

# Volume III Transportation & Medical Services




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Superstition Fire & Medical District

**Volume III: Transportation & Medical Services**

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	<b>300.01: Patient Transfer to Ground Ambulance</b>	
	<b>Effective Date:</b> December 2015	<b>Revision Date:</b> December 2015
	<b>Approved by:</b> Emergency Services	

**Purpose**

The purpose of this document is to outline the process of transferring the care of a patient to ground ambulance personnel. This has been developed in accordance with the Arizona Department of Health Services (AZDHS) rules and regulations, Arizona Revised Statutes, and Arizona Emergency Medical Systems guidelines.

**General**


Superstition Fire & Medical District (SFMD) providers shall not complete an established EMS-Patient transfer until essential criteria are met.

- A. Transfer should be made to medical personnel whose qualifications are equal to or greater than the transferring personnel unless criteria are met under:
  - 1. SFMD Treatment Algorithms ALS Release for BLS Transport.
- B. The SFMD employee must remain with the patient until transfer occurs.
- C. The SFMD employee must convey all relevant patient information and documentation to those accepting responsibility for the patient.

**Procedure**

Once these criteria have been met, the transfer can be completed and subsequent procedures will follow.

- A. The member of the transport crew with the highest medical certification must sign the “**Healthcare Provider- Transfer of Patient Care**” portion of the electronic patient care report (EPCR). Upon signing, the signing member of the transport crew accepts patient care responsibilities.
  - 1. Proper documentation should include: patient condition, agency name and the time that patient care occurred.
- B. Should the patient’s medical condition be critical or require additional medical personnel during transport, SFMD personnel should accompany the patient in the ambulance, or “follow-up” with the patient.
  - 1. In this case, the SFMD employee continues to maintain responsibility for patient care until transferred to the appropriate staff member at the emergency facility.

 <p><b>Transportation &amp; Medical Services</b></p>	<b>Series: 300</b>	<b>Volume III:</b> Transportation & Medical Services
	<b>300.02: Patient Confidentiality</b>	
	<b>Effective Date:</b> December 2015	<b>Revision Date:</b> December 2015
	<b>Approved by:</b> Emergency Services	

**Purpose**

The purpose of this document is to explain the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its relevance to the Superstition Fire & Medical District (SFMD).

**Scope**

HIPAA rules cover all health information, regardless of form, including electronic records, paper records, and oral communication. These rules also provide healthcare consumers with control over their health information, set boundaries on medical record use and release, ensure the security of personal health information, and establish accountability for medical record use and release.

- A. Healthcare providers and plans must establish business practices that are "privacy-aware." Some of these practices include:
  1. Training employees about privacy issues.
  2. Appointing a "Privacy Officer".
  3. Ensuring that appropriate safeguards exist to protect health information.
- B. Individuals who violate the privacy rules could face criminal and civil penalties. For example, violators who unintentionally disclose information may face civil fines of \$100 per violation, up to a total of \$25,000 per year. Violators who intentionally release health information for personal gain face criminal sanctions punishable by up to \$250,000 and 10 years in prison. Individuals may also face disciplinary action.

**Policy**

Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our work. SFMD prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or healthcare operations, all discussions of Protected Health Information (PHI) within the organization should be limited.

Acceptable uses of PHI within the district include, but are not limited to; exchange of patient information needed for the treatment of the patient, billing, and other essential healthcare operations, peer review, internal audits, and quality management activities.

The SFMD provides services to patients that are private and confidential. Each member plays an important role in respecting the privacy rights of our patients. It is necessary in the rendering of services that patients provide personal information. This information may exist in a variety of forms such as electronic, oral, written, or photographic material. All such information is strictly confidential and protected by federal and state laws.

Employees must comply with all confidentiality policies and procedures set in place during their employment or association with the SFMD. If an employee knowingly, or inadvertently, breaches patient confidentiality policies or procedures at any time, they must immediately notify their immediate supervisor with the details of the incident. Additional notification must also include the Assistant Chief of Emergency Services. At any time upon request, members must return any and all patient confidential


information in their possession.

The Division Chief of Training and EMS (Privacy Officer), as well as the SFMD Medical Director, are responsible for providing oversight relating to any privacy compliance issues. All questions involving confidentiality issues should be forwarded to:

**Title:** Assistant Chief of Emergency Services

**Address:** 565 North Idaho Rd.

**Phone Number:** 480-982-4440

 <p><b>Transportation &amp; Medical Services</b></p>	<b>Series: 300</b>	<b>Volume III:</b> Transportation & Medical Services
	<b>300.03: Pre-Hospital Medical Care Directive</b>	
	<b>Effective Date:</b> December 2015	<b>Revision Date:</b> December 2015
	<b>Approved by:</b> Emergency Services	

**Purpose**

The purpose of this document is to describe how members of the Superstition Fire & Medical District (SFMD) will manage Prehospital Medical Care Directives (PMCD) which may be encountered on-scene of medical emergencies. Although the PMCD is intended for use by people who are terminally ill, any individual who wishes **not** to be resuscitated by prehospital EMS personnel may choose to use it. Only the patient or patient designee (surrogate) can legally make this decision. Patient wishes for **not** being resuscitated will be honored by Superstition Fire & Medical District personnel when a properly completed PMCD document is available or located within a "reasonable amount of time" (as defined by Arizona State Statute).

**Procedure**

SFMD personnel will perform an assessment of the patient to determine the patient's condition. If a PMCD is present, the document appears valid, and the patient is without vital signs, personnel will not begin resuscitation. EMS personnel will complete the necessary documentation, notify proper law enforcement agency, and initiate grief support. Base station contact may be required dependent upon the situation.

SFMD personnel must make a reasonable effort to locate the document or a person/surrogate who may have information about the document. If the PMCD is not readily available or if there is not anyone on scene who can locate the document, then full resuscitative efforts will be initiated.

If at any time the patient or the patient's surrogate wishes to reverse the PMCD order, they may do so by verbally telling the emergency provider. Also, if at any time there is a lack of evidence of documentation, any doubt surrounding the incident or the validity of the PMCD, then full resuscitative efforts must be initiated.

**The PCMD Document**

Patients who **do not** wish to be resuscitated will have the following document in their possession:

The PCMD is printed on an orange background and may be either letter or wallet size. This document will include biographical information about the patient and signatures of the patient's licensed health care provider and a witness. A photograph is not required but may be attached.

A patient is not required to, but may have an ankle or wrist bracelet signifying the existence of a PMCD:

A hospital-type bracelet may be worn on either the wrist or ankle and identifies the patient as having executed a PMCD. This will be on an orange background and will state in bold lettering "**Do Not Resuscitate**" and will contain the patient and physician name. The orange bracelet is a signal that a PMCD exists. Upon this finding, personnel should make a reasonable effort if circumstances permit, to locate the document. This bracelet serves to inform that a PMCD exists but is not a substitute for the actual PMCD document.

**A valid PMCD includes:**

- A. Being printed on an orange background (letter or wallet size).

- B. Being completely filled out.
- C. Being readily available or located within a reasonable amount of time (1-2 minutes).

In addition the PMCD must be signed and dated by the following individuals:

- A. Licensed health care provider.
- B. Patient or surrogate.
- C. Witness (not a relative, surrogate, or beneficiary)

### **Additional Information**

If a PMCD is unable to be located or if the patient's surrogate now wishes the patient to be resuscitated, then resuscitative efforts and advanced life support will be initiated and on-line medical control established. The PMCD remains valid until superseded by a new document (most recent document is in effect) or patient or surrogate requests resuscitation at any time.


In the event that documents other than the PMCD are presented (Living Will or Medical Power of Attorney), resuscitative efforts and advanced life support must be initiated until on-line medical control is consulted.

It is important for all emergency personnel to document the encounter. Documentation should include information about the PMCD (that it was complete and present), that the patient was found without vital signs, and that the patient was left with law enforcement personnel (include name and badge number).

A reasonable effort must be made to obtain the PMCD and included with the Electronic Patient Care Report (EPCR) for entry into records. If the document is unavailable, please note that with an explanation on the EPCR form.

Reference:

State of Arizona (1992). H.B 2247, Living Wills and Health Directives

 <p><b>Transportation &amp; Medical Services</b></p>	<b>Series: 300</b>	<b>Volume III:</b> Transportation & Medical Services
	<b>300.04: Access to Healthcare Information</b>	
	<b>Effective Date:</b> December 2015	<b>Revision Date:</b> December 2015
	<b>Approved by:</b> Emergency Services	

**Purpose**

To outline levels of access to Protected Health Information (PHI) for various members of the Superstition Fire & Medical District (SFMD) and to provide information on limiting access, disclosure, and use of PHI. Security of PHI is everyone’s responsibility.

**Policy**

Superstition Fire & Medical District retains strict requirements on the security, access, disclosure, and use of PHI. Access, disclosure, and use of PHI will be based on the role of the individual staff member in the organization, and should be only to the extent that the person needs access to PHI to complete necessary job functions.

When PHI is accessed, disclosed, and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose, and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

**Procedure**

**Role Based Access**

Access to PHI will be limited to those who need access to PHI to carry out their duties. The following describes the specific categories or types of PHI to which such persons need access is defined and the conditions, as appropriate, that would apply to such access.

Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
EMT	CAD information, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Paramedic	CAD information, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Technical Services	Computer data entry with patient care reports, CAD information	May access only as part of duties to complete computer data entry and follow up and only during actual work shift
Billing Clerk	Patient care reports, billing claim forms, remittance advice statements, other patient records from facilities	May access only as part of duties to complete patient billing and follow up and only during actual work shift



Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
Field Supervisor	CAD information, patient care reports	May access only as part of completion of a patient event and post-event activities, as well as for quality management checks and corrective counseling of staff
Dispatcher	CAD information	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty
Training EMS Coordinator	CAD information, patient care reports	May access only as a part of training and quality management activities. All individually identifiable patient information should be redacted before use in training and quality management activities.
Quality Management Team / Committee	CAD information, patient care reports, other patient records from facilities	May access only as a part of training, follow up, and quality management activities. All individually identifiable patient information should be redacted before use in training and quality management activities.
Department Managers	CAD information, patient care reports	May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel
SFMD Legal Staff	CAD information, patient care reports	May access only to the extent necessary to effectively respond to a medical/legal query or activity involving the SFMD

Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on Superstition Fire & Medical District reasonable determination of the persons or classes of persons who require PHI, and the nature of the health information they require, consistent with their job responsibilities.

Access to a patient's entire file will not be allowed except when the use of the entire medical record is specifically identified and documented.

### **Department Requests for PHI**

If the Superstition Fire & Medical District needs to request PHI from another healthcare provider on a routine or recurring basis, we must limit our requests to only the reasonably necessary information needed for the intended purpose, as described below. For requests not covered below, SFMD members must make this determination individually for each request and should consult his or her supervisor for guidance. For example, if the request is non-recurring or non-routine, such as making a request for documents via a subpoena, we must make sure our request covers only the minimum necessary PHI to accomplish the purpose of the request.

Holder of PHI	Purpose of Request	Information Reasonably Necessary to Accomplish Purpose
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Hospitals	To have adequate patient records to determine medical necessity for service, evaluate the appropriateness of medical care rendered, and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Mutual Aid or Ambulance or Paramedic Services	To have adequate patient records to conduct joint billing operations for patients mutually treated / transported by SFMD	Patient care reports

For all other requests, determine what information is reasonably necessary for each on an individual basis.

**Incidental Disclosures**

It is understood that there will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common healthcare practices that are essential in providing healthcare to the individual. Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversation between healthcare providers, or when patient care information in written or computer form is left out in the open for others to access or see.

**Verbal Security**


Members should only discuss patient care information with those who are involved in the care of the patient, regardless of their physical location. Members should be sensitive to their level of voice and to the fact that others may be in the area when they are speaking. This approach is not meant to impede anyone’s ability to speak with other healthcare providers freely when engaged in the care of the patient. When it comes to treatment of the patient, members should be free to discuss all aspects of the patient’s medical condition, treatment provided, and any of the patient’s health information in their possession with others involved in the care of the patient.

**Physical Security**

Patient care reports should be stored in safe and secure areas. If paper records concerning a patient are completed, they should not be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should have access to any paper records.

**Computers and Entry Devices**

Electronic devices (computers, tablets, etc) should be kept secure. Access to these devices should be by password only. Members should be sensitive to who may be in viewing range of these devices and take simple steps to shield viewing by unauthorized persons. All electronic devices should remain in the physical possession of the individual to whom it is assigned at all times.

 <b>Transportation &amp; Medical Services</b>	<b>Series:</b> 300	<b>Volume III:</b> Transportation & Medical Services
	<b>300.05: Pediatric Transport Guidelines</b>	
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	<b>Approved By:</b> Transport Services Manager	

### Purpose

The purpose of this policy is to establish guidelines to ensure the safe transport of pediatric patients from EMS incidents. These guidelines are based on recommendations by the National Highway Traffic Safety Administration (NHTSA) regarding safe transportation of pediatric patients. These guidelines apply to every EMS response resulting in the need to transport a pediatric patient who is of an age/weight that would require the use of a child safety seat.

### Procedure

As published by NHTSA, these guidelines are recommendations for the transportation of children in five (5) different possible situations.

1. The transport of a child who is not injured or ill.
  2. The transport of a child who is ill and/or injured and whose condition *does not* require continuous and/or intensive medical monitoring or intervention.
  3. The transport of an ill or injured child who *does* require continuous and/or intensive monitoring or intervention.
  4. The transport of a child whose condition requires spinal immobilization and/or lying flat.
  5. The transport of a child or children who require transport as part of a multiple patient transport scenario. (newborn with mother, multiple children, etc.)
1. Transport of a child who is not injured or ill.
    - a. **Ideal – Transport using size-appropriate child restraint system in a vehicle other than a ground ambulance.**
    - b. Transport in a size appropriate child seat installed in the front passenger seat of the ambulance with the airbags off or in another forward-facing seat.
    - c. Transport in a size-appropriate child seat installed on the rear-facing EMS provider’s seat.
    - d. Consider delaying the transport of the child (ensuring appropriate adult supervision) until additional vehicles are available without compromising other patients on the scene.
    - e. Consult with Command if necessary.
  2. The transport of a child who is ill and/or injured and whose condition does not require continuous and/or intensive medical monitoring intervention.
    - a. **Ideal – Transport child in a size-appropriate child restraint system secured appropriately on the cot.**
    - b. Transport child in the EMS provider’s seat in a size-appropriate restraint system.
    - c. Transport the child on the cot using three horizontal straps (chest, waist, knees) and one vertical restraint across each shoulder.

3. The transport of an ill or injured child who does require continuous and/or intensive monitoring or intervention.
  - a. **Ideal – Transport the child in a size-appropriate restraint system secured appropriately to the cot.**
  - b. With the child’s head at the top of the cot, secure the child to the cot with three horizontal straps and one vertical strap across each shoulder. If the assessment/intervention requires the removing of restraint strap(s), restraints should be re-secured as quickly as possible.
  
4. Transport of an ill/injured child who requires spinal immobilization or lying flat.
  - a. **Ideal – Secure the child to a size-appropriate spine board and secure the spine board to the cot, head first, with a tether at the foot (if possible) to prevent forward movement. Secure the spine board to the cot with three horizontal restraints (chest, waist, and knees) and a vertical restraint across each shoulder.**
  - b. Secure the child to a standard spine board with padding added as needed and securing using the strap configuration listed above.
  
5. Transport of a child or children requiring transport as part of a multiple patient transport (newborn with mother, multiple children, etc.)
  - a. **Ideal – If possible, for multiple patients, transport each as a single patient according to the guidance provided for situations 1 through 4. For mother and newborn, transport the newborn in an approved size-appropriate restraint system in the rear-facing EMS provider seat with a belt-path that prevents both lateral and forward movement, leaving the cot for the mother.**
  - b. When available resources prevent meeting the criteria for situations 1 through 4 for all child patients, transport using space available in non-emergency mode (Code 2), exercising extreme caution and driving at a reduced speed. Consider the use of additional units to accomplish safe transport.

In addition, the National Highway Traffic Safety Administration (NHTSA) and the U.S. Department of Health and Human Services’ Health Resources and Services Administration (HRSA) document titled “The Do’s and Don’ts of Transporting Children in an Ambulance” provides additional guidance on how to most safely transport children in a ground ambulance.

- *Do tightly secure all monitoring devices and other equipment.*
- *Do ensure available restraint systems are used by EMTs and other occupants, including the patient.*
- *Do transport children who are not patients, properly restrained, in an alternate passenger vehicle whenever possible.*
- *Do not leave monitoring devices and other equipment unsecured in moving EMS vehicles.*
- *Do not allow parents, caregivers, EMTs or other passengers to be unrestrained during transport.*
- *Do not have the child/infant held in the parent, caregiver, or EMT’s arms or lap during transport.*
- *Do not allow emergency vehicles to be operated by persons who have not completed the DOT NHTSA Emergency Vehicle Operating Course (EVOC), National Standard Curriculum, or its equivalent.*

### **Standard**

In accordance with the National Highway Traffic Safety Administration (NHTSA) guidelines are based on recommendations by the National Highway Traffic Safety Administration (NHTSA) regarding safe transportation of pediatric patients.