

AMERIMED SOP

3.18.3 Patient and Staff Protection

OVERVIEW

Amerimed desires to transport every patient in a safe, professional, and efficient manner. Occasionally we are presented with request for service that may not be appropriate for EMS transport. It is our desire to triage these patients such that they receive the care they need in the safest, most efficient and effective manner possible.

This procedure outlines two (2) phases of service that we should consider on every request for transport: the pre-transport and during-transport phases.

SECTION A

PRE-TRANSPORT

Prior to the transport, crews should conduct the following assessment:

- During the morning truck check, ensure the unit is equipped with buckle guards and soft restraints as required by the daily unit truck check.
- In conversation with the patient care team at the pickup location, the risk of potential combativeness and/or elopement should be determined.
 - Specific questions to ask should include-
 1. What is the current mental state of the patient?
 2. Has the patient verbalized the desire to leave the facility against medical advice?
 3. Has the patient been cooperating with the care plan?
 4. What is the diagnosis of the patient? (E.G. Suicidal ideations and/or homicidal ideations versus accidental overdose)
- After discussion, if it is determined that the patient presents a risk of combativeness and/or flight/elopement:
 - Request physician orders for soft restraints. Once ordered, restraints should be applied while in the pickup facility immediately after patient is transferred to the Amerimed stretcher.
 - If the facility will not support the use of soft restraints, the crew should call their Officer in Charge (OIC) for further direction.
 - The OIC could recommend transport:
 - With the use of soft restraints
 - Utilize local law enforcement to transport the patient

SECTION B

DURING TRANSPORT

During transport, if the attendant feels the risk of combativeness and/or flight/elopement is high:

- Remove patient's footwear
- During all transports the following should be in place:

- Buckle guards to prevent the patient from releasing the safety seat belts in order to leave the stretcher.
- All exterior doors of the transport unit shall be locked utilizing the extra door locks provided. These door locks require specific knowledge to open a door. The patient should not have the knowledge required to open these doors.
- Use of a trigger word. The use of a trigger word between the Driver/Operator of the vehicle and the attendant should be utilized during transport to allow the attendant and driver to communicate a single word that notifies the Driver/Operator to immediately slow the vehicle and pull into a safe zone in the case of patient combativeness and/or flight/elopement.
 - The trigger word to be used is “Oklahoma”, and when verbalized from the Attendant to the Driver/Operator of the vehicle would cause the vehicle to safely and immediately slow down and drive into a safe area.
- Call for support of Law Enforcement utilizing the two-way radio to MedComm immediately.
- De-escalation techniques should be utilized first. (Talk the patient down).
- If time allows, physician orders can be requested via radio or cell phone for soft restraints from the receiving facility.
- In the event that none of the above measures are effective, ensure crew safety by removing yourself to a safe location.
- While our care for the patient’s safety is one of our primary concerns, physical altercations with the patient should be avoided at all costs in order to protect crews as well as patients.
- Notify Medcomm immediately via 2-way radio. Keep MedComm updated on all events related to patient status.