RPI AMBULANCE
CREW CHIEF CLASS

Last Updated by O. Torre, 02/2012
Crew Chief Class

- Introduction to the Position
- Rules & Responsibilities
- Duties of the Crew Chief
- Protocols and Standard Operating Procedures
- Useful Information
- Written Exam & Procedures for Advancement

Updated 02/2012
Introduction to the Position

RPI Ambulance Crew Chief Class
Introduction to the Position

• Responsibilities
  – The person in charge
    – Procedurally
    – Of the crew
    – Of all patient care
  – Ensures the crew follows all agency procedure and protocols

• The highest credentialed member of the crew
  • At least a NYS EMT – Basic
    (Can also be an AEMT-I, CC or P)

Updated 02/2012  RPI Ambulance Crew Chief
Rules & Responsibilities

RPI Ambulance Crew Chief Class

RPI Ambulance

Rensselaer Polytechnic Institute
AMBULANCE
Rules and Responsibilities

**Rules:**

- RPI Ambulance Standard Operating Procedures (SOPs)
  - 04-04 & 04-07 Describe the Position
  - 04-05 Describe the Training Process
- NY State Department of Health
  - Public Health Law Article 30
    - Defines the Emergency Medical Service System & Other Associated Requirements
  - 10 NYCRR Part 800
    - More Laws Governing EMS & Ambulance Operations
  - 10 NYCRR Part 18
    - Law About Public Functions and EMS
- US Government
  - Health Insurance Portability and Accountability Act (HIPAA)
    - The Privacy Law!

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RPI Ambulance Crew Chief
Rules and Responsibilities

Can be found at:

- RPI Ambulance Standard Operating Procedures (SOPs)
  - http://ambulance.union.rpi.edu/?category=resources&pageid=sops
- NY State Department of Health
  - Public Health Law Article 30
    - http://www.health.state.ny.us/nysdoh/ems/art30.htm
  - 10 NYCRR Part 800
    - http://www.health.state.ny.us/nysdoh/ems/part800.htm
  - 10 NYCRR Part 18
    - http://www.health.state.ny.us/nysdoh/ems/part18.htm
- US Government
  - HIPAA
    - http://www.hhs.gov/ocr/hipaa/

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RPI Ambulance Crew Chief Class
Rules and Responsibilities

When can I start Crew Chief training?

- “Any individual who acts in the capacity of Crew Chief must be properly credentialed as an R.P.I. Ambulance Crew Chief or must be a valid Crew Chief Trainee with a Crew Chief Trainer present. As such, any person acting as the Crew Chief must meet the qualifications as set forth in Policy # 04-05.”

- Hold a valid NYS EMT-B certification
- Be an Attendant
- Attend and pass the written exam for the RPI Ambulance Crew Chief Training Class
Rules and Responsibilities

Responsibilities

“The position of Ambulance Crew Chief is the highest credentialed position in the Ambulance Crew. Becoming an Ambulance Crew Chief involves not only medical proficiency, but also thorough knowledge of all Operating Policies and an ability to lead the crew effectively. The Crew Chief Trainee should, while training, act in the capacity of Crew Chief to the best of his or her ability. The training period is a time to gain experience with a trained Crew Chief on board. The Crew Chief Trainee is encouraged to attend as many drills as possible as they are a good source of knowledge and training.”

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A note on professionalism:

- On scene, you are often the highest-level medical care provider, and are operating in an official capacity.
- The patient called you for help.
- You represent RPI Ambulance, and RPI.
- It is very important to maintain a professional appearance and attitude, to assure the patient they are in competent hands.
Duties of the Crew Chief

RPI Ambulance
Crew Chief Class
Duties of the Crew Chief

Duties while on crew:

- Complete an Ambulance Equipment Checklist
- Report any discrepancies or problems to the Duty Supervisor
- Keep the office clean and make sure chores are done
- Try to fill any vacancies on the crew
- Provide training opportunities if time allows
- Maintain crew morale
- Remember, you’re a student first!
Station and Transport Vehicle

The Forester and the Office
Duties of the Crew Chief

Duties during a call:

- Confirm Crew
- Advise Driver of appropriate level of response (Priority I or II)
- Plan use of resources and equipment en route
- Radio communications
- Scene safety!
- Ensure Patient receives appropriate care (BLS, ALS, Helicopter, etc)
Duties of the Crew Chief

Duties during a call:
- Allow other members to train as appropriate
- Make appropriate hospital destination choice
- En route to the hospital, give report over VHF radio
- Transfer Patient to receiving medical facility with report
- Complete paperwork and verify ambulance is ready for the next call
- Go back in service as quickly as possible

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RPI Ambulance Crew Chief Class
Protocols and Standard Operating Procedures

RPI Ambulance Crew Chief Class
These protocols are not intended to be absolute and ultimate treatment doctrines, but rather standards which are flexible to accommodate the complexity of the problems in patient management presented to Emergency Medical Technicians (EMTs) and Advanced Emergency Medical Technicians (AEMTs) in the field. These protocols should be considered as a model or standard by which all patients should be treated. Since patients do not always fit into a "cook book" approach, these protocols are not a substitute for GOOD CLINICAL JUDGMENT, especially when a situation occurs which does not fit these standards."
Review of Protocols

Adult Major Trauma

- Mechanisms of Injury
  1. Ejection or partial ejection from an automobile
  2. Death in the same passenger compartment
  3. Extrication time in excess of 20 minutes
  4. Vehicle collision resulting in 12 inches of intrusion in to the passenger compartment
  5. Motorcycle crash >20 MPH or with separation of rider from motorcycle
  6. Falls from greater than 20 feet
  7. Vehicle rollover (90 degree vehicle rotation or more) with unrestrained passenger
  8. Vehicle vs. pedestrian or bicycle collision above 5 MPH

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Adult Major Trauma

- Physical Findings
  1. Glasgow Coma Scale is less than or equal to 13
  2. Respiratory rate is less than 10 or more than 29 breaths per minute
  3. Pulse rate is less than 50 or more than 120 beats per minute
  4. Systolic blood pressure is less than 90 mmHg
  5. Penetrating injuries to head, neck, torso or proximal extremities
  6. Two or more suspected proximal long bone fractures
  7. Suspected flail chest
  8. Suspected spinal cord injury or limb paralysis
  9. Amputation (except digits)
  10. Suspected pelvic fracture
  11. Open or depressed skull fracture
Review of Protocols

Adult Major Trauma

- High Risk Patients
  1. Bleeding disorders or patients who are on anticoagulant medications
  2. Cardiac disease and/or respiratory disease
  3. Insulin dependent diabetes, cirrhosis, or morbid obesity
  4. Immunosuppressed patients (HIV disease, transplant patients and patients on chemotherapy treatment)
  5. Age >55

- Treatments
  - ABC’s, Physical Exam, Immobilization, Oxygen, Request ALS, Transport Rapidly to Trauma Center
Review of Protocols

Medications:

- **Aspirin**
  - **Indications**: Chest pain
  - **Contraindications**: Pt. has taken aspirin, has an aspirin allergy, or signs of gastrointestinal bleeding
  - **Administration**: (4) 81 mg chewable tablets (baby aspirin)

- **Nitroglycerin**
  - **Indications**: Chest pain, pt. has prescribed nitroglycerin
  - **Contraindications**: Systolic BP < 120, Viagra w/in 72 hours
  - **Administration**: If prescribed, (1) metered dose of spray or (1) tablet; recheck BP within 2 minutes
Medications:

- **Albuterol**
  - **Indications**: Respiratory difficulty caused by diagnosed asthma
  - **Contraindications**: Not alert
  - **Administration**: If prescribed, (1) metered-dose inhaler

- **Oral Glucose**
  - **Indications**: Altered mental status/diabetic symptoms, history of medication-controlled diabetes.
  - **Contraindications**: Unconscious, unable to swallow, head injury
  - **Administration**: (1) dose of glucose solution, Med Control
Review of Protocols

Medications:

– Epinephrine

  • **Indications**: Respiratory difficulty and/or hypoperfusion associated with anaphylaxis or severe allergic reaction
  
  • **Contraindications**: None
  
  • **Administration**: If prescribed, (1) auto-injector

    – If the pt.’s injector is not present and you carry them, administer (1) dose

    – Contact medical control for permission to administer an injector to a pt. without a prescription or to administer a second (2) dose
Suspected Stroke (CVA)

- ABC’s, Oxygen, History of Present Illness
- Cincinnati Pre-hospital Stroke Scale
- Transportation Decision
  - Go to a Stroke Center if the total pre-hospital time (time from when the patient’s symptoms and/or signs first began to when the patient is expected to arrive at the Stroke Center) is less than two (2) hours.
Review of Protocols

Altered Mental Status (AMS)

- Scene Safety, ABC’s, Oxygen, Level of Consciousness, Request ALS, History of Present Illness
  - Assess for and treat known conditions such as Diabetes, Seizures or Stroke
Review of Protocols

Medical Control

– May contact by cell phone or through dispatch over 800
– Contact when you are unsure what to do in a situation
  • This DOES NOT mean that you don’t need to know your protocols.
  • Good examples of when to call Med Control are:
    – If a situation is unclear
    – If you want approval from a physician to RMA a 23 y/o who has been drinking
    – If you want to give another dose of albuterol
    – If your patient took too much of their medication
History Taking

- **SAMPLE & OPQRSTI**

- **In Class Exercise!** Work in teams and come up with 7 history questions for each of the following:
  - Allergic Reaction
  - Abdominal Pain
  - Intoxication
  - Trauma
  - Chest Pain
  - Difficulty Breathing
Review of Protocols

Physical Exam

– When and why do you perform a.....
  • Rapid
  • Focused
  • Detailed

– Your turn to practice!
Review of Protocols

These are only some of the NYS BLS Protocols!

– You need to know your protocols well, you should have received them in EMT Class. You can’t look them up on scene, now is the time to make sure you know them backwards and forwards!
Minors

- Under 18, can’t RMA without PRESENCE of parent/guardian
- 17 and over, can be escorted by RPI DPS
- Under 17, need Troy Police to accompany
- Parents/guardian MUST be contacted, attempt to have them come to scene
- DOCUMENT everything, obtain witnesses + signatures
- Implied consent
Intoxication

• Patients showing visible signs of intoxication or Altered Mental Status are not allowed to refuse medical attention. Generally, law enforcement will be on scene of any incident of this type. If the patient wishes to refuse medical attention, the help of an officer should be obtained to persuade the patient that transport to a hospital ER is in their best interest. Should this fail, a 941 may be requested per NYS DOH protocols.
Intoxication

• Patients who have been witnessed or admitted to the ingestion of alcohol, but are not showing obvious signs of intoxication or Altered Mental Status and wish to refuse medical attention may do so after a full assessment is completed. The Crew Chief should advise and request approval from both the on duty supervisor and a Medical Control Physician. All information must be documented appropriately.
Review of RPIA SOPs

Duty Supervisors

- Respond to:
  - MCI’s
  - Any rescue involving crew being on scene for anticipated time over 20 minutes
  - Any incident where crowd control may cause an issue (fraternity houses, commencement)
  - Any incident where ALS is requested, where an ALS unit is not available for immediate response
Review of RPIA SOPs

Duty Supervisors

– Contact the Duty Supervisor to:
  • Report any discrepancies or incidents
  • Notify if you do not feel comfortable with a situation, a member or are uncertain how to handle a predicament
  • Notify if you have a disagreement with another EMS agency, dispatch center, Public Safety authority, or other official
Useful Information

RPI Ambulance
Crew Chief Class
Radio Communications

• **RPIA Portables (HT750, 155.220 MHz):**
  – Member call sign is RPI Ambulance 900 number (922).
  – Receiving tones and dispatches from Rensselaer County Emergency Communications Center (ECC).
  – Amassing a crew for day calls.
  – Communicating with members (calls, hockey games, etc.).
  – Communicating with RPI DPS (Channel 5).
  – NYS Interagency and Mass Casualty Incident (Channel 8).

• **County Portables ("800", 46.10 MHz):**
  – Communicating with Rensselaer County ECC (dispatch).
  – Ambulance’s call sign is 5939.
  – Only use Car numbers over the 800 (Duty CC: Car 6).
  – “No blind transmissions” policy.
Calls are assigned a determinant based on their seriousness:

- **Alpha**: BLS Priority II
  - Non-emergency (finger laceration).
- **Bravo**: BLS Priority I
  - Emergency (broken leg), but not life threatening.
- **Charlie**: ALS & BLS Priority I
  - Possibly life threatening, or ALS indicated (chest pain).
- **Delta**: ALS & BLS Priority I
  - Actively life threatening (unconscious).
- **Echo**: ALS & BLS Priority I
  - Cardiac or respiratory arrest – BLS, ALS and close-by units.
Dispatches

- Dispatches are received on Channel 1 on RPIA radios.
- Dispatch:
  - Dispatcher: Stand by RPI Ambulance.
  - Tones will sound.
  - Dispatcher: Stand by RPI Ambulance, for a (Determinant) EMS call for a (Demographics), (Chief complaint), at (Location).
  - Dispatch is repeated, and time stamp and dispatcher ID are given.
- Example:
  - Dispatcher: Stand-by RPI Ambulance, for a Charlie determinate EMS call, for a 32 year old male with chest pain, at the RPI Student Union, 1401 Sage Avenue, crosses of 15th Street and Burdett Avenue. C, Charlie, response. 18:56, Dispatcher 14”. 
Dispatches

• **Day Calls:**
  – Tones and dispatch are received over the portables. Sign on as a crew chief / acknowledge the call, and meet the crew at the garage.
  – If needed, call members or ask the dispatcher to dispatch.
  – Confirm crew once a crew chief and driver are responding.
  – 3 minute marks: 3 minutes to acknowledge the call, confirm a crew and go en route, or mutual aid is dispatched.

• **Night Calls:**
  – Tones and dispatch are received over the portables and base. Respond from the office to the garage with the crew, and confirm crew.
  – We are listed as “staffed” – must be en route in 3 minutes or mutual aid is dispatched.

• **Field House/Stand-bys:**
  – Notification is received from bystanders or the EES (900). Notify 900 that you are en route. Respond to the given location, and transport the patient to the PCF if necessary.
Call Communications

- **During the call, the following radio transmissions are made to dispatch over the 800:**
  - Acknowledge call/Confirm crew
  - En route to the scene
  - Arriving on scene
  - En route to the hospital (Number of pt’s, destination, BLS or ALS)
  - Arriving at the hospital
  - Back in service
  - Back in quarters

- **The receiving facility will be notified of patient information and arrival time over the BLS channel (a “med patch”).**
  - BLS 340: Albany Med, Memorial, VA, St. Peter’s
  - BLS 400: Samaritan, St. Mary’s, Ellis
Hospital Radio Report

• Inform the hospital of patient information, so they know what to expect and prepare for:
  – Number of Patients, Patient’s Age and Gender
  – Chief Complaint and History of Present Condition
  – Pertinent Past Medical History
  – Treatments and Vital Signs
  – Estimated Time to Arrival (ETA)
  – “Do you require anything further?”
Example:

“Samaritan, this is RPI Ambulance. We’re en route to your facility with a eighteen, 1-8, year old female complaining of tightness in her chest. Patient has an allergy to bees and was stung approximately 15 minutes ago. Patient self-administered one epi auto-injector about ten minutes ago, which improved her condition. Vitals are as follows. Respirations of 20 and regular, pulse of 108 and regular, BP of 134 on 88, spO2 is 99% on O2 via NRB at 12 LPM. ETA is 3 minutes, do you require anything further?”
## Common Area Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Distance</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samaritan</td>
<td>2215 Burdett Avenue, Troy NY</td>
<td>~2 Minutes</td>
<td>Stroke Center, Burdett Care Center</td>
</tr>
<tr>
<td>St. Mary’s</td>
<td>1300 Massachusetts Ave. Troy NY</td>
<td>~15 Minutes</td>
<td>Stroke Center</td>
</tr>
<tr>
<td>Albany Medical Center</td>
<td>43 New Scotland Ave, Albany NY</td>
<td>~15 Minutes</td>
<td>Level 1 Trauma Center, Stroke Center</td>
</tr>
<tr>
<td>St. Peter’s Medical Center</td>
<td>315 S. Manning Blvd, Albany NY</td>
<td>~20 Minutes</td>
<td>Cath. Lab, Stroke Center</td>
</tr>
</tbody>
</table>

Updated 02/2012
# Hospital Destinations

## Rare Area Hospitals

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Address</th>
<th>Distance</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albany Memorial Hospital</td>
<td>600 Northern Blvd, Albany NY</td>
<td>~15 Minutes</td>
<td>Stroke Center</td>
</tr>
<tr>
<td>Albany VA Stratton</td>
<td>113 Holland Ave, Albany NY</td>
<td>~5 Minutes</td>
<td>VA, Veterans Only</td>
</tr>
<tr>
<td>Ellis Hospital</td>
<td>1101 Nott St. Schenectady, NY</td>
<td>~30 Minutes</td>
<td>Stroke Center</td>
</tr>
<tr>
<td>Bellevue Maternity Hospital</td>
<td>2210 Troy-Schenectady Road Niskayuna, NY</td>
<td>~20 Minutes</td>
<td>OB/GYN, Non-emergency</td>
</tr>
</tbody>
</table>
Hospital Destinations

Transporting a Pregnant Patient

- Less than 20 weeks pregnant
  - Samaritan Emergency Department
- More than 20 weeks pregnant
  - Believed to be in labor
    - Burdett Care Center
  - Not in labor
    - Samaritan Emergency Department
Advanced Life Support

• When to Call ALS:
  – Altered Mental Status
  – Chest Pain
  – Complicated Childbirth
  – Diabetic Problem
  – Difficulty Breathing
  – Major Burns
  – Major Trauma
  – Overdose
  – Seizure
  – Shock (Anaphylactic, hypovolemic, etc.)
  – Unresponsive/unconscious

• What ALS Can Do:
  – Cardiac Monitoring
  – Defibrillation (Cardioversion)
  – Drugs
  – Intubation
  – IV’s

  – Mention BLS transport limitations: scope of practice.

Good clinical judgment!
Always follow local protocols!
Advanced Life Support

• **When to Call a Helicopter:**
  – When time is critical and ground transport may take too long.
    • Major trauma, stroke, etc.
    • Prolonged extrication or transport time.
  – Medevac is a valuable, but very limited, resource.
  – Contact dispatch.

• **What a Helicopter Can Do:**
  – Fly
  – Go 150 mph
  – Not stop for red lights
Advanced Life Support

• **How do I get it?**
  - Contact dispatch
  - Location, destination and reason for ALS

• **Who do I get it from?**
  - Troy Fire Department
  - Empire Ambulance
  - Mohawk Ambulance
  - North Greenbush, Sand Lake, Colonie
  - MedFlight, State Police

• **Meeting up with ALS**
  - Choice: Await ALS on scene or ALS intercept?
Mutual Aid

• **What is it?**
  – More ambulances

• **How do I get it?**
  – Contact dispatch.

• **Who do we call for it?**
  – Troy Fire Department
  – Empire Ambulance
  – Mohawk Ambulance

• **Who calls us for it?**
  – Brunswick, North Greenbush, Troy, Rensselaer.
  – “Closest BLS Ambulance” policy.
Documentation

• Documentation of pre-hospital patient care
• Three part document printed on non-carbon copy paper, attached to the top.
  – White: agency copy (must keep for SIX years, if pt <18 y/o, must keep for THREE years after pt turns 18)
  – Yellow: research (submitted monthly)
  – Pink: hospital copy(permanent medical record for pt)
Documentation

• Legal document
  – meeting standard of care
  – bookmark of memory
  – compliance

• Statistical research

• Information for ALS, receiving hospital
Documentation
Documentation

- Facts and observations only
- Failure to document = failure to consider
- Document mistakes
- Do not document treatment, history or assessment you did not collect or perform.
  - SOLUTION: perform a thorough assessment and follow protocols for every call.
- Use black ink
- Fill in circles completely (no x’s, checks or other marks)
- Use military time
Documentation

- Any time agency is dispatched for ANY response when EMS is needed
  - All patient transports
  - All patient refusals
  - Any time there is contact with patient
  - Certain calls when no patient contact made:
    - Calls cancelled before reaching scene
    - Call when no patient is located
    - Stand-by events
Other Circumstances

- Equipment failure
- Hospital diversion
- Child or elder abuse
- Special events and stand-bys
- Contacting Medical Control
- Duty Supervisor
- RMA’s
  - Patient rights, clinical findings, and possible consequences up to and including death.
  - Signature of Patient or Patient’s Guardian and a Witness are required.
Ambulance Operations

Other Situations

• Accidents
  – With/without a Patient onboard
  – While in Priority I mode
• Mass Casualty Incident (MCI)
• Equipment Failures

Updated 02/2012

RPI Ambulance Crew Chief Class
A Word of Warning

Safety is Priority I

• Ambulances are the most dangerous vehicle on the road
• Accidents are always your fault
• Convey the Patient and crew safely to the destination
Ambulance Operations

Phone Numbers to Know
• Instructor will give you the Following Phone Numbers:
  – RPI Ambulance Duty Supervisor
  – County Dispatch, “Public Safety”

Updated 02/2012
Written Examination & Procedures for Advancement

Backup Crew Chief

1. Attend an RPI Ambulance Crew Chief training class to include:
   a) Call Dynamics
   b) Standard Operating Procedures
   c) PCR writing
   d) Crew Chief 1 simulated call

2. Complete PCR writing class

3. Complete Crew Chief checklist

4. Complete 1 mock call w/ passing evaluation from CC Trainer before Crew Chief a real call.

5. Crew Chief 2 calls with a crew chief trainer in the patient compartment and receive passing evaluations for both.

6. Pass the practical exam, including PCR writing

7. Receive recommendation for promotion by Crew Chief Trainer

8. Receive joint approval of the Captain and Training Committee

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Written Examination & Procedures for Advancement

Full Crew Chief

1. Must Crew Chief 2 calls as a Back-up Crew Chief, receive a passing evaluations by Crew Chief Trainer.

2. Must complete the following FEMA sponsored classes:
   a) IC-800: National Response Framework
   b) IS-700 National Incident Management System (NIMS)
   c) ICS 100: Introduction to ICS
   d) ICS 200: Basic ICS

3. Must student-teach one training drill and submit an evaluation form
   a) This training drill must be approved and supervised by the training committee.
   b) The purpose of this course is to demonstrate proper training skills while teaching an advance topic to other members of the agency.

4. Receive recommendation for promotion by Trainer

5. Receive approval by the Promotional Board

Updated 02/2012

RPI Ambulance Crew Chief Class
Written Examination & Procedures for Advancement

Crew Chief Trainers

- Olivia Torre
- George Moraru
- Brent Campbell
- Mark O’Donnell
The End. Go Out and Tek Some EMS Calls