

## Emergency Medical Response (EMR)

<b>Scope</b>	This Standard Operating Procedure applies to Brigades providing EMR services.
<b>Definitions</b>	<p>The following definitions apply to this Standard Operating Procedure:</p> <ul style="list-style-type: none"> <li>▪ <b>EMR Brigade:</b> Approved CFA Brigade in the EMR program.</li> <li>▪ <b>EMR doctrine:</b> The approved procedures, work instructions and guidelines.</li> <li>▪ <b>EMR equipment:</b> Equipment approved for use within the EMR program (refer CFA Intranet and Brigades Online).</li> <li>▪ <b>EMR personnel:</b> CFA personnel who have completed requisite training and been endorsed to perform the role.</li> <li>▪ <b>EMR services:</b> The delivery of Emergency Medical Response to Priority 0 events.</li> <li>▪ <b>Personal Protective Clothing (PPC):</b> CFA approved and supplied personal protective clothing including all Structural, Bushfire, Rescue or Fire Investigation items.</li> <li>▪ <b>Priority 0 event:</b> The event type agreed between Ambulance Victoria (AV) and the fire agencies that will involve the provision of EMR services.</li> <li>▪ <b>Protective Equipment (PE):</b> An item that is utilised during the execution of CFA operational activities and training, which includes breathing apparatus, splash suits, gas suits, gas monitoring equipment, oxygen resuscitation equipment, safety harnesses and all technical rescue equipment.</li> <li>▪ <b>Rostered Duty Officer (RDO):</b> Rostered Duty Officer for any CFA District.</li> </ul>
<b>Objective</b>	To provide guidance on EMR arrangements.
<b>Procedure</b>	<ol style="list-style-type: none"> <li>1. General             <ol style="list-style-type: none"> <li>1.1 EMR personnel must comply with all EMR doctrine.</li> <li>1.2 EMR personnel must only provide assistance to AV within the scope of the provided EMR training.</li> </ol> </li> <li>2. Response</li> </ol>

- 2.1 Initial response to any Priority 0 event must consist of a minimum of two (2) qualified EMR personnel.
- 2.2 In addition to the EMR personnel referred to in point 2.1, CFA personnel responding to a Priority 0 event to support EMR personnel must as a minimum hold a current First Aid Level 2 qualification (or equivalent).
- 2.3 Initial response shall be one appliance from an EMR brigade. Where circumstances are determined as necessary by the appliance Officer-in-Charge (OIC), additional appliances may respond.
- 2.4 Appliances responding to Priority 0 events shall proceed Code 1 in accordance with SOP 12.04 – *Emergency Vehicle Response*.
- 2.5 In circumstances where an appliance from an EMR brigade is cancelled and the responding appliance is in close proximity to the EMR event location, if ceasing to attend the scene may cause loss of public confidence; in that instance, the appliance OIC may use their discretion and continue to proceed to the scene. If doing so, they will advise VicFire of this decision, and must proceed Code 3.

### 3. EMR Personal Protective Clothing

- 3.1 EMR personnel must wear the following minimum PPC:
  - Structural or bushfire PPC overtrousers with t-shirt;
  - Structural or bushfire boots;
  - Nitrile gloves;
  - Eye protection (safety glasses); and
  - Respiratory protection (P2 Filter) where appropriate.
- 3.2 EMR personnel should take all necessary precautions to avoid exposure to blood and other biological contaminants when performing EMR services by adhering to the Universal (or Standard) precautions as defined in SOP 11.01 – *Infection Control at Incidents*.

### 4. EMR equipment

- 4.1 Brigades should conduct general maintenance and cleaning on EMR equipment to ensure a constant state of readiness. Annual maintenance will be performed by State PPE&C.
- 4.2 EMR equipment faults shall be rectified in accordance with procedures detailed in relevant EMR doctrine.
- 4.3 EMR equipment must only be utilised by qualified EMR personnel; with the exception of use in training.

### 5. Notifications

- 5.1 EMR personnel shall notify VicFire of the following status changes:

5.1.1 Medical situation reports as status changes to include the following details:

- Number of patient(s);
- Gender and approximate age of patient(s);
- Patient(s) condition according to the following categories:
  - Patient deceased (where patient fits “obviously deceased” criteria) this should be transmitted as a “**Signal 8-3**”;
  - CPR in progress;
  - Patient is unconscious;
  - Patient is conscious.

5.1.2 Patient handed over to ambulance or doctor.

## 6. Clinical Advice

6.1 EMR personnel may obtain clinical advice by contacting the AV Clinician as per the EMR Quick Reference Card.

## 7. Patient Care Records and Data Management

7.1 CFA EMR Brigades attending a patient must complete a Patient Care Record (PCR) for all instances where the responding appliance books on scene. PCRs can be located on the CFA Intranet and Brigades Online.

7.2 EMR Brigades must ensure that:

7.2.1 All patient information is kept private and confidential; and

7.2.2 Defibrillator electrocardiogram (ECG) data (rhythm analysis and shocks) is managed as per procedures detailed in EMR doctrine.

## 8. Post Incident Actions

8.1 Contaminated EMR equipment should be placed in a bio-hazard bag prior to transporting back to station for cleaning.

8.2 For low level contaminated PPE&C, cleaning needs to be conducted in accordance with SOPs 11.01 – *Infection Control at Incidents*, 11.02 – *Medical Monitoring – Biological and Hazardous Substances* and 11.03 – *Personal Protective Clothing*.

8.3 For more substantial PPE&C contamination, seek advice from State PPE&C Management via the RDO/PPE&C Duty Officer.

8.4 Wellbeing services should be considered for activation after every event through the RDO. Attendance at potentially traumatic events will also trigger the automatic notification of wellbeing support services.

8.5 An Ambulance Victoria Clinician will contact the crew after each event to follow up on clinical activities.

**Safety notes**

- When responding to a Priority 0 event, all CFA members should be aware of the potential exposure risks to biological and hazardous substances as well as the potential exposure to traumatic situations (Refer SOP 11.01 – *Infection Control at Incidents*).
- EMR responders should take all necessary precautions to avoid exposure to blood and other biological contaminants when performing EMR services.

**10.24**

**Environmental notes**

- All infectious materials shall be disposed of in the mediwaste bins provided at stations or on advice of the RDO/PPE&C Duty Officer as appropriate.

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Related Documents			Other Links and References	Delegations
Policies	Standing Orders	SOPs		
Information Privacy	Specialist Response  Health and Safety  Post Incident Actions	Protective Equipment  Infection Control at Incidents  Medical Monitoring – Biological and Hazardous Substances  Personal Protective Clothing  Sharps, Syringes and Contaminated Products – Disposal of  Welfare Services – Activation of  Notification of Injuries and Fatalities	Country Fire Authority Act 1958  Country Fire Authority Regulations 2014  Information Privacy Act 2000  Health Records Act 2001  EMR procedural and reference doctrine	

Date to be Reviewed:	Date to Cease:	Date Endorsed:	Endorsed By:
TBA	N/A		Steve Warrington Chief Officer

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