

630.40, Medical Service Policy – MEDICAL SERVICE POLICY

Refer:— ~~Life Flight Network Information (Training)~~

Universal Review: 2/1/16-2/29/16

Directive Specific Definitions Definitions:

- Advanced Life Support (ALS) ambulances: Privately owned ambulances staffed, equipped and licensed by ~~Multnomah County~~ ~~Multnomah County (Mult. Co.)~~ to provide pre-hospital emergency medical care and patient transport for either life threatening or non-life threatening medical emergencies.
- City Cab: A cab, its fare paid by the ~~Multnomah County~~ ~~Mult. Co.~~ Health Division, used to provide non-emergency, indigent medical transportation to a hospital emergency department.
- Fire ~~Rescue Units~~ ~~rescue units~~: Specially designed fire apparatus staffed, equipped and licensed to provide pre-hospital emergency medical care for life threatening medical emergencies.
- First ~~Response~~ ~~response~~ (Fire): A fire engine, truck company or fire rescue capable of providing advanced first aid medical care and are dispatched under ~~the Bureau of Emergency Communications (BOEC)~~ ~~BOEC~~ operating procedures to most medical calls to provide Basic Life Support (BLS) until an ~~Advanced Life Support ALS~~ ambulance arrives.
- Medical Dispatch: Housed within ~~the Bureau of Emergency Communications (BOEC)~~ ~~BOEC~~, is responsible for operating a centralized emergency medical call receipt and dispatch function serving all of ~~Multnomah County.~~ ~~Mult. Co.~~
- Office of Emergency Medical Services (EMS): A ~~Multnomah County~~ ~~Mult. Co.~~ agency responsible for overseeing ~~Emergency Medical Services (EMS)~~ ~~EMS~~, licensing/approving ambulance companies and fire departments to operate as ~~Emergency Medical Services (EMS)~~ ~~EMS~~ service providers and establishing dispatch protocols used by ~~the Bureau of Emergency Communications (BOEC).~~ ~~BOEC.~~

Procedure:

1. Telephone Requests: ~~(630.40)~~

1.1. Members who receive telephone calls requesting ambulance service should either:

1.1.1. ~~a.~~ Tell the caller to dial 9-1-1.

1.1.2. ~~b.~~ Transfer the call to 9-1-1.

1.1.3. ~~e.~~ Obtain the exact location where the ambulance is needed, the caller's phone number, a brief description of the emergency and relay the information to ~~the Bureau of Emergency Communications (BOEC)~~ ~~BOEC~~.

2. Requests Through Police Dispatchers: ~~(630.40)~~

2.1. Members may order ~~Emergency Medical Services (EMS)~~ ~~EMS~~ through the dispatcher on any operational police radio channel. The police dispatcher should be provided the following information:

2.1.1. ~~a.~~ Exact location of the emergency.

2.1.2. ~~b.~~ The type of incident involved, (~~e.g.~~ ~~i.e.~~, traffic accident, shooting, illness, cutting, fire, heart attack, etc.).

2.1.3. ~~e.~~ The requested response (Code 1 or 3).

2.1.4. ~~d.~~ The number of persons needing medical attention.

2.1.5. ~~e.~~ Hazards at the scene, if any.

2.2. The dispatcher will relay the information to the medical dispatcher, who will dispatch the appropriate type of ambulance (fire rescue, Code 1 ambulance or Code 3 ambulance). All requests for medical response will be honored, including requests for fire rescue first aid calls.

3. Specifying Code 1 or Code 3 Response: ~~(630.40)~~

3.1. When ordering Emergency Medical Services (EMS)~~EMS~~, members may specifically request a Code 1 or Code 3 response. An Advanced Life Support~~ALS~~ ambulance is dispatched on all (both Code 1 and Code 3) police requests for service. Specifying the type of response should be done only when the member, based on the apparent signs and symptoms, is able to distinguish between life threatening and non-life threatening conditions. Examples of life threatening emergencies are, but are not limited to, when the patient is:

3.1.1. ~~a.~~ Unconscious.

3.1.2. ~~b.~~ Not breathing.

3.1.3. ~~c.~~ In shock.

3.1.4. ~~d.~~ Experiencing chest pains and has:

3.1.4.1. ~~1.~~ A history of heart problems.

3.1.4.2. ~~2.~~ Shortness of breath.

3.1.4.3. ~~3.~~ Age over thirty (30)~~30~~ years.

3.1.5. ~~e.~~ Displaying bizarre behavior (violence, extreme strength, immunity from pain etc.) associated with drug induced psychosis/excited delirium, or extreme mental disturbance.

3.2. Based on information provided when the request for service is made, the Bureau of Emergency Communications (BOEC)~~BOEC~~ may send a Code 3 response, even if a Code 1 is requested.

4. Police Response on Medical Calls: ~~(630.40)~~

4.1. The Bureau of Emergency Communications (BOEC)~~BOEC~~ will dispatch members in addition to medical responders, when the reported incident is, or appears to be, within the scope of the police mission (e.g., (i.e., the protection of life or the investigation of a crime). The Bureau of Emergency Communications (BOEC)~~BOEC~~ will be alert to circumstances requiring police involvement (e.g. such as child abuse/neglect, attempt suicide, unattended (by medical authority) deaths, etc.).

4.2. ~~a.~~ In situations where there exists doubt, due to possible criminal action or where hazardous conditions exist, a unit will be dispatched. Incidents, which require police and medical response, will necessitate simultaneous dispatch.

4.3. ~~b.~~ If the location of the reported incident is determined to be unstable due to a hazardous situation (e.g.i.e., a dangerous suspect present who is not yet in custody), emergency responders will be staged at a remote location until the situation is stabilized.

4.4. ~~c.~~ If, after arriving at the scene, a member determines that fire suppression or other Portland Fire and Rescue Bureau~~PFB~~ action is required, the member will notify the dispatcher and request the specific fire equipment that is needed. Members should never assume that Fire's medical responder will be equipped for fire suppression, extraction or other action.

4.5. Emergency Medical Services (EMS)~~d. EMS~~ response should not be canceled unless nothing is found or there are no patients or victims at the scene. Emergency Medical Services (EMS)~~EMS~~ response may be slowed down from Code 3 to Code 1 when no care appears to be needed, a patient requires only first aid or the patient refuses treatment and/or transport.

5. City Cabs: ~~City Cabs (630.40)~~

5.1. If a medical transportation request involves a non-emergency injury or illness and the patient is indigent, a City Cab will be used. The Bureau of Emergency Communications (BOEC)~~BOEC~~ is authorized to order a City Cab in response to telephone requests from indigent persons wanting non-emergency medical transportation to the nearest hospital emergency department. The patient will be taken to the nearest hospital. Members will not specify a hospital. If a patient is currently being treated at a hospital other than the nearest one, the member must inform the dispatcher when the cab is ordered. Without the Bureau of Emergency Communications (BOEC)~~BOEC~~ authorization, the cab will take the patient to the nearest hospital.

5.2. Generally, the sick or injured person should be physically able to make or confirm the request for transportation. In doubtful situations, an ambulance will be dispatched. Members will order City Cabs through the Service Net. The taxi company designated by the Bureau of Emergency Communications (BOEC)~~BOEC~~, through monthly rotation, will be dispatched. Welfare patients are not eligible for City Cabs. If the patient has a welfare card, they must call the cab company themselves and give them the name of his/her caseworker.

5.3. City Cab transportation is one way to the hospital only. The patient must find his/her own transportation home. City Cabs do not transport to the Veterans ~~(VA)~~ Hospital. Patients destined for the Veterans~~VA~~ Hospital should contact the hospital directly.

6. Traffic Accident Victims: ~~(630.40)~~

6.1. Persons injured in traffic accidents will not be transported in taxis to seek medical care, unless the victim specifically requests transportation by taxi.

7. Air Ambulances (Life Flight): ~~(630.40)~~

7.1. Life Flight will be ordered through the Bureau of Emergency Communications (BOEC)~~BOEC~~. Life Flight should be considered when:

7.1.1. ~~a.~~ Patient(s) are suffering from serious burn injuries (e.g., fire, chemical, radiation, etc.).

7.1.2. ~~b.~~ There are five (5) or more patients with serious injuries.

7.1.3. ~~e.~~ Patient(s) with life threatening injuries/illnesses require transportation to a hospital from a remote or inaccessible (from the ground) locations (e.g., freeway accidents where ground traffic is seriously impeded).

7.2. During nighttime operations and as the aircraft approaches, members should never shine lights directly at the aircraft as bright lights may blind the pilot. Members should use their vehicle's overhead lights to help the pilot identify the landing zone's perimeter.

7.3. Once the aircraft has landed, members should never approach the aircraft unless directed to do so by a flight crewmember. If directed to approach the aircraft, members should approach from the front only. Members should never transport a patient to the aircraft alone but rather wait within a safe area for the flight nurse to approach and prepare the victim for transport.