



Rogers Fire Department Standard Operating Procedures

Policy Title:	High Performance Cardiac Resuscitation		
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PURPOSE

The purpose of this policy is to provide standard assignments for personnel responding to cardiac arrest incidents.

POLICY

Although ultimate responsibility for on scene assignments rests with the incident commander, the institution of standard cardiac arrest orders will assist with equipment and task responsibilities. The lead paramedic or incident commander may deviate from these standing orders based on the circumstances of the particular emergency. All personnel should understand that it is impossible for these standing cardiac arrest orders to address all the needs and required actions on the incident scene. This document serves as a guideline for anticipated and standard actions that regularly have to be addressed at incidents.

The assignment for an in-city cardiac arrest is two fire companies and one paramedic ambulance. Rescue 2 may qualify as a fire company for the purposes of this policy. This policy is constructed on the assumption that there will be one (1) Paramedic and seven (7) EMTs on-scene. This conclusion is reached by counting the minimum number of personnel assigned to Rogers Fire Department apparatus. Each ambulance will have, at a minimum, one (1) Paramedic and one (1) EMT. Each fire company will have three (3) EMTs. It is understood that there is a strong likelihood that additional Paramedics may be present based on past practice and the normal staffing involving the department's Advanced Life Support companies. In these cases, the additional paramedic(s) should proceed as described below. The paramedic assigned to the ambulance will herein be referred to as the "lead paramedic" will have responsibility for patient care and ensure compliance with this policy. The lead paramedic will have the flexibility to adjust assignments as necessary.

The primary goal for the first arriving unit is to **QUICKLY** initiate high-quality CPR and apply the AED. The first unit to make patient contact must size up the environment and determine if there is sufficient room to effectively conduct EMS operations. If there is not sufficient room, the patient should be moved to a more appropriate location. Compressions should begin as soon as the patient is determined to be pulseless and the AED should be turned on and the pads applied. Deep and rapid compressions, while allowing for adequate “recoil” of the chest cavity, should not be interrupted during resuscitative care.

Initial Arriving Phase

During the initial phase of the incident, roles will be separated based on which unit arrives on-scene first. It is imperative that all responders recognize that resuscitative care is a basic life support event. The initial phase is designed to start resuscitation and assemble all necessary equipment near the patient. Because cardiac arrest incidents may be incorrectly classified during dispatch, once it is determined that a workable cardiac arrest is occurring, the first arriving unit should broadcast the following message over the radio:

Command Name or Unit, “workable cardiac arrest”

Example: “Dixieland Command, this is a workable cardiac arrest”

If the assignment is not already classified as a cardiac arrest by the dispatch center, this transmission will reclassify the incident and cause an additional fire company to be dispatched to meet the staffing requirements contained in this policy.

When both the fire company and paramedic ambulance arrive at a known cardiac arrest simultaneously, they should follow the “Fire Company Arrives First” process.

EMS Crew Arrives First**Fire Company Arrives First**

<p style="text-align: center;"><u>Ambulance</u></p> <p>PARAMEDIC <u>Task:</u> Rapidly locate the patient and initiate chest compressions, apply the AED. Transition to Team Leader when replaced by Company Officer.</p> <p>EMT <u>Task:</u> Rapidly locate the patient and initiate chest compressions, apply the AED. Apply the mechanical CPR device. Transition to IV/Medication Task.</p> <p><u>Bring the following Equipment:</u> AED and mechanical CPR device</p>	<p style="text-align: center;"><u>Fire Company</u></p> <p>COMPANY OFFICER <u>Task:</u> Rapidly locate the patient, Initiate chest compressions and apply the AED. Transition to airway when replaced from chest compressions</p> <p><u>Equipment:</u> N/A</p> <p>DRIVER <u>Task:</u> Assist with CPR and applying the AED.</p> <p><u>Equipment:</u></p> <p>FIREFIGHTER <u>Task:</u> Rapidly locate the patient, Initiate chest compressions and apply the AED. Once the mechanical CPR device is applied transition to the task of Expediter.</p> <p><u>Equipment:</u> AED</p>
<p style="text-align: center;"><u>Fire Company</u></p> <p>COMPANY OFFICER <u>Task:</u> Airway</p> <p><u>Equipment:</u> ALS bag</p> <p>DRIVER <u>Task:</u> AED/Recorder</p> <p><u>Equipment:</u> Tablet from medic unit and/or cardiac monitor</p> <p>FIREFIGHTER <u>Task:</u> Setup mechanical CPR device and apply during a break in CPR then transition to the Expediter</p> <p><u>Equipment:</u> Suction</p>	<p style="text-align: center;"><u>Ambulance</u></p> <p>PARAMEDIC <u>Task:</u> Team Leader</p> <p><u>Equipment:</u> Mechanical CPR device</p> <p>EMT <u>Task:</u> Setup mechanical CPR device and apply during a break in CPR. Transition to IV/Medication Task.</p> <p><u>Equipment:</u> ALS bag, suction, tablet</p>
<p style="text-align: center;"><u>Second Fire Company</u></p> <p>All Personnel <u>Task:</u> Logistics</p> <p><u>Equipment:</u> Cot, Cardiac monitor if needed</p>	<p style="text-align: center;"><u>Second Fire Company</u></p> <p>All Personnel <u>Task:</u> Logistics</p> <p><u>Equipment:</u> Cot, Cardiac monitor if needed</p>

Task Descriptions

The application of the mechanical CPR device is the benchmark that completes the initial phase of a cardiac arrest incident and begins the second phase to include advanced cardiac life support. The patient should be transitioned from the AED to the cardiac monitor during the second phase of care and prior to transport.

Note: Specific events including ROSC or successful intubation requiring ETCO₂ monitoring will require immediate transition to the cardiac monitor regardless of timing.

As indicated above, all personnel should find themselves assigned to the following stations:

Team Leader	Paramedic from Ambulance
Airway	Company Officer from the Fire Company
Monitor/Recorder	Fire Equipment Operator
IV/Medications	EMT from Ambulance
Expediter	Firefighter from the Fire Company

Each one of these stations will have specific tasks to accomplish. In many cases the EMT from the ambulance will be responsible for setting up each station and the Team Leader (potentially the only paramedic on the scene) will have to finish the necessary skill. In order to facilitate this, every member of the team will have a list of tasks to be completed. These are listed below by station.

<u>Position</u>	<u>Description of skills to be accomplished</u>
<u>Team Leader</u> Location: Variable	Patient Care: Shall be responsible for directing the Care Team during the resuscitation incident. The Team Leader will have the authority to alter these standing orders as necessary including the reassignment of personnel to roles he/she may be better suited. i.e. assigning a Paramedic to a station to replace an EMT. If the Team Leader is the only Paramedic on the scene he will be responsible for performing every ALS procedure.
<u>Airway</u> Location: Off the Left or Right shoulder; opposite the Monitor/Recorder	Provide Ventilations for high performance CPR. Set up for Intubation <ul style="list-style-type: none"> • Open and inflate cuff on specified ETT • Pull out one larger and smaller ETT • Open Endo Lock and place near head • Verify operation of laryngoscope/video scope • Verify capnography laid out by the head by Monitor/Recorder • Bougie placed by R.S. of patient

<p><u>Monitor/Recorder</u></p> <p>Location: Off the Left or Right shoulder; opposite the</p>	<p>Monitor: Adjust setting as instructed by Team Leader; official timekeeper – be sure and clearly communicate benchmarks for CPR.</p> <p>Recorder: Utilize tablet time stamps</p>
<p><u>Airway</u></p>	<p>Times for the following items should be noted for every cardiac arrest incident.</p> <ul style="list-style-type: none"> • Medication administration • Intubation attempts • Shock delivered • CPR Start and stop points • Vitals obtained • Joule setting <p>Lay capnography by the patient's head.</p>
<p><u>IV/Medications</u></p> <p>Location: Left or Right mid-patient</p>	<p>Medications: Draw up meds as instructed by Team Leader</p> <p>I.V. : Set up I.V.</p> <ul style="list-style-type: none"> • Spike bag and add extension set • Flush all air out of I.V. line • Prep I.V. site (if known) • Apply Tourniquet
<p><u>Expediter</u></p> <p>Location: Out of the immediate area</p>	<p>Assist as needed in this priority (unless instructed by Team Leader):</p> <ol style="list-style-type: none"> 1. Mechanical CPR device 2. I.V. Station 3. Airway Station
<p><u>Logistics</u></p> <p>Location: Variable and dependent on the needs of the situation.</p>	<p>Logistics should not conduct patient care unless absolutely necessary. Instead, the unit assigned to Logistics should conduct the following procedures:</p> <ul style="list-style-type: none"> • Position the ambulance for rapid transport • Position the cot for patient movement • Assist in removing EMS equipment not in use • Other ancillary tasked needed