

# On Scene Procedures/Ambulance Interface

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1. While on scene at an emergency, REMS personnel will maintain a professional attitude and appearance. REMS EMTs will act in accordance with the REMS code of conduct as defined in *Conduct* of this manual.
2. EMTs will provide care in accordance with the most current revision of the Rice University EMS Standing Delegated Orders and Protocols, at a level approved by the EMS and Medical Directors. No procedure that is beyond the EMT's level of certification may be attempted without on-line medical direction.
3. REMS personnel are in charge of patient care at all times while on scene with RUPD. In-Charges are also responsible for scene management and safety.
4. Should a patient require an ambulance, the EMTs on-scene shall notify the RUPD dispatcher, who will call the Houston Fire Department for an ambulance.
5. When an ambulance arrives on scene, REMS personnel should briefly identify themselves and give the history of the patient, as well as any care rendered. The ambulance or squad number of the crew to whom care is transferred shall be recorded in the REMS Patient Care Report. Upon completion of the oral report, patient care is considered transferred to the appropriate ambulance personnel.
6. If a patient care dispute exists among REMS EMTs or with members of a responding ambulance, it should not be expressed in front of the patient. Any disagreements in patient care should be noted and an incident report should be filed if necessary. The EMS Director should be notified of any disagreements between REMS personnel or between REMS personnel and ambulance personnel as soon as possible after a call.
7. If REMS personnel feel that patient care is being seriously compromised, the HFD EMS Supervisor or another ambulance may be called, provided the delay in transport will not further compromise patient care. The reasons for such actions must be carefully documented in an incident report. The EMS Director should be notified as soon as possible after such an event.
8. If a physician is on scene with valid identification and proof of certification, and said individual wishes to be in charge of, and responsible for, patient care, then he must accompany the patient to the receiving facility. The REMS EMTs shall record the name of said individual on the Patient Care Report. More specific instructions for handling intervener physicians are outlined in the Standing Delegated Orders and Protocols.
9. While interfacing with an outside ambulance, either at the ALS or BLS level, REMS personnel are responsible for preventing any negligent care up to their level of certification and training. For example, if the patient requires C-spine immobilization, REMS personnel are just as responsible to see that the patient is immobilized properly as the EMTs or Paramedics who arrive with the ambulance.
10. In cases when a patient or bystanders are violent or abusive towards REMS EMTs, the REMS EMTs should exit the scene until such time that the situation is resolved by RUPD. Charges may be filed if an individual assaults a REMS EMT on scene, or if an individual compromises the patient by obstructing or impairing REMS personnel in the completion of their duties.
11. At no time shall a REMS EMT physically restrain a patient while awaiting the arrival of a RUPD officer. If a REMS EMT is forced to restrain a patient under exigent circumstances, an incident report detailing the actions of the EMT must be filed.

12. In situations in which the scene may be unstable or unsafe, such as a crime in progress or a fire, REMS EMTs are not to enter the scene. If it is unclear from the dispatch information whether the scene is safe, responding EMTs are advised to contact RUPD Dispatch for more specific instructions. If victims are trapped in a building or an area that cannot be entered or reached, REMS personnel on scene should notify Dispatch. Rescue is the responsibility of the Houston Fire Department, and REMS EMTs should coordinate efforts with the on-scene Incident Commander.

# Records and Documentation

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1. A patient care report must be filed every time REMS receives a dispatch from RUPD, even if no patient contact is made. This includes, but is not limited to the following: canceled prior to arrival, no patient found, fire standby, chemical spill standby, etc.
2. When completing Patient Care Reports, REMS personnel will:
  - 2.1. Print legibly.
  - 2.2. Complete the narrative using the SOAP method.
  - 2.3. Use approved abbreviations only. (See *Appendix A*)
  - 2.4. Be concise and avoid excessive redundancy.
  - 2.5. Document sources of information (whether by patient or bystander, etc.).
  - 2.6. Completely document all pertinent information and pertinent negatives.
  - 2.7. Read report and correct any ambiguities.
  - 2.8. Make any deletions or corrections by drawing a single line through the mistake and initialing and dating the correction.
  - 2.9. If an incident report is filed along with the PCR, it should be noted on the form.
  - 2.10. Provide the transporting agency (if applicable) with the yellow copy. The remainder of the original report should be completed within twenty-four hours of the incident. If the yellow copy was not needed, it must be shredded.
  - 2.11. Provide the EMT writing the report with the pink copy, which has all identifying patient information blacked out except for age and sex.
3. Information on a PCR or Incident Report is absolutely confidential. No information regarding a patient shall be given to persons who are not involved in that patient's care unless the criteria outlined in *Conduct* § 10.3 has been satisfied.
4. All refusals will be properly documented, including the signature of a witness if indicated. Patients who sign a refusal must be advised of their condition, possible complications, and to seek the care of a physician. More specific refusal procedures are outlined in the Standing Delegated Orders and Treatment Protocols and the REMS Guide to Documentation.
5. PCRs shall be destroyed pursuant to the *REMS Records Retention Policy*. The EMS Director shall have access to the secure location where PCRs are kept and shall be responsible for the maintenance of such records.
6. When completing an Incident Report, REMS EMTs will:
  - 6.1. Type and sign a report or use a REMS incident report form.
  - 6.2. Print legibly (if applicable).
  - 6.3. Report all information chronologically.
  - 6.4. Include as many facts surrounding the incident as possible.
  - 6.5. Avoid emotional or personal opinions of actions taken by self or others.
  - 6.6. Sign the report.

- 6.7. File completed reports within twenty-four hours of the incident. The report should be logged in the Incident Report Log.
7. The EMS Director or an In-Charge is required to respond in writing within one week of when an incident report is filed. Such a response should include information on actions taken by the EMS Director or other authority.
8. The EMS Director or his designee shall be responsible for maintaining personnel records for every REMS EMT.
  - 8.1. All information in personnel files shall be regarded as confidential. Further personnel files are the property of REMS and used to maintain personal information and records related to REMS EMTs.
  - 8.2. These records shall be kept in the appropriate filing locations in the REMS office. Only the EMS Director and In-Charges may have access to these records.
  - 8.3. Any EMT may request to view his personnel record at any time. Any such request shall be complied with and acted upon by the EMS Director or an In-Charge in a timely manner. As property of REMS, personnel files will be neither photocopied nor removed from the REMS office at any time without the approval of the EMS Director or his designee.
  - 8.4. The personnel record shall contain:
    - A current Personnel Cover Sheet.
    - A signed Hepatitis B vaccination waiver or evidence of vaccination.
    - Photocopies of all relevant certifications, including DSHS EMT certifications, NREMT certifications, CPR card, driver's license, TB test within the previous 1 year, POV insurance, and photocopies of any additional certifications.
    - Copies of any relevant incident reports.
    - Copies of any letters.
    - Copies of any findings of inquiries and records of any disciplinary actions.
    - Records of exposures.
    - Immunization records.
  - 8.5. Personnel records shall be kept on file for a minimum of three years after a individual's end of service. Records of exposures shall be kept on file for a minimum of seven years.