

GORHAM EMERGENCY MEDICAL SERVICES
STANDARD OPERATING GUIDELINES

SOG#: 1.1
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SOG # 1.2	Date: 12/16/2021
Subject: INTRODUCTION	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To introduce the SOG booklet.

SCOPE: Applies to all members who fall under the EMS Standard Operating Guidelines.

PROCEDURE

1. Nothing in these Standard Operating Guidelines is to be construed as creating any rights nor cause of action against the service, its officers, or members.
2. Because EMS incidents do not always fit into the fixed categories of Standard Operating Guidelines, all members are empowered to undertake courses of action they deem necessary to handle the incident, Standard Operating Guidelines notwithstanding, so long as those actions are:
 - I. Safe
 - II. Team-based (regarding first responders, other members, other agencies), attentive to human needs (of patient, family)
 - III. Respectful (to patient, family, public, first responders)
 - IV. Customer accountable (can you face the patient and say you did your best?) appropriate (medically)
 - V. Reasonable (what would others with your training and experience do?)
 - VI. Ethical (fair and honest in every way)

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SOG# 2.1	Date:
Subject: STAFF RESPONSIBILITIES	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To inform all GEMS personnel of the roles of the department's officers

SCOPE: Applies to all GEMS personnel

PROCEDURE:

Chief: Policies and Procedures, Personnel Matters, SOGs & SOPS, FD Training, Fire Safety and Building Inspections, Health Officer, Emergency Management Director

"83" Captain: QA/QI, Emergency Reporting, Data Collection, Transfer Paperwork / EMTALA, Scheduling, Facility Maintenance, Controlled Drug Oversight, EMS Training. Other duties as assigned by the Chief.

"85" Lieutenant: Manages CPR training provided by the department, files employee Continuing Education certificates, acts as a Training Officer for National Registry re-certifications. Other duties as assigned by the Chief.

"86" Lieutenant:

"87" Lieutenant:

PT Staff Member: Fire Permits, Emergency Reporting, and Radios & Pagers. Other duties as assigned by the Chief.

FT Staff Member: QA/QI, Medical Supplies, Office Supplies, Uniforms, Financial Deposits, New Hire Orientation Oversight, Truck Checks, Medication Inventory, Infection Control Officer. Other Duties as assigned by the Chief.

FT Staff Member: QA/QI, Training Officer, NREMT Paperwork, Town AEDs, PD Liaison (First Aid Kits, Narcan, etc.) School to Career, 3rd Riders, Deputy Health Officer. Other duties as assigned by the Chief.

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SOG# 2.2	Date:
Subject: CREW CHIEF RESPONSIBILITIES	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To inform all GEMS personnel of the role and responsibilities of the EMS Crew Chief

SCOPE: Applies to all GEMS personnel

PROCEDURE:

In lieu of an officer, the crew chief is the most senior person with GEMS, regardless of level of EMS certification.

RESPONSIBILITIES:

1. Ensure that all EMS vehicles are ready for response
 - a. Supplies Checked
 - b. Cleaned
 - c. Fueled
2. Notify the Duty Officer or Chief of issues affecting response readiness
 - a. Supply shortage, email if after hours
 - b. Vehicle issues
3. Ensure that appropriate reports are completed
 - a. Special Incident Report as applicable
 - i. Events out of the ordinary
 - b. Report of Occupational Injury
 - i. Ensure appropriate treatment is sought
 - ii. Notify the Chief
 - c. Infectious Disease Exposure
 - I. Ensure appropriate treatment is sought
 - II. Infection Control Form (see Appendix A)
 - III. Special Incident Report Form (Appendix A)
 - IV. Notify the Designated Infection Control Officer
4. Ensure that patient care reports are completed as required by the state and all associated paperwork is scanned for attachment to the PCR. All documents will then be placed in the secure box in the day room.
 - a. Patient transports
 - b. Patient refusals

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SOG# 2.3	Date:
Subject: MEMBER RESPONSIBILITIES	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To outline employee responsibilities

SCOPE: Applies to all GEMS personnel

PROCEDURE:

All employees are expected to follow the guidelines found in the Personnel Policies & Procedures Manual for the Town of Gorham, New Hampshire. If you did not receive a copy of this manual when you were hired, contact the Fire Chief to obtain one.

Employees will follow the policies and procedures outlined in the Standard Operating Guideline Manual. In the instance that no Guideline specifically applies to a situation, use a common sense approach and seek guidance from an officer or more senior crew.

On Duty Responsibilities:

1. Be on time to assigned shifts
 - a. Be prepared for anticipated weather conditions
2. Be neatly groomed as outlined in the Dress Code
 - a. Bring a change of uniform with you in case you need to change clothes
3. Keep the station clean, inside and out
4. Make sure the ambulances are checked and cleaned, inside and out
5. Provide patient care as outlined in the New Hampshire EMS Protocols
 - a. Protocol manuals are available in each ambulance (hard and electronic copies)
6. Complete Patient Care Reports within 24 hours of the call
 - a. Maintain patient privacy as per HIPAA requirements
7. Report work injuries immediately to the Duty Officer and/or the Chief
 - a. Worker's Compensation forms available from the office of the Director of Finance
8. Review SOP's annually and sign attesting to same

Be able to commit the time needed to meet minimum call/meeting/training requirements and respond to the minimum number of calls to stay active. Member activity is based on a point-based system which allows many opportunities to stay involved with the service. Policy is on the following page.

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SOG # 2.4	Date: 2/5/2022
Subject: MEMBER CALL TIME REQUIREMENTS	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: Patient care is a perishable skill, as such, it requires a provider to spend time on calls to stay current and keep their skills sharp. The knowledge of where equipment is on the ambulances is another skill that inactive members struggle with.

SCOPE: Applies to all GEMS personnel

PROCEDURE:

The following are the requirements for active members:

1. Members must attend 50% of meetings and trainings, this includes excused absences.
Family events and emergencies do happen; to be excused from a meeting or training, you must let the Chief, or the Duty Crew know before the meeting/training. Every attempt should be made to attend as training is needed for recertification. Emergencies may be called in after the fact.
2. Members will be required to accumulate 40 points over the course of one (1) year.
Points will be acquired based on the following criteria:
 - A. Responding to a 911 call, on the Ambulance or via POV - 1 point.
 - B. Performing a local transfer - 1 point.
 - C. Performing a Long-Distance Transfer - 2 points.
 - D. Six (6) hours of "on call" time - 1 point.
 - E. Working on the Duty Crew during the day shift - 1 point.
 - F. Covering town or responding with the Duty Crew when requested - 1 point.
 - G. Special event coverage (Auto Road, pack testing, etc.) - 1 point.
 - H. Instruction of a CPR class - 1 point.
 - I. Cross-Trained Members: Full Department response will count towards both attendance requirements - 1 point. (FD 1 call)
3. The following steps will be enacted for members who do not meet the requirements:
 - A. Members who do not meet the standards for six (6) months:
 - a. Chief/Operations Staff will reach out to the inactive member to check on them.
 - b. Discussion will take place regarding how we can collaborate to increase participation of said member.
 - B. Members who have not met the standard for one (1) year:

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- a. At the Chief's discretion, the inactive member can be placed on a leave of absence until their provider's license expires.
 - i. Member must return all department owned equipment.
 - ii. Member may attend meetings but will not have voting rights and will not be paid.
 - iii. Member may attend trainings but will not be paid for their attendance.
 - iv. Refresher training may be attended without pay with the cost of the program at your own expense.
- b. The member may also choose to respectfully resign from Gorham EMS.

The following personnel will be exempt from the above requirements:

- 1. Lifetime Members
- 2. Members who are necessary for other functions and/or who are active on another ambulance service. Final decision on these is to made by the Chief.

We should all remember the reason why we are here: to help the public in their time of need. The best way we can do this is being ready and responding to emergencies.

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SOG # 2.5	Date:
Subject: DUTY OFFICER	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE:

To provide an on-call resource and supervisor for transfer setup and to provide additional coverage and/or support during extended calls.

SCOPE:

The Duty Officer will:

- A. Be appropriately trained in Incident Command, familiar with current department policies, and approved by the Chief.
- B. Be available to respond without delay to incidents requested to. The Duty Officer shall be in or surrounding the GEMS service area, so long as their distance from 347 Main Street does not exceed 10 miles (Exceptions can be made by the Chief).
- C. A Duty Officer will be scheduled when there is no Duty Crew at the Station. Day time coverage will be provided by on duty personnel.

PROCEDURE:

DEFINITION

Duties:

- A. The Duty Officer shall be responsible for providing coverage for administrative and operational problems (e.g., equipment, personnel, outside agencies, etc.) This includes:
 1. Monitoring operations and ensuring that staffing is sufficient to meet community needs and responding to incidents to meet those needs as necessary.
 2. Arranging interfacility transfers.
 3. Ensuring there is at least one (1) crew available to answer calls when the duty crew takes a patient to a hospital other than AVH.
 4. Responding when requested by dispatch and/or crew to specific incidents.
- B. During working incidents the Duty Officer is responsible for establishing control of the scene as needed and implementing the Incident Command System if not already in place.

Specific Incidents:

- A. The Duty Officer should be requested and/or respond to the following:
 1. MVC with reported and/or confirmed entrapment.
 2. Working extrications.
 3. Reported and/or confirmed special rescue situations (e.g.; SCUBA/water, high-angle, confined space, trench, hazardous materials, industrial accidents, etc.). The Duty Officer should report directly to the scene.

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4. Two (2) or more ambulances dispatched to the same incident, manpower assists and mechanical failure(s) excluded
5. Prolonged incidents (e.g.; cardiac arrest, hostage situations, suicide, etc.).
6. GEMS vehicle or member responding to a call involved in an accident.
7. Structure Fires
8. The Chief should be notified as soon as reasonably possible of any of the incidents described in 1-7 of this section.

AUTHORITY:

A. The Crew Chief (Member who has the most seniority with GEMS) is considered the first line supervisor. The Duty Officer shall assist the Crew Chief, as needed, or requested.

B. If an officer (Lieutenant, Captain, Chief) is immediately available, the Duty Officer should refer any disciplinary actions to them.

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SOG# 2.6	Date:
Subject: DRESS CODE	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To ensure a neat and professional appearance of personnel by establishing policy and guidelines concerning department uniforms.

SCOPE: Applies to all Gorham EMS personnel

PROCEDURE:

- 1) The duty uniform for Gorham EMS is as follows:
 - a) Polo style shirt embroidered with the GFD/EMS logo.
 - i) If an undershirt is worn, it will be white or navy blue in color with short sleeves
 - b) Navy blue trousers
 - c) Black belt, may be leather or web
 - d) Black boots or shoes
 - e) Job Shirt in colder weather
 - f) Cross trained members may use FD turnout gear as necessary
 - g) Baseball cap or winter style hat with department logo
 - i) Generic “EMS”, “EMT” or “Paramedic” is acceptable; plain hats of Navy blue or black are also acceptable

It is expected that all clothing items will be kept clean and free of stains, frays, or holes, regardless as to whether or not they are department-issued or personally owned.

- 2) Gorham EMS will issue uniform and personal protective items to personnel upon initial hire or promotion. Additional quantities exceeding those listed below may be issued if the member is performing, or expected to perform, multiple duty shifts per week, subject to the approval of the Chief or their designee
 - i) 2 - navy blue polo shirt
 - ii) 1 - navy blue EMS style pants
 - iii) 1 - navy blue job shirt
 - iv) 1 - high-visibility uniform coat
 - v) 1 - protective helmet with shield (subject to inventory or budget availability)
 - (1) Orange with “P” during probationary period
 - (2) Blue with call sign and rank or certification upon completion of probationary period
 - vi) 1 - set EMS Extrication jacket and pants (subject to inventory or budget availability)
 - vii) 1 - pair extrication gloves
 - viii) 1 - gear bag
 - ix) 1 - footwear stipend of \$120. Final footwear choice is subject to approval by the Chief or their designee

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- x) Any non-issued gear items (i.e.; personally owned/purchased) must be approved by the Chief or their designee prior to use
- 3) After one year of employment (or one year in title in the event of promotion), personnel may request the issuance of additional uniforms, subject to approval of the Chief or their designee. Additionally, personnel may request their name and title be embroidered on any new issue uniforms after one year of employment. Embroidery will be applied according to department standard of rank (as applicable)/first initial & full last name/title
- 4) GEMS uniform items are to be worn only while on duty at GEMS, to include special events and stand-by assignments.
- 5) While not mandatory, personnel responding to “any available” or “additional manpower” calls should make a reasonable effort to don uniform items(s) prior to response. *The donning of uniform items should not delay the response of any time sensitive or life-threatening call.* Wearing of the GEMS “T” shirt is acceptable, as is wearing GEMS turnout gear. Open toed/open heel shoes are not acceptable.
- 6) GEMS personnel who are involved in EMS/rescue operations in the back country, or during extreme weather conditions may wear personal clothing items appropriate to the conditions.
- 7) In the event an employee’s uniform becomes contaminated with blood and/or body fluids, those uniform items are to be washed/decontaminated at the station, not taken home. Personnel are encouraged to keep a change of clothing on hand either in the station or in their personal vehicle.
- 8) Ride-alongs and students shall wear navy blue or black pants, closed toe shoes, and a plain shirt. Members of other emergency service organizations may wear the uniform of their organization so long as no shorts or sweatpants are worn

All department issued items remain the property of GEMS during the course of employment and will be returned upon resignation or termination.

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SOG# 2.7	Date:
Subject: RIDE-ALONG PROGRAM	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide the high school students, Explorers, citizens, firefighters and rescue squad personnel of the region an opportunity to observe emergency medical care and rescue operations. Further, as a tool for recruitment to foster an interest in taking an EMR/EMT course and becoming a call-member of Gorham Emergency Medical Services.

SCOPE: Applies to fire/rescue personnel from surrounding areas, students, interested medical professionals, pre-probationary members, and high school students participating in the high school ride-along and/or the Explorer program.

PROCEDURE:

1. All ride-alongs shall complete a liability waiver form (see Appendix A) **and complete HIPAA training** before being allowed to participate.
2. All ride-alongs must be preapproved by the Fire Chief for each observational experience and will be assigned according to staffing needs.
3. Fire/Rescue personnel are allowed unlimited ride-along privileges as staffing allows.
4. Pre-probationary members and EMS students will take precedence over other ride-alongs and may be sent on calls in place of other ride-alongs.
5. No ride-along will be permitted to drive the ambulance at any time.
6. Ride-alongs will adhere to the department dress code policy as outlined in SOG 2.6.
7. Ride-alongs will be supervised by the senior person on the ambulance.
8. Only one ride along will be permitted to ride at one time.
9. No ride along under the age of 18 will be allowed inside the State or Federal prison under any circumstances. They will be left at the station or at another location the Duty Crew deems appropriate (e.g.; hospital).

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SOG# 2.8	Date:
Subject: MEDIA RELATIONS	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide guidance to GEMS personnel who may interact with members of the media.

SCOPE: Interaction with members of the media, whether at an emergency scene or during day to day operations.

PROCEDURE:

1. Control of a scene is the ultimately the responsibility of either law enforcement or the Incident Commander.
 - a. While media may be permitted access to a scene, they may not interfere with the actions of emergency personnel. Any such interference on the part of media personnel must immediately be brought to the attention of the Incident Commander
2. Typically, media can be referred to either a Public Information Officer or to the Incident Commander, depending on the size of the incident. If you find yourself in the role of PIO, be as general as possible when providing information.
 - a. If GEMS personnel are being interviewed, the following types of information may NOT be offered:
 - i. No HIPPA information may be revealed such as demographics or types of injuries
 - ii. No opinions should be offered, such as the cause of or responsibility for the incident
 - b. The following types of information MAY be offered:
 - i. The number of victims and the severity of their injuries
 - ii. The number and types of vehicles involved
 - iii. Whether or not special rescue operations were carried out (e.g.; extrication, technical rescue)

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SOG# 2.9	Date:
Subject: TRAINING	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide guidance to GEMS personnel regarding training requirements for GEMS personnel.

SCOPE: Applies to all GEMS personnel

PROCEDURE:

All GEMS personnel are required to maintain National Registry certification and New Hampshire EMS Licensure as either an EMR, EMT, AEMT, or Paramedic. GEMS strives to support GEMS personnel in this area by offering training throughout the year.

New Hampshire is participating in the National Continuing Competency Program of the National Registry of EMTs. The most up to date national requirements for each certification level can be found at

<https://www.nh.gov/safety/divisions/fstems/ems/training/NationalContinuedCompetencyProgram.html>

In addition to maintaining NH licensure through NREMT certification, all GEMS personnel must maintain a current BLS Healthcare Provider CPR card; CPR training is available directly through GEMS. In addition, all Paramedic staff must maintain current ACLS, PALS, and PIFT certifications.

While records of attendance at trainings presented by GEMS are maintained at the station by the Training Officer, individual personnel are ultimately responsible for maintaining their own training records and ensuring that they meet National Registry requirements for recertification.

1. GEMS personnel who attend training at the station are paid at their hourly rate.
2. GEMS personnel may apply to the Chief to have GEMS pay for their attendance at outside conferences and courses. Approval will be dependent upon budgetary constraints. If the application to attend a conference is approved, the individual is responsible for paying initial registration fees. The individual will be reimbursed upon submission of proof of attendance at the educational event.
 - a. Personnel attending courses required by the department such as CPR, ACLS, PALS or PIFT will be paid their hourly rate for the course hours.
3. GEMS may front or reimburse the cost of the EMR or EMT class for new personnel on a case-by-case basis. Future commitments to the service will be required with funding dependent on budget constraints.

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4. Refresher training will be offered that meets all current NCCP requirements.

Annual mandatory training:

1. For all GEMS personnel: Bloodborne Pathogens, HIPAA
2. For EMRs, EMTs and AEMTs: Use of the cardiac monitor as an AED.

Biannual mandatory training will be provided to ensure the National component of the NCCP is met. Monthly trainings will be offered which can be used to meet the Local and Individual components of the NCCP requirements.

Provided training will be logged into the National Registry website as appropriate. Document uploading and ensuring the proper amount of training hours are acquired is the responsibility of the individual. GEMS personnel will assist as necessary in the re-licensing process for our providers.

For providers that use GEMS as their primary affiliation for the National Registry , they will need to complete skills assessment form(s) (see appendix A) PRIOR to the Training Officer signing off on those skills.

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SOG# 2.10	Date:
Subject: SCHEDULING	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: Inform GEMS personnel of scheduling guidelines.

SCOPE: Applies to all GEMS personnel, including Explorers and those on orientation.

Background: GEMS provides 0600 to 1800 ambulance coverage 7 days a week. On call coverage is used for evening and overnight hours. Personnel may sign up for either 6 hour or 12 hour overnight shifts. Overnight personnel may standby within a 7-mile radius of the station. Overnight personnel are paid a stipend for their standby hours. During response to a call, personnel will be paid their regular wage for a minimum of (2) hours as defined by state law.

State regulations require, at a minimum, a crew of one EMR and one EMT.

PROCEDURE:

1. GEMS uses the online platform “WhenToWork” for scheduling. All personnel are required to have an account. There are iOS and Android phone apps as well as a desktop version for convenience.
 - a) Once in WhenToWork, personnel will be able to see their schedule, sign up for open shifts, enter availability as well as other functions.
2. The schedule is published monthly, two weeks ahead of the start of the schedule (e.g.; schedule published 8/15 for the September schedule). The schedule is to be forwarded to Headquarters (dispatch) on weekly basis via fax, normally occurring every Saturday.
 - a. Personnel must have their requests/availability posted in WhenToWork prior to the publication date.
 - i. FT/PT personnel wishing to use accrued PTO will notify the scheduler prior to the publication date. If the request is made after the publication date, the scheduler will attempt to find coverage that fulfills minimum staffing requirements. If coverage is not available, the PTO request will not be granted.
 - b. There are two Duty Crew members scheduled per shift under normal circumstances. If, when entering your request for a shift, you see that two others are already slotted in, please look for a different shift to sign up for.
 - c. On occasion, there will be more than two personnel scheduled, (eg; special event, Explorer, Orienteer).
 - d. Once the schedule is posted, it is the responsibility of the crew member to find coverage if they are no longer able to fill the shift. Any changes will be reported to both the Duty Officer and Headquarters by the crew member relinquishing their shift.
 - i. Personnel failing to show up for their scheduled shift will face disciplinary action
3. When multiple requests for the same time slot occur, preference will be based on:

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- a. Employee regularly works that shift/scheduled spot
 - b. Hours worked during that week
 - c. Level of Certification
- 4. Calling off ill: the Duty Officer will be notified when calling off ill or if a crew member on shift must leave due to illness, personal/family emergency, or other unforeseen circumstances. The Duty Officer will then work on finding a replacement and will notify the Chief.

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SOG # 2.11	Date:
Subject: EMPLOYEE RECOGNITION	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE:

To provide a uniform guideline for recognition of employees and volunteers

SCOPE: All Personnel

PROCEDURE:

1. Annual "Squad Member of the Year" Award

- I. Gorham EMS will honor / recognize one member per year as "Squad Member of the Year."
- II. The Squad Member of the Year will be chosen by written nomination and reviewed by the Fire Chief
- III. The Squad Member of the Year will receive a military style commendation pin, depicting two stars on a white and blue pin, to wear on appropriate uniform attire.

2. Annual Rookie of the Year Award

- I. Gorham EMS will honor / recognize one member per year as "Rookie of the Year."
- II. The Rookie of the Year will be chosen by written nomination and reviewed by the Director or designee.
- III. The Rookie of the Year will receive a military style commendation pin, depicting one star on a white and blue pin, to wear on appropriate uniform attire.

3. GEMS Award for Excellence

- I. GEMS Award for Excellence will be awarded to a member(s) once a year as appropriate for excellence in the following areas: patient care, training/education, public service, leadership, other deemed appropriate by the Fire Chief.
- II. The Award for Excellence recipient will receive a military style commendation pin colored in blue and white, to wear on appropriate uniform attire.

D. Years of Service Awards

- I. GEMS will recognize volunteer and full-time staff service years annually.
 - a. Recognition will be given to members in five-year increments starting at five (5) years of service.
- II. Years of Service award recipients will receive pins and certificates with the appropriate years of service.
- III. At the 25-year mark and up, special recognition may also be given at the discretion of the Chief

E. Other Recognition / Commendation

- I. Other recognition and awards in cases of incredible heroism, merit, or valor will be handled on a case-by-case basis by the Chief.

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SOG# 2.12	Date:
Subject: QA/QI PROCESS	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To establish guidelines for use during the Quality Assurance & Quality Improvement process

SCOPE: Applies to all GEMS personnel who are responsible for the QA/QI process

PROCEDURE:

The Quality Assurance and Quality Improvement process is not meant to be a punitive process and should be performed as such. The form allows for a check process to ensure the patient care report has all necessary information required for billing and allows for a review of the clinical decisions.

1. The review shall be completed by another provider with at the least the same certification as the care provided.
 - I. Exceptions will be permitted by the Chief and/or EMS Billing personnel.
2. The review shall be completed by personnel that were not on or involved with the call being reviewed.
 - I. Exceptions will be permitted on a case-by-case basis by the Chief.
3. Process shall be completed during normal duty shifts and should be a priority of the Duty Crew to complete them every morning if time and above restrictions allow.
 - I. Emphasis on timely completion at the end of the month due to the billing process and the need for calls to be ready for billing ASAP.

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SOG# 2.13	Date:
Subject: NIGHTTIME STAFF	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE:

To outline the responsibilities of staff during the night shift.

SCOPE:

Applies to all GEMS personnel.

PROCEDURE:

Nighttime staff will be responsible for the following duties while on shift.

1. Timely response to all calls for service.
 - a. Crews should respond to the tone within 2 minutes prior to 22:00.
 - b. Crews should respond to the tone within 4 minutes after 22:00.
2. Coordination of interfacility transfers.
3. Completion of chores per the schedule.
4. Other tasks as assigned/passed on from the Chief or day shift Duty Crew.

Personnel may choose to sleep at the station after the completion of their shift. Choosing to do so shall take the following under consideration:

1. Personnel shall follow bunk room rules per SOG 2.14 regarding hours of use.
2. Personnel may choose to put themselves on the on-call schedule until the arrival of the Duty Crew.
 - a. Personnel must have the time on the schedule prior to the beginning of the week or notify Dispatch the night of.
 - b. Personnel will be paid the current "on-call" rate for the hours staffed.
 - c. Personnel who respond to a call during this time will be paid their normal hourly rate with a minimum 2-hour call in.

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SOG# 2.14	Date:
Subject: BUNK ROOM USE	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE:

To provide guidance for use of bunk rooms for night shift staffing.

SCOPE:

Applies to all Gorham EMS personnel.

PROCEDURE:

1. Bunk rooms are made available for personnel working overnight shifts. The following conditions apply to the continued use of them:
 - A. Bunk rooms are single occupancy only. No exceptions.
 - B. Day room lights shall be turned off after 22:00hrs and all personnel shall show common courtesy to those actively occupying bunks
 - C. No unauthorized personnel (members of the public, Explorers, guests, etc.) are permitted in the bunk rooms at any time. Bunk rooms are not considered public areas and are to be treated as such at all times.
 - D. Bedding will be provided and must be laundered weekly, at minimum. Personnel are not to sleep on bare mattresses or pillows. Personal bedding, if used, is also expected to be regularly laundered by the member using it.
 - E. Rooms will be kept neat and orderly.
 - F. Personnel must wear, at minimum, a T-Shirt and athletic shorts. Undergarments are not considered pajamas at any time. This includes boxer-style underwear.
2. The use of bunk rooms follows these time restrictions:
 - A. Personnel are expected to be in bed no earlier than 22:00.
 - B. Personnel may sleep past the end of their assigned shift but must be awake prior to 8:00.
 - C. Personnel must complete assigned chores during the first half of the shift.
3. Visitors are expected to leave the station by 21:00.

The use of the bunk rooms will be for personnel during their assigned shift. Personnel are expected to act in a professional manner at all times during their shift and while at the station.

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SOG # 3.1	Date:12/14/2021
Subject: INTEGRATED INCIDENT COMMAND SYSTEM	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide a uniform guideline for use of the Incident Command System.

SCOPE: Applies to all GEMS responses.

PROCEDURE:

1. The first GEMS member arriving on scene shall assume command until relieved or until command has been relinquished to another member. Off-duty personnel will relinquish command to the on-duty crew arriving and transfer command as set forth below, unless requested to remain in command by the on-duty crew.
2. Command will transmit a brief windshield report to dispatch describing the situation found and number of victims (where appropriate).

For example: "A3 on scene, two car accident, vehicle on its side."

In situations where such an initial report is unwarranted, as in routine medical calls, a windshield report is not required.

3. Command is responsible for the following tasks:
 - I. Assume an effective, visible command post location and advise dispatch of the location of the same
 - II. Rapidly evaluate the incident (size-up)
 - III. Initiate, maintain, and control the communications process
 - IV. Develop a plan for dealing with the incident
 - V. Develop an organizational structure to deal with the incident
 - VI. Request and assign additional resources as needed
 - VII. Provide on-going reports to dispatch and hospital
 - VIII. Review and evaluate efforts, revise the incident plan as needed
 - IX. Provide for the continuity, transfer, and termination of command
 - X. Coordinate de-commitment and termination
 - XI. Complete full documentation of the incident
4. Transfer of Command: Officers on scene may, but are not required to, assume command. Command shall not be transferred to anyone not on scene. The Incident Commander shall brief the person assuming command, preferably face-to-face indicating the following (at minimum):
 - I. Incident conditions (location/number/priority of patients, etc.)
 - II. Incident action plan
 - III. Progress towards completion of tactical objectives
 - IV. Safety considerations
 - V. Deployment and assignment of operating companies and personnel
 - VI. Appraisal of need for additional resources

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- VII. When command is transferred, an announcement will be made over the radio and Dispatch will be notified of the change
5. All multi-unit incidents will be identified for radio communications by the name of the street, building or other feature unique to the incident.
- For example: Alpine Street Command; Route 16 Command; Walmart Command.
6. Radio Channel: Single unit operation will be on the main dispatch channel or EMS Tactical (VEMS 02) unless channel traffic necessitates use of another channel. Multi-unit operations will communicate on the assigned EMS Tactical channel, with command monitoring main channel as well as the Tactical channel.
7. Sectors: Command shall be responsible for the tasks of the following sectors unless and until personnel are assigned as sector officers:
- I. Staging
 - II. Safety
 - III. Triage
 - IV. Treatment
 - V. Transportation
 - VI. Communications
 - VII. Extrication
 - VIII. Operations
 - IX. Air Operations
 - X. Public Information
 - XI. Logistics
 - XII. Morgue
- H. Sector Officer Responsibilities: Each sector officer will be responsible for and in control of all assigned functions within their sector. This requires each Sector Officer to:
- I. Complete objectives assigned by Command
 - II. Account for all assigned personnel
 - III. Ensure that operations are conducted safely
 - IV. Monitor work progress
 - V. Redirect activities as necessary
 - VI. Coordinate actions with related activities and adjacent sectors
 - VII. Monitor welfare of assigned personnel
 - VIII. Request additional resources as needed
 - IX. Provide command with essential and frequent progress reports
 - X. Reallocate resources within the sector

Command must be advised immediately of significant changes, particularly those involving the ability or inability to complete an objective, hazardous conditions, accidents, structural collapse, etc.

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SOG# 3.2	Date:
Subject: OPERATIONS AT MOTOR VEHICLE CRASHES	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: Provide guidance to personnel operating at the scene of a motor vehicle crash

SCOPE: Applies to GEMS responses to motor vehicle crashes

PROCEDURE:

1. GEMS personnel will wear issued PPE, to include turnout coat, pants, helmet, gloves and eye protection. ANSI vests will be worn by personnel while at all motor vehicle crashes.
 - ❖ Hearing and respiratory protection are recommended during glass cutting and tool use.
2. GEMS personnel will operate under the incident command system as EMS operations.
 - ❖ A fire officer or senior person will typically be the Incident Commander.
 - ❖ EMS will communicate with each other on the VEMS frequency
 - ❖ Additional resources will be requested through the IC.
 - Additional ambulance(s)
 - Aeromedical Transport
 - Additional EMS personnel
3. Arrival on scene:
 - ❖ If the ambulance is first on scene, a “windshield report” should be radioed for the benefit of next arriving units.
 - Number and type of vehicles involved
 - Estimate of numbers of patients involved
 - Obvious hazards such as leaking fluids, damaged utility poles, downed wires
4. Positioning of the ambulance on scene:
 - ❖ The ambulance should be positioned so as to provide easy egress from the scene toward the hospital or landing zone.
 - ❖ At night headlights should be dimmed to avoid blinding oncoming drivers unless headlights are needed to light the scene. Warning lights should be lit.
 - ❖ A large fire department vehicle should be positioned between flowing traffic and the scene as a lane barricade.
5. Operations on scene:
 - ❖ Triage of all victims
 - Treatment will follow NH protocols
 - ❖ Advise the IC of numbers of victims and the severity of their injuries
 - ❖ Ordering of additional resources as needed via the IC
 - ❖ The receiving hospital should be notified ASAP if multiple or seriously injured patients will be transported there

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- ❖ GEMS personnel will not enter a vehicle to perform patient care until the vehicle has been stabilized and hazards such as leaking fuel have been mitigated.
 - Remember that airbags remain active for some time after the battery has been disconnected.
- ❖ GEMS personnel will not operate FD tools unless they have documented training on those tools.

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SOG# 3.3	Date:
Subject: OPERATIONS AT MASS CASUALTY INCIDENTS	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: Provide guidance to personnel operating at the scene of a mass casualty incident

SCOPE: Applies to GEMS responses to Mass Casualty Incidents

PROCEDURE:

1. GEMS personnel will operate under the Incident Command System as EMS operations.
 - ❖ A fire officer or senior person will typically be the Incident Commander.
 - ❖ EMS will communicate with each other on the EMS tactical frequency, VEMS 02.
 - ❖ Additional resources will be requested through the IC.
 - Additional ambulance(s)
 - Mass Casualty Equipment
 - Aeromedical Transport
 - Additional EMS personnel
2. Arrival on scene:
 - ❖ If the ambulance is first on scene, a “windshield report” should be radioed for the benefit of next arriving units.
 - Estimate of numbers of patients involved
 - Obvious hazards
 1. What is the cause of the MCI? Natural disaster, Haz-Mat, bus crash, criminal activity?
 - ❖ If the ambulance arrives as part of an MCI response, crew will follow the instructions of the staging officer.
 - The driver and the cot remain with the ambulance. Equipment may be moved forward
3. Positioning of the ambulance on scene:
 - ❖ If first on scene, the ambulance should be staged so as to be able to easily deploy the MCI triage equipment.
 - ❖ The ambulance may become the command post and be unavailable for transport
4. Operations on scene will follow NH Protocol #9.1, Mass/Multiple Casualty Triage (Appendix A)
 - ❖ If GEMS personnel are the first to arrive on scene, the crew chief will become the Incident Commander until relieved. Once relieved as the IC the crew chief will become EMS Operations. The second crew member will be responsible for initial triage. If additional crew are available they will start setting up the treatment area.

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- ❖ Once initial triage is completed a count of victims and their triage categories will be relayed to the IC.
 - Victims on scene should be interviewed in an attempt to determine numbers of victims.
 - As personnel become available, a thorough search of the scene should be made
- 5. Regional Resources
 - ❖ Ground Ambulances:
 - Advise Dispatch of needs and Mutual Aid EMS will be located.
 1. Bartlett-Jackson
 2. Bethel
 3. Berlin
 4. Groveton
 5. Lancaster
 6. Milan
 7. North Conway
 8. Twin Mountain
 - ❖ Air Ambulances
 - DHART
 - Lifeflight of ME and MA
 - ❖ Mass Casualty Trailers
 - Lancaster
 - ❖ Personnel (non EMS personnel will be helpful in moving victims)
 - Mutual aid Shelburne FD, Randolph FD, Milan FD, Gilead FD, Berlin FD, Jefferson FD, Jackson FD
 - Local SAR teams
 - Law Enforcement

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SOG# 3.4	Date:
Subject: OPERATIONS AT STRUCTURE FIRES	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: Provide guidance to personnel operating at the scene of a structure fire

SCOPE: Applies to GEMS responses to structure fires.

PROCEDURE:

1. GEMS ambulances will respond under routine conditions unless there is a report of injury or entrapment.
 - ❖ On report of injury or entrapment at the fire, a second ambulance is to be requested via the Incident Commander.
 - ❖ Do not park in front of the structure, do not get blocked in by fire hose.
 - ❖ Personnel will carry out rehab functions including medical surveillance of firefighters under the direction of the Emergency Rehabilitation SOG and NH EMS protocols.
 - ❖ All ambulances shall be positioned to have easy egress from the scene.
 - A first-in bag and cardiac monitor/AED should be placed on the cot and moved to the rehab area
2. GEMS personnel will wear issued TOG as appropriate.
3. GEMS personnel will operate under the Incident Command System as EMS operations.
 - ❖ EMS will monitor fire ground tactical radio frequencies
 - ❖ EMS will communicate with each other on the EMS tactical frequency (VEMS 02).
4. The primary role of GEMS personnel is standby for a medical response on the fireground.
 - ❖ In the instance of a multiple alarm incident. a request for an additional ambulance and/or personnel may be requested via the Incident Commander.
 - ❖ Additional resources may be requested in the instance of severe weather or an extended incident.
5. GEMS personnel who have responded on the ambulance who are dual certified as both EMS and Fire shall not move from EMS to firefighting unless another EMS crew member is available to maintain required staffing of the ambulance. Permission of the Incident Commander is required for an EMS crew member to move to firefighting operations.
6. The ambulance is committed to the fire scene until released by the Incident Commander.

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SOG# 3.5	Date:
Subject: EMERGENCY REHABILITATION	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide guidance to GEMS personnel providing rehabilitation services at an emergency scene.

SCOPE: Applies to all GEMS personnel operating at training exercises or emergency operations. This guideline is based on NFPA 1584, Standard for Rehabilitation for Members during Emergency Operations and Training Exercises.

PROCEDURE:

1. The Incident Commander shall establish a Rehabilitation Sector as dictated by environmental conditions, workload of personnel, or other pertinent factors.
 - ❖ The rehab crew should not be comprised of the transport crew.
 - i. Additional personnel may be required to assist with cooling and hydration
 1. e.g.; American Red Cross
2. The rehab area shall be located in a safe area that provides opportunity for personnel to remove PPE prior to entering the rehab area.
 - ❖ The area must provide shelter from the elements
 - i. Cool & shaded in hot weather
 1. Ventilation fans may be used for cooling
 - ii. Warm & dry in cold, wet, snowy weather
 1. Vehicles may be used to provide warmth and shelter
 2. Gorham Fire UTV trailer may be requested
 3. Mutual Aid Incident Command trailers as available
 - iii. Away from vehicle or generator exhaust fumes
 - iv. Adequate lighting at night
 - v. Large enough to accommodate the number of personnel on scene
 - vi. Upwind from the incident. If a HazMat incident, uphill as well if possible.
 1. If the wind direction changes, the site may need to be relocated.
 - vii. Tarps on the ground and overhead for shade, chairs if possible
 - viii. Easy ingress and egress for both EMS and personnel undergoing rehab.
 1. Entrance and exit should be identified by cones or fire line tape
3. Rehab supplies will be staged at the site. A bin of drinks and nutrition bars is located on the Rescue.
 - ❖ Oral hydration – water and sports drinks
 - i. Avoid caffeinated and carbonated beverages
 - ❖ Nutrition bars
 - ❖ A method of handwashing should be available – waterless hand sanitizer at a minimum.

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- ❖ Hot soup in cold weather
- ❖ A cooler with Ice water for cooling towels in hot/humid weather
- 4. NFPA 1584 guidance:
 - ❖ Self or crew leader initiated rehab after one (1) 30 minute SCBA cylinder **OR** 20 minutes of hard work without an SCBA.
 - ❖ Formal rehab with medical evaluation following two (2) 30 minute *OR* one (1) 45/60 minute cylinder **OR** 40 minutes of hard work without an SCBA.
- 5. Formal rehab process
 - ❖ Crew member will report to the rehab sector and be signed in, with a Firefighter Rehabilitation Data Sheet started (see Appendix A).
 - ❖ Crew member will, at a minimum, remove upper body PPE.
 - i. Crew members who feel warm or hot will take steps to cool, drinking fluids and making use of active or passive cooling as available.
 - ❖ Crew Members who are cool or cold will remove wet clothing, then add dry clothing and/or wrap in blankets, making use of available warming methods.
 - ❖ Crew member will be seated, resting for a minimum of 20 minutes.
 - i. A supervisor may adjust the timeframe depending upon work and/or environmental conditions.
 - ii. The crewmember shall not return to operations if he or she does not feel adequately rested, if EMS or supervisory staff present see evidence of medical, psychological, or emotional distress, or if the crewmember appears otherwise unable to safely perform their duties.
 - ❖ While in rehab the crewmember will hydrate with 16 to 32 ounces of fluid
- 6. Medical monitoring
 - ❖ The following vital signs shall be obtained for all Crew Members entering rehab:
 - i. Temperature
 - ii. Heart rate
 - iii. Respiratory rate
 - iv. Blood pressure
 - v. Pulse oximetry
 - ❖ Crew Members who have been exposed to the products of combustion shall be assessed for carbon monoxide poisoning.
 - ❖ EMS personnel will be alert for Crew Members who complain of the following:
 - i. Chest pain, dizziness, shortness of breath, weakness, nausea, headache
 - ii. General complaints such as cramps, aches and pains.
 - iii. Symptoms of heat or cold-related stress
 - iv. Changes in gait, speech, or behavior
 - v. Alertness and orientation to person, place, time, and event
 - vi. Vital signs considered to be abnormal as listed on the Firefighter Rehabilitation Data Sheet.
 - ❖ There are three (3) possible outcomes upon completion of the 20-minute rehab period:
 - i. Return to operations
 - ii. Hold for additional monitoring in the rehab area:

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1. Heart rate more than 20 BPM above baseline
 2. Systolic BP more than 15 points above baseline, diastolic BP more than 15 points above baseline
 3. Respiratory rate more than 6 Breaths/Min above baseline
 4. SpO2 below 92% on room air
 5. SpCO above 4%
 6. Temperature above 99.5 F
 7. Temperature below 97.4 F
 8. Altered mental status, unsteady gait, speech changes
- iii. Sent for more definitive medical evaluation/treatment
1. Transport is required for the following findings:
 - a. Oral temp greater than 102 degrees F
 - b. Oral temp greater than 101 degrees F with other symptoms present
 - c. In rehab for 60 minutes without VS returning to normal
 - d. Resting pulse greater than 120 after 20 minutes of rest
 - e. Systolic BP greater than 200mmHg after 20 minutes of rest
 - f. Diastolic BP greater than 130mmHg at any time
 - g. Any signs of breathing difficulty, mental status changes, chest discomfort, nausea, blurred vision
- ❖ A crewmember who is found to need medical treatment will be moved from the rehab area to a separate medical treatment area
7. Medical treatment will follow current NH EMS protocols as appropriate
8. Documentation
- ❖ Each crew member entering rehab will have a Firefighter Rehabilitation Data Sheet completed for their stay.
 - ❖ The rehab officer, upon completion of the incident, will complete a TEMSIS report for a standby. The narrative section will include a general description of the incident (fire standby, rescue, training) and the names of any Crew Members who were processed through rehab. The Firefighter Rehabilitation Data Sheets will be scanned and electronically attached to the report.
 - ❖ Transported patients will be issued a separate report under the same CFS#

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Firefighter Rehabilitation Data Sheet

Name:						Incident:						Date:	
Time	EMT	HR	NIBP	RR	Spo2	SpCO	Lung Sounds	Temp	A & O	Clear Speech	Normal Gait	Interventions	

Other:

Notes:

Rehab Times	In:	Out:

Oral Intake

FF with the following vital signs may not be released from the Rehab Group.

HR above 100/min

Systolic BP above 160mmHg and/or diastolic BP above 100mmHg

Respiratory Rate above 20/min

SPo2 below 92%

SpCO above 4%. If above 15% (treat with 100% O2)

Temperature above 99.5 degrees F

Altered mental status, non clear speech or unsteady gait.

If additional space is needed, start second sheet or use the back of this form.

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National Weather Service Heat Index Chart



Temperature (°F)

Relative Humidity (%)	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110
40	80	81	83	85	88	91	94	97	101	105	109	114	119	124	130	136
45	80	82	84	87	89	93	96	100	104	109	114	119	124	130	137	
50	81	83	85	88	91	95	99	103	108	113	118	124	131	137		
55	81	84	86	89	93	97	101	106	112	117	124	130	137			
60	82	84	88	91	95	100	105	110	116	123	129	137				
65	82	85	89	93	98	103	108	114	121	128	136					
70	83	86	90	95	100	105	112	119	126	134						
75	84	88	92	97	103	109	116	124	132							
80	84	89	94	100	106	113	121	129								
85	85	90	96	102	110	117	126	135								
90	86	91	98	105	113	122	131									
95	86	93	100	108	117	127										
100	87	95	103	112	121	132										

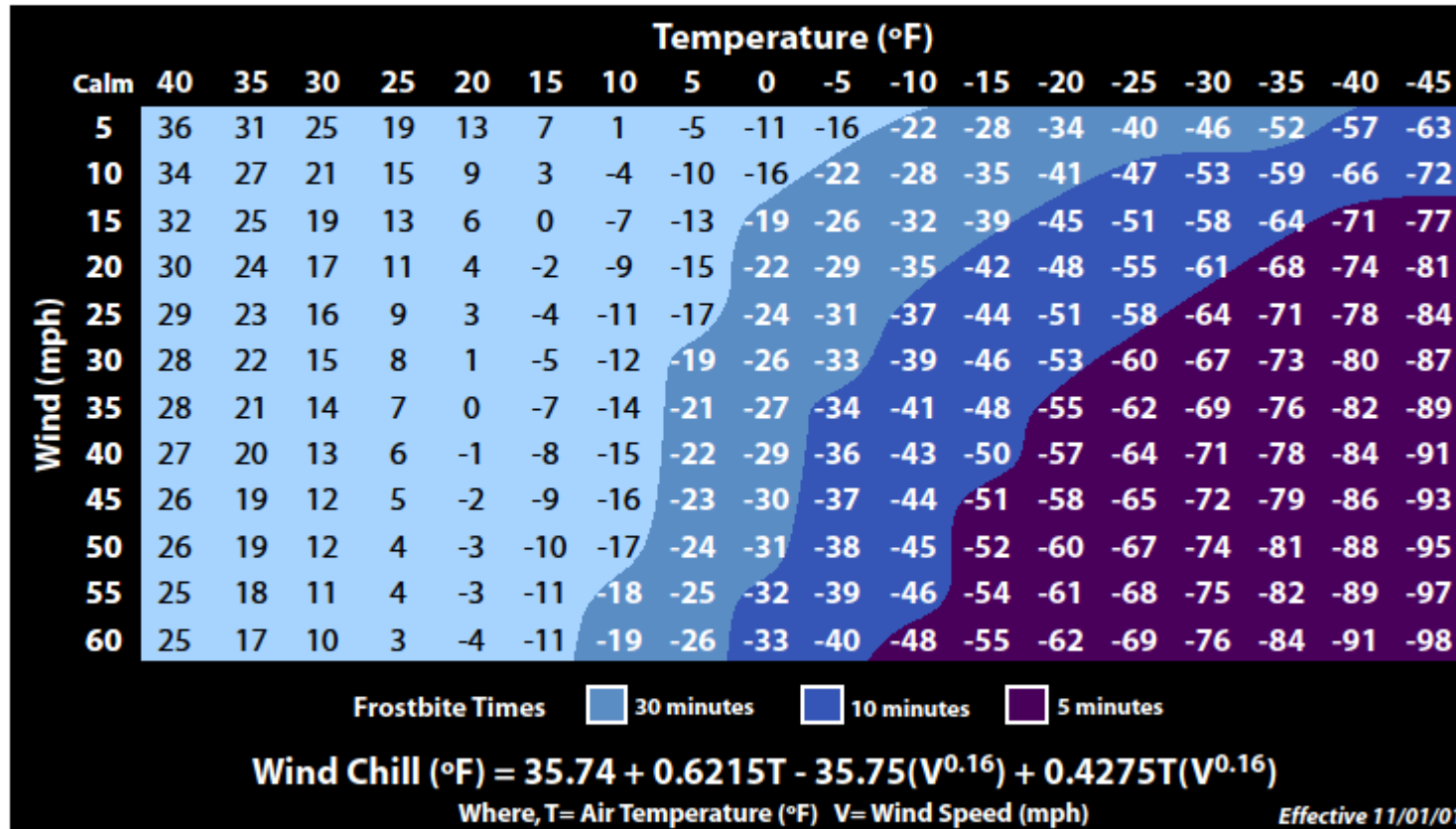
Likelihood of Heat Disorders with Prolonged Exposure and/or Strenuous Activity

Caution
 Extreme Caution
 Danger
 Extreme Danger

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Wind Chill Chart



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SOG # 3.6	Date:
Subject: INTERFACILITY TRANSFERS	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To establish a procedure for GEMS Interfacility hospital/healthcare facility Transfers

SCOPE: Applies to all GEMS personnel

PROCEDURE:

- A. GEMS will normally provide intra-hospital transfer of patients when requested by a hospital.
- B. Interfacility Transfers shall not be provided by GEMS if there are no GEMS personnel available to cover town while the transfer crew is gone.
- C. Interfacility Transfers shall not be staffed by the Duty Crew. Duty Crew personnel may only staff a transfer if they or the Duty Officer have found a replacement to take their shift.
- D. Interfacility Transfers shall be staffed with an appropriately trained crew based off of NH EMS Protocol 7.2. Minimum staffing of two (2) licensed providers must be always maintained.
- E. Meal Reimbursement for transfers greater than four (4) hours in duration:
 - I. The Town of Gorham will reimburse the cost of a reasonable meal for each member of the crew, including nurse(s) or any other allied health professional(s) on the transfer. The Chief will annually review the “reasonable” meal cost and adjust reimbursement as necessary.
- D. Local area transfers are patient transfers that originate and terminate within Gorham EMS’s response area. These transfers will be handled by the on-call/Duty Crew and will be toned out as either a routine or emergency transfer.

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SOG# 3.7	Date:
Subject: OPERATIONS AT A HAZARDOUS MATERIALS INCIDENT	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: Provide guidance to GEMS personnel operating at the scene of a Hazardous Materials incident

SCOPE: Applies to all GEMS personnel. Response may be in support of a Hazardous Materials Team or for victims who have been exposed to hazardous materials. All GEMS personnel will remain in the cold zone.

PROCEDURE:

1. GEMS personnel will operate under the Incident Command system. A Fire Officer will typically be the Incident Commander.
2. While enroute to the scene, the crew chief will request information regarding the hazardous material(s) involved in the incident.
 - I. What is the nature of the incident? Transportation accident (truck/train)? Criminal activity such as a Meth Lab?
 - II. If a Material Data Sheet is available on scene, the crew chief will obtain or at least read the MDS.
 - III. Additional information may be available through WISER, an app installed on the cell phones in the ambulances. WISER can provide information on patient treatment if the chemical is in the WISER database (there are thousands of chemicals, not all are available in the database).
 - IV. The crew can also use the Emergency Response Guidebook (ERG) kept in each ambulance as a reference.
 - V. The closest hospital should be notified that contaminated victims may present to their facility on their own. The names of the chemical(s) involved should be relayed to the closest hospital so they can prepare for treatment and/or decontamination as necessary.
3. On Scene Actions
 - a. GEMS personnel shall not participate in victim decontamination or accept victims as patients prior to decontamination
 - i. EMS will redirect contaminated persons to return to/wait in the warm zone
 - b. Once numbers of victims are known, that information should be relayed to the closest hospital. A mass casualty response may be required.
 - i. EMS Operations may be established by the Incident Commander. In this instance the Crew Chief will assume the role of EMS Operations.
 - ii. Additional EMS resources should be requested as needed via the Incident Commander

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- c. The decontamination process should include removal of all the victim's clothing. All clothing and other personal possessions are to be considered contaminated and shall not be transported with the patient.
 - d. Efforts should be made to make use of disposable equipment while treating the patient(s).
 - i. Patients who are transported can be "cocooned" in linens to minimize chance of contamination of the patient compartment. Field decontamination is not considered a complete decontamination.
 - e. GEMS personnel should consider wearing up to and including gowns, gloves, mask, N95, and eye protection during treatment and transport.
4. Post call cleanup
- I. Vehicle cleaning process will be dependent on the substance(s) involved
 - II. Personnel shall shower and change clothing prior to returning to routine duty

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SOG # 3.8	Date:12/14/2021
Subject: INFECTION CONTROL	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide a uniform guideline for infection control.

SCOPE: Applies to all GEMS responses.

PROCEDURE:

1. One of the full time EMS employees will serve as the Infection Control Officer.
2. All instances of contact with blood, body fluids, and other contaminants will be reported to the Infection Control Officer immediately.
3. Gloves shall be worn for the duration of patient contact
4. Whenever the skin of a patient is to be punctured for such procedures as starting an IV, drawing blood, or checking blood sugar the following steps should be followed:
 - i. Appropriate gloves shall be worn for the prevention of blood or body fluid contact.
 - ii. Care should be taken to avoid needle stick and/or sharp object injuries. All sharps will be placed in an appropriate sharps disposal container.
 - iii. All contaminated articles shall be discarded in a designated biohazard container
5. When conducting medical care involving the oral or nasal cavities, conducting mucosal procedures, or where there is a potential to come into contact with body secretions/drainage, or any known suspected infectious diseases, gloves and a face mask are to be worn.
6. Gowns are to be worn if there is a possibility of soiling clothing with blood or body fluids.
7. All GEMS ambulances carry pocket masks and Bag-Valve Masks. Therefore, ventilations via mouth-to-mouth, mouth-to-nose or mouth-to-stoma should not be performed by GEMS personnel at any time
8. Hands shall be washed, along with other areas of the body with probable exposure. It is to be understood that gloves are never a substitute for proper handwashing.
9. Personnel may use antiseptic hand cleaners or towelettes on scene. Hands are to be properly washed as soon as practical.
10. Contaminated equipment must be kept separate from other equipment. Equipment shall be placed in a red biohazard bag until it is possible to decontaminate. Decontamination shall be done at the utility sink in the bay, not the bathroom sink. Personnel decontaminating equipment shall be gloved, and mask and eye protection are to be used when the risk of splashing exists.
11. Equipment that is immersible for decontamination (scissors, tourniquets, etc.) shall be decontaminated as follows:
 - i. Equipment should be thoroughly cleaned with soap and hot water to remove all obvious contaminants such as blood, vomitus, etc.
 - ii. The equipment should be allowed, at minimum, to soak in a department approved disinfecting solution for approximately 10 minutes. Following the soaking, all metal materials must be dried with a clean towel and other areas should be air-dried.

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12. Non-immersible equipment (cardiac monitor, oxygen cylinder & regulator, etc.) should be decontaminated as follows:
 - i. Equipment should be washed with soap and water, not submerged. All obvious contaminants should be removed.
 - ii. After the equipment has been cleaned, disinfect with a department approved disinfecting solution
 - iii. All equipment should be wiped thoroughly with an alcohol solution and allowed to air dry
 - iv. Any non-disposable equipment that cannot be decontaminated by these processes, shall be given to the Chief or Captain to be decontaminated professionally.
13. Disposable equipment that is utilized at an incident shall be disposed of immediately following the call. It should be disposed of in the appropriate biohazard bag.
14. Any clothing, uniforms, or turnout gear that becomes contaminated must be decontaminated as follows:
 - i. Contaminated clothing should be changed as soon as possible.
 - ii. Uniforms or clothing that cannot be decontaminated by cleaning or laundering should be disposed of
 - iii. If turnout gear becomes contaminated during an incident, it should be laundered with soap and water immediately after the incident
 - iv. If turnout gear is severely contaminated, it should be given to the Chief or Captain to see if it can be sent out to be professionally decontaminated
15. Any GEMS personnel that suspects exposure to blood or a potentially infectious material shall report such exposure to the Infection Control Officer immediately after the occurrence. Documentation of the occurrence shall be forwarded to Town Hall for Workman's Compensation purposes.
16. Any GEMS personnel contaminated by blood or a potentially infectious material or has a probable exchange of blood or other potentially infectious substance shall immediately notify the Duty Officer. The Duty Officer and member shall go to AVH for baseline testing and medical attention
17. A record of exposures and recommended follow-up shall be maintained in the member's medical file throughout their association with GEMS.
18. Hepatitis B Vaccinations will be offered to GEMS personnel free of charge. While optional, these are highly recommended.
19. TB Mantoux tests are required annually. If the GEMS member is unable to have the test, they will have Chest X-Rays to determine if they are free of TB.
20. Every GEMS member should be fit tested annually for N95s.

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SOG # 3.9	Date: 12/14/2021
Subject: CROSS TRAINED PERSONNAL	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide a uniform guideline for GEMS personnel dually certified as Firefighter/EMTs who respond to fire/rescue calls.

SCOPE: Applies to all members who are cross-trained as Firefighters and EMS Providers.

PROCEDURE:

1. Report to staging officer to be placed on the roster.
2. Check with a fire department officer for assignment.
3. If requested by the medical command, a fire department officer can release the Firefighter/EMT to medical command.
4. Firefighter/EMTs who are on the Duty Crew for the ambulance and get dispatched to a fire may request additional EMTs to respond so the Firefighter/EMT can assist the Fire Department. Personnel shall not release their EMS function until a replacement has arrived on scene.
5. Firefighter/EMTs who respond as part of a 2-person EMS crew will remain with the ambulance unless a replacement has arrived on scene.
6. Firefighter/EMTs who are acting as the Duty Officer must remain as the Duty Officer unless relieved by another Duty Officer.
7. Firefighter/EMTs, even serving as Duty Officer, may act as Safety Officer for the incident if requested by the Incident Commander.

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SOG# 3.10	Date:
Subject: AEROMEDICAL RESPONSE	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide GEMS personnel with guidance regarding the requesting of and interactions with aeromedical resources.

SCOPE: Applies to all GEMS personnel

PROCEDURE:

In general, aeromedical transport is believed to be beneficial to the patient who is more than 20 minutes by ground transport from definitive care OR transport time to a designated trauma center by air does not exceed transport to a local hospital by ground. NH EMS Protocol 8.17 provides a trauma triage transport decision algorithm.

Aeromedical transport is not exclusive to trauma patients; this may be considered for any serious clinical condition, with the exception of those in cardiac arrest.

Considerations:

1. When requesting aeromedical resources, consider that Dartmouth-Hitchcock Advanced Response Team (DHART), the primary resource for our service area, has a 30 to 40-minute ETA when immediately available. DHART can fly under Instrument Flight Rules (IFR) to AVH in weather conditions that would not allow an on-scene landing. Life Flight of Maine from Lewiston base has an approximate ETA of 40 minutes, with response from Bangor and Sanford bases in approximately 1 hour.
2. Aeromedical response can be aborted by air crews at any time. When selecting a landing zone, consider travel time for the aircraft. The closest landing zone to the scene may not be the most appropriate.
 - ❖ When possible, load the patient and move toward a hospital, making the hospital helipad the landing zone. See note in transfer of care regarding hospital care.
 - ❖ If the patient is entrapped and prolonged extrication is anticipated, a landing zone close to the scene is appropriate. The aeromedical crew can be transported to the scene if necessary.
3. Landing zones:
 - ❖ Often preplanned by fire departments. Advise the Incident Commander of the need for aeromedical and the desired location of a landing zone – at the scene, a location en route to the hospital, or at a hospital.
 - ❖ Advise Dispatch to tone the Fire Department to establish a landing zone.
 - ❖ The landing zone, if not preplanned, should be a level area of at least 100 feet by 100 feet, free of debris or obstructions on the ground and overhead.
 - ❖ Identify the landing zone by GPS coordinates/major nearby intersection

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- ❖ Day: mark corners of zone with cones
 - ❖ Night: mark corners of zone with lights, fifth marker on upwind side
4. Communications
- ❖ A landing zone officer should be identified as the point of contact for the aircraft
 - ❖ Preferably someone not actively involved in patient care
 - ❖ Landing Zone channel will be VMED 29
5. Transfer of Care
- ❖ Unless the patient remains entrapped, transfer of care should occur inside the ambulance. Provide as complete an HPI and medical history as possible, along with vital signs, treatments, and response to treatments. Obtain the name of the air crew member who received report for inclusion in the TEMSIS report.
 - ❖ When landing zone is at the Hospital consultation may be made with the online medical control regarding patient status if necessary. Wait time for the helicopter to land and patient status will dictate if patient needs to be brought into the hospital for care while waiting.
 - ❖ Assist with packaging the patient for flight and aid in loading the patient into the aircraft as directed by the aeromedical crew.

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SOG# 3.11	Date:
Subject: SPECIAL EVENT COVERAGE	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide guidance to GEMS personnel regarding staffing for and operations at special events that require an ambulance dedicated to that event. The special event ambulance will not be the town coverage ambulance.

SCOPE: Applies to all GEMS personnel

PROCEDURE:

1. Any GEMS ambulance standing by at a special event will be staffed at a minimum with an EMR and an EMT. Crew will wear GEMS duty uniforms as outlined in SOG 2.6.
2. The crew should arrive on site 30 minutes prior to the event start time, reporting to the event organizer or contact person.
 - I. Dispatch will be notified by the crew chief of the standby, to include which vehicle and the crew are at the event.
 - II. A means of communicating with the contact person should be established – cell phone and/or a fixed location.
 - III. A means of alerting the ambulance crew to a medical emergency on site should be established.
3. If additional EMS personnel are requested by an event organizer, additional personnel may be staged at the event site. Additional personnel may be staged remotely at an event that covers a large geographic area such as Auto Road events.
 - I. Remotely staged personnel will have appropriate equipment on site with them
 - II. Remotely staged personnel will have a means of communicating with the transport crew.
4. Personnel will dress for the predicted weather. In the instance of Mt. Washington events, personnel should be prepared for rapidly changing conditions. This may require clothing outside of the normal GEMS uniform apparel.
5. If a patient is transported from the event, the town duty crew will be notified. The duty crew will remain on town coverage. (Depending on where the event is taking place)
6. If a patient requires transport from the event, the duty crew may be utilized depending on event location and availability.
7. At the conclusion of the event the crew chief will confirm with the event contact person that EMS personnel are authorized to leave the site.
 - a. Upon return to station, the ambulance is to be fueled, restocked, and cleaned as appropriate.

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SOG# 3.12	Date: 05/18/2017
Subject: CAMERA/PICTURE USE	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To establish guidelines regarding photography, video and audio recording of emergency response scenes and training events.

SCOPE: Applies to all GEMS personnel

PROCEDURE:

Photographs and video/audio recordings of emergency scenes may fall into the category of Protected Health Information and are thus covered under HIPAA regulations. Such images and/or recordings will not be shared with individuals not having a need to review them in order to be assist them with performing direct patient care.

1. Only authorized GEMS devices will be used to take pictures or make audio/video recordings. These may be cell phones from the ambulances or actual cameras owned by GEMS.
 - I. Images from scene calls may be attached to patient care reports in TEMSIS. These will be deleted from the device upon completion of uploading. If images from a scene call are being used as training material, no patient identifiers shall displayed. This includes license plate numbers.
2. If photographs are taken of patient information such as medication lists or patient history forms, they shall be deleted from the device at the conclusion of charting the call. Additionally, no cloud services such as uploading to Dropbox or similar services will be enabled on the device.

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SOG# 4.1	Date:
Subject: VEHICLE OPERATIONS	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide guidance to GEMS personnel regarding operation of agency vehicles under both routine and emergency conditions. To provide uniform guidelines for operator training.

SCOPE: Applies to all GEMS personnel

PROCEDURE: Only persons licensed as motor vehicle operators in New Hampshire will operate GEMS vehicles. All personnel shall be familiar with and obey the New Hampshire RSAs that govern the operation of emergency vehicles (appended to this document). The department will provide emergency vehicle operation education to all personnel. No probationary driver will operate a GEMS vehicle under emergency conditions.

1. Operator education will include the following:
 - ❖ Department guidelines for operation of department vehicles
 - ❖ New Hampshire RSAs governing the operation of emergency vehicles
 - ❖ Driving with an experienced operator on a variety of roads. A minimum of 60 minutes of documented practice in each ambulance is required (form in Appendix A).
 - Backing
 - Turning
 - Overhead clearance
 - Backing in to AVH ambulance dock
 - ❖ Familiarization with all vehicles
 - Ambulances
 - Master switch
 - Starting and stopping the engine
 - Engaging and disengaging the parking brake
 - Setting the parking brake engages the high idle
 - Emergency master switch
 - Individual emergency lighting switches
 - Scene lighting
 - Emergency start (if equipped)
 - Shore line
 - Siren operation
 - Hands free use
 - Map book location and use
 - Fire extinguisher locations
 - ERG location
 - Location of winter traction supplies

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- Windshield Wash
 - Oil Dipstick
 - Mobile Radio Operation
 - Communicate with Headquarters
 - Cell phone: hands free and for navigation
 - ❖ Operation of Bay Doors
 - Operation with and without power
 - ❖ General knowledge of the roads and house numbering system within the ambulance district.
 - ❖ Working knowledge of routes to local hospitals
 - Androscoggin Valley Hospital (Berlin)
 - Memorial Hospital (North Conway)
 - Weeks Medical Center (Lancaster)
 - ❖ Reporting vehicle problems
 - ❖ Refueling of vehicles
 - Town Garage
 - State fuel depots
2. General Operation
- ❖ Seat belts shall be worn by all occupants at all times while the vehicle is in motion.
 - Should patient care providers need to move about the patient compartment while the vehicle is in motion they will alert the operator that they are unsecured. Patient care providers should return to seated and belted as soon as possible.
 - All vehicles should be operated for the current conditions of the roadway.
 - Posted speed limits shall be followed, unless responding emergently, and then proper visual and/or audible signals shall be used.
 - ❖ No smoking is allowed at any time.
 - ❖ The primary patient care provider will determine the mode of transport to the hospital: emergent or non-emergent.
3. Non-Emergent Responses
- ❖ Dispatches to fire alarms that have no report of injury or entrapment.
 - ❖ Dispatches to welfare checks or public/lift assists
4. Emergent Responses
- ❖ The vehicle operator will adhere to appropriate NH motor vehicle laws
5. Special Response Situations
- ❖ Responses to the Mount Washington Auto Road
 - GEMS responds to incidents on the Auto Road and at the summit of Mt. Washington. If requested to respond up the Auto Road extreme caution should be used with the most experienced driver making the decision to go up. Generally, GEMS will not respond past the Mile 4 pull off, but can if the crew deems it safe to do so. When possible, Auto Road employees should be employed to bring non-traumatic injury patients to the base. The FD Utility should be requested if response to the summit is necessary.

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- ❖ GEMS vehicles may be operated under non-emergency conditions by town employees
 - Town mechanic returning vehicle to station following service
- ❖ Responses to the Horton Center
 - The road to the Horton Center is in poor condition. If possible, have the patient transported out to the Pinkham B Road by an onsite vehicle. The FD Utility should be requested to transport patients down to the Randolph Fire Station if adverse weather conditions are present.

6. Mechanical Problems

- ❖ Ambulance breakdown while transporting a patient in the Gorham/Berlin area:
Immediately notify Headquarters to dispatch another ambulance to continue transport.
- ❖ Ambulance breakdown while transporting a patient outside of the Gorham/Berlin area:
Immediately contact 911 to have an ambulance dispatched to take over patient care. Contact the Duty Officer to arrange for transportation to the station.
- ❖ Vehicle requires towing in the Gorham area: Have Headquarters contact the Gorham PD to respond. Police will assist in contacting a tow company. Have the vehicle towed to the Town Garage. Alert the Duty Officer to the circumstances and make arrange for transportation of the crew back to the station.
- ❖ Vehicle requires towing outside of the Gorham area: Contact local or NH State Police for similar assistance. Have the vehicle towed to the tow company's location. Contact the Duty Officer to arrange for transportation to the station.

7. GEMS vehicle involved in a motor vehicle crash

- ❖ In the Gorham/Berlin Area: Immediately notify Headquarters of the incident. Request appropriate resources. Notify the Duty officer as soon as practical. Injured crew members will seek appropriate treatment.
- ❖ Outside of the Gorham/Berlin Area: Contact 911 to obtain needed resources. Notify the Duty Officer as soon as practical. Injured crew members will seek appropriate treatment.
- ❖ If a patient is on board: The primary care crew member will remain with the patient while the operator (if able) checks on other vehicles involved. Another ambulance should be requested to take over transport of the patient.
- ❖ Special Incident Reports will be completed by the Duty Officer, the vehicle operator, and all crew members on board at the time of the incident. These reports will be submitted to the Chief.
- ❖ The vehicle operator will be suspended from driving GEMS vehicles until such time as the incident is investigated.
 - If the GEMS vehicle operator is found to be at fault the operator will receive remedial training and review of the NH laws regarding operation of emergency vehicles.
 - The Chief will determine the length of suspension from driving.
- ❖ The Chief will prepare a report for submission to the Town Joint Loss Management Committee.

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Driver Training Record

Probationary Driver: _____

Date of Training: _____

Mentor: _____

Total Driving Time: _____

Pre-Trip Checks:

Yes No

Disconnects shore line		
Turns battery master switch on		
Assures all crew are seat belted		
Opens bay door		
Starts engine (waits for glow plugs)		
Headlights on		
Parking brake off		

Road Operation G= acceptable NI= needs improvement

Comments

Speed appropriate for road conditions			
Accelerates smoothly			
Brakes smoothly			
Corners smoothly			
Gauges overhead and side clearance			
Global awareness of traffic			
Uses mirrors and cameras while backing			
Uses a spotter as needed while backing			
Backs into station			
Backs into AVH ambulance dock			
Backs into parking spot at Town Hall			
Parking on a hill uses parking brake			
Parking alongside a roadway			
Locates emergency lighting switches			
Communicates with attendant in rear			
Is a courteous driver			

Approval as a Regular Driver:

Probationary Driver: _____

Mentor: _____ Title: _____

Date: _____

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TITLE XXI
MOTOR VEHICLES

CHAPTER 265
RULES OF THE ROAD

Obedience to and Effect of Traffic Laws

Section 265:8

265:8 Emergency Vehicles. –

I. A person driving an emergency vehicle, as defined in RSA 259:28, when responding to an emergency call or when in the pursuit of an actual or suspected violator of the law or when responding to but not upon returning from a fire alarm, may exercise the privileges set forth in this section, but subject to the conditions herein stated.

II. (a) The driver of an emergency vehicle may:

(1) Park or stand notwithstanding the provisions of Title XXI.

(2) Proceed past a red or stop signal or stop sign, but only after slowing down as may be necessary for safe operation.

(3) Exceed the maximum speed limits so long as he does not endanger life or property.

(4) Disregard rules governing direction of movement or turning in specified directions.

(b) Notwithstanding subparagraph II(a), any emergency vehicle approaching a school bus, which is stopped for the purpose of picking up or dropping off pupils, shall come to a complete stop before proceeding.

III. (a) The exemptions granted to an emergency vehicle in subparagraphs II(a)(1) and (3) shall apply only when such vehicle is making use of audible or visual emergency signals, or, in the case of a privately-owned vehicle being driven by a volunteer firefighter or other volunteer emergency personnel, when such vehicle is making use of audible or visual emergency signals, or when an emergency vehicle is in pursuit of an actual or suspected violator of the law.

(b) The exemptions granted to an emergency vehicle in subparagraphs II(a)(2) and (4) shall apply only when such vehicle is making use of both audible and visual emergency signals, or, in the case of a privately-owned vehicle being driven by a volunteer firefighter or other volunteer emergency personnel, when such vehicle is making use of both audible and visual emergency signals, or when an emergency vehicle is in pursuit of an actual or suspected violator of the law.

IV. Any person engaged in part-time law enforcement and who uses his own vehicle shall not display driving emergency lights when not on duty.

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V. The provisions of RSA 265:8, II and III shall not relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons, nor shall such provisions protect the driver from the consequences of his reckless disregard for the safety of others.

VI. A driver of a vehicle being driven on the ways of this state upon the approach from any direction of an emergency vehicle with the siren or flashing light in operation shall turn immediately as far as possible toward the right-hand side of the way and shall bring his vehicle to a standstill until such emergency vehicle has passed.

VII. Upon the immediate approach of an emergency vehicle making use of an audible or visual signal, every pedestrian shall yield the right-of-way to the authorized emergency vehicle. This paragraph shall not relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons using the highway, nor from the duty to exercise due care to avoid colliding with any pedestrian.

Source. 1939, 162:2. RL 119:20. RSA 263:40. 1955, 217:1. 1963, 330:1. RSA 262-A:7. 1977, 346:1. 1979, 443:1. 1981, 146:1; 322:1, 2; 479:29. 1997, 96:1, eff. Jan. 1, 1998.

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SOG# 5.1	Date:
Subject: GENERAL DISPATCH PROCEDURE	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To provide GEMS personnel with an understanding of the dispatch procedures

SCOPE: Applies to all GEMS personnel

PROCEDURE:

911 Dispatch Guidelines:

1. Gorham EMS is dispatched by the Town of Gorham dispatch center. 911 calls in New Hampshire are routed to a central Public Safety Answering Point (PSAPs are in Concord and Laconia). Local dispatch centers receive a computerized notice of an EMD pending prior to a landline notification from the PSAP. The local dispatch center may receive calls directly from the public as well.
2. GEMS personnel are alerted to 911 calls by the dispatch center using a tone-based system. Tones and announcements will be made using the following timeline:
 - a. 1st tone with announcement, (2-minute pause)
 - b. 2nd tone with announcement, (2-minute pause)
 - c. 3rd tone with announcement, (if required)
3. Personnel will be requested based on the following criteria:
 - a. If a Duty Crew is listed on the roster posted at the dispatch center, the dispatcher will alert that crew specifically. If no Duty Crew is listed, the dispatcher will call for “any available” EMS attendants.
 - b. For “any available” calls, personnel should radio to Headquarters (the Gorham Dispatch Center) that they are responding and the location they are responding to, which may be the station or the call location. If out of radio range, it is acceptable to contact Headquarters by phone. If calling Headquarters, ask that the dispatcher put out over the air that you are responding to inform other personnel.
 - c. If no crew signs on following the third set of tones, Headquarters will request mutual aid.
 - i. Appropriate Mutual Aid will be contacted based off call location per Mutual aid list.
 - d. If a single attendant signs on, Headquarters will ask that attendant whether to set off an additional set of tones or to go to mutual aid.
4. In the event of an additional 911 call overlapping an ongoing call, Headquarters will tone for the second ambulance. If no crew signs on for the second call, dispatch will consult with the first crew as to their ability to respond to the second call or going to mutual aid.

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EMS response with the Fire Department:

1. EMS will be toned to always respond with the Fire Department when a Duty Crew is at the station (600-1800), with the following exceptions:
 - a. The Duty Crew is already out on another call.
 - b. The duty Crew is otherwise tied up and response is not available.
2. When the EMS Duty Crew is busy as outlined above, or after duty hours, EMS will be requested to respond with the Fire department for the following types of calls:
 - a. Motor vehicle accidents with injuries.
 - b. Confirmed structure brush fires.
 - c. CO alarms with occupants reporting signs/symptoms of carbon monoxide symptoms (dizziness, headaches, sleepiness, etc.)
 - d. Extended Fire Department Operations.
 - e. As requested by 911, PD, or a FD Officer.
3. If the on-Duty Crew is unable to respond, any available EMS member should be toned for response.

Transfer Dispatch Guidelines:

1. Requests for transfers may be received by the Duty Crew during daytime hours or by the Duty Officer during evenings and nights.
 - a. Headquarters will be contacted by either the Duty Crew member or the Duty Officer to have the tones set off to request transfer personnel. Requests for transfers may also go out via the WhenToWork paging system.
 - b. Personnel available to accept the transfer should call in to the station or to the Duty Officer, as directed during the dispatch.
2. When Headquarters receives a request for a transfer, they will contact the Duty Officer listed on the weekly schedule posted at Headquarters. The Duty Officer will then follow up with the hospital.

Tone Tests:

A daily test of the emergency tones occurs at approximately 1800 hrs. This test includes tones for Gorham Fire, EMS, and FD Officer, Randolph, and Shelburne Fire Departments.

Backup Notification System

Gorham Fire and EMS uses a software program to notify members via their cell phones. This program is maintained by the Fire Department and does not require dispatch to take any extra steps.

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SOG # 5.2	Date:
Subject: MUTUAL AID REQUEST	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: To ensure the proper Mutual Aid is requested

SCOPE: GEMS response to Mutual Aid requests

PROCEDURE

1. In the event that proper coverage is not obtained and the dispatcher needs to contact another ambulance service for mutual aid the following will procedure will be used as a guideline.
 - I. One minute after the 3rd tone if there is only one attendant signed on, contact that attendant to see if mutual aid is required. It will be that provider's decision whether mutual aid is necessary and who should be requested.
 - II. One minute after the 3rd tone if no attendant has signed on the dispatcher will contact mutual aid.
 - III. The dispatcher will contact an outside ambulance service and request the appropriate service using the EMS Mutual Aid list based on the location of the call.
2. In the event that another town requests Gorham EMS for mutual aid, tone out as you would any other call advising of all the information pertaining to the call and that it was a mutual aid request from (i.e. Berlin, Milan, Lancaster). If you get a crew, call back the requesting department and advise them the ambulance is enroute. If after the third tone you are unable to get a full crew, call back the requesting agency and advise them that they will have to contact another service.
3. The Duty Officer may advise that GEMS is not available for mutual aid if adequate coverage cannot be provided to Gorham EMS's regular response area.

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SOG # 5.3	Date:
Subject: COVERAGE	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE: GEMS has a minimum staffing requirement that needs to be met in order to run a call. The ambulance must have two (2) licensed personnel on board, with the minimum being 1 EMR and 1 EMT.

SCOPE: Applies to all GEMS personnel

PROCEDURE:

When dispatch tones for a full member (R unit) and a probationary member (an Observer), dispatch must inquire with the full member if they are all set running the call with the personnel they have or if they need additional personnel/mutual aid. It will be up to the full member to decide what to do.

A non-licensed member does not constitute toward the minimum staffing requirements. In the event that there is a non-licensed member on a call, two (2) other licensed personnel must be present.

Explorers and ride-alongs are not considered personnel and shall not meet the minimum staffing requirements. There must be two (2) other licensed personnel on a call with Explorers and ride-alongs.

The Duty Crew or Duty Officer may request a tone for town coverage when appropriate. This is needed when an ambulance is traveling out of the normal response area and/or will be tied up for an extended period of time. The tone should be a standard set of tones with the message: "Attention Any Available Ambulance Personnel, Town Coverage is needed to while the ambulance responds to _____. Please contact dispatch to sign on."

If a back-up request is made, the crew that signs on will become the Duty Crew until the original crew and ambulance return to the coverage area.

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STANDARD OPERATING GUIDELINE**

SOG # 6.1	Date: 01/26/2022
Subject: PERSONAL RECORDS OF EMPLOYEES	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

PURPOSE:

To provide guidance to GEMS personnel regarding the privacy of medical records which involve staff members, up to and including telephone numbers, addresses, and work schedule(s).

SCOPE: Applies to all GEMS personnel

PROCEDURE:

GEMS will, to the extent required by law, protect the medical records it receives about personnel in a confidential manner.

Only those with a need to access the information will have access to it, and they will only have access to as much information as is minimally necessary for the legitimate use of the records.

In accordance with laws pertaining to disability discrimination, all medical records of staff will be kept in separate files apart from the employee's employment file. Both of these records will be secured with limited access by management.

Employment records are NOT considered to be Protected Health Information and are not subject to HIPAA safeguards, including certain medical records of employees that are related to the to the job. Employment records not covered under HIPAA include, but are not limited to:

- A. Information obtained to determine suitability to perform job duties
- B. Drug and alcohol tests obtained during the course of employment
- C. Doctors excuses provided in accordance with the attendance policy
- D. Work-related injury and occupational exposure reports, medical and laboratory reports related to such injuries or occupational exposure reports, especially to the extent necessary to determine Worker's Compensation coverage.

Despite the fact that these records are not considered HIPAA regulated, GEMS will limit access to these records to only those with a need to have access to them as pursuant to State and Federal law(s).

If you have any questions about how medical information about you is used and disclosed by GEMS, please contact the Chief.

GORHAM EMERGENCY MEDICAL SERVICES
GORHAM, NEW HAMPSHIRE
STANDARD OPERATING GUIDELINE

SOG# 6.2	Date: 1/26/2022
Subject: PRIVACY TRAINING	Effective Date: 04/05/2022
Authorizing Signature:	Revision Date: 03/01/2022

Purpose:

To ensure that all members of GEMS staff who have access to patient information understand that the organization's policies and procedures regarding Protected Health Information.

Scope: All employees

Policy:

1. All staff will be required to undergo privacy training.
2. All staff will be required to undergo updated training within a reasonable time after there is a change to the policy or procedures.

Procedure:

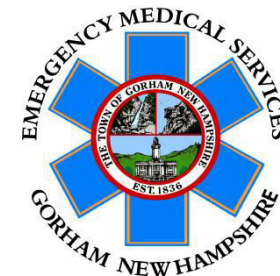
1. The privacy training will be conducted by the designated trainer.
2. All attendees will receive copies of the Gorham EMS' policies and procedures regarding privacy.
3. Topics of the training will cover:
 - a. Overview of Federal and State Laws (HIPAA)
 - b. Description of protected health information
 - c. Patient's rights under HIPAA
 - d. Consequences of failure to follow established privacy policies

The attendance log will be kept in your employee file.



Gorham Fire and EMS
Town of Gorham New Hampshire

347 Main Street Gorham NH 03581 603-466-2549



AEMT Competency Tracking Form

Instructions: Annually, each medical provider of Gorham Fire and EMS shall demonstrate competency in performing each of the skills listed below. Competency in all relevant skills contained within this tracking form will be required to receive Training Officer authorization to recertify.

Provider Name: _____

NH State License #: _____

Provider Signature: _____

Training Officer Signature: _____

Skill

Verification of Competency

Stretcher Operation	Date:	Remediation:
Verified By:	Verifying Signature:	
Stair chair Operation	Date:	Remediation:
Verified By:	Verifying Signature:	
Demonstrate OPA / NPA Insertion	Date:	Remediation:
Verified By:	Verifying Signature:	
Demonstrate Supraglottic Airway	Date:	Remediation:
Verified By:	Verifying Signature:	
PEEP Valve & BVM Use	Date:	Remediation:
Verified By:	Verifying Signature:	
Narcan IN	Date:	Remediation:
Verified By:	Verifying Signature:	



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Advanced Spinal Assessment	Date:	Remediation:
Verified By:	Verifying Signature:	
CPAP	Date:	Remediation:
Verified By:	Verifying Signature:	
4 Lead, 12 Lead & Defib Application	Date:	Remediation:
Verified By:	Verifying Signature:	
Injections (IM & SQ)	Date:	Medication(s) Used:
Verified By:	Verifying Signature:	
IV Push Medications	Date:	Medication(s) Used:
Verified By:	Verifying Signature:	
Nebulized Medications	Date:	Medication Used:
Verified By:	Verifying Signature:	
V-Fib/V-Tach PEA, Asystole Identification	Date:	Remediation:
Verified By:	Verifying Signature:	
ETCO2 Monitoring	Date:	Remediation:
Verified By:	Verifying Signature:	
Nitrous Oxide Setup & Administration	Date:	Remediation:
Verified By:	Verifying Signature:	
IV / IO Attempt	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Successful / Unsuccessful
IV / IO Attempt	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Successful / Unsuccessful
IV / IO Attempt	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Successful / Unsuccessful



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IV / IO Attempt	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Successful / Unsuccessful
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Verified By:	Verifying Signature:	Successful / Unsuccessful

GORHAM EMERGENCY MEDICAL SERVICES
GORHAM, NEW HAMPSHIRE
STANDARD OPERATING GUIDELINE

Driver Training Record

Probationary Driver: _____

Date of Training: _____

Mentor: _____

Total driving time: _____

Pre-Trip Checks:

Yes No

Disconnects shore line		
Turns battery master switch on		
Assures all crew are seat belted		
Opens bay door		
Starts engine (waits for glow plugs)		
Headlights on		
Parking brake off		

Road Operation G= acceptable NI= needs improvement

Comments

Speed appropriate for road conditions			
Accelerates smoothly			
Brakes smoothly			
Corners smoothly			
Gauges overhead and side clearance			
Global awareness of traffic			
Uses mirrors and cameras while backing			
Uses a ground guide as needed backing			
Backs into station			
Backs into AVH			
Backs into parking spot at Town Hall			
Parking on a hill uses parking brake			
Parking alongside a roadway			
Locates emergency lighting switches			
Communicates with attendant in rear			
Is a courteous driver			

Approval as a regular driver:

Probationary Driver: _____

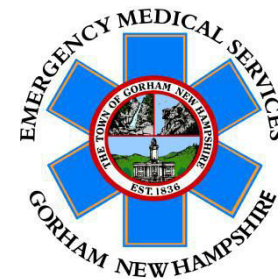
Mentor: _____ Title: _____

Date: _____



Gorham Fire and EMS
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EMT Competency Tracking Form

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Provider Name: _____

NH State License #: _____

Provider Signature: _____

Training Officer Signature: _____

Skill

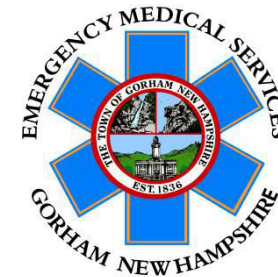
Verification of Competency

Stretcher Operation	Date:	Remediation:
Verified By:	Verifying Signature:	
Stair Chair Operation	Date:	Remediation:
Verified By:	Verifying Signature:	
Demonstrate OPA / NPA Insertion	Date:	Remediation:
Verified By:	Verifying Signature:	
Demonstrate Supraglottic Airway	Date:	Remediation:
Verified By:	Verifying Signature:	
PEEP Valve & BVM Use	Date:	Remediation:
Verified By:	Verifying Signature:	



Gorham Fire and EMS
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Ready, Check, Inject	Date:	Remediation:
Verified By:	Verifying Signature:	
Narcan IN	Date:	Remediation:
Verified By:	Verifying Signature:	
Advanced Spinal Assessment	Date:	Remediation:
Verified By:	Verifying Signature:	
CPAP	Date:	Remediation:
Verified By:	Verifying Signature:	
4 Lead, 12 Lead & Defib Application	Date:	Remediation:
Verified By:	Verifying Signature:	

Firefighter Rehabilitation Data Sheet

Other:	
Notes:	

FF with the following vital signs may not be released from the Rehab Group.

- HR above 100/min
- Systolic BP above 160mmHg and/or diastolic BP above 100mmHg
- Respiratory Rate above 20/min
- SpO2 below 92%
- SpCO above 4%. If above 15% (treat with 100% O2)
- Temperature above 99.5 degrees F
- Altered mental status, non clear speech or unsteady gait.

If additional space is needed, start second sheet or use the back of this form.



Gorham Fire and EMS

Town of Gorham New Hampshire

147 Main Street Gorham NH 03581 603-466-2549



SPECIAL INCIDENT REPORT

Confidential Information

Gorham Fire and EMS may use this form to ensure all pertinent incident information is gathered.

EMPLOYEE NAME: _____ DOB: _____

ADDRESS: _____ CITY/ST/ZIP: _____

NAME OR LOCATION OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT
_____	_____	_____ AM/PM
STAFF/WITNESS(ES)	PHONE NUMBER	IMMEDIATE SUPERVISOR
1. _____	(____) _____	_____
	PHONE NUMBER	IMMEDIATE SUPERVISOR
2. _____	(____) _____	_____

DESCRIBE INCIDENT THOROUGHLY. *(What happened before, during, and after the incident. Include all known facts, causes of injury and emergency measures, if applicable. Write clearly, objectively and in order of occurrence, without reference to the writer's opinion.)*

WHAT HAPPENED BEFORE THE INCIDENT?

WHAT HAPPENED DURING THE INCIDENT?

WHAT COULD HAVE PREVENTED THE INCIDENT?

CFS Number: _____



Gorham Fire and EMS
Town of Gorham New Hampshire

147 Main Street Gorham NH 03581 603-466-2549



INFECTION CONTROL INCIDENT REPORT
Confidential Information

Gorham Fire and EMS may use this form to ensure all pertinent incident information is gathered.

EMPLOYEE NAME: _____ DOB: _____

ADDRESS: _____ CITY/ST/ZIP: _____

NAME OR LOCATION OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT
_____	_____	_____ AM/PM

STAFF/WITNESS(ES)	PHONE NUMBER	IMMEDIATE SUPERVISOR
1. _____	(____) _____	_____
2. _____	(____) _____	_____

DESCRIBE INCIDENT THOROUGHLY. (What happened before, during, and after the incident. Include all known facts, causes of injury and emergency measures, if applicable. Write clearly, objectively and in order of occurrence, without reference to the writer's opinion.)

WHAT HAPPENED BEFORE THE INCIDENT?

WHAT HAPPENED DURING THE INCIDENT?

WHAT COULD HAVE PREVENTED THE INCIDENT?

CFS Number: _____

Serving the communities of Gorham, Randolph and Shelburne

Kommentar [HG1]: @Paul Gagne "Call Number" is synonymous the CFS number, yes? Just looking for clarification.

Kommentar [HG2]: @Paul Gagne
Otherwise looks good to me

Kommentar [PG3]: yes

9.1 Mass/Multiple Casualty Triage

A multiple casualty incident (MCI) is any situation where the number of sick or injured patients exceeds the available local, regional or state EMS system resources to provide adequate care in a timely manner to minimize injury and death. An MCI may be the result of a man made disaster or a natural event.

Purpose

- The goal of the Mass/Multiple Casualty Triage protocol is to prepare for a unified, coordinated, and immediate EMS mutual aid response by prehospital and hospital agencies to effectively expedite the emergency management of the victims of any type of MCI.
- Successful management of any MCI depends upon the effective cooperation, organization, and planning among health care professionals, hospital administrators and out-of-hospital EMS agencies, state and local government representatives, and individuals and/or organizations associated with disaster-related support agencies.
- Adoption of a system that meets the Model Uniform Core Criteria (MUCC) as developed by the CDC.

EMS Provider Role

- All providers must have thorough knowledge of both the Incident Command System (ICS) and the triage system.
- Within the scope of the MCI, the EMS provider may perform procedures within their scope of practice.

Triage Process

Utilize a triage system such as "SALT" (Sort, Assess, Lifesaving Interventions, Treatment/Transport) to prioritize patients. SALT is part of the CDC - sponsored project based upon best evidence and designed to develop a national standard for mass casualty triage.

- Assess each patient as quickly as possible.
- Conduct rapid assessment.
- Assign patients to broad categories based on need for treatment (Still, Wave, Walk)
- Remember: Triage is not treatment! Stopping to provide care to one patient will only delay care for others. Standard triage care is only to correct airway and severe bleeding problems.

SALT Triage Categories

RED

Immediate: Immediately life-threatening problems, high potential for survival

YELLOW

Delayed: Serious (not minor) injuries requiring care but management can be delayed without increasing morbidity or mortality

GREEN

Minimal: Injuries require minor care or no care

GREY

Expectant: Unlikely to survive given available resources.

BLACK

Dead: Patient is not breathing after opening airway. (In children, if after giving 2 rescue breaths, if appropriate.)

Tagging System

- Use water-repellent triage tags with waterproof markers and attach to the patient. Indicate patient's triage priority, degree of decontamination performed, treatment and medications received.

Protocol Continues

Mass/Multiple Casualty Triage 9.1

Protocol Continued

Triage in Hazardous Material Incidents

Decontamination

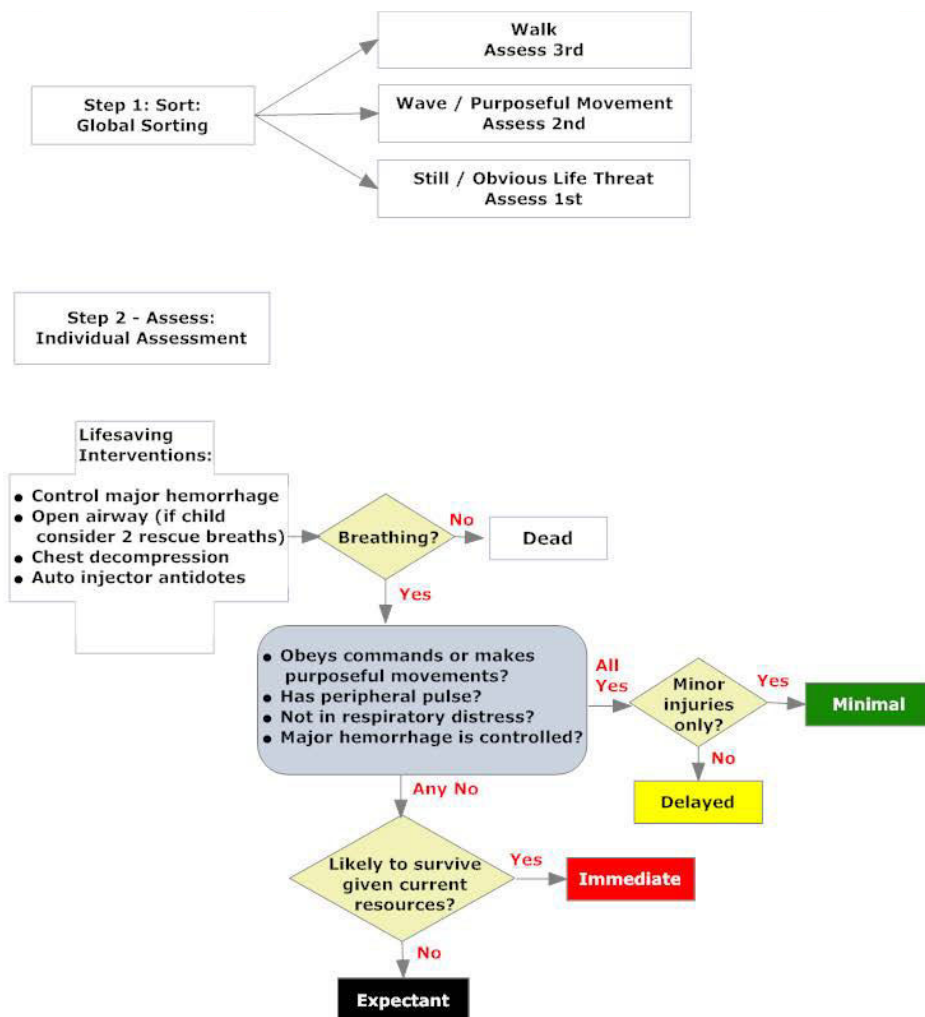
The need for decontamination is the "first triage decision." Since decontamination can be a lengthy process, the "second decision" is which patient(s) are the first to be decontaminated. The "third decision" is based on need for treatment during the decontamination process, since only simple procedures such as antidote administration can be accomplished while wearing PPE.

Identification and Treatment

- Signs and symptoms of exposure will usually dictate the treatment required, however, at the earliest possible time, identification of the specific chemical should be made.
- Reference additional hazardous materials protocols as necessary.
- Request additional resources. Initial antidote and medical supplies may be limited to priority patients.
- Respiratory compromise is a leading factor of fatalities due to hazardous material exposure.
- Symptoms of chemical exposure may be delayed and occur suddenly. Constant reevaluation of respiratory status is necessary.

SALT Mass Casualty Triage Algorithm

(Sort, Assess, Lifesaving Interventions, Treatment/Transport)





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Paramedic Competency Tracking Form

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Provider Name: _____

NH State License #: _____

Provider Signature: _____

Training Officer Signature: _____

Skill

Verification of Competency

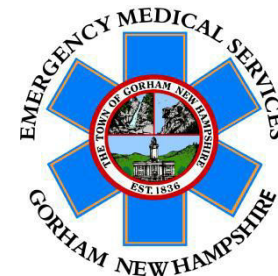
Stretcher Operation	Date:	Remediation:
Verified By:	Verifying Signature:	
Stair Chair Operation	Date:	Remediation:
Verified By:	Verifying Signature:	
Demonstrate OPA / NPA Insertion	Date:	Remediation:
Verified By:	Verifying Signature:	
Demonstrate Supraglottic Airway	Date:	Remediation:
Verified By:	Verifying Signature:	
PEEP Valve & BVM Use	Date:	Remediation:
Verified By:	Verifying Signature:	
Narcan IN	Date:	Remediation:
Verified By:	Verifying Signature:	



Gorham Fire and EMS

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Advanced Spinal Assessment	Date:	Remediation:
Verified By:	Verifying Signature:	
CPAP	Date:	Remediation:
Verified By:	Verifying Signature:	
4 Lead, 12 Lead & Defib Application	Date:	Remediation:
Verified By:	Verifying Signature:	
Injections (IM vs SQ)	Date:	Medication(s) Used:
Verified By:	Verifying Signature:	
IV Push Medications	Date:	Medication(s) Used:
Verified By:	Verifying Signature:	
Nebulized Medications	Date:	Medication(s) Used:
Verified By:	Verifying Signature:	
V-Fib/V-Tach PEA, Asystole Identification	Date:	Remediation:
Verified By:	Verifying Signature:	
ETCO2 Monitoring	Date:	Remediation:
Verified By:	Verifying Signature:	
Nitrous Oxide Setup & Administration	Date:	Remediation:
Verified By:	Verifying Signature:	
IV / IO Attempt	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Successful / Unsuccessful
IV / IO Attempt	Date:	Patient / Practice Device (Circle)
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Verified By:	Verifying Signature:	Successful / Unsuccessful
IV / IO Attempt	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Successful / Unsuccessful
IV / IO Attempt	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Successful / Unsuccessful
IV Pump Operation	Date:	Remediation:
Verified By:	Verifying Signature:	Successful / Unsuccessful
Transport Vent	Date:	Remediation:
Verified By:	Verifying Signature:	Successful / Unsuccessful
Current PIFT Certification	Date Verified:	Verified Signature:
Current ACLS Certification	Date Verified:	Verified Signature:
Current PALS Certification	Date Verified:	Verified Signature:
ET Tube	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Remediation:



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ET Tube	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Remediation:
ET Tube	Date:	Patient / Practice Device (Circle)
Verified By:	Verifying Signature:	Remediation:
ET Tube	Date:	Patient
Verified By:	Verifying Signature:	Remediation:
ET Tube	Date:	Patient
Verified By:	Verifying Signature:	Remediation:
ET Tube	Date:	Patient
Verified By:	Verifying Signature:	Remediation:
ET Tube	Date:	Patient
Verified By:	Verifying Signature:	Remediation:



Gorham Fire and EMS
Town of Gorham New Hampshire
347 Main Street Gorham NH 03581 603-466-2549



RIDE-ALONG PROGRAM

To the Chief of Gorham Fire and EMS:

I _____ would like to accompany Gorham Fire and EMS staff during preapproved periods of time, that will be mutually agreed upon by both parties.

I have read and signed the "Release and Waiver" form and I fully understand its content and provisions.

I agree to obey any Gorham Fire and EMS policies which may control my activities during certain incidents and to follow the instruction of any Gorham Fire and EMS personnel for both the purposes of protection of my person and property.

Reason for Request: _____

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Approved / Denied

Date: _____

Gorham Fire and EMS Chief or Approved Designee: _____

Printed Name of Chief or Designee: _____



Gorham Fire and EMS
Town of Gorham New Hampshire
347 Main Street Gorham NH 03581 603-466-2549



RELEASE AND WAIVER – RIDE-ALONG PROGRAM

KNOWN ALL BY THESE PRESENT, that I _____ on behalf and for my heirs, executors, administrators and assigns for and in consideration of the authorization and permission to accompany Gorham Fire and EMS personnel during the course of their duties, which has been granted to me at my voluntary request, being aware of the potential hazards and dangers of such activities, do hereby waive and release all demand, damages, actions, cause of action claim or demands for damages, cost of loss services, expense, compensation, consequential damages, that I or my heirs, executors, administrators and assigns might have against the Town of Gorham, Gorham Fire and EMS, and each and every officer, official, member, employee, agent or attorney thereof and thereof, and their heirs, executors, administrators and assigns on account of my death or injuries, both to person and property, whether foreseeable or not, which may occur, directly or indirectly, or develop at any time in the future as a result of my activities or association with Gorham Fire and EMS, whether in an ambulance, private vehicle of a responder while responding to a call, the Fire Station, any hospital/healthcare facility or otherwise associated with Gorham Fire and EMS, the responders, and officials thereof in any manner whatsoever.

It is expressly agreed upon and understood that this release and waiver shall apply for the express purpose of precluding forever my claims, suits, demands, damage(s), and cause of action that I or my heirs, executors, administrators, and assigns might otherwise assert against any of the aforesaid parties as a result of my association and activities with Gorham Fire and EMS.

I hereby declare that the terms of this waiver and release have been fully read and understood by me, and freely and voluntarily entered into and accepted by me, and I hereby acknowledge the receipt of a copy of this agreement.

Signature: _____

Date: _____

Printed Name: _____

Witness: _____



Gorham Fire and EMS
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347 Main Street Gorham NH 03581 603-466-2549



In Further consideration of the aforesaid authorization granted to me, to accompany Gorham Fire and EMS or any of their personnel, I hereby agree to obey any Gorham Fire and EMS policies which may control my activities during certain incidents and to follow the instruction from any Gorham Fire and EMS personnel for the purposes of protection of my person and property.

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

City/State/Zip: _____

Parent / Guardian: _____

Printed Name: _____

Emergency Contact: _____

Phone Number: _____

Gorham Fire and EMS Chief or Approved Designee: _____

Printed Name of Chief or Designee: _____