poisoning appear.

Treatment of Mild Symptoms:

First Dose: In the situation of known or suspected organophosphorous poisoning, administer one (1) DuoDote injection into the mid-lateral thigh if the patient experiences two or more ***MILD*** symptoms of nerve agent or insecticide exposure. (EMS personnel with mild symptoms may self-administer a single dose of DuoDote.)

Wait 10-15 minutes for DuoDote to take effect. If, after 10-15 minutes, the patient does not develop any of the ***SEVERE*** symptoms listed previously, no additional DuoDote injections are recommended, but definitive medical care should ordinarily be sought immediately. For EMS personnel who have self-administered DuoDote, an individual decision will need to be made to determine their capacity to continue to provide emergency care.

Additional Doses: If, ***at any time after the first dose***, the patient develops any of the ***SEVERE*** symptoms listed previously, administer two (2) additional DuoDote injections in rapid succession and administer 10mg Valium IM (Auto-Injector), and seek definitive medical care.

Treatment of Severe Symptoms:

If a patient has any of the ***SEVERE*** symptoms listed previously, immediately administer three (3) DuoDote injections into the patient's mid-lateral thigh in rapid succession and administer 10mg Valium IM (Auto-Injector), and seek definitive medical care.

Pediatric Considerations: Safety and effectiveness of DuoDote in pediatric patients have not been established.

Hazardous Materials / WMD, continued.

Instructions for the use of the DuoDote Auto-Injector:

1. Tear open the plastic pouch at any of the notches. Remove the DuoDote Auto Injector from the pouch.

2. Place the DuoDote Auto-Injector in your dominant hand. Firmly grasp the center of the DuoDote Auto-Injector with the Green Tip (needle end) pointing down. With the other hand, pull off the Gray Safety Release. The DuoDote Auto-Injector is now ready to be administered.

3. The injection site is the mid-outer thigh area. The DuoDote Auto Injector can inject through clothing. However, make sure the pockets at the injection site are empty. Swing and firmly push the Green Tip straight down (a 90° angle) against the mid-outer thigh. Continue to push until you feel the DuoDote Auto-Injector trigger.

IMPORTANT: After the auto-injector triggers, hold the DuoDote Auto Injector firmly in place against the injection site for approximately 10 seconds.

Hazardous Materials / WMD, continued.

4. Remove the DuoDote Auto-Injector from the thigh and look at the Green Tip. If the needle is visible, the drug has been administered. If the needle is not visible, check to be sure the Gray Safety Release has been removed, and then repeat above steps beginning with Step 3, but push harder.

5. After the drug has been administered, push the needle against a hard surface to bend the needle back against the DuoDote Auto-Injector.

6. Put the used DuoDote Auto-Injector back in the plastic pouch, if available. Leave used DuoDote Auto Injector(s) with the patient to allow other medical personnel to see the number of DuoDote Auto-Injector(s) administered.

7. Immediately move yourself and the patient away from the contaminated area and seek definitive medical care for the patient.

VIII. Biological Agents

The prophylactic treatment of safety service personnel may include some of the following antibiotic regimens:

A. N95 mask placement for protection of patient and safety worker
B. **Anthrax** – Ciprofloxin Hydrochloride (Cipro) 500mg PO.
C. **Typhoidal Tulariemia** – Doxycycline 100mg PO.
D. **Fever** – From suspected biological agent – Doxycycline 100mg PO.
E. **Pneumonic Plague** – Doxycycline 100mg PO.
F. **Brucellosis** – Doxycycline 100mg PO.

W
Controlled Substance Program Policy

INTRODUCTION

Lucas County EMS provides controlled substances (medications) to fire department Life Squads and ALS First Responder units. As an ALS provider within the Lucas County EMS system, controlled substances are authorized for use following strict guidelines and procedures as outlined in: 1) The State of Ohio Administrative Code Chapter 4729-33, and DEA regulations; 2) US Department of Justice Drug Enforcement Administration Office of Diversion Control, Title 21 CFR, Part 1300 – 1399.

PURPOSE

The Controlled Substance Program Policy has been established to ensure that Lucas County EMS system paramedics adhere to appropriate laws, procedures and policies regarding the possession and use of Controlled Substances. This Controlled Substance Program Policy has been approved by the Lucas County EMS Medical Director.

POLICY

It is the responsibility of **ALL** LCEMS paramedics that are required by the scope and/or application of their job duties, to adhere to all procedures contained within this Controlled Substance Program Policy

PROCEDURE

A. INITIAL RECEIPT OF CONTROLLED SUBSTANCE STOCK (ANNEX)

1. The LCEMS Medical Director or his/her designee may order Controlled Substances for initial stock and restock.

2. Controlled Substances will only be handled by designated personnel at the LCEMS Annex. “Designated Personnel” are defined as one of the following:
   - LCEMS Annex Support Services Manager
   - LCEMS Annex Supervisor (or designee)
   - Training and Quality Assurance Manager
   - EMS Medical Director

Controlled Substance Program Policy, cont.

3. Upon receipt of any Controlled Substance(s) at the LCEMS Annex, two (2) of the Designated Personnel shall count and record the Controlled Substance(s) on the Controlled Substance Central Supply Inventory / Disbursement Log. A copy of the Log is attached to this policy as **Attachment "A."** All entries in this log shall be co-signed by each of the Designated Personnel conducting the initial inventory.

B. STORAGE OF CONTROLLED SUBSTANCES (ANNEX)

- Upon receipt and inventory at the LCEMS Annex, all Controlled Substances shall be placed in the locked safe. Access to the safe shall be strictly limited to the Designated Personnel, as set forth in paragraph A-2 of this Policy.

C. DAILY INVENTORY OF CONTROLLED SUBSTANCES (ANNEX)

- Two of the Designated Personnel must conduct an inventory check of all Controlled Substances stored in the safe on a daily basis. "Daily" is defined as every business day, Monday through Friday, between the hours of 0830 – 1630. The inventory check must be documented on a Controlled Substance Central Supply Inventory / Disbursement Log. Both of the Designated Personnel must verify that no quantity discrepancies exist prior to any disbursement of Controlled Substances to any LCEMS Advanced Life Support Units.

D. LUCAS COUNTY EMS REQUIREMENT FOR CONTROLLED SUBSTANCES STOCK: PAR LEVELS

1. **Life Squads:** Lucas County EMS has established the following par levels of Controlled Substances to be carried on the Life Squad units:

- Six (6) 100mcg Fentanyl
- Six (6) 10mg Morphine Sulfate
- Twelve (12) 2mg Versed
- Two (2) Ketamine (100mg/mL)
- Two (2) Ketamine (50mg/mL)

Controlled Substance Program Policy, cont.

2. **ALS First Responders:** Lucas County EMS has established the following par levels of Controlled Substances to be carried on the ALS First Responder units:

- Three (3) 2mg Versed
- Two (2) 100mcg Fentanyl **(**Only select FR units)**

E. STORAGE OF CONTROLLED SUBSTANCES

Life Squad: Controlled Substances disbursed to field personnel will be stored in either the Knox MedVault or in the orange pelican LCEMS med box.

1. **Apparatus Inventory – Med Box**
   Par levels of medications carried in the med box have been established. The small pelican box for Controlled Substances will be tagged with a numbered seal at all times except when it is in the immediate possession of a paramedic who is either transferring possession of a Controlled Substance or administering a Controlled Substance to a patient.

   Med Box Par Levels:
   - Two (2) 100mcg Fentanyl
   - Two (2) 10mg Morphine Sulfate
   - Four (4) 2mg Versed
   - One (1) Ketamine (100mg/mL)
   - One (1) Ketamine (50mg/mL)

Controlled Substance Program Policy, cont.

2. **Apparatus Inventory – Knox MedVault**
   The Knox MedVault will store Controlled Substances for the purpose of re-supplying the Life Squad med box in the event that a Controlled Substance is administered or used in the course of patient care. Paramedics are required to use their own personal, discreet (assigned) 5-digit pin code for Knox MedVault entry.

   Knox MedVault Par Levels:
   - Four (4) 100mcg Fentanyl
   - Four (4) 10mg Morphine Sulfate
   - Eight (8) 2mg Versed
   - One (1) Ketamine (100mg/mL)
   - One (1) Ketamine (50mg/mL)

ALS First Responder: Controlled Substances distributed to ALS First Responders will be kept in the small pelican box provided by LCEMS and stored in the orange First Responder Box.

1. **Apparatus Inventory – ALS First Responder Box**
   Par levels of medications carried in the med box have been established:

   ALS First Responder Box Par Levels:
   - Three (3) 2mg Versed
   - Two (2) 100mcg Fentanyl **(**Only select FR units)**

The small pelican box provided for Controlled Substances will be tagged with a numbered seal at all times except when it is in the immediate possession of a paramedic who is either transferring possession of a Controlled Substance or administering a Controlled Substance to a patient.

(NOTE: Fire Departments utilizing a Knox Box system on their first responding apparatus may elect to store a portion of their controlled substance inventory in that system. Adequate par levels of controlled substances should be maintained in the ALS responder box for patient use when indicated.)

Controlled Substance Program Policy, cont.

F. DISBUSEMENT OF CONTROLLED SUBSTANCES FROM CENTRAL SUPPLY (ANNEX)

Each controlled substance to be disbursed from the LCEMS Central Supply safe will be prepared in the following manner:

1. All Controlled Substances will have an affixed label displaying the LCEMS control number (w/ barcode). The control number shall be a unique number designated by LCEMS. The number shall consist of the prefix “LC” which is the designator for Lucas County, followed by either “FL” for Fentanyl, “MS” for Morphine, “VD” for Versed, or “KM” for Ketamine, and ending with a unique control number. (Example: LC- MS-00001).
2. An identically numbered Controlled Substance Administration Card shall accompany each numbered Controlled Substance. An example of a Controlled Substance Administration Card is attached to this policy as **Attachment “B”.**
3. Each Controlled Substance disbursed from the LCEMS Central Supply safe will be logged in the LCEMS Controlled Substance Central Supply Inventory / Disbursement Log. Each Supply Disbursement Log entry shall contain the control number issued to the Controlled Substance, the issue date of the Controlled Substance, the name (+ employee ID #) of individual distributing the Controlled Substance, the name (+ employee ID #) of the individual receiving the Controlled Substance, and the reason for re-stock.
4. **Restocking of Controlled Substances will be coordinated through the LCEMS Annex during normal business hours.** Weekly delivery, for purposes of restocking, will take place to return Controlled Substance inventory to pre-established par levels. At this time, any completed Controlled Substance Administration Card(s) will be verified. In observance of any holiday schedule, delivery of Controlled Substance stock may take place at varied times during the week. ***Controlled Substances utilized on an ALS First Responder unit WILL NOT be replaced or “swapped” from a LCEMS Life Squad.***

Controlled Substance Program Policy, cont.

G. PARAMEDIC DAILY VERIFICATION PROCEDURE

Life Squad

1. At the beginning of every shift, the assigned paramedics shall inspect the small pelican box storage container in the LCEMS med box for an intact numbered seal and the following contents:

   - Two (2) 100mcg Fentanyl
   - Two (2) 10mg Morphine Sulfate
   - Four (4) 2mg Versed
   - One (1) Ketamine (100mg/mL)
   - One (1) Ketamine (50mg/mL)

   All Controlled Substances within the pelican storage container in the LCEMS med box should be accompanied by matching Controlled Substance Administration Cards (stored within 3-ring binder in Knox MedVault cabinet).

2. At the beginning of every shift, the assigned paramedics shall inspect the Knox MedVault for the following contents:

   - Four (4) 100mcg Fentanyl
   - Four (4) 10mg Morphine Sulfate
   - Eight (8) 2mg Versed
   - One (1) Ketamine (100mg/mL)
   - One (1) Ketamine (50mg/mL)

   All Controlled Substances within the Knox MedVault should be accompanied by matching Controlled Substance Administration Cards (stored within 3-ring binder in Knox MedVault cabinet). Any Controlled Substance administered, and not re-stocked, should have a completed Controlled Substance Administration Card accounted for during the daily verification procedure. Additionally, expired and Controlled Substance Administration Cards for “meds not in circulation” should also be accounted for during daily inventory.

Controlled Substance Program Policy, cont.

3. Paramedics must also check the expiration dates of the Controlled Substances for currency.

4. If an irregularity or discrepancy is apparent in a Controlled Substance container, the on-duty fire department officer and LCEMS must be notified. ***(Follow all steps as listed in Section L of this policy).***

5. Upon completion of the steps set forth in Section G1 – G4 (Life Squad), inclusive, of this policy, an ALS Unit Controlled Substance Daily Verification Log must be completed and signed by both paramedics. A copy of this log is attached to this policy as **Attachment "C."** The Daily Verification Log book (3-ring binder) should be kept in the cabinet that houses the Knox MedVault, an area known by all crew members.

6. Interns, paramedic students or other persons not employed by the governing fire department or LCEMS are **not authorized** to inspect, count, or sign for Controlled Substances.

7. Daily controlled substance inventory is to be completed with the participation of both on-duty Life Squad paramedics. Repeat inventory must occur anytime an original crew member (involved in initial inventory) is no longer assigned to the Life Squad. Paramedics repeating the inventory shall complete steps set forth in Sections G-1, G-2, G-3, and G-4, inclusive of this policy.

ALS First Responder

1. At the beginning of every shift, the assigned paramedic(s) shall inspect the Controlled Substance pouch for an intact numbered seal and the following contents:

   - Three (3) 2mg Versed
   - Two (2) 100mcg Fentanyl **(**Only select FR units)**

Controlled Substance Program Policy, cont.

All Controlled Substances should be accompanied by matching Controlled Substance Administration Cards (stored within 3-ring binder and kept in location known to all users). Any Controlled Substance administered, and not re-stocked, should have a completed Controlled Substance Administration Card accounted for during the daily verification procedure. Additionally, expired and Controlled Substance Administration Cards for "meds not in circulation" should also be accounted for during daily inventory.

2. Paramedic(s) must also check the expiration dates of the Controlled Substances for currency.

3. If an irregularity or discrepancy is apparent in a Controlled Substance container, the on-duty fire department officer and LCEMS must be notified. **(Follow all steps as listed in Section L of this policy).**

4. Upon completion of the steps set forth in Section G1 – G4 (ALS First Responder), inclusive, of this policy, a LCEMS ALS First Responder Unit Controlled Substance Daily Verification Log form must be completed and signed by the on-duty paramedic completing the inventory. A copy of this log is attached to this policy as **Attachment "D."** (The Daily Verification Log book (3-ring binder) should be kept in an area known by all crew members).

5. Interns, paramedic students or other persons not employed by the governing fire department or LCEMS are not **authorized** to inspect, count, or sign for Controlled Substances.

6. Daily controlled substance inventory is to be completed by the on-duty ALS First Responder paramedic(s). Repeat inventory must occur anytime the original paramedic crew member (involved in initial inventory) is no longer assigned to the ALS First Responder Unit. Paramedics repeating the inventory shall complete steps set forth in Sections G-1, G-2, G-3, and G- 4, inclusive of this policy.
   - Fire Departments that do not maintain daily paramedic personnel assigned to a vehicle must have a LCEMS ALS First Responder Unit Controlled Substance Daily Verification Log form completed when sufficient trained personnel are available (i.e., station meetings, drills, emergency calls requiring paramedic response).

Controlled Substance Program Policy, cont.

H. ADMINISTRATION OF CONTROLLED SUBSTANCES

1. The administration and use of Controlled Substances shall be limited to the following scope and application. Paramedics are not authorized to administer Controlled Substances unless the following requirements are met:
   - The paramedic is administering the Controlled Substance under a specific LCEMS protocol.
   - The paramedic has received a Medical Control Order, if needed, for the specific Controlled Substance.

2. When the above requirements have been met, a paramedic is authorized to administer a Controlled Substance to the patient under their care. The paramedic must then inspect the Controlled Substance and see that it possesses all of the following qualities:

   - Appropriate labeling for the type, amount, and concentration to be used
   - An intact control number label on the Controlled Substance container
   - Inspection of the Controlled Substance reveals no discoloration, cloudiness, or particulate matter.
   - The Controlled Substance's expiration date has not been exceeded

   If any detected irregularity is noted, the Controlled Substance shall not be used. The on-duty fire department officer and LCEMS must be informed of any and all noted discrepancies upon completion of a response or medical call. (***Follow all steps as listed in Section L of this policy)***

3. When it has been determined that the Controlled Substance has not been compromised as indicated in Section H-2, inclusive, of this policy, Controlled Substances may be administered to the patient as ordered or as specified in the LCEMS standing order (protocol).

4. After each use of a Controlled Substance, a Controlled Substance Administration Card must be completed. **Re-stocking of a Controlled Substance cannot occur without a properly completed Controlled Substance Administration Card.**

Controlled Substance Program Policy, cont.

I. DISCARDING (WASTING) THE UNUSED PORTION OF A CONTROLLED SUBSTANCE

Life Squad: Any remnants of Controlled Substances that were not administered to a patient must be discarded in the following manner:

1. The paramedic who initially accesses the Controlled Substance remains responsible for the Controlled Substance until any portion that may be remaining is discarded. The responsible paramedic must discard the Controlled Substance in the presence of another paramedic crew member.

2. All of the remaining Controlled Substance must be discarded. The unused portion may be discarded in a sink.

3. The names and training level of the personnel involved in the disposal process must be thoroughly documented on the Controlled Substance Administration Card that corresponds with the control number on the Controlled Substance.

4. Interns or paramedic students are not authorized to sign for or witness the discarding of a Controlled Substance.

ALS First Responder: Any remnants of Controlled Substances that were not administered to a patient must be discarded in the following manner:

1. The paramedic who initially accesses the Controlled Substance remains responsible for the Controlled Substance until any portion that may be remaining is discarded. The responsible paramedic must discard the Controlled Substance in the presence of another EMS crew member (i.e., EMT, Paramedic)

2. All of the remaining Controlled Substance must be discarded. The unused portion may be discarded in a sink.

Controlled Substance Program Policy, cont.

3. The names and training level of the personnel involved in the disposal process must be thoroughly documented on the Controlled Substance Administration Card that corresponds with the control number on the Controlled Substance.

4. Interns or paramedic students are not authorized to sign for or witness the discarding of a Controlled Substance.

J. RESTOCKING CONTROLLED SUBSTANCES

1. Life Squad and ALS First Responder units will have Controlled Substances restocked as outlined in Section F-4, inclusive, of this policy.

2. Controlled Substances must be restocked immediately if the par level of any controlled substance falls to zero (0). A restock can be scheduled by contacting the LCEMS Annex during normal business hours.

3. Expired Controlled Substances should be removed from circulation, placed in a sealed Controlled Substance evidence bag, and stored:

   - **Life Squads:** in the Knox MedVault
   - **ALS Responder Units:** Designated secured area within the fire station (i.e., office, officer's room)

   The corresponding Controlled Substance Administration Card should be marked "expired." Exchange of expired medications will take place during the normal restocking procedure as outlined in Section F-4, inclusive, of this policy.

4. ALS crews taking possession of partially stocked Controlled Substances from an off-going crew should have all Controlled Substances, Controlled Substance Administration Card(s), and expired meds (if any) accounted for during the daily verification procedure.

Controlled Substance Program Policy, cont.

5. The following steps must be taken when restocking Controlled Substances:

   - **A completed Controlled Substance Administration Card must account for all used Controlled Substances.**

   - On-duty paramedic(s) must present the Controlled Substance Administration Card(s) to the LCEMS Annex personnel performing the restock.

   - Each Controlled Substance received by the on-duty paramedic(s) must be intact and properly packaged. Control labels must be affixed to all Controlled Substances.

   - Each Controlled Substance must have a Controlled Substance Administration Card bearing a control number corresponding to the number on the Controlled Substance.

   - Controlled Substances will be issued to replace any used, damaged, or expired Controlled Substances. A control number shall be affixed to the Controlled Substance and a corresponding Controlled Substance Administration Card shall be issued. The paramedic receiving the Controlled Substance(s) and the LCEMS Annex personnel delivering the Controlled Substance(s) shall then sign the LCEMS Controlled Substance Central Supply Inventory / Disbursement Log.

   - The distribution of Controlled Substances shall be recorded in the LCEMS Controlled Substance Central Supply Inventory / Disbursement Log, utilizing the information recorded on the completed Controlled Substance Administration Card. The control number of the completed Controlled Substance Administration Card shall be located on the log and the reason for restock, date used, and Incident number shall be completed.

   - The LCEMS Annex will file completed Controlled Substance Administration Cards.

Controlled Substance Program Policy, cont.

K. DOCUMENTATION

1. Controlled Substance Logs – Information, Purpose, and Use

   Federal and State law requires that possession of Controlled Substances be tracked from the manufacturer to the patient receiving the medication. Accurate record keeping is essential, as every amount of a Controlled Substance must be traceable and accounted for. Therefore, the chain of responsibility must be recorded by signature at each step of use and/or transfer of Controlled Substances.

   A LCEMS system paramedic, by his or her acceptance of the possession of a Controlled Substance, thereby accepts complete responsibility for the security, handling, and use of the Controlled Substance. **Discrepancies and/or failure to follow procedures for handling, possession, use or disposal of Controlled Substances, as outlined in this policy, shall require the immediate notification of the on-duty fire department officer and LCEMS.**

   Random monthly audits shall be performed by the fire departments for quality control purposes, and the findings reported to LCEMS. All logs and any or all Controlled Substance materials shall be presented to LCEMS upon completion of the audit process.

   Blank log sheets and forms shall be made available at each fire station. Completed Life Squad and First Responder Unit ALS Controlled Substance Daily Verification Log sheets shall be collected by LCEMS Annex personnel at the time Controlled Substances are re-stocked.

2. Patient Care Reports (PCRs) must be complete in order to thoroughly document the use of a Controlled Substance, and should be clear regarding the following:

   a. The patient assessment must justify the administration of a Controlled Substance according to LCEMS treatment guidelines.

   b. The ***On-Line Medical Control*** order must be clearly stated (if applicable).

Controlled Substance Program Policy, cont.

c. The amount of Controlled Substance actually administered to the patient and time(s) of administration must be clearly documented.

d. The patient's vital signs before and after administration of the Controlled Substance must be clearly documented.

e. The patient's condition and vital signs must be clearly documented upon the patient's arrival at the receiving facility.

f. The name of the paramedic administering the Controlled Substance must be documented.

3. The corresponding Controlled Substance Administration Card must contain the following documentation:

a. The date, unit identification, and incident number.

b. The amount (mg / mcg) of Controlled Substance administered to the patient.

c. The amount (mg / mcg) of Controlled Substance discarded (if any).

d. The name and signature of the paramedic administering the Controlled Substance.

e. The name and signature of the second crew member (LS: Paramedic; ALS FR: EMT or Paramedic).

L. CONROLLTED SUBSTANCE DISCREPANCIES

The strict adherence to the Controlled Substance policy will prevent discrepancies. Any discrepancy involving Controlled Substances shall result in the immediate, mandatory notification of the on-duty fire department officer and LCEMS.

1. The paramedic(s) discovering any discrepancy shall immediately notify the on-duty fire department officer.

Controlled Substance Program Policy, cont.

2. The paramedic or on-duty fire department officer shall notify LCEMS of any noted discrepancy. Send e-mail notification of discrepancies to the Training and Quality Assurance Manager (bparquette@co.lucas.oh.us).

3. The paramedic(s) involved must complete and fax a Controlled Substance Discrepancy Report to LCEMS Administration at 419-213-6520. A copy of the Controlled Substance Discrepancy Report is attached to this policy as **Attachment "E."**

4. On duty and/or off-going personnel may be asked to submit the ALS Controlled Substance Log(s) for the entire shift prior to the discovery of the discrepancy.

5. All evidence must be retained for inspection by LCEMS personnel. Any evidence (if applicable) will be sealed in a Controlled Substance evidence bag.

6. The LCEMS Training and Quality Assurance Manager will report all discrepancies to the LCEMS Medical Director. Discrepancies shall be tracked by LCEMS Administration.

M. QUALITY ASSURANCE

The following procedures shall be performed to maintain Quality Assurance for the Controlled Substance Program:

1. All ALS Controlled Substance Daily Verification Logs shall be collected by LCEMS Annex personnel at the end of each month. These logs shall be maintained and kept in the LCEMS Administrative offices.

2. The LCEMS Training and Quality Assurance Manager or LCEMS Medical Director may perform random audits of field units, logs, inventory and related materials. Logs shall be signed to indicate an audit has been performed.

Controlled Substance Program Policy, cont.

3. In cases of serious discrepancies, the LCEMS Training and Quality Assurance Manager shall review all documentation pertaining to discrepancies and notify the LCEMS Medical Director and others as appropriate.

4. The LCEMS Training and Quality Assurance Manager shall submit a monthly summary report to the LCEMS Medical Director. The report shall include the beginning and ending system inventory counts, monthly use and discrepancy information.

Lucas County EMS Controlled Substance Central Supply Inventory / Disbursement Log **Attachment "A"**

DATE	LS / FR Unit #	Distributed by: Signature / ID# _____ Received by: Signature / ID#	Reason:	Medication Control tag w/ #	Returned	Inc. #	In Stock	Bad Med
		Dist. Recd						
		Dist Recd						
		Dist Recd						
		Dist Recd						
		Dist Recd						
		Dist Recd Recd						

Attachment "B"
Lucas County EMS Controlled Substance Administration Card

Lucas County EMS Controlled Substance Administration Card

Date:____/____/____

Unit: LS ☐ FR ☐ #: _____

LCEMS / FR Inc. #:_____ Administered:_____mg / mcg

Name (print):_____ P ☐ EMT ☐

Signature:_____

Wasted:_____mg / mcg.

Name (print):_____P ☐ EMT ☐

Signature:_____

Expired ☐

Attachment "C"
Lucas County EMS
Life Squad ALS Unit Controlled Substance Daily Verification / Activity Log

LS #_____Month _____Day_____ Year _____ Old Drug Box Seal#_____

Time_____ New Drug Box Seal#_____

	Med Box	Knox MedVault	Controlled Substance Administration Cards (Completed)	Controlled Substance Administration Cards (Med not in Circulation)	Expired	Total Count:	PAR
# Fentanyl							**10**
# MS							**10**
# Versed							**12**
# Ketamine 100mg/mL							**2**
# Ketamine 50mg/mL							**2**
#Dilaudid							**2**

Paramedic Signature: _____ _____
(Printed Name)

Paramedic Signature: _____ _____
(Printed Name)

Comments_____

Repeat daily inventory (if any) – document on new form

Attachment "C"
Lucas County EMS
Life Squad ALS Unit Controlled Substance Daily Verification / Activity Log

Time	Medication Name	LC Control #	Quantity Administered / Wasted	LCEMS Inc # / New Seal #	Paramedic Signatures

Attachment "D"
Lucas County EMS
ALS First Responder Unit Controlled Substance Daily Verification / Activity Log

FR Unit #_____Month _____Day_____ Year _____

Old Drug Pouch Seal#: _____

New Drug Pouch Seal#: _____

	Med Box	Controlled Substance Administration Cards (Completed)	Controlled Substance Administration Cards (Med not in Circulation)	Expired	Total Count:	PAR
# Versed						**6**

Signature: _____ _____
Level of Training: Paramedic ☐ EMT ☐ (Printed Name)

Signature: _____ _____
Level of Training: Paramedic ☐ EMT ☐ (Printed Name)

Comments_____

_____

Repeat daily inventory (if any) – document on new form

Attachment "D"
Lucas County EMS
ALS First Responder Unit Controlled Substance Daily Verification / Activity Log

Time	Medication Name	LC Control #	Quantity Administered / Wasted	FR Inc # / New Seal #	Signatures Paramedic(s) / EMT

Attachment "E"
LCEMS Controlled Substance Discrepancy Report

Date____/____/____ FR ☐ LS ☐ Unit #: _____

Paramedic(s) Name(s)_____/_____

On-Duty Officer Name_____

Controlled Substance Involved: Fentanyl ☐ MS ☐ Versed ☐ Ketamine ☐ Dilaudid ☐

Type of Discrepancy:

Incomplete or omitted documentation	☐
Witnessed accidental breakage (Both parties witnessing the accidental breakage sign the Controlled Substance Administration Card)	☐
Broken Controlled Substance	☐
Missing Daily Verification Log	☐
Missing Controlled Substance Admin. Log	☐
Loss of a Controlled Substance	☐
Theft of a Controlled Substance	☐
Medication Error	☐
Open Packaging	☐
Other	☐

Narration of Event:_____

_____

_____

_____

Signature:_____

Resolution:_____

LCEMS Notification of Discrepancy (bparquette@co.lucas.oh.us)
FAX completed form to: 419.213.6520

X
Knox MedVault
Narcotics Locker

The Knox MedVault – Mini Locker provides self-contained retention of controlled substances or other items. The vault is made of heavy aluminum and secured with a high security electronic keypad. Personnel gain access by entering their unique 5-digit PIN code.

All activity in the MedVault is collected in an audit trail. The audit trail is collected through a "live" connection that provides a time and date stamp, including a user ID for each activity. This provides LCEMS with accountability regarding access to controlled substances.

Knox MedVault Access:

1. All Life Squad Units are equipped with a Knox MedVault locker.

2. To access a Knox MedVault locker, the paramedic must enter their own personal, discreet (assigned) 5-digit PIN code followed by the "#" sign.

3. In the event of power failure, the Knox MedVault is equipped with a manual-key override. The Lucas County EMS Annex has been assigned, and will maintain a key for purposes of accessing a Knox MedVault in the event of power failure. Notify the Lucas County EMS Annex to arrange for key access if required.

Y
Emergency Scene
"Staging"

Staging of vehicles (or personnel) may become necessary at an emergency scene for the purpose of safety. Law enforcement operating at a scene plays an integral part of scene management for purposes of safety. They have the responsibility of securing the scene from any threats to the patient and to you as an emergency responder. Staging at the scene for a period of time may be necessary in order to ensure that safety.

Once a scene is cleared of any potential hazards, the Fire / EMS mission is very clear with a duty to act on behalf of the patient. Law enforcement should not hinder that process. While we are mindful of the challenges that come with working in a perceived 'crime scene,' that should not prohibit or impede our progress to move expeditiously to the patient's side to begin assessment, and if warranted, treatment. We do what we can to help protect the scene, but if a patient needs to be moved, repositioned, or removed completely for the sake of life preservation and safety, then that is what should happen. If the scene has been cleared of safety threats, it now belongs to Fire / EMS.

Law enforcement officers should not be making requests of one provider from a response agency to go into a scene for the sole purpose of declaring death. If the scene has been deemed 'clear,' our approach should be as a resuscitative team with all appropriate equipment that allows for adequate assessment and if needed, immediate treatment for life preservation. When law enforcement advises, EMS or Fire may proceed to the patient with a full assessment / treatment team.

General Knowledge Statement: There is NO staging of Life Squads while an initial fire or EMS responder determines if further EMS care is appropriate. The full EMS response team proceeds to the patient's side and initiates assessment and treatment.