6.18 Patient Belongings

A. All patient belongings shall be returned to the patient or transferred to the appopriate hospital staff or relative. To assist in identifying patient's items and transferring those items to the receiving facility, the Department has developed a pre-marked belongings bag for this purpose. Items such as keys, eyeglasses, dentures and prescription medications are to be placed in the bag, sealed and properly identified on the bag as well as documented in the PCR.
   1. It is imperative that all HFD members return identification items to the patient.
   2. Any items that are placed in a patient property bag and given to the receiving staff at the hospital must be documented in the patient care report with a description of the items and the name of the employee receiving the items.

B. Members shall inspect their station and apparatus daily for Patient Belongings and any items found on a unit shall immediately be given to the Station Captain. If the Station Captain determines that the property is unable to be returned to the owner, the item(s) will be logged in the Station log and Captain's log by the Officer before the end of the shift. The items will be secured in the current Blue envelope in a designated station area (Officer's room or Watch office) before the end of the shift. Members shall include the following information within the envelope:
   1. Incident number, if known
   2. Date found
   3. Station and shift
   4. Apparatus item found on, if known
   5. Member payroll number

   Larger items will be tagged and identified as appropriate in the station log.

C. The Station Officer will then contact an EMS Supervisor to deliver the items to EMS Headquarters during normal operating hours. If the items have not been picked up when the on-coming shift begins, the EMS Supervisor shall again be notified. The EMS Supervisor will deliver the property to a classified member at EMS HQ. If the items are reported to the Station Captain at a time that does not allow the items to be delivered to the EMS HQ that day, the Station Captain will document this in the Captain's log and the EMS Supervisor will deliver item to EMS HQ the next normal working day.

6.19 Physician Intervener at the Scene

A. Physicians may provide assistance to EMS personnel. Treat them with professional courtesy. Physicians should identify themselves and be prepared to provide identification indicating they are a physician. All physicians licensed in the state of Texas are provided with a wallet-sized identification card with their name, address and medical license number indicated.

B. A physician may merely offer assistance or may assume responsibility for patient care. If a physician desires to assume responsibility for patient care, that individual must provide physician identification. Inform the physician that once they assume medical responsibility for the care of the patient they are expected to accompany the patient until care is transferred to another physician.

C. When a patient's private physician is present and provides proof of identity, EMS personnel should comply with his/her medical direction.

D. Follow medical direction given by the on-scene physician who assumes responsibility for patient care provided it is similar to HFD guidelines and standing orders. Report any conflicts immediately to an EMS Supervisor and on-line EMS physician.

6.20 Requesting Assistance

A. ALS Unit Requesting BLS Units for Transports:
   1. BLS units will respond in an emergency fashion during all initial incident dispatches unless

directed otherwise by OEC. ALS units may request a BLS unit for minor emergency transportation or for assistance at a scene for purposes other than routine BLS transport (such as for a multiple victim motor vehicle incident). The ALS unit should advise OEC of the type of BLS unit requested (ambulance vs. EMS apparatus) and to have the BLS unit(s) respond "emergency" or "non-emergency" as appropriate.

2. Other special situations, which may require the use of emergency lights and sirens by the BLS units while responding are heavy traffic and periods of high call volume. OEC or an EMS Supervisor may advise the BLS unit to "respond emergency" during a period when a substantial number of units are unavailable in the service area. They shall notify OEC of their intentions to do so. EMS Supervisors shall monitor the EMS units under their supervision for inappropriate use of this provision.

B. BLS Unit Requesting Additional BLS Assistance:
   1. A BLS unit responding alone to an initial emergency incident may request an additional BLS unit to respond when they anticipate a response time of greater than 15 minutes. During extended response times, the BLS unit will advise OEC of their ETA to the location. With the information available from the caller, OEC will determine if the dispatch of an additional BLS unit is advisable.
   2. On location, a BLS unit may request additional assistance as needed and will notify the dispatcher and state the specific nature of the request (i.e. "help with lifting", "to wash fuel", "assistance with multiple patients", etc.).

C. BLS Unit Requesting Additional BLS Assistance:
   If a BLS unit arrives at an incident which necessitates additional BLS support, they shall request assistance through OEC with the nature of the request for assistance. The BLS unit should advise OEC to have the BLS unit(s) respond "emergency" or "non-emergency."

D. BLS Unit Requesting ALS Assistance:
   If no ALS unit has been dispatched to the incident and the BLS unit determines the need for ALS evaluation or care, they shall request ALS or EMS Supervisory assistance. BLS units shall provide OEC with the nature of the request for assistance and shall also contact the Base Station for interim instructions and advice.

E. BLS Unit Disregarding of ALS Units:
   1. When a BLS unit is responding with an ALS unit, the BLS unit may advise the ALS unit to "disregard" prior to the ALS arrival. These circumstances include the following:
      a. When no patient is found at the location.
      b. When only minor traumatic injuries are involved.
      c. When patients can be assessed, managed and transported appropriately by the BLS unit.
      d. When the patient refuses treatment.
      e. Other non-transport incidents as outlined in guidelines. (*Ref. 6.16 Non-Transports*).
   2. **A BLS unit shall not disregard an ALS unit AND an ALS assessment is required** (if ALS was dispatched) if the patient currently has, or recently had, the following complaints discovered during BLS assessment:
      a. Decreased level of consciousness / Unconsciousness
      b. Chest Pain / Discomfort
      c. Difficulty Breathing
      d. Syncope
   3. When BLS personnel are unsure of a patient's need for ALS care, they shall allow the ALS unit to proceed to the location while providing the ALS unit with updated information on a designated tach channel.
   4. If BLS transport time to the hospital is shorter than ALS arrival time, contact the ALS unit on the designated tach channel to arrange a rendezvous enroute or to approve BLS-only transport.

If a BLS-only transport occurs in this situation, the reasons shall be clearly documented in the patient care record.

F. BLS Unit Transport of Critically Injured Patients

1. When a BLS unit is first on the scene with a "critically injured" trauma patient, BLS personnel shall quickly immobilize (if required), provide BLS support, and rapidly transport the patient directly to a Trauma Center (*Ref. 6.12 D. Hospital Destination Decisions for Trauma Patients and 9.05 Approved Hospitals and Hospitals With Specialized Facilities*).
2. **The patient's chances for survival following a serious traumatic injury are directly related to the amount of time required to get the patient to the appropriate trauma center**. A BLS unit is dispatched to a serious traumatic incident to rapidly transport the patient to a Trauma Center.
3. BLS units are **NOT** to delay transport awaiting the arrival of a paramedic. Immediate BLS transport to a Trauma Center is appropriate and provides the patient the greatest chance of survival. For example, in a situation where the patient has suffered an airway injury, paramedics may be able to provide an advanced airway intervention. Unless an appropriate rendezvous point can be established between the BLS and ALS, provide direct, immediate, and rapid transport of the patient to a Trauma Center. If the BLS unit transports the patient, that unit must continue to provide all of the following, as indicated:
   a. Basic airway management.
   b. Basic respiratory support with supplemental oxygen.
   c. Spinal immobilization (including C-spine precautions) as indicated.
   d. Basic circulatory support, including hemorrhage control and CPR as needed.
4. If at any time there is a question as to whether a patient is a candidate for rapid BLS transport, notify the responding ALS unit to report the patient's condition and request transport instructions. If no ALS unit has been dispatched, proceed with rapid transport to the closest appropriate trauma center. OEC may be contacted to arrange a rendezvous with an ALS unit provided that such action does not delay a patient's arrival to the trauma center.

6.21 Riding in Charge

A. BLS Unit Crew Responsibilities:

1. BLS Ambulance
   a. In HFD, the Fire Fighter EMT (FFE) will be considered to have the primary duty of delivering patient care on the emergency scene.
   b. The Engineer/Operator EMT (EOE), either acting or assigned, is in charge of the BLS unit and carries the over-all responsibility for delivery of appropriate care to the patient. The EOE will assist the FFE in providing patient care as needed throughout the incident.
   c. Should circumstances dictate, the EOE will assume full responsibility for patient care and will remain with the patient at the scene and during transport in order to ensure the continuity of patient care. The EOE must notify the EMS Supervisor as soon as possible of the situation.
   d. In the event the FFE believes the EOE is inappropriately directing patient care, the FFE must notify the EMS Supervisor as soon as possible of the situation.
   e. The FFE is responsible for the complete and accurate documentation of EMS records including the patient care record and documentation of patient refusals. The EOE shall review the patient care record.
   f. Both the EOE and the FFE will be held equally responsible for patient management and record documentation as outlined by the Texas Department of State Health Services.
2. BLS EMS Apparatus
   a. Any time a member of an EMS apparatus company holds a higher EMS credentialing level