Chapter 34
Ambulance Operations
U.S. DOT Objectives Directory

U.S. DOT Objectives are covered and/or supported by the PowerPoint™ Slide Program and Notes for Emergency Care, 11th Ed. Please see the Chapter 34 correlation below.

*KNOWLEDGE AND ATTITUDE

- **7-1.1** Discuss the medical and nonmedical equipment needed to respond to a call. Slides 7-18
- **7-1.2** List the phases of an ambulance call. Slides 5-39
- **7-1.3** Describe the general provisions of state laws relating to the operation of the ambulance and privileges in any or all of the following categories: Slides 22, 29-30, 36
  - Speed
  - Warning lights
  - Sirens
  - Right-of-way
  - Parking
  - Turning
- **7-1.4** List contributing factors to unsafe driving conditions. Slides 25, 27

(cont.)
**U.S. DOT Objectives Directory**

*KNOWLEDGE AND ATTITUDE*

- **7-1.5** Describe the considerations that should be given to: Slide 27
  - Request for escorts
  - Following an escort vehicle
  - Intersections

- **7-1.6** Discuss "Due Regard for Safety of All Others" while operating an emergency vehicle. Slide 26

- **7-1.7** State what information is essential in order to respond to a call. Slide 20

- **7-1.8** Discuss various situations that may affect response to a call. Slides 22-28

- **7-1.9** Differentiate between the various methods of moving a patient to the unit based upon injury or illness. Slides 33-34

- **7-1.10** Apply the components of the essential patient information in a written report. Slides 37-39

(cont.)
*KNOWLEDGE AND ATTITUDE

• **7-1.11** Summarize the importance of preparing the unit for the next response. Slide 39
• **7-1.12** Identify what is essential for completion of a call. Slide 39
• **7-1.13** Distinguish among the terms *cleaning*, *disinfection*, *high-level disinfection*, and *sterilization*. Slide 39
• **7-1.14** Describe how to clean or disinfect items following patient care. Slide 39
• **7-1.15** Explain the rationale for appropriate report of patient information. Slide 39
• **7-1.16** Explain the rationale for having the unit prepared to respond. Slides 38-39
Phases of the Ambulance Call
Phases of the Ambulance Call

1. Preparation for the call
2. Dispatch & responding
3. Transferring patient to the ambulance
4. Transporting the patient
5. Terminating the call
Preparation for the Call

- Check equipment
  - Mechanical/fluids
  - Walk-around
  - Communication
  - Treatment supplies
  - Safety equipment
  - Other supplies

Is it there?
Does it work?
Will it fail?

(cont.)
Preparation for the Call

* Check equipment: mechanical/fluids
  - “Under-hood” check
  - Starts
  - Steers
  - Stops
  - Stays running
Mechanical Inspection

Follow your agency’s checklist through a careful mechanical inspection. Be as sure as you can about your safety—and the public’s.
Preparation for the Call

- Check equipment: walk around
  - New body damage
  - Fluid leaks
  - Tire wear
  - Warning equipment
Walk-Around Inspection

Start the engine. Turn on the lighting equipment. Literally walk around the vehicle, looking and listening. What is your equipment telling you?
Preparation for the Call

* Check equipment: communications
  – Dispatch
  – Handheld
  – Medical direction
Communications Checks

Your radio equipment—and your warning equipment—are vital to your patients’ safety and to yours. They need to work perfectly.
Preparation for the Call

* Check equipment: treatment supplies
  - Suction
  - Oxygen/resuscitation
  - Carrying devices
  - Defibrillation

Follow agency or state checklist

(cont.)
Preparation for the Call

- Check equipment: safety equipment
  - Standard Precautions equipment
  - Binoculars
  - Scene wear

(cont.)
Preparation for the Call

• Check equipment: other supplies
  – Carry-in kits
  – Maps
  – Personal gear

(cont.)
Preparation for the Call

* Ensure cleanliness
  – Carry-in gear
  – Ambulance interior
  – Ambulance exterior

(cont.)
Preparation for the Call

Your equipment talks about you all the time—make sure it refers to you as a professional.
Dispatch and Response

- Central Access (911)
- 24-hour availability
- Trained personnel (EMDs)
Dispatch and Response

Information

- Nature of call
- Name, location, callback number
- Location of patient
- Number of patients and severity
- Special problems

(cont.)
Dispatch and Response

Procedures

- Notify dispatch when responding.

Personnel Available for Response

- At least one EMT in patient compartment (minimum staffing)
- Two EMTs preferred
<table>
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<th>Driving the Ambulance</th>
<th>Emergency vehicle operations course recommended</th>
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<tbody>
<tr>
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<td>Course mandated in some areas</td>
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En Route to Call

Driving the Ambulance

- Good operators
- Mentally fit
- Physically fit
- Emotions under control
- Able to perform under stress
- Tolerate other drivers

(cont.)
En Route to Call

Driving the Ambulance

- Wear safety belts (both driver and passengers).
- Be familiar with the vehicle.

(cont.)
En Route to Call

Driving the Ambulance

* Be alert to road and weather conditions.

* Do not operate under the influence or when fatigued.

(cont.)
## En Route to Call

### Driving the Ambulance

- Use caution when using emergency lights/siren.
- Select appropriate route.
- Maintain safe following distance.
- Have regard for safety of others.

(cont.)
En Route to Call

Driving Hazards

- Intersection most common accident type
- Use caution with escorts and multiple-vehicle responses (motorists don’t expect second emergency vehicle).

(cont.)
En Route to Call

Other Procedures

- Obtain additional info from dispatch.
- Assign personnel specific duties.
- Assess equipment needs.
Arrival at the Scene

Parking the Ambulance

- Park uphill from leaking hazards.
- Park 100 feet from wreckage.
- Set parking brake.
Arrival at the Scene

Parking the Ambulance

- Utilize warning lights.
- Avoid parking where exit will be hampered.
Arrival at the Scene

Procedures

- Notify dispatch.
- Size up the scene:
  - Safety
  - Body substance isolation
  - Number of patients
On Scene

Actions

- Stay organized.
- Move rapidly and efficiently toward goal of transportation.
Transferring Patient to the Ambulance

**Procedures**

- Prepare patient for transport.
- Complete critical interventions.
- Check dressings and splints.
- Select proper moving device and secure patient.
Package Patient and Secure to Device
Transporting Patient

- Notify dispatch.
- Continue ongoing assessment.
- Notify receiving facility.
- Reassure patient.
- Prepare for any changes.
At Receiving Facility

- Notify dispatch.
- Use caution backing into facility.
Patient Transfer at Facility

- Provide verbal and written reports to staff.
- Ensure transfer of care to hospital personnel.
Terminating the Call

- Notify dispatch.
- Prepare for the next call.
- Restock equipment.
Terminating the Call

- Refuel unit.
- Complete and file reports.
- Complete cleaning and disinfection.
- Notify dispatch.
Air Medical Operations
Utilizing Air Medical Service

★ Medical reasons
★ Operational/rescue reasons
★ Know local protocols
Helicopter Landing Zone

- Requires 100’ x 100’ area
- Less than 8° slope
- Free of wires, trees, people, and loose objects
- Never shine light at pilot.
Helicopter Landing Zone
Helicopter Danger Area

- Main rotor
- Approach area
- Approach area
- Approach area
- Tail rotor
- DANGER AREA
- DANGER AREA
Approach to Helicopter

- Approach crouched
- Ground
Approach to Helicopter on Slope

Main Rotor

DANGER AREA: Do not approach.

Approach from downhill side.
Approach to Helicopter

- Follow directions of crew.
- Crew will direct patient loading.
- Stay clear of tail rotor.
- No smoking, traffic, vehicles within 100’ of helicopter
Review Questions

1. List five categories of equipment and supplies that should be carried on an ambulance.

2. Describe the laws (those described in the chapter or your local or state laws) with regard to operation of an ambulance in an emergency. Describe considerations for safe operation of an ambulance in emergency and nonemergency situations.

(cont.)
3. Describe the steps that must be followed in transferring a patient to an ambulance; for care of the patient en route; and for transferring a patient to emergency department personnel.

4. Describe the steps that should be followed when air rescue is required.
When operating an ambulance using the red lights and siren, what precautions do you need to take?

How can speed affect the safety of ambulance operation?
Street Scenes

- What driving techniques might be used to make driving to this scene safer?
- What should you do first for patient care?
- What information should you provide to the dispatcher?
Sample Documentation

PATIENT NAME: Faris Kazi

CHIEF COMPLAINT

"I passed out"

PAST MEDICAL HISTORY

None
Allergy to
Hypertension
Seizures
COPD
Other (List)

Syncope
Current Medications (List)
Pravachol

VITAL SIGNS

TIME
1730
1742

RESP
Rate: 20
× Regular
■ Shallow
■ Labored

Rate: 18
× Regular
■ Shallow
■ Labored

Rate: 84
× Regular
■ Shallow
■ Labored

PULSE
Rate: 82
■ Regular
■ Irregular
B.P.
130
82
130
80

MENTAL STATUS
■ Alert
■ Voice
■ Pain
■ Unresp.

SKIN
■ Normal
■ Dilated
■ Constricted
■ Sluggish
■ No-Reaction

R PUPILS
■ Normal
■ Dilated
■ Constricted
■ Sluggish
■ No-Reaction

L
■ Unremarkable
■ Cool
■ Pale
■ Warm
■ Cyanotic
■ Moist
■ Flushed
■ Dry
■ Jaundiced

NARRATIVE

On arrival at a reported cardiac arrest, we are met by an alert male patient. His wife reports patient slumped over and “passed out” while sitting in a chair. She moved him to the floor, and he regained consciousness within 2 minutes. She did not observe any seizure activity. He appears to be in no obvious distress and denies complaint. He states a history of syncope, which is currently being assessed by his physician. Our patient assessment is unremarkable, and our plan is to transport patient for further evaluation of syncope.