





<h1>NORTH PORT FIRE RESCUE</h1>		
<h2>STANDARD OPERATING GUIDELINE</h2> <h3>512 – PATIENT TRANSPORT</h3>		
Effective Date: November 7, 2023	Revision Date: July 24, 2023	Reference: CAAS 202.01.02, 202.03.01
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### I. PURPOSE

This policy is intended to guide North Port Fire Rescue personnel in providing safe transport of patients from an emergency incident scene to a receiving hospital facility or landing zone for aeromedical transport.

### II. PROCEDURES

#### A. PATIENT CARE

1. All patients should be treated according to our Medical Directors Treatment Protocols and patient care delivered shall be documented in Image Trend software. A copy of this patient care report must be either hand delivered or transmitted/upload to the receiving hospital.
2. Treatments and procedures that are outside of a provider's level of certification and training may not be performed regardless of physician order.

#### B. TRANSPORTATION OF PATIENTS

1. Personnel shall make every effort to ensure patients are transported from emergency scenes to receiving hospitals or landing zone sites in a safe and efficient manner. Any time a patient, adult or pediatric, are placed on a stretcher, long spine board or any other type of device, all applicable straps shall be secured to prevent injuries from a fall or vehicle accident. It is NEVER appropriate to transport a neonate/pediatric patient in any of the following ways:
  - a. Unrestrained
  - b. On someone's lap or holding in their arms
  - c. Only using horizontal straps if the patient does not fit in the shoulder straps
  - d. Prone - unless extreme extenuating circumstances apply (Example: Back impalement or significant injury to the posterior side of the body)
2. When stretchers are in motion with a patient, a minimum of two personnel must always have physical contact with this stretcher to ensure its stability to prevent it from tipping over or rolling off and then tipping.
3. When a stretcher is occupied and stationary at an emergency scene, at least one personnel shall maintain contact with it. All patients (adult & pediatric) shall be secured to a cot, and if a pediatric with the appropriate device when riding in a Rescue.
4. Exceptions to this are low-priority, ambulatory adult patients who are buckled upright in a designated seat.

5. Restrain System -
  - a. \*Newborn Stable – from 1.8 to 6.3 kg (4 to 14 lbs.) – Aegis Wrap
  - b. \*Newborn Stable – from 1.6 to 5 kg (3.5 to 11.1 lbs.) – Ferno Kangoo Fix
  - c. Infants from 3 to 6 kg (7 to 14 lbs.) – Ferno Neo-Mate
  - d. Pediatric from 4.5 to 43.5 kg (10 to 100 lbs.) – Ferno Pedi-Mate
  - e. On childbirths in the field, newborns that are stable, personnel can use either the Aegis Wrap or the Ferno Kangoo Fix.
  - f. For both stable/unstable infant/pediatric patients, personnel can use either the Ferno Neo-Mate or Ferno Pedi-Mate depending on the weight of the child.
  - g. All newborns, infants, and pediatric patients will be properly secured in one of these devices prior to transporting as a patient.
  - h. If a child is between the weight of 9 to 29.48 kg (20 to 65 lbs.) or between 28 to 47 inches tall is accompanying an ill or injured parent, this child must be secured within the built-in car seat contained within the Captain's/Attendant's Chair located in the back of a Rescue or preferably remain with the other family members. This built-in car seat **cannot** be used on children less than 1 year of age and should NOT be used if child is sick or injured.
6. Fire Department personnel will be secured in their seats, utilizing the seatbelts or harnesses, during transport except if being secured to the seat hinders providing active patient care.
7. Before transport begins, personnel should make a conscious effort to secure all loose items in the patient compartment. This includes the utilization of mounted equipment securing devices and storage compartments and cabinets.
8. The use of a stair chair should be considered when moving a patient vertical distance without the availability of an elevator. When a patient is placed on a stair chair, they shall be secured with a minimum of two locking straps across the body.
9. When loading the stretcher into the rescue assure that the safety bar can engage the catch before lifting the stretcher. When unloading the stretcher be sure that the safety bar has engaged the catch before pulling the stretcher further out of the rescue. Assure that the stretcher has locked before putting weight on it. This assures that the head end of the stretcher will not fall from the rescue.
10. If a patient is under arrest and in hand cuffs, the arresting agency must have an officer ride in the patient care compartment to the receiving hospital.

#### C. TRANSPORT OF CIVILIANS (NOT AS PATIENT)

1. Due to safety and the exposure risk involved with close contact of potentially infectious substances or communicable diseases the transport of uninjured members of the community is prohibited. Exceptions would include a parent/guardian of a minor patient, interpreter, unattended minors (when the caregiver is being transported), no other means of transportation are available, or it is deemed unsafe for uninjured member of the public precautions should be taken to minimize the risk of exposure to the citizen and our employees. To ensure the citizens safety, a surgical mask should be given to them to use.

#### D. TRANSFER OF CARE

1. Upon arrival at a receiving facility or landing zone, personnel will quickly and effectively transfer patient care and communicate with the hospital or aeromedical staff. Every effort will be made to give a verbal report on the patient's condition and treatment to receiving medical staff.