

# Introduction to Bridgewater EMS

## Draft: February, 2008

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### 1. Orientation Goals

All new members will be provided with an orientation briefing which will be held within their first month of membership with the company. The orientation goals are:

1. To establish good member-officer communication
2. To reduce the anxieties of a new environment and new responsibilities
3. To build teamwork spirit
4. To inform the member of the company's achievements
5. To provide the member with information about the company
6. To assist the new member the assigned job and the skills required for efficient job performance
7. To review **WPS**
8. To review any standard operating procedures (SOP) on equipment and policies
9. To review and enroll into the mentor program.

## 2. Orientation Checklist

### Orientation

As a new member to the BVFD, we would like to acquaint you with our policies and benefit programs in order that your membership with us will be as rewarding as possible. All members upon joining the team at Bridgewater Volunteer Fire Department, will be asked to participate in an orientation. A representative from the Administrative and Information Department will conduct the orientation. The following checklist will serve as a guide to the orientation.

#### I. Issuance of Company Property

<u>Item</u>	<u>Received</u>
a. Company Policy Manual By-Laws	
b. Equipment Manuals	
1. _____	_____
2. _____	_____
3. _____	_____
c. Building Keys	_____
d. SOS Alarm ID Card	_____
e. Other:	_____
1. _____	_____
2. _____	_____
3. _____	_____

#### II. Review of Company/Life at Bridgewater Volunteer EMS / Fire Department

<u>Topic</u>	<u>Discussed</u>
a. Classification	_____
b. Overview of Personnel Benefit Program	_____
c. Log book	_____
d. Run Forms	_____
e. Contact information of officers	_____
f. Use of facility	_____
g. Standard Operating Procedures S.O.P.	_____
h. Use of Telephone	_____
i. Parking	_____
j. Workers' Compensation	_____
k. BVFD Organizational Structure	_____
l. Introductions to members	_____
m. Dress code	_____

### 3. Mentor Program - Objectives

It is the objective of the mentor program to introduce and familiarize a new member / technician in the procedures, equipment and resources available to perform service to the community.

a. Building Access

b. Ambulance & Equipment

Chain of command and officer list

Duties and responsibilities

Legal crews

Dispatch protocol

Response and driving procedures

Light and siren operation

Scene parking and entrance

Radio communications including C-med operation

Oxygen equipment

Stretcher and chair stair operation

Patient (Pt) assessment & vital signs

BLS protocols

Pt run forms and documentation

Safety procedures

Transport protocol and passenger protocol

Scene safety

Paramedic protocol and interaction

Pt transfer

Hospital orientation

Re-stocking after call

Final trip recording

c. Training requirements

d. Organization requirements

e. Lifestar protocol

f. Public safety interaction

### 4. EMT Basic Training Requirements, Certification, and Re-Certification

EMT-basic training requirements: You must take a state-approved EMT-B course. These courses consist of approximately 130 hours of classroom and practical time.

EMT Certification: You must successfully complete the EMT-B course and pass the National Registry Examination.

EMT Re-certification during the next 6 years: Every 2 years for the next 6 years you must successfully complete a minimum of 25 hours of Commissioner-approved refresher training, which includes both practical and written evaluations.

EMT Re-certification after 6 years of continuous certification: The re-certification requirement must be met every 3 years.

As an EMT-Basic it is your responsibility to keep your skills up to date. Since our ambulance calls are of a low volume, which means less on-the-job training, it is important that you stay current by attending continuing education classes. These classes are given by New Milford hospital; New Milford Ambulance association; and surrounding fire departments. It is also important that you attend the ambulance monthly meetings (2nd. Monday night of the month) and the Thursday night training drills at the firehouse.

## 5. Legal Crews

When responding to emergency calls and transporting patients to the hospital the following guidelines will be used to determine a legal crew size:

- Every crew must have at least one EMT riding in the back of the ambulance with the patient.
- Every crew must be staffed with at least two medically trained personnel, ie. MRT, EMT.
- The minimum crew size will be one MRT driving the ambulance and one EMT providing patient care in the rear of the ambulance.
- If a paramedic is in the ambulance then at least one EMT must be present to constitute a full crew, however it should never be assumed that the paramedic will be available to ride on the ambulance and transport. In order for the ambulance to leave the firehouse, a legal crew must be on board or else one of the following must be met:
- Direct radio communication between the ambulance and first responder(s) which confirms that a legal crew will be assembled on scene.
- Communication with LCD that necessary first responders are en route to the scene and those en route will constitute a legal crew. Mutual Aid calls have the same requirements as in town calls, but the following considerations should be made:
- If an ambulance driver is present and there is difficulty gathering a legal crew from Bridgewater members, you must contact LCD to determine whether there are any first responders on scene. If a legal crew is present or will be complete with the arrival of the ambulance then the ambulance may leave town and respond to the call.

## 6. Ambulance Driver Requirements

**Ambulance Driver Requirements:** Drivers must be:

1. current member of the Bridgewater Fire Department (aux. inc.)
2. be at least 18 years of age
3. hold a valid driver's license
4. be approved to drive by one of the following: EMS Coordinator or Fire Officer

**Guidelines for driver training:** Drivers must show proficiency in:

1. Procedures for turning ambulance on/off at the firehouse and at the hospitals
2. Use of 4wd
3. Use of On Spots
4. Use of lights and siren, including when to use them
5. Use of radio
6. Where, when, and how to refuel
7. Road test

The EMS Coordinator or one of the Fire Officers will administer the road test. The driver (trainee) will need to show proficiency in the following skills:

- a. responsible driving
- b. patient ride control
- c. proper sight line at difficult intersection (ex: Rte 67 & Rte 133, Clapboard Rd & Hut Hill Rd)
- d. K-turn and/or confined space turn around
- e. backing into tight quarters using only mirrors

Upon completion of the road test, the administrator will either approve the trainee to drive the ambulance or require that they have more training and be tested again at a later date.

# Ambulance Exterior Compartments - Feb. 2008

Taken from ambulance equipment check list

## Driver Side

### Driver One - tall & narrow

- 1 - Jack
- 1 - Main Oxygen Tank
- 1 - KED
- 1 - FracPac(#1)
- 1 - SKED Stretcher
- 1 - Pediatric Immobilization

### Driver Two

- 2 - 5Lb. Sand Bag
- 1 - Ice Rescue Suit
- 3 - P.F.D.
- 2 - Rescue Throw Bag
- 4 - Helmets
- 1 - Tire Chock

wheel

### Driver Three

- 1 - Adult Hare Traction
- 1 - Ped. Hare Traction
- 1 - Ped. Seat                      1 - Stair Chair
- 1 - Frac Pac (#3)
- 1 - Red Nylon Stretcher
- 1 - Red Nylon Rescue Chair
- 1 - KED

## Ambulance Front

See other side for interior compartments

## Ambulance Rear

## Passenger Side

### Ext. pass. two Front Top

- Collars:
- 3 - Adjustable Collar
  - 2 - Tall                      3 - Regular
  - 2 - Short                  2 - No-neck
  - 1 - Ped.                    1 - Infant
- Portable Radios:
- 1 - Bridgewater
  - 1 - Roxbury/N.M.
  - 1 - Portable Suction
  - 1 - Portable Oxygen
  - 1 - Crash Kit   1 - Triage Kit

### Ext. Pass. One Front Bottom

- 5 - Flares
- 1 - Jumper Cables
- 1 - Work Gloves
- 1 - Hammer
- 1 - Screwdriver
- 1 - Window Punch
- 1 - Pry Bar

Door

### Passenger Four

- Turnout Gear: 1 - Medium  
2 - Large                      1 - Extra-Large

### Passenger Three

- 3 - Emergency Blankets
- 12 - Backboard Straps
- 2 - Head Blocks

wheel

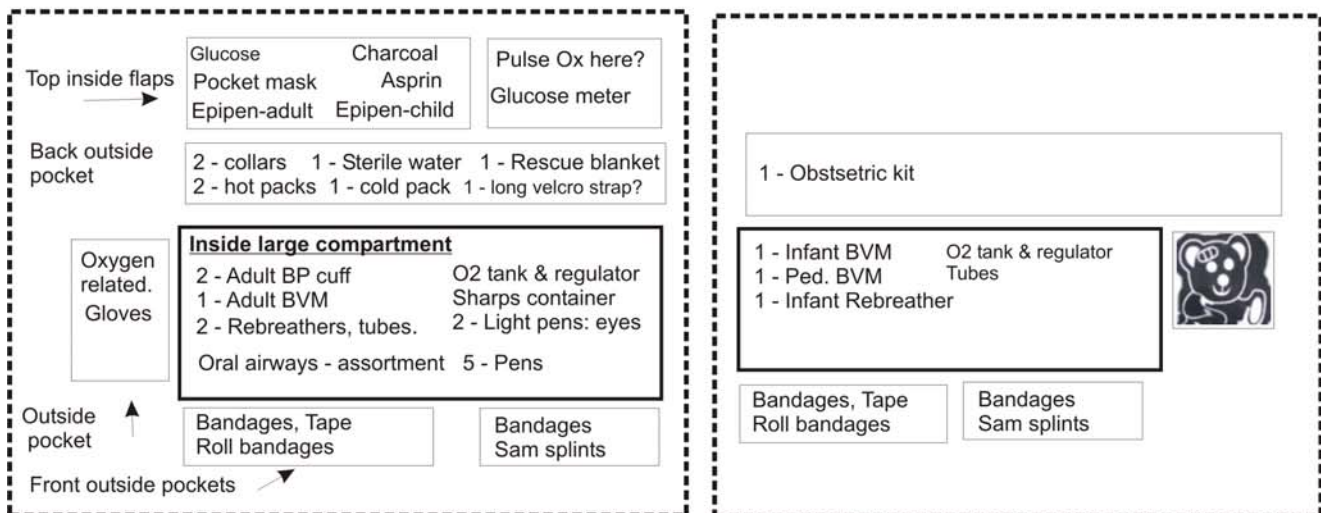
### Pass Five

- 1 - Short board              3 - Long board
- 1 - Scoop board            1 - Floating long board

## Contents of Jump Bags Inside Ambulance

### Red - - - Adult

### Purple - - Infant / Child



# Ambulance Interior Compartments

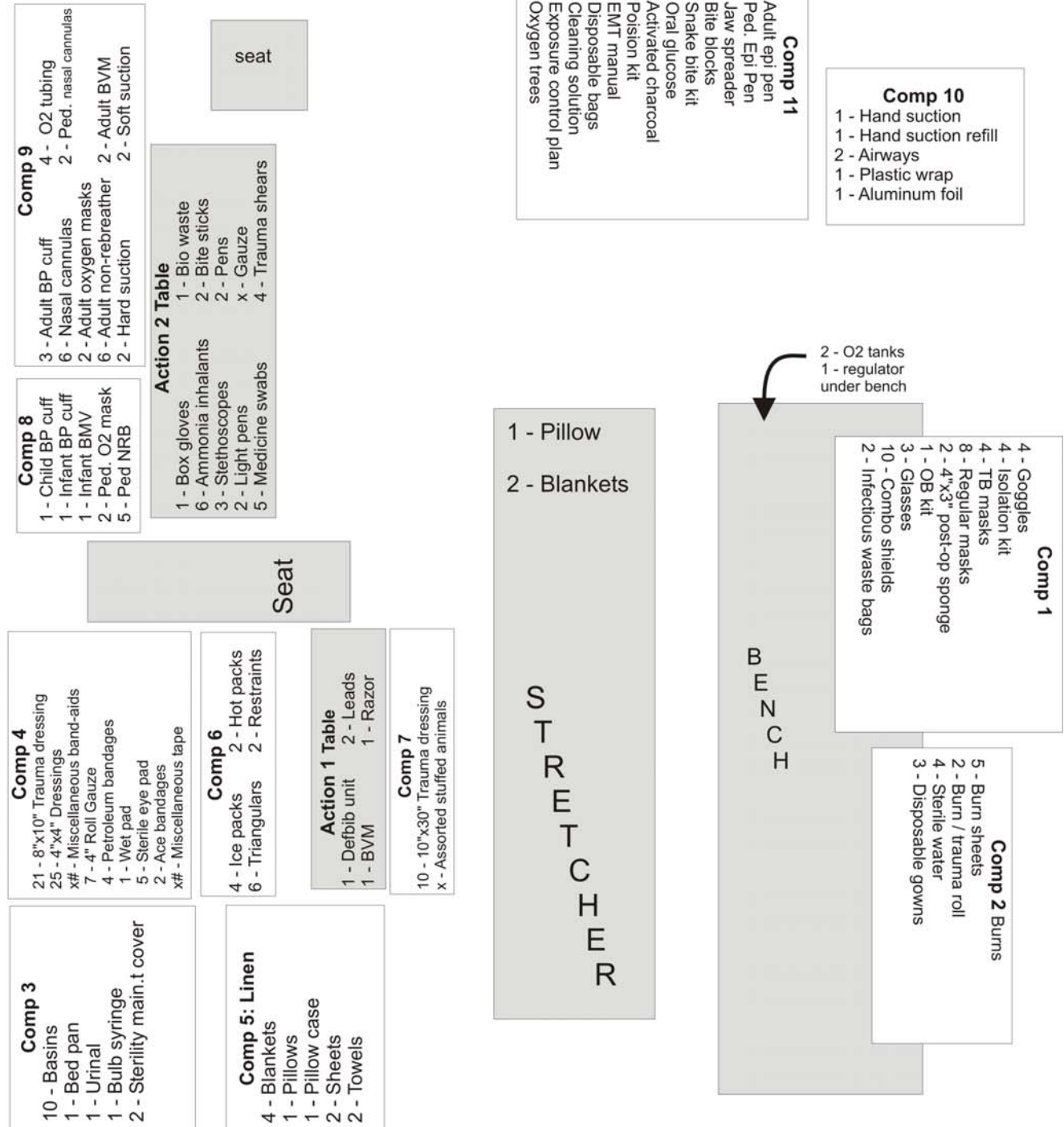
Driver Side

Ambulance Front

Passenger Side

## Behind Plexiglass

Access to O2  
Radio instructions



## 8. Emergency Vehicle Lights and Siren Use

The following are the main points in the letter written on Nov. 26, 2007. The letter in its entirety follows.

### **Main Points:**

1. Use emergency lights and siren only when responding to calls involving or transporting patients believed to need immediate life or limb threatening medical intervention. The mode of transport is a patient care medical decision.

### Preparation for transport:

2. EMS personnel must use patient compartment vehicle occupant restraints

### Responding to location of emergency:

3. Authorized Emergency Medical Vehicles should respond lights and siren only when directed by their dispatch center based on EMD criteria.

### Transporting patient to facility

4. The highest level certified/licensed EMS provider responsible for the patient's care will advise the driver of the appropriate mode of transportation based upon the medical condition of the patient.

### **Letter from the Commissioner**

The following points are taken from a letter written on Nov. 26, 2007 by J. Robert Galvin, Commissioner of the Connecticut Department of Public Health wherein he included a two-page document entitled “**Response and Transportation Guidelines For Authorized Emergency Medical Vehicles (including Lights and Siren Use).**”

**\* Start of Doc\***

## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMERGENCY MEDICAL SERVICES

### RESPONSE AND TRANSPORTATION GUIDELINES FOR AUTHORIZED EMERGENCY MEDICAL VEHICLES (INCLUDING LIGHTS AND SIREN USE)

Due to the inherent risk of operating with lights and siren, Department of Public Health Authorized Emergency Medical Vehicles (AEMV), (specifically ambulances and EMS non-transport vehicles) should use emergency lights and siren only when responding to calls involving or transporting patients believed to need immediate life or limb threatening medical intervention. The mode of transport is a patient care medical decision.

### Preparation

**EMS personnel must use patient compartment vehicle occupant restraints** whenever practical based upon patient critical needs. EMS personnel must use occupant restraints when driving. Front seat and patient compartment passengers/patients must use occupant restraints. EMS employers must ensure that EMS personnel who operate AEMVs are qualified and trained appropriately. Consideration should be given to the use of electronic behavior modifying instant feedback systems as a skills improvement and coaching tool.

The Department of Public Health should strongly encourage and financially support;

1. Emergency Vehicle Operators Training for all EMS Providers and,
2. The use of vehicle monitoring systems that encourage coaching and provide operators with immediate driving technique feedback and organizations with data for system improvement.

### **System Status**

Connecticut Statute 14-283 must be adhered to.

### **Patient Response**

Authorized Emergency Medical Vehicles should respond lights and siren only when directed by their dispatch center based on EMD criteria. Should additional information be received from public safety personnel suggesting that a response no longer merits a lights and siren mode while the AEMV is en route to the scene, the AEMV response should be downgraded to non-lights and siren mode. Similarly, should additional information be received from public safety personnel suggesting that a non lights and siren response merits a lights and siren mode while the AEMV is en route to the scene, the response should be upgraded to a lights and siren mode.

### **Patient Transport**

The highest level certified/licensed EMS provider responsible for the patient's care will advise the driver of the appropriate mode of transportation based upon the medical condition of the patient.

When transporting the patient utilizing lights and sirens, the need for immediate medical intervention should be beyond the capabilities of the ambulance crew using available supplies and equipment and be documented on the patient care report.

The mode of transport for emergency interfacility transfers should be based upon the directions of the referring physician and on the condition of the patient unless the patient's condition has deteriorated en route.

Exceptions to these policies can be made under extraordinary circumstances.

Appendix A **This is the 2<sup>nd</sup> page of the doc**

### **Sec. 14-283. Rights of emergency vehicles. Obstruction of.**

(a) "Emergency vehicle", as used in this section, means any ambulance or vehicle operated by a member of an emergency medical service organization responding to an emergency call, any vehicle used by a fire department or by any officer of a fire department while on the way to a fire or while responding to an emergency call but not while returning from a fire or emergency call, any state or local police vehicle operated by a police officer or inspector of the Department of Motor Vehicles answering an emergency call or in the pursuit of fleeing law violators or any Department of Correction vehicle operated by a Department of Correction officer while in the course of such officer's employment and while responding to an emergency call.

(b) The operator of any emergency vehicle may (1) park or stand such vehicle, irrespective of the provisions of this chapter, (2) proceed past any red light or stop signal or stop sign, but only after slowing down or stopping to the extent necessary for the safe operation of such vehicle, (3) exceed the posted speed limits or other speed limits imposed by or pursuant to section 14-218a or 14-219 as long as such operator does not endanger life or property by so doing, and (4) disregard statutes, ordinances or regulations governing direction of movement or turning in specific directions.

(c) The exemptions herein granted shall apply only when an emergency vehicle is making use of an audible warning signal device, including but not limited to a siren, whistle or bell which meets the requirements of subsection (f) of section 14-80, and visible flashing or revolving lights which meet the requirements of sections 14-96p and 14-96q, and to any state or local police vehicle properly and lawfully making use of an audible warning signal device only.

(d) The provisions of this section shall not relieve the operator of an emergency vehicle from the duty to drive with due regard for the safety of all persons and property.

(e) Upon the immediate approach of an emergency vehicle making use of such an audible warning signal device and such visible flashing or revolving lights or of any state or local police vehicle properly and lawfully making use of an audible warning signal device only, the operator of every other vehicle in the immediate vicinity shall immediately drive to a position parallel to, and as close as possible to, the right-hand edge or curb of the roadway clear of any intersection and shall stop and remain in such position until the emergency vehicle has passed, except when otherwise directed by a state or local police officer or a firefighter.

(f) Any officer of a fire department may remove, or cause to be removed, any vehicle upon any public or private way which obstructs or retards any fire department, or any officer thereof, in controlling or extinguishing any fire.

(g) Any person who wilfully or negligently obstructs or retards any ambulance or vehicle operated by a member of an emergency medical service organization while answering any emergency call or taking a patient to a hospital, or any vehicle used by a fire department or any officer or member of a fire department while on the way to a fire, or while responding to an emergency call, or any vehicle used by the state police or any local police department, or any officer of the Division of State Police within the Department of Public Safety or any local police department while on the way to an emergency call or in the pursuit of fleeing law violators, shall be fined not more than two hundred dollars or imprisoned not more than seven days, or both.

(h) Nothing in this section shall be construed as permitting the use of a siren upon any motor vehicle other than an emergency vehicle, as defined in subsection (a) of this section, or a rescue service vehicle which is registered with the Department of Motor Vehicles pursuant to section 19a-181.

(i) A police officer may issue a written warning or a summons to the owner of a vehicle based upon an affidavit signed by the operator of an emergency vehicle specifying (1) the license plate number, color and type of any vehicle observed violating any provision of subsection (e) or (g) of this section, and (2) the date, approximate time and location of such violation.

Approved CEMSMAC 5/07

Approved with modifications CT EMS Advisory Board 6/13/07

Approved modifications CEMSMAC 9/20/07

Approved for submission to Commissioner by Steering Committee 10/07

**\* End of Transportation Doc \***

## **9. Radio Contact Protocol with New Milford hospital**

1. For a patch into New Milford hospital ER, **set radio to channel 4**.
2. Contact L.C.D. saying "Bridgewater ambulance to L.C.D." Wait for an acknowledgement.
3. Tell L.C.D. you want a patch into New Milford ER.  
Try to give them a priority for the call: 1 is highest priority, 3 is the lowest.
4. LCD will tell you to go ahead with your message
5. Ask New Milford if they can copy you. Once they say "yes," give your full report.
6. End your report by asking New Milford if they have any questions.
7. After report is finished, say to LCD "Bridgewater ambulance, clear the patch."

## **10. Radio Contact Protocol with Danbury hospital**

1. For a patch into Danbury ER, **set radio to channel 10**.
2. Contact Northwest C-Med saying "Bridgewater ambulance to Northwest C-med."  
Wait for an acknowledgement.
3. Tell them where you want a patch to and where your patient was picked up from.  
**"Bridgewater ambulance requesting a priority 3?? patch into Danbury ER pickup location 100 main street south town of Bridgewater."**
4. Northwest C-med will tell you to stand by.  
Then they will contact you and tell you what **channel** to go to, **usually 8 or 9**.
5. Ask Danbury if they copy you. Once they say "yes," give your full report.
6. End your report by asking Danbury if there are any questions.
7. After the report is finished, say to Northwest C-Med "Bridgewater ambulance – clear the patch."

## **11. Patient Transport**

Properly documenting patient transfer is very important. Among the most important information that needs to be documented is the patient's name, age, DOB, chief complaint, call location, patient allergies, patient's address, a brief but detailed description of the scene upon arrival, and vital signs. Other information that is always included is the time of dispatch, time of arrival on scene, time of arrival at the hospital, and time back in service. Calls are now documented online. You should access the web page by using your given user name and chosen password. You will go through page after page until the form is complete, and then submit it. If any information is incomplete, you will not be able to submit the run form. Each run form should be thorough and accurate.

## 12. Re-stocking After A Call

It is very important that you remember to re-stock the ambulance after a call. At New Milford Hospital, there is a room that contains new items such as BVM's, nasal cannulas, non re-breather masks (adult and pediatric), among other things. If any of these items are used you should make sure that a new one is taken. This ensures that the ambulance is ready for it's next call.

Additionally, the sheet, blankets, and pillowcase(s) need to be replaced after each call. It is often easiest to designate the driver in charge of this task. This allows the EMS personnel who rode in back with the patient, more time to complete the run form. Once you get the patient to the hospital you will need to strip the stretcher and pillow(s) and deposit the soiled items into a designated receptacle. At New Milford Hospital these bins are located in the hallway of the Emergency Department. Once the stretcher is bare you need to disinfect it. The disinfectant is usually near the sink, however, if you cannot locate it you may need to ask someone. Next, you need to replace the sheet, blankets and pillowcase(s). Clean sheets, blankets and pillowcases are located on a cart in the hall of the New Milford Hospital ED. Always make sure you take enough of each to replace what was used on the call.

Once you arrive back at the firehouse, if any tape, gauze, bandages, Epi-pens, O<sub>2</sub>, or other miscellaneous items were used, you may be able to immediately replace them. For instance, there is usually enough new tape, gauze, and bandages in the EMS closet. O<sub>2</sub> levels need to be checked, to ensure that there is a tank containing a sufficient amount of O<sub>2</sub> for the next call. There is always a replacement tank against the wall next to the ambulance. However, items including, but not limited to, Epi-pens, activated charcoal, and oral glucose may need to be re-ordered. Make sure the EMS coordinator is aware that these items need to be replaced so the ambulance can be properly re-stocked.

Also, a bi-monthly inventory should be done on the ambulance. This covers everything that should be on the ambulance and lists the proper amounts of items that need to be kept on board. If anything is missing or needs replacement, due to expiration or for any other reason, now is the time to document it and report your findings to the EMS coordinator. If you can re-stock any of the items that are missing yourself, such as tape, or gauze, stock the items before you leave.

Finally, at the end of each call, it should be the driver's responsibility to make sure that the ambulance has enough diesel fuel in it's tanks. If the tanks are low you will need to pull around back to the barn and fill them. When this is done you should make sure you back the ambulance in to the truck bay, to provide for a speedy exit on the next call.

### 13. Life Star Guidelines (taken from website )

<http://www.harthosp.org/lifestar/ForHealthEmergencyPersonnel/default.aspx>

#### WHO CAN REQUEST LIFE STAR?

- Any EMS person who is responding to the scene and is certified by OEMS:
- POLICE Fire Personal MRT EMT all levels Nurse or Physician

#### GUIDELINES FOR REQUESTING LIFE STAR

##### Mechanism of Injury

Fall from over 20 feet  
Apparent high speed impact  
Ejection from vehicle  
Death of another passenger  
Passenger with multiple injuries  
Major vehicle deformity- outside/inside  
Vehicle rollover  
Pedestrian struck at speed >20mph

##### Physiologic Factors

Systolic BP <90 mmHG  
RR <10 >29  
Respiratory Distress (drowning, fire)  
Pulse <60 >110  
Cardiac Event with unstable vital signs  
Hypothermia/Hyperthermia  
Anaphylaxis  
High Risk Pregnancy/Complications  
GCS <12

##### Situational Factors

Prolonged Extrication  
Increased Travel Time  
Rural or Isolated Area  
Medical or Community Disaster

##### Anatomic Factors

GSW to Head, Neck, Chest, Abdomen, or Groin  
Penetrating Injury to above  
Severe Burns: >15% of BSA  
Burns to Face and Neck  
Possible Spinal Cord Injury  
Amputation  
Fracture of 2 or more Long Bones

#### WHEN TO REQUEST LIFESTAR

When the patient looks bad or the source of injury is impressive  
The aircraft can always turn around  
Work within local Fire/EMS protocols  
REQUEST SHOULD BE MADE AS SOON AS POSSIBLE

Taken from website - END

Life Star is a critical care helicopter service, which responds to and provides air transport for a variety of patients who require care at a tertiary care facility. Life Star provides air medical transport services to all emergency/critical care patients within a 150-mile area surrounding Hartford, Connecticut. Life Star has been serving critically ill patients since 1985, and averages approximately 1,000 patient transports annually. The Life Star service operates 2 American Euro copter BK-117 twin-engine helicopters 24 hours a day, seven days a week. One aircraft is based at Hartford Hospital, and the other is based at Backus Hospital (Norwich). The Life Star flight team consists of a critical care flight nurse/paramedic, flight respiratory therapist/EMT-I, and a pilot. Each Life Star helicopter is identical in its composition of crew and capabilities, and can transport two patients simultaneously.

On occasion, there will be an emergency situation where time is a key element. Some emergencies will require a higher level of care than the local hospital can provide. In these circumstances, Life Star will play an important role. Transportation by helicopter can provide a critical patient with a better chance for survival. There are two basic situations in which a call for Life Star can be initiated.

**1. Inter-Facility Transports** (pre-planned transfers).

Either Life Star, or the hospital will call to inform you of the location.

**2. Scene Calls.**

On scene emergency crews will request the helicopter to respond directly to the incident.

In both situations, the ambulance and fire department will be called for service. The fire department is responsible for establishing the landing zone (LZ) for the helicopter and providing a secure location (preventing unauthorized persons from approaching the helicopter). The ambulance is responsible for providing transport of the patient from the scene to the landing zone (scene call request), or providing transportation to the Life Star crew to and from the landing zone and hospital (Inter-Facility transport).

**Inter-Facility Transports**

Transfers will involve patients who are currently being treated at New Milford Hospital. These patients are considered "stable", but they need transport to a higher-level care facility. Transportation by ground may not be a suitable option. This type of transportation is set up between the hospital and Life Star. After the transfer is set-up, either the hospital or Life Star will call the police department. They will provide the estimated time of arrival (ETA) of the helicopter, and the established landing zone. The New Milford Hospital does not have a helipad located on their premises; therefore, the designated landing zone for Inter-Facility transports will be the Central School Offices (a.k.a. East St. School) located at #50 East St. The following steps need to be taken when this type of call is received:

**1. Dispatch New Milford Fire Department.** Follow steps for "Toning Out a Call for Service".

"RN New Milford, code Blue, East St School, ETA \_\_ minutes"

Or

"RN New Milford, signal 23, requested for a Life Star Landing, East St School, ETA \_\_\_ minutes"

**2. Dispatch the New Milford Ambulance.** Follow steps for "Toning Out a Call for Service".

"New Milford Ambulance, code (1 or 2), your ambulance is needed for a Life Star landing, East St School, ETA \_\_ minutes, 33-A-V"

**3. Contact the New Milford Youth Agency** at 860-354-0047.

\*\*On occasion, this Agency hosts activities at the East St. School\*\*

**Scene Call Requests**

These calls for service will originate by emergency workers on scene of an incident. (Once a request for Life Star comes in, the paramedic should be dispatched in order to help stabilize the patient). In most instances, the ambulance will request Life Star to respond to East St. School; however, there will be scenes where it is faster to set up a "temporary" landing zone. Large fields or parking lots are optimal locations. The landing zone should be at least 60' by 60', relatively flat, and free of overhead obstructions. Before putting in a request for Life Star, pertinent information must be obtained by personnel on scene. This would include, but is not limited to:

- 1. Patient Information:** (Age, Gender, Mechanism of Injury, Injuries Sustained, Interventions).
- 2. Location of landing zone.** (Refer to Life Star grid map)
- 3. Hazardous Conditions:** Life Star will need to be made aware of any hazards or obstacles that might exist at the landing zone ft. e. trees, power lines, antennas, cranes, etc.). This information can be provided by Fire Command.

Once this is obtained, the following steps should be taken:

- 1. Contact Life Star Dispatch Center.** All pertinent information should be provided.
- 2. Dispatch the appropriate fire department.** (If not already on scene).  
(Follow steps for "Toning a Call for Service" }

At times, emergency personnel will request Life Star to be put on "standby". Because Life Star covers Connecticut, and some parts of New England, their availability is limited. By putting them on "standby", they are informally requested (or put "on hold" for your agency). Once it is determined whether their services are required, an official request (or cancellation) will need to be made. Based on weather conditions, and availability of their two helicopters they will advise if they are able to respond. They will provide ETA's and current updates. This information should be passed along to all emergency personnel on scene.

**\* Times to be recorded: Time of Life Star request, Ambulance en route to landing zone, Ambulance arrival at the landing zone, Time Life Star cleared**

**\*\*Due to lack of radio coverage ("dead zones") in Litchfield County, a courtesy call is provided to Life Star Dispatch when their helicopter lands, and also when it takes flight. This is provided on both the pre-planned, and incident scene requests\*\*.**

## **Life Star Safety**

1. Crews are not to approach Life Star unless requested by the flight crew. If requested to approach, stay within the pilot's field of vision.
2. Never approach the tail area; the rotor is invisible when spinning.
3. Follow the direction of the flight crew when assisting near Life Star.
4. Carry equipment horizontally, below waist level - never upright or over shoulder level.
5. No smoking inside or within 50' of Life Star.

**Life Star Booking Sheet  
(Sample Form)**

TIME OF CALL: \_\_\_\_\_  
CALLER'S NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

Transferring

Receiving Facility:

Facility: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Patient Location: \_\_\_\_\_  
MD: \_\_\_\_\_

Facility: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Patient Destination: \_\_\_\_\_  
MD: \_\_\_\_\_

INTUBATED? YES NO

BALLOON PUMP? YES NO

WEIGHT? \_\_\_\_\_

Notify crew PLO if "YES" to any of the above questions\*\*

MALE

FEMALE

Age: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

BP. \_\_\_\_\_ / \_\_\_\_\_

Pulse. \_\_\_\_\_

Resp: \_\_\_\_\_

Pulse OX: \_\_\_\_\_%

# Of Peripheral IV's: \_\_\_\_\_

Central Line: YES NO

Is Pt Continuously Receiving IV Medications? YES NO

# Of Continuous IV Medications? \_\_\_\_ (If more than 3, notify crew)

Names of IV Medications on pumps:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_