Summit to Sound
Emergency Medical Services Group
Standard Operating Guidelines

Purpose

It is the purpose of this document is to establish operational guidelines for emergency medical incidents and to ensure emergency medical operations are carried out in a safe and organized manner. Emergency medical incidents include, but are not limited to, assessment of Search and Rescue (SAR) personnel, assessment of search/rescue subjects, and recovery operations.

Scope

This SOG pertains to all Summit to Sound SAR EMS Group members and to any medically qualified mutual aid responders involved in a StS mission or training.

Membership

1. Must be a member of StS SAR.
2. Must have a current medical certification above basic First Aid, e.g. Emergency Medical Technician (any level), Wilderness First Responder, Certified Nursing Assistant, etc.
3. Group members must attend 50% of scheduled StS training and 50% of the medical specific trainings. Exceptions may be made on a case by case basis, but only if the training is made up through other means.
4. EMS Group members must participate in at least two field trainings per year.
5. Members must meet all local, state, and national training requirements for their certification level.
6. Members who do not attend training will be restricted to non-medical SAR operations.

Group Leadership

1. The EMS Group Leader is also the StS SAR EMS Supervisor, the WA EMS Agency supervisor, and a member of the StS SAR Board.
2. The EMS Group Leader will be the highest qualified medical person in StS SAR. If that person does not want the position or there are two or more personnel at the same level, the Group Leader will be elected in December by a majority vote of the group. Vote will be held by secret ballot. An elected Group Leader will hold the position for two years.
3. These SOGs will be maintained by the Group Leader
4. Any changes to these SOGs will be approved by a simple majority of the group members.

General Guidelines

1. Safety of members must always be considered.
2. Members will follow the protocols to the level of their certification and training.
3. StS SAR EMS members will be dispatched when operating in the Rescue Mode. During Recovery Operations, EMS Group personnel will be responsible for monitoring, assessing, and treating participating personnel.
4. All medical training will be scheduled by and approved by the StS EMS Supervisor. There will be no unscheduled medical training.
5. Zero tolerance of drugs and alcohol at all missions.

Mission Classifications

Missions will be classified as one of the following:

1. **Rescue Mode:** Shall be used when the chance of saving a life exists. For water related incidents, all waters in Whatcom County will be considered cold (below 70 deg F). Therefore, an attempt will be made to resuscitate any pulse-less, non-breathing patient who has been submerged. Resuscitation should begin as soon as contact is made with the victim.

   A. StS SAR EMS will be requested to respond to the scene, launch ramp, or nearest landing as designated by the IC or OL and will stand by for resuscitation efforts.

   B. A victim will be turned over to EMS upon exit from the water or as soon as practical if being transported by watercraft.

2. **Recovery Mode:** Shall be used when human life is not involved, or victim submersion exceeds 1 hour.

General Procedures

GENERAL:

1. A medical plan shall be created at the beginning of any SAR mission should SAR responders be deployed in the field.
2. A medical plan shall be completed and shall consist of the following:

   A. SAR Mission number

   B. SAR Operational Period for medical plan

   C. Date form is completed

D. Time form is completed

E. Summary of actions to occur when an injury is reported

F. Identification of medically trained personnel and their locations while on scene

G. Identification of medical transportation resources

3. Identification of medical facilities, ordered by proximity to the Incident Base
   The Medical Plan shall be prepared by the Medical Unit Leader if assigned. If a Medical Unit Leader is not assigned at the incident, the form shall be prepared by the SAR Operations Leader (OL).
4. The Medical Plan shall be reviewed by the SAR Operations Lead
5. Unit and Team Leaders shall be briefed to report any injury to a SAR responder(s) to the Operations Lead. Upon notification of an injury to a SAR responder, the Operations Lead shall activate the Medical Plan.
6. If the degree of injury warrants a medical response, the Operations Lead shall ensure Emergency Medical Service (EMS) personnel are dispatched to the SAR responder(s) location. This can include re-tasking of resources currently on an assignment.
7. Upon arrival, EMS personnel shall assume command of patient care to include patient transportation. The OL shall attempt to provide the requested resources to assist in patient transportation. The EMS personnel shall follow their protocols for treatment and documentation of the incident.
8. If assigned, the Safety Officer shall document the incident. The document shall be reviewed by the OL.
9. The OL shall also document the incident.
10. The OL is not required to obtain the medical documentation created by the EMS personnel for filing unless the EMS providers do not have a home agency that they are working for. If medical documentation is collected, the documentation shall be submitted with the SAR mission documentation. If medical documentation is submitted with the SAR mission documentation, the OL shall annotate such on his/her report that “Medical documentation has been included”.
11. The injured SAR responder(s) is (are) not required to file any claim of coverage, but if the SAR responder(s) wishes to file a claim, he/she must do so within the time period established by the policy.

ASSESSING THE VICTIM:

1. Once the rescuer(s) have reached the victim, they should do an immediate assessment of the victim (ABCs) and, if required, the exact method of entrapment. If the victim is conscious, the rescuer should determine if the victim can assist in his/her own rescue. If the

victim is unconscious, the rescue must be quick. If it is determined to be an underwater recovery operation, extrication should proceed with a dive operation.

2. The OL will decide on either a rescue or recovery operation. If the victim can assist in his/her own rescue, the rescuers should proceed with the rescue action plan. A water victim should be brought to shore as soon as possible.
3. As soon as the victim is brought to safety, an assessment should be done by EMS personnel. If necessary, the victim shall be transported to the appropriate facility.

Additional Considerations:

A. HEAT. Consider rotation of crews.

B. COLD. Consider the affects of hypothermia on victim and rescuers.

C. RAIN/SNOW. Consider the affects of rain or snow on the incident.

D. TIME OF DAY. Is there sufficient lighting for operations extending into the night.

Victim Handling

1. **Rescue Mode:**

A. A victim will be turned over to EMS as soon as possible for a medical evaluation

B. A water victim will be turned over to EMS upon exit from the water or as soon as practical if being transported by boat. In cold water, a near drowning victim must be handled with care to avoid further injury.

2. **Recovery Mode:**

A. Upon location of the victim, notify the OL and secure victim.

B. The victim will be turned over to EMS as soon as practical.

C. The victim will be covered before encountering non-SAR people or when removed from the water.

Equipment

1. The following is standard equipment that shall be carried to all SAR missions and trainings by EMS rescue group members.

a) Appropriate clothing and footwear for the mission and the member's role in the mission

b) Radio with SAR frequencies (may be checked out)

c) Gloves (1 pair leather).

d) Water group approved PFD (personal floatation device) for any work within 15 feet of the water (may be checked out)

e) Approved whistle (Fox 40 recommended)

f) Approved knife or EMT trauma shears (both preferred, but either is acceptable).

g) Pencil and paper (write in rain recommended)

h) Flashlight and/or head lamp, waterproof, with extra batteries

i) Glow sticks (2 green, 2 orange)

j) Water or water filtering system

k) Food and/or energy bars

l) Sunglasses

m) Sunscreen

n) Bug Repellant

o) Compass/GPS/Map

p) Personal First Aid kit consisting of at least:

Extra personal medications
Aspirin (81 mg)
Benedryl tablets
Exam gloves
Eye shield or glasses with side shields
Hand sanitizer
Alcohol prep pads
CPR mask or shield
EMS Shears
Forceps
Assorted dressings (bandaids, 2x2, 4x4)
Antiseptic ointment
Tweezers
Tick removal tool
Rolls of gauze and coban (2 inch)
Tape roll (2 inch)
Cravat (one)
Safety pins
SAM splint
Razor blade or scapel

q) Shelter of some form – tarp, bivy sack, etc.

r) At least 40 ft of parachute cord

s) Flagging tape, biodegradable, and permanent marker

2. Equipment inspections of all standard equipment will be conducted annually at a scheduled equipment training session.