

MEDDAC Regulation 40-9

Medical Services

Ambulance Operations

**Headquarters
U.S. Army Medical Department Activity
Fort George G. Meade
2480 Llewellyn Avenue
Fort George G. Meade, MD 20755-5800
6 July 2004**

Unclassified

SUMMARY of CHANGE

MEDDAC REG 40-9
Ambulance Operations

Specifically, this revision—

- o More precisely identifies the type of technical supervision that the KACC EMS Medical Director will provide to the MEDDAC's ambulance services (para 1-4c).
- o Changes the contact telephone number for the KACC EMS Medical Director for questions concerning ambulance transfers (para 4-1a).

The revision of 6 August 2002—

- o Has been published in a new format that includes a cover and this “Summary of Change” page.
- o Reformats the title page. The Contents section now includes the page numbers that the various chapters and paragraphs begin on.
- o Revises the purpose statement include the installations supported by the MEDDAC's outlying clinics, which was omitted previously through an oversight (para 1-1).
- o The requirement to develop standing operating procedures for personnel policies and procedures has been expanded to include personnel policies and procedures for mass casualty and chemical, biological, radiological, and nuclear explosive exercises and events (para 2-3b).
- o In the responsibilities for transferring clinic personnel, the requirement to use Standard Form 558 (Medical Record-Emergency Care and Treatment) and MEDDAC Form 29 (Urgent Care Nursing Record), as well as all reference to the Urgent Care Clinic, has been removed (para 4-1).
- o In the procedures to obtain and follow through with a request for ambulance support, all references to the Urgent Care Clinic have been removed (para 4-2).
- o The second and third sources for ambulance support for Fort Meade have been changed to the contract ambulance service and the Anne Arundel County Fire Department, respectively (paras 4-2c(2) and (3)).
- o Paragraphs 4-2*d*, *e*, and *f* have been removed. These concerned transfers from the Urgent Care Clinic.
- o Other minor changes and corrections have been made through the regulation.

Department of the Army
Headquarters
United States Army Medical Department Activity
2480 Llewellyn Avenue
Fort George G. Meade, Maryland 20755-5800
6 July 2004

* MEDDAC
Regulation 40-9

Medical Services

Ambulance Operations

FOR THE COMMANDER:

PATRICK J. SAUER
LTC, MS
Deputy Commander for
Administration

Official:



JOHN SCHNEIDER
Adjutant

History. This is the fifth revision of this publication, which was originally printed on 22 April 1992.

Summary. This regulation covers the policies and procedures for ambulance operations within the U.S. Army Medical Department Activity, Fort George G. Meade (MEDDAC).

Applicability. This regulation applies to the MEDDAC headquarters and all outlying clinics.

Supplementation. Supplementation of this regulation by subordinate outlying clinics is prohibited.

Proponent. The proponent of this regulation is the Chief, Department of Primary Care.

Suggested improvements.

Users of this publication are invited to send comments and suggested improvements, by memorandum, directly to Commander, U.S. Army Medical Department Activity, ATTN: MCXR-DPC, 2480 Llewellyn Ave., Fort George G. Meade, MD 20755-5800, or to the MEDDAC's Command Editor by fax to (301) 677-8088.

Distribution. Distribution of this publication is by electronic medium only.

Contents (Listed by paragraph and page number)

Chapter I
Introduction, page 1

- Purpose • 1-1, page 1
- References • 1-2, page 1
- Explanation of abbreviations and terms • 1-3, page 1
- Responsibilities • 1-4, page 1

Chapter 2
Ambulance Section Organization and Compliance with State and Local Laws and Regulations, page 2

- General • 2-1, page 2
- Required equipment • 2-2, page 2

* This publication supersedes MEDDAC Reg 40-9, dated 6 August 2002.

Contents–continued

- Standing operating procedures (SOPs) • 2-3, *page 2*
- Supervision of ambulance support provided by host installations • 2-4, *page 2*
- Hours of operation and coverage • 2-5, *page 2*
- Compliance with state and local traffic laws and regulations • 2-6, *page 2*
- Ambulance run sheets • 2-7, *page 3*

Chapter 3

Qualifications and Proficiency of Ambulance Personnel, *page 3*

- Qualifications of ambulance service personnel • 3-1, *page 3*
- Qualifications of non-MEDDAC EMT personnel • 3-2, *page 3*
- Orientation and training • 3-3, *page 3*

Chapter 4

Contract Ambulance Operations for KACC, *page 3*

- Responsibilities • 4-1, *page 3*
- Standing operating procedures (SOPs) • 4-2, *page 4*

Appendix A. References, *page 5*

Glossary

Chapter I Introduction

1-1. Purpose

This regulation establishes policy, procedures and responsibilities regarding ambulance operations at Fort George G. Meade and the installations supported by the MEDDAC's outlying clinics.

1-2. References

Required and related references are listed in appendix A. Referenced forms are also listed in appendix A.

1-3. Explanation of abbreviations and terms

Abbreviations and special terms used in this regulation are explained in the glossary.

1-4. Responsibilities

- a. *Medical treatment facility (MTF) commanders.* MTF commanders will—
 - (1) Choose the level of emergency medical services (EMS) service to be provided by ambulance personnel at their installations. Possible levels of care include Emergency Medical Technician (EMT)-Basic (EMT-B), and EMT Paramedic (EMT-P). (The term "MTF commander" is explained in the glossary.)
 - (2) Designate and/or ensure EMS oversight for ambulance sections at their respective MTFs and installations.
- b. *The Deputy Commander for Clinical Services (DCCS).* The DCCS will designate the provider who will serve as the Kimbrough Ambulatory Care Center (KACC) EMS Medical Director.
- c. *The KACC EMS Medical Director.* The KACC EMS Medical Director will maintain operational control over ambulance services for Fort Meade and provide technical supervision of clinical support in concert with the Ambulance Section's supervisor. (The term "ambulance section" is explained in the glossary.)
- d. *The EMS Medical Director for an MTF-based EMS service.* The EMS Medical Director for an MTF-based EMS service will—
 - (1) Delineate the credentialing process for EMS providers.
 - (2) Approve EMS protocols.
 - (3) Monitor the training of EMS personnel.
 - (4) Institute a comprehensive quality assurance (QA) process that, as a minimum, will include run sheet chart reviews, skills reviews, field evaluation, and analysis of QA data.
- e. *EMTs.* EMTs assigned to MEDDAC ambulance sections will—
 - (1) Operate EMS vehicles in a safe and lawful manner.
 - (2) Provide safe medical care, utilizing State-specific treatment protocols and other protocols as determined by the MTF's EMS Medical Director. Each EMT will treat patients within the scope of practice defined by his or her EMT level and the MTF's scope of practice.

Chapter 2

Ambulance Section Organization, and Compliance with State and Local Laws and Regulations

2-1. General

Ambulance sections provide emergency patient care and transport, inter-facility patient transfers, and other essential medically-related transportation functions. (The term “emergency patient” is explained in the glossary.)

2-2. Required equipment

As a minimum, all ambulances will be equipped with the essential equipment listed in appendix B. Additionally, each EMS service will meet Federal and State requirements for ambulance vehicles and other emergency medical support equipment unless specifically excluded for valid medical reasons by the supervising EMS physician staff.

2-3. Standing operating procedures (SOPs)

Each ambulance section will develop SOPs to cover—

- a. Administrative policies and procedures.
- b. Personnel policies and procedures, to include participation the following types of exercises and actual incidents in conjunction with local Health Emergency Incident Command System protocols:
 - (1) Mass casualty.
 - (2) Chemical, biological, radiological, nuclear and explosive devices.
- c. Procedures designed to ensure safe operation of vehicles and effective operator maintenance to ensure that each assigned vehicle is maintained in a constant state of readiness.
- d. Procedures for ambulance operations, including communications procedures, dispatch procedures, and other matters necessary for the conduct of emergency patient transport.

2-4. Supervision of ambulance support provided by host installations

Where ambulance support is provided by the host installation, it will be under the professional supervision of the MTF commander and the DCCS (or equivalent), or other licensed physician as determined by the MTF commander.

2-5. Hours of operation and coverage

- a. *The KACC Ambulance Section.* The KACC Ambulance Section will not make off-post runs or pickups, nor will it return patients to off-post housing, with the exception of any mutual aid agreement it may have with the Anne Arundel County Fire Department.
- b. Outlying MTF ambulance sections. Each outlying MTF’s ambulance section’s hours of operation and coverage will be tailored to meet the needs of the host installation and the MTF’s capabilities.

2-6. Compliance with state and local traffic laws and regulations

All assigned motor vehicle operators will comply with state and local laws and regulations, and safe driving provisions applicable to the state in which the vehicle is being operated. This includes full compliance with all pertinent laws dealing with the operation of emergency vehicles. Each

ambulance section will procure and maintain a copy of applicable state and local motor vehicle laws and regulations.

2-7. Ambulance run sheets

The record of treatment rendered by ambulance section personnel will be entered on the official ambulance run sheet for the state (Maryland or Pennsylvania) in which the MTF resides. When a patient is transported, the original copy of the run sheet will be forwarded along with the patient for inclusion in the patient's medical record. A copy of the run sheet will be maintained by the ambulance section to be used by the medical director for performance improvement and EMT certification purposes.

Chapter 3

Qualifications and Proficiency of Ambulance Personnel

3-1. Qualifications of ambulance section personnel

All ambulance section personnel will be National Registry of Emergency Medical Technicians (NREMT) certified as EMT-B (that is, basic life support) when hired. If the MTF commander defines the level of ambulance service as Advanced Life Support (ALS), all EMTs will also be certified as NREMT EMT-P. At the discretion of the MTF commander and medical director, EMTs licensed as ALS qualified but not paramedics may be hired with the condition of achieving their EMT-P within one year. The ambulance section will operate in accordance with MEDCOM Reg 40-37.

3-2. Qualifications of non-MEDDAC EMT personnel

All EMT-B and EMT-P personnel who are not employed by the MEDDAC but are employed by the host installation or under contract by the MEDDAC or the host installation to provide ambulance support, or civilian organizations that provide ambulance support under the terms of a mutual support agreement with the MEDDAC or the installation, will be NREMT certified.

3-3. Orientation and training

All ambulance section personnel will be fully oriented and trained in the use of ambulance vehicles, specialized equipment used in conjunction with those vehicles, and in the use of communications equipment available to the MTF. A formal orientation and training program will be established and documented.

Chapter 4

Contract Ambulance Operations for KACC

4-1. Responsibilities

a. *The EMS Medical Director.* The EMS Medical Director will establish and implement contract ambulance policies. The director may be contacted (301) 677-8776 if questions arise concerning ambulance transfers.

b. *The transferring physician.* The transferring physician will—

(1) Determine the status of the patient and indicate whether BLS, ALS ambulance, or ALS ambulance with nurse is needed for the patient's transfer. (The terms "ALS ambulance transfer" and "BLS ambulance transfer" are explained in the glossary.)

(2) Arrange for an accepting MTF and physician.

(3) Complete the transfer and disengagement forms.

c. *Transferring clinic personnel.* Transferring clinic personnel will—

(1) Hold the patient in the clinic of origin and prepare him/her for transfer by completing the following forms, as applicable:

(a) DD Form 2161 (Referral for Civilian Medical Care).

(b) SF 600 (Health Record—Chronological Record of Medical Care).

(c) MEDDAC Form 665 (Patient Transfer/Treatment Form).

d. *Contract ambulance personnel.* Contract ambulance personnel will transport the patient to the designated military or civilian MTF.

4-2. Procedure to obtain and follow through with a request for ambulance support

a. The physician caring for the patient will determine the status of the patient (BLS/ALS) and will inform the nurse that an ambulance is needed to transfer a non-emergency patient to another MTF. The nurse or designee will call the ambulance section and record the time of notification. (The term "non-emergency patient" is explained in the glossary.)

b. The transferring physician will arrange for an accepting MTF and physician, and complete all required transfer and disengagement forms. (See paragraph 4-1c above.)

c. If the ambulance section cannot respond within the time period specified in the contract, or if there is no response to the phone call, the staff will take one of the following courses of action:

(1) Consult the list of alternative ambulance carriers, which is maintained in the White Team, to choose a different service.

(2) Contact the Contract ambulance service.

(3) If adequate ambulance support cannot be obtained in accordance with paragraphs (1) and (2) above, call the Anne Arundel County Fire Department.

Appendix A References

Section I Required Publications

This section contains no entries.

Section II Related Publications

A related publication is merely a source of additional information. The user does not have to read it to understand this publication.

AR 40-2
Army Medical Treatment Facilities General Administration

AR 310-50
Authorized Abbreviations, Brevity Codes, and Acronyms

Section III Prescribed Forms

There are no entries in this section.

Section IV Referenced Forms

DD Form 2161
Referral for Civilian Medical Care

MEDDAC Form 665
Patient Transfer/Treatment Form

SF 600
Health Record—Chronological Record of Medical Care

Appendix B

Essential Equipment for Emergency Medical Services Ambulances

Note: The following information has been extracted from AR 40-2, appendix A, and contains the complete text of that appendix.

1. PORTABLE SUCTION APPARATUS, with wide-bore tubing and rigid pharyngeal suction tip.
2. BAG-MASK VENTILATION UNIT, hand/operated, with adult, child, and infant size masks. Clear masks are preferable. Valves must operate in cold weather, and unit must be capable of use with oxygen supply.
3. OROPHARYNGEAL AIRWAYS, adult, child, and infant sizes.
4. MOUTH-TO-MOUTH ARTIFICIAL VENTILATION AIRWAYS, for adults and children.
5. PORTABLE OXYGEN EQUIPMENT, with adequate tubing and semi-open, valveless, transparent masks in adult, child, and infant sizes.
6. MOUTH GAGS, either commercial or made of three tongue blades taped together and padded.
7. STERILE INTRAVENOUS AGENTS, with administration kits.
8. UNIVERSAL DRESSINGS, approximately 10" by 36", compactly folded and packaged in convenient size.
9. STERILE GAUZE PADS, 4" x 4".
10. BANDAGES, soft roller, self-adhering-type, 6" by 5 yards.
11. ALUMINUM FOIL, roll, 18" by 25', sterilized and wrapped.
12. ADHESIVE TAPE, two rolls, 3" wide.
13. BURN SHEETS, two, sterile.
14. TRACTION SPLINT, lower extremity.
15. PADDED BOARDS, two or more, 4 1/2 feet x 3" wide.
PADDED BOARDS, two or more, 3 feet long, of material comparable to 4-ply wood for coaptation splinting of leg or thigh.
16. PADDED WOODEN SPLINTS, two or more, 15" by 3", for fractures of the forearm. (Wire-ladder splints may be submitted.)
17. INFLATED SPLINTS, for extremities.
18. SPINE BOARDS, short and long, with accessories.
19. TRIANGULAR BANDAGES.
20. SAFETY PINS, large size.
21. SHEARS, BANDAGE.
22. OBSTETRICAL KIT, sterile.
23. POISON KIT.
24. BLOOD PRESSURE MANOMETER, CUFF, and STETHOSCOPE.

Glossary

Section I

Abbreviations

ALS

advanced life support

BLS

basic life support

DCCS

Deputy Commander for Clinical Services

EMS

emergency medical services

EMT

emergency medical technician

EMT-B

emergency medical technician-basic

EMT-P

emergency medical technician-paramedic

KACC

Kimbrough Ambulatory Care Center

MEDCOM

U.S. Army Medical Command

MEDDAC

U.S. Army Medical Department Activity, Fort George G. Meade

MTF

medical treatment facility

NREMT

National Registry of Emergency Medical Technicians

PAD

Patient Administration Division

QA

quality assurance

SF

standard form

SOP

standing operating procedure

WRAMC

Walter Reed Army Medical Center

Section II Terms

ALS ambulance transfer

Transfer requiring attendants trained in advanced life support procedures, monitoring devices, treatment or possible treatment en route (i.e., nebulizer, oxygen, intravenous fluids, limited drugs) or vascular maintenance access. Typically require the addition of a nurse for transport of patients with medicine drips.

Ambulance section

Unless reference is made specifically to KACC or to one or more outlying MTFs, the term “ambulance section” means all ambulance sections and ambulance services within the MEDDAC.

BLS ambulance transfer

Transfers involving stable patients not requiring treatment, monitoring devices, intravenous lines or Hep-lock.

emergency patient

A patient whose illness or injury is life threatening or in whom delay in care will result in grave bodily harm; e.g., such as acute myocardial infarction, shock, coma, loss of limb, and loss of eye sight.

MTF commander

The commander, director, officer in charge, or chief of an MTF.

non-emergency patients

All patients requiring ambulance transfer for a higher level of care, diagnostic evaluation, extended treatment or admission, and with stable vital signs; i.e., pulse, blood pressure, respiration, oxygen saturation, temperature, and mental status change.