



Coastal Bend Regional Advisory Council On Trauma Service Area – U, Inc.

Standard Operating Procedure

SOP Title: CBRAC Medical Treatment and Transport Guidelines

SOP Number:

SOP effective Date: November 15, 2023

SOP Reviewed/Revised:

Transport of a Sick or Injured Patient to a Health Care Facility in a Vehicle Other Than an EMS Vehicle

Introduction

Trauma Service Area Regional Advisory Councils (TSA/RACs) must have medical treatment and transport guidelines for the transportation of a sick or injured patient to a health care facility in a vehicle other than an Emergency Medical Services vehicle by January 1, 2024^{1,2}. In response, a collaborative effort of the Texas Chapter of the National Association of EMS Physicians (TX NAEMSP), and, the Pediatric Committee, Injury Prevention and Public Education Committee, EMS Committee, and EMS Medical Directors Committee of the Governor's EMS Trauma Advisory Council (GETAC) drafted guidelines that RAC's may utilize as their own.

These treatment and transport guidelines were developed in accordance with language outlined in House Bill 624 (HB624), 88th Legislative Session, effective as Section 773.0043, Health and Safety Code^{1,2}, as well as any national published standards (internet and print) by recognized national or federal organizations. The Following transfer guidelines are meant to be inclusive of pediatric and adult patients.

These guidelines are not part of the Texas Administrative Code and are merely a guide that RAC's may adopt in order to fulfill requirements of Section 773.0043, Health and Safety Code. This workgroup recognizes the varying resources of different RAC's and that approaches that work for one RAC may not be suitable for others. As such, it is understood and expected that some RAC's will develop their own guidelines. The decision to use these, or any guidelines in any particular situation always depends on the independent medical judgement of the medical provider and his/her medical director's guidance and medical protocols.³

Users should consult with their departmental council and/or other appropriate resources to assure compliance with any state or local requirements as well as determining the applicability to their equipment and individual circumstances. These guidelines in and of themselves do not constitute a standard subject to enforcement.³

Purpose

The purpose of Section 773.0043, Health and Safety Code is to allow firefighters to transport sick or injured patients to the hospital during emergencies in which an ambulance is unable to

transport the patient in a timely manner. Firefighters may use their fire apparatus, rescue vehicles, command and support units, privately owned vehicles, and any other vehicles operated by fire department members to transport injured patients when as ambulance is unable to do so.^{1,2}

Per Section 773.0043, Health and Safety Code, firefighter means an individual who is defined as fire protection personnel under Section 419.021, Government Code: or an individual who is a volunteer fire fighter certified by the Texas Commission on Fire Protection or the State Firefighters' and Fire Marshals' Association of Texas.^{1,2}

Section 773.0043, Health and Safety Code allows that firefighters may transport a sick or injured patient to a health care facility in a vehicle other than an emergency medical services vehicle, provided that the appropriate medical service provider (1) is notified of the patient's clinical condition and, (2) is unable to provide emergency medical services immediately at the patient's location; and if the medical treatment and transport operating guidelines for the patient's apparent clinical condition authorize transport of the patient in a vehicle other than an emergency medical services vehicle.^{1,2}

Operating Guidelines

As fire apparatus are not designed for patient transport, the best option for any patient, regardless of age, is in a vehicle designed for patient transport, as well as continuing assessment and care during transport. Transportation of a patient in a vehicle that is not designed or equipped for patient transport is a high-risk option and should only be considered, if ever, for patients with immediate life threats. Fire departments first responders should continue on-scene treatment, on-going assessment, request status updates through dispatch, and keep the patient, family, and bystanders up to date on the ambulance's arrival time.^{4,5}

Transport Decision Considerations

1. Each Fire Department should work with its transport EMS agency to determine if and when patients may be transported by a firefighter in specific situations. This should take into consideration regional practice, geography, healthcare system capabilities, and the patient's presentation.
2. Each fire department and EMS agency shall pre-determine how the EMS agency will be notified of the patient's clinical condition and what time period is considered "imminently": in consultation with EMS Provider.
3. A firefighter operating in a department with a physician medical director shall follow their medical director's protocols concerning transport of patients in a non-EMS vehicle.^{6,7,8}
4. A firefighter operating in a department that does not have a physician medical director who, in a specific circumstance in which EMS agency is not able to imminently provide service, feels that the patient in front of them would benefit from immediate transport in a non-EMS vehicle, shall contact the responding EMS agency and notify them of the patient's

condition and that they are transporting on their own in a non-EMS vehicle. That fire department should have written guidelines (made in consideration of the medical treatment and transport operating guidelines developed by their trauma service area regional advisory council) which describe the circumstances in which non-EMS transport is authorized.

5. Each fire department that develops this guidance shall provide a copy of it to their local EMS agency.
6. It is understood that the local EMS system, EMS medical director, and first responder organization (FRO) with medical direction, and FRO medical directors, do not have the legal authority or responsibility to provide medical treatment guideline or medical direction for firefighters or departments/agencies for whom they do not provide medical direction and are not responsible for any medical treatment or transport provided by these firefighters.^{6,7,8}

Transport Operational Considerations

1. **When possible, the responding EMS agency (including air medical providers) should intercept the patient being transported by the fire service vehicle to render appropriate medical care and safe transport of the patient to the hospital.**
2. Recommended vehicles used for transportation other than an EMS vehicle (ambulance):
 - a. Hybrid pumper transport units that combine Type 1 pumper unit with an EMS ambulance type compartment.
 - b. Command and support units.
 - c. Fire apparatus, e.g., pumper units, ladder trucks, heavy rescue trucks.
3. Except for cases of major catastrophe, the transport vehicle should be an enclosed environment vehicle.⁹ Refrain from transporting a patient in an open cab fire apparatus, pickup truck bed, fire apparatus hose bed, or back step fire apparatus.
4. Fire department personnel shall follow all applicable state and local laws governing vehicles other than EMS vehicles.
5. Fire departments shall follow all vehicle operating safety guidelines as outlined in national standard guidelines, e. g., Texas Transportation Code Section 547.702, National Fire Protection Agency (NFPA) 1500, International Association of Fire Chief's (IAFC) Policies and Procedures for Emergency Vehicle Safety, and the United States Fire Administration (USFA) and International Association of Fire Fighters (IAFF) emergency vehicle safety program.^{10,11,12}
6. When possible, an attendant should be present with the patient during transport. If any of the firefighters on scene have EMS or other medical licensure or certification, the individual with the highest level of licensure or certification should accompany the patient during transport. At minimum, the firefighter transporting the patient needs to be CPR certified and it must include First Aid Training.
7. When possible, and if it will not compromise patient well-being, adult patients shall be seated in approved riding positions with seatbelts or safety restraints fastened at all times when the vehicle is in motion.
8. When possible, and if it will not compromise patient well-being, pediatric patients

(≤15y/o for the purpose of this guideline) shall be transported in appropriately sized child restraint system(s) and /or appropriately sized car safety seat following national standard guidelines, e.g., National Association of State EMS Officials (NASEMSO), National Highway Traffic Safety Administration (NHTSA), and the American Academy of Pediatrics (AAP).

9. When possible, and if it will not compromise patient well-being, pediatric patients should not be transported unrestrained on the lap of a provider or parent or held in the arms of a provider or parent.
10. When possible, and if it will not compromise patient well-being, the driver shall not begin to move the vehicle until all passengers are seated and properly secured. All patients shall remain seated and secured as long as the vehicle is in motion. Seatbelts shall not be loosened or released while enroute.
11. Transport of patients by non-FRO should be transported to the closest hospital.
12. **Non-FRO departments need to have guidelines from their EMS transporting agency to follow when they must transport a patient in a non-EMS vehicle. These guidelines, at minimum, should include: how to contact the EMS Provider, what information must be given to the EMS Provider, specification on “a reasonable amount of time”, and the non-FRO must fill out a form provided by the EMS Provider that must be signed by the receiving facility to be turned into the EMS Provider.**

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