

Newton First Responders Operating Guidelines



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1 Purpose:

These guidelines are to be used as a format to follow for the operation of the Newton First Responders. They are to be used along with the by-laws of the Newton Fire Company to provide an accepted list of guidelines under which a Newton First Responder will function. These guidelines are set up to aid the First Responder with any situation.

2 Scope:

The purpose of the Newton First Responders Newton First Responders is to provide professional emergency care to anyone in an emergency.

3 Definitions:

- A **Medical First Responder:** Successful graduate of a state of Wisconsin approved Medical First Responder course
- B **On Duty:** The call to action to provide aid in accordance to our scope of practice. Traditionally this begins with the page from Joint Dispatch; however, it is also activated by a request for aid/help from any person.
- C **Scope of Practice:** The skills that are approved for use by Medical First Responders, as outlined by the state of Wisconsin in conjunction with the County of Manitowoc protocols.
- D **EMS Command:** The person in charge of the medical care at any First Responder call. Said person is identified as EMS command and works with Fire command and incident command as appropriate.
- E **MABAS:** Mutual Aid Box Alarm System

4 Newton First Responders Requirements

- A Quantity of members
 - 1 No less than 9 members
 - 2 No more than 20 members
- B Operate following Newton Fire Company by-laws
- C Operate following these Newton First Responder standard operating guidelines
- D Have in place a Board of Directors.
 - 1 President (elected on odd number years)
 - a) The president's function is to be the executive officer of the Newton First Responders. The president performs supervision and management of the Board of Directors. The president shall also organize and run the business portion of meetings.
 - b) The president is a voting member of the Newton Fire Company Board of Directors and attends the monthly meetings.
 - 2 Vice-president (elected on even number years)
 - a) The vice president's function is to assist the president with the execution of their duties and assume the responsibilities of the president in their absence.
 - 3 Secretary (elected on even number years)
 - a) The secretary shall maintain an accurate record of all meetings and correspondence of the First Responders.
 - b) The secretary shall orient all new members and provide them with their policies and procedures. They shall also initiate the personnel record of the new responder.
 - c) The secretary is the secretary of the Newton Fire Company Board of Directors and attends the monthly meetings.
 - 4 Treasurer (elected on odd number years)
 - a) The treasurer shall maintain a financial ledger for the Newton First Responders keeping record of income and expenses.
 - b) They shall also promptly pay bills and oversee investments by the group.
 - 5 Captain (elected annually)
 - a) The captain assumes the roll of Service Director of the Newton First Responders with the State of Wisconsin.
 - b) The captain is the person in charge of the performance and skills of the Newton First Responder Newton First Responders.
 - c) The captain is responsible for orientation, training, and education of all members.
 - d) The captain shall try to respond to all calls and direct or oversee the patient care.

- e) The captain is a voting member of the Newton Fire Company Board of Directors and attends the monthly meetings.
- f) Maintain educational records of the Newton First Responder Newton First Responders.
- g) The captain shall have met the following conditions:
 - 1 Be a first responder in good standing
 - 2 A minimum of 2 years of experience as a First Responder
 - 3 Achieved the minimum standards set by this Newton First Responders
- 6 Lieutenant (elected annually)
 - a) The lieutenant shall assist the captain in their duties and assume their role in their absence. The lieutenant shall have met the following conditions:
 - 1 Be a first responder in good standing
 - 2 A minimum of 2 year of experience as a First Responder
 - 3 Achieved the minimum standards set by this Newton First Responders
 - b) Shall function in the role of privacy officer

5 First Responder Committees

- A The president shall appoint standing committees, as he/she deems necessary, in the best interest of the Newton First Responders, with the approval of the Board of Directors. All committee chairperson(s) shall account to the president for such responsibilities as assigned. Additional members, as deemed necessary, may be appointed to serve any of the committees.
 - 1 Audit Committee: The audit committee of three (3) members shall audit all accounts of the Newton First Responders prior to and report their findings at the Annual First Responders Meeting or upon the request of the First Responders Board.
 - 2 Guideline Committee: The guidelines committee of three (3) members shall review the Bylaws of the Newton First responders every two years. The committee will take input from the membership of the whole, for any suggestions or ideas as to updates, changes, etc. The committee will review and make any changes they find necessary and then bring the suggestions back to the whole membership for adoption into First Responders Bylaws or policies.
 - 3 Nominating Committee: The nominating committee appointed at the November monthly meeting, shall consist of three members and present a slate of a minimum of two (2) members for the office of president, vice president, secretary, treasurer, captain and lieutenant, scheduled for election, as required by these guidelines, and present same to the membership at the December meeting and January annual meeting. This slate, plus any nominated from the floor at the December meeting and January annual meeting, shall be balloted on as prescribed in these guidelines, at the annual meeting.
 - 4 Examining Committee: The examining committee consists of the First Responders Board. The examination committee shall make investigations necessary to determine the qualifications applicants for membership of the Newton First Responders and to report the findings and recommendation to the members at the monthly and annual meetings. The examination committee reserves the right to refuse any applicant in accordance with the federal and state laws and will not unfairly discriminate in employment against properly qualified individuals because of their age, race, creed, color, handicap, marital status, sex, national origin, ancestry, sexual orientation, membership in the national guard, state defense force or any other reserve component of the military forces of the United States or the state of Wisconsin.
 - 5 Grievance Committee: The Grievance Committee consists of the First Responders Board.

6 Elections

- A Elections shall be held at the Newton First Responder annual meeting, on the fourth Tuesday of January.
 - 1 A nominating committee appointed at the November monthly meeting, presents a slate of no less than two (2) nominees for each office up for election and present their choices to the members at the December meeting and January annual meeting of the first responder unit. This slate, along with any others nominated from the floor from the December meeting and January annual meeting, shall be balloted on at the January annual meeting.
 - 2 The president and treasurer shall be elected in the odd numbered years and the vice president and secretary shall be elected in the even numbered years. These officers are to serve for a term of two (2) years.
 - 3 The captain and lieutenant shall be elected annually.

7 **First Responder Member Requirements**

- A Application
 - 1 Any person desiring to enter the First Responders must obtain an application blank from any member and return it when properly completed. This application shall be presented to the examination committee for review
 - 2 A background check will be completed
- B Meet Newton Fire Company requirements
 - 1 Complete an application
 - 2 Be at least 18 years of age
 - 3 Successfully complete a probationary period of 6 months
- C Meet all state regulations/requirements
 - 1 Successful completion and licensing/certification of the State of Wisconsin
 - a) Medical First Responder class including advanced skill units:
 - 1 Combitube
 - 2 Oxygen – Nasal Cannula
 - 3 Oxygen – Non-Rebreather Mask
 - 4 Pulse Oximetry
 - 5 Tracheobronchial Suctioning
 - 6 CCR
 - 7 KED (Kendrick Extrication Device)
 - 8 Splinting – Traction
 - 9 Oral Medications – Glucose
 - 10 Blood Pressure – Automated
 - 11 Spinal Immobilization – Long Board
 - 12 Assisted Patient Medication
 - 13 Epinephrine - Epi Pen
 - b) EMT Basic class
 - 2 Successful completion of the refresher class
 - a) Medical First Responder
 - 1 Required every 3 years
 - b) EMT Basic
 - 1 Required every 3 years
 - c) CPR Health Care Provider Card through the American Heart Association
 - 1 Required every 2 years
 - 3 Payment for classes (Medical First Responder or EMT Basic)
 - a) Original class
 - 1 Funding for the class, labs and textbooks is the responsibility of the individual.
 - A) Full reimbursement by the Newton First Responders to the individual upon successful completion of the class.
 - b) Refresher class
 - 1 Funding for the class provided by the Newton First Responders
- D Continuing Education
 - 1 General guidelines
 - a) Every responder is eligible to attend any seminar related to First Responders
 - b) Transportation, housing, and food for any seminar are the responsibility of the responder unless specifically designated by the Newton First Responders
 - c) A summary of information learned at the seminar will be presented to the group at the meeting after the class
 - 2 Payment for seminars
 - a) Funding will be provided by the Newton First Responders to individuals in good standing
 - b) Requests for partial payment from the individual may be made by the Newton First Responders
 - c) Requests are to be made PRIOR to the attendance of the seminar
 - d) Receipts need to be submitted for payments

E Probationary Period

- 1 Upon the approval of the examination committee, the person shall be assigned or issued the proper equipment, clothing, a pager and key(s). This person shall have an active membership status but shall have no voting rights. Such members can operate the Newton First Responders vehicle only with the presence of an active member and only in a non-emergency mode. This probationary period is six (6) months in length. Upon completion of the probationary period, the respective squad captain and lieutenant shall report their recommendations to the membership at the first monthly meeting following the probationary period. The membership shall then vote to instate them as an active member or to relieve them of their duties as a First Responder member

F Prospective Members

- 1 Upon the approval of the examination committee, the person shall be attending the appropriate classes required to become a First Responder. This person shall have an active membership status but shall have no voting rights
 - a) Prospective members can respond to calls and observe the operation of the call and if needed be the report writer.
 - 1 Upon completion of the CPR requirement can perform CPR.

G Rules and regulations

- 1 Each first responder will be given a copy of and abide by the Newton Fire Company By-laws.
- 2 Each first responder will also be given a copy of and abide by these Newton First Responder Standard Operating Guidelines.
- 3 Each responder will be given a copy of and adhere to, the State of Wisconsin Standards & Procedures
- 4 Each responder will act within the scope of practice for the Medical First Responder as defined previously in this document
- 5 Each responder will act within the EMS protocols of Manitowoc County

H Attendance

1 Attendance requirements

- a) The members of the first responder unit are required to be active and participate in eighty percent (80%) of all scheduled functions.
 - 1 Scheduled Meetings
 - A) Meetings are held on the fourth Tuesday of each month at 8:00 p.m.
 - B) Annual Meeting is on the fourth Tuesday of January at 8:00 p.m.
 - C) Annual Newton Fire Company Meeting is held on the second Thursday of February at 8:00 p.m.
 - D) Variations will be announced at a previous meeting
 - E) Requirements
 - 1 Meetings are conducted by the president
 - 2 Will be run in accordance with Robert's Rules
- 2 Make up meetings
 - A) There is no make up for any missed meeting
 - B) Credit for any potential make up meeting will be determined at the discretion of the captain or Board of Directors
- 3 Scheduled Drills
 - A) Drills are held on the second Tuesday of each month at 8:00 p.m.
 - B) Variations to this schedule will be announced at the previous meeting
 - C) Requirements
 - 1 Learning sessions
 - 2 On-hands or visual techniques; may include hand outs
 - 3 Critique of drill after with both positive and negative comments done constructively
 - 4 Pertain to First Responder functions or skills

- 4 Make-up drills
 - A) May use make up drills as needed to maintain 80% ratings
 - B) Make up drills will be offered at the captain and lieutenant's discretion or at the request of an individual or the entire membership
 - C) Will be set-up at the captain or lieutenant discretion
 - D) Any make-up drill will be announced at the regular meeting or members will be contacted by phone.
 - E) It is the responsibility of a member requiring make-up to contact their captain or lieutenant to arrange individual make up dates.
 - 1 Conflicts with attendance must be brought to the Board of Directors as soon as possible for resolution
 - b) The captain of each squad is responsible for the attendance of their squad
 - 1 The captain will give status reports in the March, June, September & December monthly meetings
 - c) The Board of Directors unit shall be responsible for the attendance of the captain.
 - d) Those members falling below the required eighty percent (80%) of the ordered functions at the end of the year shall be reported to the Board of Directors
 - e) The Board of Directors shall review the member's attendance record, drill participation, consider the overall attitude and performance and report their findings to the membership at the annual meeting
 - f) The membership shall vote on the case to determine the member to be in good standing or to be placed on a probationary status
 - g) A member that was previously voted to probationary status because of attendance and again fails to meet their attendance responsibilities, shall be subject to (4) and (5) of this section. The membership shall vote on the case to determine if the member to be in good status or be relieved of their duties of the first responder unit. If the membership votes to have the member relieved of their duties, and the member is a member of the first responder unit only, the secretary of the Newton Fire Company shall cast one unanimous ballot to relieve the member of their duties as a member of the Newton Fire Company.
- I Leave of Absence
- 1 Any first responder in good standing who for personal reasons requests a written leave of absence shall have a leave of absence granted to them. Such a leave is issued for a period up to six months
 - a) Military leave: First responder active members who are called to active duty are granted a leave of absence, which is indefinite in length to include their entire time of duty.
 - 2 Any first responder returning from a leave of absence shall make written request for re-admittance. If the member is found of sound mind and body, they shall be eligible for immediate placement with the active membership.
 - a) Members on leave of absence shall turn in all issued equipment and shall not respond to fire or first responder calls as appropriate for their member classification.
- J Termination
- 1 Any responder can terminate their association with the Newton First Responders at any time
 - a) Responders leaving active service are asked to fill out a "change of status" form from the Newton Fire Company and indicate their reason for leaving
 - b) Responders are asked to complete an exit interview with their captain or lieutenant
 - c) Equipment will be returned as outlined in these guidelines, upon termination
 - 2 Termination may also be accomplished via disciplinary action or for other reasons not set forth in these guidelines

7 Uniform / Dress Code

- A Clothing that is issued is the property of the Newton First Responders and will be returned when a member leaves the Newton First Responders
 - 1 Each first responder will be issued a white or blue EMS shirt for warm weather use
 - 2 Each first responder will be issued a blue or black EMS jacket for cold weather use
 - 3 Each first responder will be issued turn out gear if needed for a call
 - 4 Each first responder will be issued a jump suit if requested
 - 5 Each first responder will be issued a high visibility vest
 - a) Vests required on all roadway calls
- B First Responders will make every effort to wear some type of identifying clothing when responding to a call. This may be a jacket, shirt, or jump suit, orange vest with the Newton First Responder logo.
- C Footwear required to be worn to all calls.
- D Other clothing bearing the Newton First Responder name must obtain approval by the Board of Directors of the Newton First Responders and any cost is the responsibility of the individual member.
- E It is the responsibility of the individual responder to maintain their clothing in a clean and well-repaired state.
- F Name pins, EMS / fire pins and patches may be worn on uniform clothing.

8 Individual Equipment

- A Keys issued
 - 1 Fire Station
 - a) Issued at the instatement of membership
 - 2 EMS Office
 - a) Issued after completion of probationary period
- B Each first responder will be issued a "jump kit" which will contain the following equipment. The kits are the responsibility of the responder to maintain and stock and upon completion of their service with the Newton First Responders, all kits and equipment shall be returned to the service.
 - 1 Oxygen tank with regulator
 - 2 Automated External Defibrillator (if available and requested)
 - 3 Adult bag valve mask
 - 4 Adult and pediatric non-rebreather masks
 - 5 Window punch
 - 6 Report pad and pen
 - 7 Trauma dressings
 - 8 Bandages, dressing, Kerlix, and Kling
 - 9 Pocket mask
 - 10 Triangle bandages
 - 11 Hot and cold packs
 - 12 A set of oral airways
 - 13 Personal protective kit and gloves
 - 14 Pen light
 - 15 Space and emergency blanket
 - 16 Scissors
 - 17 Stethoscope and blood pressure cuff
 - 18 Burn sheet
 - 19 Convenience bag
 - 20 Haz-Mat book
 - 21 Protective Gloves
- C Additional jump kits for additional vehicles may be obtained by First Responders as available. All requirements that apply to the original primary jump kit apply to additional kits
- D Each first responder will carry equipment issued by the Newton First Responders who will ensure the quality of the products that responders are using. Any exceptions must be approved via the captain or lieutenant with documentation of such on file

E Communication equipment will be issued

- 1 Each first responder is issued a pager and charger, which is their responsibility to maintain and return to the Newton Fire Company upon completion of service with the First Responders. Problems, malfunctions, or other pager/charger issues should be directed to the appropriate person with the Fire Company.
- 2 Portable radios and chargers are issued to First Responders who request them. All members are to be trained on radio use. The radios are the property of the Newton Fire Company and are to be returned when service is concluded. Radios are defined as Portable 10A= captain, portable 10B, 10C, etc. as assigned at issuance.

9 Squad 10 / Rescue Vehicle

A Driving Training:

- 1 Only personnel who have completed the service's driver training plan and are listed by the Service Director as approved drivers may operate service vehicles unless a person operates a vehicle under supervision as part of the driver training program.
- 2 All emergency vehicle operators shall undergo specific training prior to driving an emergency vehicle. EMS personnel shall successfully complete a final evaluation before operating a service vehicle other than during driver training.

B Driver Background:

- 1 All emergency vehicle operators shall have an acceptable driving record as established by local service policy. Driving records shall be routinely and regularly checked.

C Seat Belts:

- 1 All personnel and passengers shall use the vehicle's safety belt restraining systems.
- 2 All personnel in charge of a service emergency vehicle will ensure that all passengers use safety belts whenever the vehicle is in motion. All personnel in the patient care area shall be seat-belted unless this interferes with essential patient care.

D Exiting the Station:

- 1 On leaving the station the driver should be aware of other emergency vehicles leaving at the same time. On leaving the station the driver shall gently apply the brakes to ensure their operation prior to entering the street. Vehicles leaving the same location should respond using the same route when practical. Emergency vehicles shall not travel closer than 500 feet of each other, and they shall utilize different audible warning devices.

E Warning Devices:

- 1 All audible and visual warning devices shall be in operation when making an emergency response. Headlamps should be turned on whenever the ambulance is in operation for added safety.

F Speed:

- 1 Under ideal conditions (light traffic, dry roads, and excellent visibility), the maximum speed of any responding vehicle shall be reasonable and prudent with consideration of the posted speed limit. Under less-than-ideal conditions the maximum allowable speed shall be the posted speed limit. The driver shall always maintain a speed consistent with safe operation of the vehicle under the prevailing conditions.

G Driving Left of Center:

- 1 Driving in the center turning lane or left of center is extremely dangerous and should be avoided whenever possible. If it is necessary to drive in the center turning lane or left of center, the maximum permissible speed shall be prudent and reasonable, considering the increased possibility for the need to stop suddenly.

H Intersections:

- 1 Intersections are the most dangerous areas to approach during an emergency response. The following special precautions shall be observed by all responding vehicles:
 - a) When an emergency vehicle must approach an intersection in the center lane or left of center, the driver shall maintain an ability to come to a complete stop until all other traffic in the intersection has yielded.
 - 1 This applies even when the emergency vehicle has a green light at a controlled intersection.

I Passing on the Right:

- 1 Passing vehicles on the right is a potentially dangerous maneuver that shall be avoided whenever possible.

J Maintenance

- 1 Written record of vehicle maintenance shall be kept by the Newton Fire Company.
- 2 Monthly equipment checks will be done, and a written record of such checks maintained.

Newton First Responders Standard Operating Guidelines
SOP #001.1 Version #7

- K Supplies and equipment on Squad 10
 - 1 Water rescue equipment
 - 2 Extra-large life jackets
 - 3 Large life jackets
 - 4 Floating rope / bag
 - 5 Long boards
- L Vehicle stabilization / extrication equipment
 - 1 Window punch
 - 2 Ropes
 - 3 Wood cribbing and blocking
- M Obstetrical Equipment
 - 1 OB kit
 - 2 Infant resuscitation equipment
 - 3 Infant BP cuff
 - 4 Infant airways
- N Pediatric Equipment
 - 1 Pediatric resuscitation equipment
 - 2 Pediatric airways
 - 3 Pediatric BP cuff
- O Cardiopulmonary Resuscitation Equipment
 - 1 CPR board
 - 2 Defibrillator & defibrillator equipment
 - a) Defibrillation big pads
 - b) Small monitoring pads
 - c) Razor
 - d) Paper towels
 - e) Recording paper
 - f) Batteries
 - 3 Pocket mask
 - 4 Oxygen
 - 5 Suction
- P Communication equipment
 - 1 Front mounted radio
- Q Rehabilitation Equipment
- R Bandaging equipment
 - 1 Trauma dressings
 - 2 Various dressings of all sizes
 - 3 Occlusive dressings
 - 4 Bandages of all sizes including Kerlix and Kling
 - 5 Band-Aids
- S Warming and cooling supplies
 - 1 Blankets
 - 2 Hot packs
 - 3 Cold packs
 - 4 Towels
- T Oxygen delivery equipment
 - 1 Oxygen tanks with regulators
 - 2 Adult, child, and infant non-rebreather masks
 - 3 Nasal cannula
 - 4 Oral and nasal airways (lubricant)
 - 5 Pocket masks
 - 6 Adult, pediatric, and infant bag masks

- U Suction equipment
 - 1 Battery operated suction
 - 2 Manual suction devices
- V Splinting equipment
 - 1 Long boards
 - 2 Cervical collars
 - 3 Board splints
 - 4 Pro splints
 - 5 Blankets
 - 6 KED/ Half pack
 - 7 Long board straps
 - 8 Frac straps
 - 9 Cravats/ triangle bandages
- W Lighting equipment
- X Six flashlights
- Y Inverter
- Z Snowmobile / Snow Rescue Equipment
 - 1 List of snowmobile contacts in squad
 - 2 Kubota UTV/Trailer

10 **Kubota UTV**

- A Reasons for Use:
 - 1 Rescue situations
 - 2 Recovery situations
 - 3 Search situations
 - 4 Fire situations
 - 5 Community Relations
 - 6 Stand-By Events
- B Protocol for Initiating Use:
 - 1 EMS command requests the trailer/Kubota
 - 2 Fire command requests the trailer/Kubota
 - 3 Automatic dispatch of trailer/Kubota to structure & grass/brush fires
 - 4 Automatic dispatch of trailer/Kubota to snowmobile accidents, off road or ATV accidents
 - 5 Prior authorization for use for community events or stand by events (done via First Responder Board of Directors)
 - 6 JDC mutual aid requests
- C Response Vehicle Priorities:
 - 1 Squad 10 goes first
 - 2 Any fire vehicles as appropriate to the nature of the call
 - 3 Kubota/rescue trailer
- D Authorized Trailer/Kubota Haulers:
 - 1 Any first responder in good standing
 - 2 Any firefighter in good standing
 - 3 Any town or other authorized person (as deemed by EMS or fire command) with a valid WI driver's license
- E Authorized Kubota Drivers:
 - 1 Any first responder in good standing
 - 2 Any firefighter in good standing with a first responder whenever available
 - 3 Any town or other authorized person (as deemed by EMS or fire command)
- F Post Use Operational Guidelines:
 - 1 Refill fuel tank
 - 2 Clean Kubota and trailer
 - 3 Include Kubota response on report forms as well as equipment operator
 - 4 Notify appropriate person of operational problems or equipment issues

G Vehicle Operations:

- 1 The operation of the vehicle is to be appropriate to the situation and vehicle use performed in accordance to the above outline uses
- 2 Vehicle use must comply with all First Responder and Fire Company vehicle operating guidelines

11 Call Response

A Rescue vehicle (Squad 10)

- 1 Will always respond to a call after being dispatched
- 2 Will always have radio communications with dispatch to give times enroute, on scene, and call completion time.
- 3 Will always be restocked after each call
- 4 Will always be cleaned properly after each call
- 5 Will be refueled as needed after each call
- 6 Vehicle performance problems will be reported to the 1st assistant chief of the Newton Fire Department
- 7 Vehicle damage will be immediately reported to the 1st assistant chief of the Newton Fire Department.
- 8 Will operate with red lights, headlights, and siren enroute to any call dispatched in an emergency mode
- 9 Will operate with red lights and headlights on only for calls dispatched non-emergency
- 10 Will operate under the laws of the Wisconsin Department of Transportation
- 11 Driver is not to exceed speeds of more than 10 miles per hour over the posted speed limit enroute to an emergency call.
- 12 Drivers and passengers in this vehicle will always wear seatbelts.

B Individual response

- 1 All responders will respond whenever available to all calls
 - a) Prospective members can respond to calls and observe the operation of the call and if needed be the report writer.
 - 1 Upon completion of the CPR requirement can perform CPR.
- 2 No responder may respond to a call under the influence of alcohol, illegal drugs, or other controlled substances
- 3 Inability to respond to calls for a given time such as vacation, illness, etc. should be reported to the Board of Directors, captain or lieutenant as soon as possible

C Safety

- a) Responder are to stage at designated location until scene is deemed safe
 - 1 Unstable vehicles
 - 2 Fire / electrical hazards
 - 3 Potential for violence exists
 - A) Person with weapon
 - B) Domestic violence
 - 4 Explosive or hazardous materials

D Personal vehicles

- 1 All must have their licenses on file with the with Fire Company
- 2 Must operate under the laws of the Wisconsin Department of Transportation
- 3 Must use four-way flashers.
- 4 May use a flashing red light
- 5 May NOT use any siren
- 6 Vehicles should not respond if not dispatched via dispatch
- 7 May operate with their headlights on being sure that once on scene, the low beams are on
- 8 Should be parked on the same side of the road especially on I-43 calls

12 Call Types:

- A Newton First Responders will respond for the following types of calls:
 - 1 Motor vehicle crashes
 - 2 Medical calls
 - 3 Trauma calls
 - 4 Standby – Fire Calls
 - 5 Incident Rehabilitation
 - 6 Interdepartmental mutual aid calls as outlined under mutual aid
 - 7 Any other types of emergency or non-emergency calls as dispatched.

13 Response Type:

- A Responses will be made as per dispatch
 - 1 Emergency (Respond lights and siren)
 - a) Charlie Response--Potentially life threatening
 - b) Delta Response--Life threatening
 - c) Echo Response—Death or dying
 - 2 Non-emergency (Respond non-lights and siren)
 - a) Alpha Response--Non-life threatening, low priority
 - b) Bravo Response--Non-life threatening, but a little more serious
 - c) Omega- Non-life threatening
 - 3 Cancellation
 - a) Upon notification of a cancellation from dispatch, Newton First Responders consider the cancellation as advisory and downgrade from emergent response to non-lights or siren to the scene to make the evaluation.
See Patient Care: Refusal
 - 4 Upgrades or downgrades to the response type may be made by a responder on scene who has assessed the scene and patient. Such updates will be relayed to dispatch and other responders as well as the ambulance responding.

14 Mutual Aid

- A First Responders will provide mutual aid to any agency requesting our assistance whenever requested and available to do so.
 - 1 Requests for mutual aid should be done through dispatch and will be requested by the scene's incident commander.
 - 2 All mutual aid calls will have Newton First Responder documentation completed.
- B Newton First Responders will respond as requested in MABAS
 - 1 MABAS request will be dispatched through dispatch MABAS Division 128.
- C Interdepartmental Mutual Aid Agreements & Plans
 - 1 The Newton First Responders shall automatically respond to provide EMS care to all of the following (no special pages will be done; always identify with dispatch when our emergency vehicle is enroute)
 - a) Fires
 - 1 Structure
 - 2 Grass, brush, wood/forest
 - 3 Any other fire as requested
 - b) Any other call as requested
 - 2 The Newton Fire Department shall automatically respond to provide fire, JAWS, or scene assistance to the following (no special pages will be done; always identify with dispatch when the vehicles are enroute)
 - a) Car, motorcycle, truck, or other vehicle accidents
 - b) Carbon monoxide calls
 - c) Any call requiring extrication, JAWS, or airbags
 - d) Any other call as requested

- D First Responders may provide mutual aid to any patient in another EMS territory. Upon the arrival of the dispatched service, patient care over to them or operate under their direction as needed. A written report will be completed and filed with the Newton First Responders.
- E Food at calls
 - 1 Requests for food at any fire scene may be made by the chief, or the assistant chiefs or someone so designed by them
 - 2 Requests should go the Newton First Responders command person
 - 3 Requests will then be processed via the protocol set up by the Newton Firefighters Auxiliary
 - 4 Requests should include what time the food is requested, where the food should be delivered, and for how many the food is needed for

15 Helicopter Request and Use

- A Order of preference for request
 - 1 Theda Star
 - 2 Eagle 3
 - 3 Flight for Life
- B Request for helicopter
 - 1 Made by a Newton First Responder who is on scene or has enough information from dispatch to meet the criteria for helicopter use as defined in the Manitowoc County EMS protocols
 - 2 Is made via radio or phone to joint dispatch stating which agency we would like called
 - 3 We will not utilize the "standby mode" for helicopters. If it is serious enough in the opinion of EMS command to think about using a helicopter, put them into service
 - 4 Cancelling of a helicopter is done by EMS command after careful evaluation
 - 5 Diverting of a helicopter to another location is done by EMS command after careful evaluation
- C Landing Zones
 - 1 Contact Fire Command to set up a landing zone
 - 2 EMS command should tell Fire Command where they would like the landing zone set up
 - 3 Follow the landing zone criteria put forth by helicopter services of 150 x 150 feet day or night
- D Communications with helicopter
 - 1 Should be done by EMS command
 - 2 Identify frequency to be used early
 - 3 Two primary choices are MARC 2 or county fire

16 Incident Rehabilitation – See attached Incident Rehabilitation Guidelines

17 Communications

- A Dispatch
 - 1 Dispatch (JDC) will dispatch the Newton First Responders via pagers.
 - 2 No call will ever be refused because of territorial boundaries. Newton First Responders will respond, notify dispatch enroute of the proper agency's territory, and notify them.
 - 3 Two pages will be set off giving the responder as much information as the dispatch obtained. **Or current dispatch protocol**
 - 4 Acknowledgement of a page will be done in an orderly sequence after the *second page has been completed. Portable A is the designated acknowledging radio. In the event, Portable A does NOT answer the page, Portable B etc. will until the call is answered. The responding message to the dispatch center will simply state: Newton First Responders acknowledge the call and if needed, requests for additional information from the dispatch.
- B Initial responses
 - 1 The first portable on scene will call the dispatch and tell them "Newton First Responders are on location or on the scene.
 - 2 Squad 10 will also give the dispatcher times enroute, on scene, and call completion.
 - 3 The call of "Newton First Responders--there is enough help on the scene" may be made as needed at any call in accordance to patient care guidelines by the person in charge of the scene.

- C Portable radios
 - 1 Will be brought to all calls by members assigned to the radios
 - 2 Conversation on the radios is brief, clear, and polite
 - 3 Incident commander--this person will be contacting dispatch for additional help as needed via the Manitowoc County Fire Frequency and will then use channel 3 as their working channel.
 - a) Patient care provider--this person contacts the responding ambulance with an initial and updated informed report on patient condition.
- D Additional Resources needed--All requests with any type of additional help needed will be placed via the dispatch by the incident commander.
 - 1 Jaws (additional units from other agencies)
 - 2 Law Enforcement
 - 3 Mutual aid
 - 4 Additional ambulances
 - 5 Fire protection, Haz Mat
 - 6 Coroner
 - 7 Helicopter
 - 8 Emergency Government Disaster Command Center
- E Ambulance update
 - 1 Immediate updates (no patient vitals just chief complaints)
 - a) Multiple patients
 - b) Pulse less patients
 - c) Patients who are NOT breathing
 - d) Unconscious patients
 - 2 Informed updates (vitals, chief complaint, etc)
 - a) All medical patients
 - b) All conscious and alert patients
- F Medical Control
 - 1 Defibrillation
 - a) Contact Holy Family Memorial Medical Center via radio (EMT basic channel) or via phone at 684-4285 or 684-4595 (paramedic taped lines)
 - 2 Do not resuscitate
 - a) Undetermined--call whenever you cannot completely determine whether to resuscitate the patient or not
 - 1 Clarification of patient DNR status
 - A) Family states emphatically that nothing should be done
 - B) Broken, torn, or illegible DNR bracelet
 - 3 Disasters
 - 4 Hazardous material or radiation accidents

18 Patient Care Written Reports

- A Responding ambulance always gets the colored (yellow) copy of our report
- B Report Requirements
 - 1 Reports on all patients and incidents
 - a) Report must be written by a care giver
 - b) All boxes of the report sheet will be filled in with something (n/a if appropriate)
 - c) Will have documented Rip and Run
 - 1 Rip and Run will be obtained from dispatch and emailed to the Newton First Responders office at newtonrescue@lakefield.net
 - A) The Rip and Run will contain
 - 1 Incident Number
 - 2 Dispatch Time
 - 3 On Location Time
 - 4 Off Location Time
 - 5 All units responding

- 2 An alternate option for Rip & Run is to email the dispatch supervisor and request times and numbers. Such requests will be handled by the captain or lieutenant as applicable.
 - d) Will have a signature of person filling out the report
 - e) Reports will be filled out immediately on scene and completed later as needed
 - f) Maybe recopied later for clarity, completeness, or corrections (originals remain kept) with captain/lieutenant assistance
 - g) Are completely confidential
 - h) Will be kept by this department indefinitely
 - i) May only be obtained by outside agencies by court order or due process of the law
- C Documentation requirements
- 1 Patient information
 - a) Name of patient (whenever able to obtain)
 - b) Patient triage number as needed
 - c) Age and date of birth
 - d) Past medical history
 - e) Allergies
 - f) Chief complaint or complaints
 - g) Level of consciousness
 - h) Vital signs--including pulse, respirations, and blood pressure
 - i) Lung sounds
 - j) Mechanism of injury
 - k) Location of patient
 - l) Sex of patient
 - m) Skin color and temperature
 - n) Size and reaction of the pupils
 - o) Family doctor
 - p) Medications patient takes
 - q) Time CPR started and stopped if applicable
 - r) Time of defibrillation and number of shocks if applicable
 - s) Time of administration of epi pen if applicable
 - t) Time oral glucose given if applicable
 - u) Pulse oximetry reading if applicable
 - v) Temperature reading if applicable
 - w) Combi-tube insertion with verification of lung sounds and absence of epigastric sounds
 - x) Application of cervical collar
 - y) Performance of long board application with before and after application, CMS status documentation
 - z) All other interventions done by First Responders (oxygen, etc.)
 - aa) Incident information needed
 - 1 Times for call from dispatch
 - 2 Incident number
 - 3 Who requested this call
 - 4 Signature of report writer
 - 5 Location patient transported to
 - 6 Patient location--address and place patient found
 - 2 Narrative Report
 - a) Requirements
 - 1 Will be done for each patient
 - 2 Will be completed by senior caregiver with co-signatures from other caregivers
 - 3 Will be done as soon as possible and attached to the front report sheet

- b) Contents
 - 1 Age
 - 2 Sex
 - 3 Position/location patient found
 - 4 Statement of patient's chief complaint including onset and time of duration
 - 5 List family or patient interventions or observations--the things that they did for the patient before you arrived and how they effected the patient; what they saw before you got there
 - 6 Describe the signs, symptoms, and complete patient assessment
 - 7 List all treatment done for the patient such as reassurance, oxygen, c-spine precautions, etc.
 - 8 List the outcome of each treatment given
 - 9 List all reassessments
 - 10 Any complications that you had to deal with during care of the patient
 - 11 Any complications with dispatch, scene arrival, scene care, or other complications
 - 12 Who report and care of the patient was turned over to
 - 13 Status of the patient when care is turned over to the responding agency
- c) Changes to reports
 - 1 May be done for completeness, neatness, corrections, or in the event of an error
 - 2 Must be done with the captain/lieutenant aware and preferably in presence
 - 3 Must include the original form being saved
 - 4 Changed copies must be marked "recopied"
- 3 Scene Pictures
 - a) All pictures of scenes are the property of Newton First Responders regardless of what camera they were taken on
 - b) No private cell phone scene pictures are allowed **there may be extreme exceptions made by the captain or lieutenant
 - c) All pictures are attached to the run report
- D All reports will be entered and submitted into WARDS by the captain or lieutenant or their designee
- E All reports will be entered and saved into Newton First Responder quality assurance data base by the captain or lieutenant or their designee

19 Patient Care

- A General guidelines
 - 1 A responder may turn over patient care or any other role he / she is performing to the same or higher trained person at any time
 - 2 Always identify yourself to the patient and people at the scene immediately
 - 3 Use the patient's name whenever possible in conversation
 - 4 Never make any assumptions about the patient, especially that they are drunk, faking pain or injury, etc.
 - 5 All people involved in a scene are considered patients until documented otherwise
 - 6 Always use common sense and courtesy
- B Responders needed and their responsibilities
 - 1 Medical patient
 - a) Report writer--responsible for filling out the initial report form
 - b) Primary care giver--this person is the person who, makes patient contact, provides the patient care, in charge of the patient and his care
 - c) Assistant caregiver--this person assists the primary care giver as needed. This is a good person to talk to the ambulance and give them an update on the patient (done preferably not in front of the patient and family members). If not needed, this person leaves the care area.
 - d) Family support person--this person provides the family members present with support, an explanation of what is being done and why, and what they can do to help such as obtaining the patient's medications, a set of clothes, calling other family, or another support person. This should be done by someone who understands what is happening at the scene.
 - e) Door person--this person relays any requests from the people inside the patient care area to additional responders who are located outside. This person will also secure a good entrance for the ambulance.

- f) Location marking person--this person will locate themselves and / or their vehicle in a prominent spot to that the ambulance and other responding help can find the location. Flashlight, reflective materials or easily identifiable clothing should be used to help responding agencies identify us.
- g) Additional responders--will remain outside of the patient care area or building. They will transport additional equipment to the door person, provide scene/crowd control, direct traffic, or just wait to see if they will be needed any further. These people may be seen but should not be heard by the patient.
- 2 Pulse less and non-breathing patients: keep in mind that CPR is NOT to be performed on the following patients with the following conditions: rigor mortis, liver mortis, and obvious decapitation injuries. Patients with valid state of Wisconsin DNR bracelets should only have their airways opened and additional care given after that.
 - a) Report writer--the responsible for filling out the initial report form
 - b) Primary care provider--person who has done a primary survey and started CPR--this person now either bags the patient (maintaining c-spine as needed) or is providing chest compressions
 - c) Will apply and use the defibrillator on the patient.
 - d) Assistant caregiver--this person is either doing ventilations, compressions, or preparing the patient for transport as the primary care giver requests. TWO people may be needed in this role for CPR. This person in charge will print the defibrillation report after the call. This person will talk to the ambulance and give them an update on the patient (preferably not in front of the patient and family members). They are also to perform the routine post call procedures for the defibrillator as described in the defib standard operating guidelines (paper, batteries, restocking, etc)
 - 1 Family support person WILL BE WITH any family or friends present and providing the family with an explanation of what is happening to the patient and assisting the family however needed
 - 2 Door person--this person relays any requests from the people inside the patient care area to additional responders who are located outside. This person will also secure a good entrance for the
 - 3 Squad person is present & working
- 3 The deceased patient
 - a) Report writer-- responsible for filling out the initial report form
 - b) Primary care giver--makes patient contact and makes the decision as to whether to resuscitate the patient or not (they may work with the assistant caregiver in making this decision). Once the decision is made not to resuscitate the patient, the primary care giver must secure the scene for the coroner. Remember never to cover a patient with a blanket unless necessary and then use a sterile sheet.
 - c) Assistant care giver--will assist as needed the primary care giver and if not needed assist in the securing of the scene
 - d) Family support person is functioning
 - e) Door person is ultimately responsible for controlling the scene and maintaining the list of people who have been in and out of the "crime scene" for the coroner
 - f) Other functions are performed as above
- 4 Trauma patients
 - a) Report writer-- responsible for filling out the initial report form
 - 1 More than one report writer may be needed--if possible, one report writer per patient
 - b) Primary care giver--same function as above except this person will also open airways and maintain cervical spine stabilization until the assistant care givers arrive. The primary care giver must be sure to give directions as to the status of the patient and the immediate care needed. It is their function to determine if the patient is a "Load & Go" or the other care needed.
 - c) Assistant care givers--**this position now requires at least two people. The first one at the patient's side will apply oxygen to the patient and then take cervical spine stabilization from the primary care giver. The second caregiver will follow the instructions of the primary care giver and assist with the further care of the patient including the application of a cervical collar, bandages, etc. This person will also obtain or ask another person to notify the squad driver of the equipment needed from the squad. This is a good person to talk to the ambulance and give them an update on the patient (done preferably not in front of the patient and family members).
 - d) Door person turns into the runner. They will position themselves just outside of the immediate patient care area and be available to the patient caregivers to instruct someone to get or do their needs.

- e) Family support person will perform their function if family members are present or come to the scene. Otherwise, they are given the responsibility of crowd control.
 - f) Location marking person is functioning and may be directing traffic as needed. This person and additional responders or firefighters may be used for setting up a landing zone as needed.
 - g) Squad driver is functioning and upon arrival at the scene contacts the patient care providers to get their equipment needs. The squad becomes incident command headquarters. Patient caregivers will request their needs from the squad and other responding agencies will follow direction of the squad driver. All communications except for patient care reports will be done through the squad driver. Squad driver will then appoint someone to deliver the equipment. Someone MUST stay with that truck as communications will be monitored through it
- 5 Disasters or multiple patients, this type of incident includes more than one patient.
- a) Report writer functions become the responsibility of the triage officer if using triage tags. If the incident is not handled as a disaster and no tags are used, the report writer functions as in a trauma call. The report writer may be a fire member if needed and available.
 - b) Primary care giver is now the triage officer making the decisions of who is treated first, second, third, or not treated.
 - c) Assistant caregivers become primary care responders to the patients and are assigned by triage officer. Each caregiver is to function under the command of triage.
 - d) Family support / crowd control is maintained by First Responders until Fire Department or police support arrives and then turned over to them. The responder reports to the squad for further assignment.
 - e) Door person--this position does not function at all unless the mass casualty happens inside a building. This position may be maintained by fire or police staff.
 - f) Location marking person--this position exists if needed but is staffed by a non-First Responder person. This person controls the traffic situation and sets up the staging of additional response vehicles.
 - g) Squad driver--this person will be maintained until the incident command is in place. Incident command should operate out of another vehicle as the squad may be used for care or possibly transport of patients. The squad should remain staffed by either a responder or member of the specially trained accident team of the fire department who are familiar with the location of all equipment on the squad. If there are patients in the squad, it must be staffed with a first responder in addition to the other person.
 - h) Additional responders--report to either the squad or the incident command if functioning for further instruction as to where they are needed.
- 6 Refusals
- a) Anyone age 18 or older, who in the first responder's judgment is of sound mind and judgment, may refuse treatment after they have had the following information relayed to them:
 - b) An offer of EMS help from the First Responders
 - c) Notification of the potential harm from refusing treatment including the possibility of further injury or death
 - d) Sign a "refusal for treatment form" giving them options for treatment
 - e) If the person refuses to sign the form, they are still to be given the form and documentation of the refusal is made
 - f) A witness signature of someone on the scene who has seen the patient and heard his or her refusal should be signed in this box. Preferred people are the police officer, family member, or bystanders.
 - g) If the person is not deemed to be of sound mind and judgment, the police should be involved in this patient's care of right of refusal of care. The police may decide that the patient can refuse, or they may decide that the patient is a danger to him/her or others and have EMS continue with their care and assessment.
 - h) A complete report sheet should be filled out as well as a narrative on this patient and their EMS call.
- 1 Minors
- A) A minor is defined as anyone under the age of 18
 - B) May be treated without consent in the event they are unconscious or have a life-threatening injury
 - C) Should still give verbal consent if conscious and of sound mind and judgment
 - D) May not refuse treatment without parental contact and notification OR someone, over the age of 18 who is willing to accept responsibility for the patient. First preference for such a person would be an older sibling, aunt/uncle, or grandparent.

20 Scene Guidelines

- A General rules
 - 1 Always ensure scene safety first both for you and the patient
 - 2 No smoking by anyone at a scene
 - 3 Identify yourself to people on scene
- B Parking
 - 1 Park on one side of the road only
 - 2 Park with your low beam headlights on
 - 3 Leave 4-way flashers on
 - 4 Do not park behind police vehicles with flashing lights on
- C Scene Control
 - 1 Must be maintained
 - 2 Bystanders and on-lookers must be kept out of the patient care area
 - 3 First Responders may perform this function or fire or police person
 - 4 If needed, do not hesitate to request police to a scene
- D Special scenes requiring securing/police
 - 1 Suspected crimes
 - 2 Any scene with a dead person
 - 3 Domestic Violence or abuse calls
 - 4 Car accidents
 - 5 Hazardous material spills/accidents
 - 6 Live electrical wires
 - 7 Weapons involved
- E Confidentiality
 - 1 General applications
 - a) Everything that goes on at a call is confidential
 - 1 Events preceding call
 - 2 On scene care
 - 3 Post call discussion, paperwork, debriefings, court appearances, etc.
 - b) Things after a call
 - 1 Responses or actions after call
 - 2 Reviews or critiques
 - 3 Written reports
 - c) Files
 - 1 Personal data
 - 2 Statistics
 - 3 Past reports
 - 4 Disciplinary problems
 - 2 Release of confidential information
 - a) Media may obtain information via captain / chief
 - 1 Name of patient
 - 2 Age and date of birth
 - 3 Address of patient / accident
 - 4 Very basic description of injuries
 - 5 Media are not supplied with the names of the responders involved with patient care.
 - b) Coroner
 - 1 Is to be given a copy of the face sheet
 - 2 Is to be given a copy of the narrative
 - 3 Is to be given a copy of any defensible information if applicable
 - 4 The release of such information is coordinated by the captain or lieutenant

- c) Sheriffs' department may obtain
 - 1 Name of patient
 - 2 Age and date of birth
 - 3 Address of patient / accident
 - 4 Very basic description of injuries
 - 5 Names of First Responders at a crime scene
- d) Statements for police
 - 1 Ideally should be done back at the station and submitted to the respective officer and or agency as soon as possible
 - 2 A copy of such should be on file with the Newton First Responders
 - 3 Should be completed after discussion with the president, captain, or lieutenant
- e) Ambulance or hospital staff
 - 1 Are given the colored copy of call sheet
 - 2 May request (in writing) a copy of our narrative report
 - A) Must give reason for report request
- f) Lawyers
 - 1 All calls are directed to the president or captain
 - 2 Must contact our lawyer
 - 3 Must have a subpoena for report
 - 4 Verbal information is never supplied
 - 5 Names of caregivers are never supplied
- 3 Violations of confidentiality
 - a) Disciplinary action will happen with each violation
 - 1 Comes through the First Responder Board of Directors or captain / lieutenant initially and then as needed via further boards or agencies
 - b) First violation will include a verbal reprimand to the individuals involved
 - c) Second violation will be a written reprimand to the involved with a copy going into the individual's file
 - d) Further violations may lead to suspensions from the First Responder Newton First Responders for three days or permanent termination from the Newton First Responders.
- F Significant Exposures
 - 1 General guidelines
 - a) The Newton First Responder Infection Control Policy will be followed in the case of an exposure or possible exposure
 - b) There will be a patient care report form and narrative report filed with the Newton First Responders
 - c) The captain and / or lieutenant will immediately be notified of a possible exposure and will whenever possible and accompany the responder for the proper follow-up care
 - d) Responders will be expected to comply with the infection control policy and refusals for care will be dealt with on an individual basis but will not be the accepted standard
 - 2 Payment:
 - a) Payment for medical care for a significant exposure which occurred while on duty operating as a Newton First Responder will be referred to the insurance carrier for the Newton Fire Company
 - 3 Review:
 - a) Any significant exposure will be reviewed by the First Responder Board of Directors and any suggestions / comments on the cause of the injury as well as prevention will be discussed with the responder involved
 - b) If there are any procedural changes to be made because of an exposure, such changes will be implemented as soon as possible
 - c) If the responder is found to be not in compliance with First Responder operating guidelines, a written warning will be issued to the responder
 - 4 Test results:
 - a) Test results returned of the responder will be shared with the captain and or lieutenant who will note these results and maintain the responder's confidentiality of these results
 - b) The captain and or lieutenant will act as a resource person for the responder to assist them with care decisions, treatment options, and care provisions.

G Injuries

1 Reporting

- a) All injuries which occur while functioning as a Newton First Responder must be reported to a member of the board
- b) An injury report must be filled out on the day of the injury as well as a Newton First Responder run report and narrative report
- c) If the injury was not reported, it did not happen
- d) A run report will be maintained as any other patient care report

2 Treatment

- a) The necessity of medical treatment is to be made by the injured responder and the board member involved
- b) Treatment will be sought immediately after an injury
 - 1 When registering for medical care you should state that your injury is work related with the Newton Fire Company
- c) Either the secretary or second lieutenant of the Newton Fire Company should also be notified as soon possible following treatment. This can be done by the captain or board member involved.
- d) Refusals for treatment will be handled on an individual basis and refusal for treatment is NOT considered the normal standard of care.

3 Follow Up

- a) Treatment, duration of illness, and recommended follow up activities and restrictions will be provided for the captain of the Newton First Responders
- b) Responders will be deemed unable to respond to calls based on restrictions placed by the doctor after an injury.
- c) It is the responsibility of any responder to report any "physical or mental restrictions" placed on them by a physician from any injury or illness; work related or not work related.
- d) A written release to "respond" or release of restrictions may be needed and must be supplied if requested by the First Responders
- e) All injury reports will be reviewed by the Newton First Responder Board and any preventable action will be immediately taken.

H OSHA

1 Vehicle cleaning/decontamination

- a) Will be done after each call
- b) Will be logged in the proper book
- c) Will be done with approved germicidal cleaner

2 Equipment cleaning/decontamination

- a) Will be done after each use
- b) Will be done at our station as indicated or at the hospital receiving the patient
- c) Blankets and clothing will be left at the receiving hospital (labeled) where they will be cleaned and returned
- d) Used gloves, dressings, and other materials will be disposed of in the provided containers in accordance to our Infection Control Guidelines
- e) Equipment that is covered with blood or other body fluids will be disposed of in accordance to our Infection Control Guidelines

3 Hepatitis shots

- a) Will be offered to any responder at no cost to the responder
- b) Documentation of the responder's hepatitis vaccination dates will be maintained in our office
- c) Any responder refusing the vaccination series must sign a refusal form and this form is kept by the department

4 Personal protective equipment

- a) Is provided to all responders
- b) Training will be provided to all responders on how and when to use the equipment
- c) A record of this training will be maintained
- d) Yearly blood born pathogen training must be attended
- e) Failure to use the proper protective equipment may be cause for disciplinary action

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I Grievances

1 Procedure

- a) First, direct problems to the person involved
- b) Second, take the grievance to the captain / lieutenant or president (each will communicate with the other and offer solutions or recommend that the situation be acted on by the Board)
- c) Third, if no resolution has been reached, the grievance will go to the Newton First Responders Grievance Committee. This meeting will be documented, and minutes kept
- d) Finally, the grievance may be taken to the Newton Fire Company Board. The decision of this group is final. This meeting will also be documented and have minutes kept

J Amendments

1 Proposed changes

- a) Must be submitted in writing at a regular meeting
- b) Will be read and discussed with the group as a whole
- c) Will be voted on by the group at the next meeting and passed with a 2/3 vote of the active membership

2 Review of guidelines

- a) The guidelines will be reviewed every three years
- b) The captain / lieutenant will review and make the needed revisions initially
- c) The guidelines will go to the First Responder Board for review and revision
- d) The updated guidelines will then be presented to the group and acted on as above

Incident Rehabilitation Guidelines

- A Purpose: To ensure that the physical and mental condition of members operating at the scene of an emergency or training exercise does not deteriorate to a point that affects the safety of each member or that jeopardizes the safety and integrity of the operation.
- B Use: This procedure shall be applied to all emergency operations and training exercises where strenuous physical activity or exposure to heat or cold exists. Discretion as to the use or non-use is left to the Captain or his/her designee of the First Responders or the highest trained medical first responder on scene. Furthermore, the chief of the Fire Department may request rehab for a fire incident also.
- C Responsibilities: The EMS command officer for the First Responders will serve as the incident commander for all EMS functions, which includes rehabilitation. He/she may delegate roles and responsibilities as needed to accomplish the job. Rehab situations will be staffed at a minimum with Medical First Responders. An ambulance will be summoned to the scene at the discretion of the EMS incident commander. Input from the Fire Department chief may be obtained as needed. Communications between EMS incident command and FIRE incident command are paramount and must be maintained during the entire incident. The EMS incident commander will designate a Newton First Responder (or other EMS personnel as appropriate) as the agent of the Newton Fire Company to place a firefighter or medical first responder into rehab. Said command person also determines the readiness of a firefighter or first responder to return to active duty at the incident. This person's decisions are final and are not debatable. Each firefighter or first responder has the responsibility to report out of the incident as outlined below in a timely manner. Additionally, each firefighter or first responder has the personal responsibility to remove themselves from said incident whenever there is any doubt about their ability to perform their duties safely thereby not endangering themselves or their co-workers. With the addition of other departments or agency to the scene, all departments will be asked to follow Newton's policy.
- D Rehab Area: The rehab area will be chosen with consideration to the incident. The area should meet all the criteria whenever possible:
 - 1 Close to the incident but far enough away to ensure firefighter/first responder safety
 - 2 In an area away from incident smoke or fumes
 - 3 Large enough to provide physical rest for 6-10 firefighters or First Responders at a time (this size varies on the size of the incident and there may need to be more than one rehab area at large situations)
 - 4 Large enough to allow firefighters to safely remove their SCBA
 - 5 Easily accessible to EMS which includes an ambulance as needed
 - 6 Should allow prompt reentry into the incident after recuperation
 - 7 If possible, the area should be out of the elements of the weather. This can be accomplished by use of the Easy Up tent, other tents, the Manitowoc County Haz-Mat tent, use of a building, use of Squad 10, a school bus, or other solution as the situation lends.
 - 8 Heating for cold weather should be provided
 - 9 Cooling for warm weather situations should be provided
 - 10 Room to sit or lay for firefighters or First Responders should be present
- E Rehab Resources:
 - 1 Medical Care: BP cuffs, oxygen, hot and cold packs, thermometers are the minimum equipment needed
 - 2 Heating / Cooling: fans, heaters, ice, towels, and other items will be secured as needed
 - 3 Food/ Liquids: The preferred beverage to provide to firefighters or First Responders involved in an incident is either water or diluted Gatorade (50% water and 50% Gatorade). Ice is also preferred in warm weather situations. Long-term situations where a complete meal is served may include some type of other hot or cold beverages such as lemonade or hot soup. Food served should be high in protein and carbs. Soups and stews are preferred as they digest more quickly than pizza and meat/cheese sandwiches. Sometimes convenience and availability of food must also be taken into consideration and there are other meal combinations that are very appropriate. Coffee and hot chocolate as well as soda with caffeine are not all preferred foods but may be utilized at the discretion of the EMS command of the rehab area.
- F Liquid Intake Guidelines:
 - 1 All members involved in the incident should consume the following liquids:
 - 2 1 quart of water OR rehydration mixture per hour
 - 3 Fluids should be at 40 degrees if possible (avoid extremely cold to prevent cramping)

- G Rehab Guidelines: All firefighters and First Responders involved actively in rehab using SCBA must report to rehab after two (2) bottles of air or 45 minutes of work time. They should check in with the Rehab Command and their rehab will be logged. Their vitals will be taken and documented and heating or cooling as appropriate will begin. Food will be provided as the incident lends.
- 1 The length of time spent in rehab is at the discretion of the EMS command of the rehab area. It is based on the firefighters/ First Responders vitals, physical condition, fatigue, health history, and the firefighters/ First Responders statement of how they are feeling. The period of rest will be no less than 15 minutes but may exceed on hour as determined by Rehab command. Crews released from rehab will report to staging or other designated area to relieve other firefighters/ First Responders. The decision to keep a firefighter in rehab, release them from duty, or send them for additional emergency care such as the ambulance or hospital is done at the discretion of Rehab command.
 - 2 While changing air packs, the firefighter is consuming a minimum of 8 ounces of rehab liquids.
 - 3 EMS providers will remember that certain medications can change and alter a firefighter's response to heat, cold, or exertion. Firefighters taking blood pressure pills such as beta-blockers (i.e. Toprol) may not have pulses that reflect their true exertion AL levels. Firefighters taking Benadryl or Actifed/Sudafed, diuretics or stimulants are also impaired and have their body's ability to sweat impaired and rehab will take longer for such people. Extreme caution should be taken to return these people back into the service.
 - 4 Minor first aid may also be performed in rehab. All cares should be documented and followed up on later per the appropriate Newton Fire Company policies.
 - 5 Vital signs for return to the work scene must be within the following parameters:
 - a) Age < 40 AND non-smoker:
 - 1 -Pulse: 50 to 130
 - 2 -Respirations: 10-28
 - 3 -Systolic BP: 90-159
 - 4 -Diastolic BP: 50-105
 - b) Age > 40 OR smoker OR history of cardiac disease/HTN:
 - 1 -Pulse: 50-120
 - 2 -Respirations: 10-28
 - 3 -Systolic BP: 100-149
 - 4 -Diastolic BP: 50-99
 - c) Any age: body temperatures in high humidity should not be over > 100.4 F
 - 6 When ready for release from rehab, with the successful completion of the appropriate time, compliance with vital signs, and the approval of the Rehab command, the firefighter/first responder will log out of rehab and report to staging or area as designated.
- H Note: Firefighters/First Responders may be kept in rehab indefinitely or relieved from duty per these guidelines or at the discretion of the Rehab command that has significant reason to believe that returning the firefighter/first responder back into service will jeopardize the safety of the firefighter/first responder or the safety of other firefighters/first responders or the public.

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Disclaimer: These guidelines are subject to change at the discretion of the Newton First Responders Board of Directors. Employment with the Newton First Responders is “voluntary” and these guidelines create no contractual rights.