



Rogers Fire Department Standard Operating Procedures

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PURPOSE

This policy is intended to guide Rogers Fire Department members in providing safe transport of patients from an emergency incident scene to a receiving hospital facility.

POLICY

Patient Care

All patients should be treated according to the *Northwest Arkansas Regional EMS Protocols*. Members of the RFD shall also be familiar with specialized protocols applicable to the RFD and implement those standards of care as necessary. All patient care shall be documented on patient care reports and transmitted to the receiving hospital. Treatments and procedures that are outside of a provider's level of training may not be performed regardless of physician order.

Transportation of Patients

Members shall make every effort to ensure patients are transported from emergency scenes to receiving hospitals in a safe and efficient manner. Any time a patient is placed on a cot or backboard, all applicable straps shall be secured to prevent fall injuries. Two members must be in contact with any moving cot occupied by a patient to ensure its stability. When a cot is not moving and is occupied by a patient at an emergency scene, at least one member shall

maintain contact with it. All patients shall be secured to a cot when riding in an ambulance. Exceptions to this are low-priority, ambulatory patients who are buckled upright in a designated seat. A paramedic shall always be present in the transportation compartment of an ambulance when a patient is on board. All personnel will be secured in their seats, utilizing the seatbelts or harnesses, during transport except if being secured to the seat hinders providing active patient care.

Healthcare providers should make a conscious effort to secure all loose items in the patient compartment while the vehicle is in motion. This includes the utilization of mounted equipment securing devices and storage compartments.

The use of a stair chair should be considered when moving a patient vertical distances without the availability of an elevator. When a patient is placed on a stair chair, they shall be secured with at least two locking straps across the body.

Any child or infant being transported in the back of the ambulance should be secured in the built in child safety seat or be transported using an approved DOT child restraint safety device, secured to the stretcher.

When loading the stretcher into the ambulance assure that the safety bar is able to engage the catch before lifting the stretcher. When unloading the stretcher be sure that the safety bar has engaged the catch before pulling the stretcher further out of the ambulance. Assure that the stretcher has locked before putting weight on it. This assures that the head end of the stretcher will not fall from the ambulance.

Transport of Civilians

Due to safety and the exposure risk involved with close contact of potentially infectious substances or communicable diseases the transport of uninjured members of the community is prohibited. Exceptions would include a parent/guardian of a minor patient, interpreter, unattended minors (when the caregiver is being transported), no other means of transportation are available, or it is deemed unsafe for uninjured parties to be left at the scene. If it is deemed necessary to transport an uninjured member of the public precautions should be taken to minimize risk of exposure to the citizen and responders.

Transfer of Care

Upon arrival at a receiving facility, ambulance crews will quickly and effectively transfer patient care and communicate with hospital staff. Every effort will be made to give a verbal report on the patient's condition and treatment to hospital staff. A completed patient care report will be left at the facility.