



**If there is an emergency in progress, ensure the first thing you do is call 9-1-1.**

**If you think you need assistance then you need assistance!**

# EMERGENCY PROCEDURES MANUAL

Fire, Police and Ambulance	Environment	RCMP	NS Power 1-877-428-6004	Medavie HealthEd
<b>9-1-1</b>	1-800-565-1633	9-1-1	NB Power 1-800-442-4424	1-888-798-3888

Property of:

Medavie HealthEd

Implemented – January 2003

Revised:     January 2004  
              February 2006  
              January 2009  
              August 2012  
              November 2015  
              March 2018

## Forward

Medavie HealthEd, a division of the Medavie Health Services group of companies is responsible for the delivery of a broad range of high quality and professional health education programming.

Medavie HealthEd believes that the campus environment should promote human dignity, mutual respect, justice, security of the person, and ethical behavior. We further believe it should be provide guidance and positive role models for its students.

**Therefore, Medavie HealthEd** is committed the Health and Safety performance concerning all participants and their activities while attending programs at our institution. This includes not only the students attending the Paramedicine programs, but visitors to our institution as well.

The **Emergency Procedures Manual** is a minimum standard and where exceeded by legislated or non-legislated Acts, Statutes and Regulations, the government standard will govern. Conversely, when the Manual is more stringent than statutory requirements, the Manual will govern.

The use of this Manual by other individuals, groups or industrial entities shall be interpreted as merely providing guidance or information to complement existing programs.

**Medavie HealthEd** or noted persons **will not** assume or appear to assume any liability, direct nor indirect by parties employing activities implied or suggested by the contents of this manual.

# Table of Contents

## SECTION ONE

## GENERAL SAFETY RULES

- Introduction 5
- Paramedicine Student Assignment of Personal Responsibility 6
- General Building Safety
  - Fire Alarm/Fire Extinguisher/Eye Wash stations/MSDS locations, Evacuation Routes, Restricted Areas 7
- Quick Reference Guide for Visitors 8
- General Safety Rules 8
- Unsafe Environments (Chemical Spills, Hazardous Materials/WHMIS) 9
- Evacuation Procedures 10
- Power Failure 10
- Fire Emergency 11
- Serious Injury, Illness or Death 11
- Critical Incident Stress Debriefing 12

## SECTION TWO

## ADDITIONAL SAFETY RULES FOR PARAMEDICINE STUDENTS

- Infection Control
  - Introduction 15
  - Exposure and Communicable Diseases 15
  - Protection 16
  - Universal Precautions 16
  - Sharps Practices and Disposal 17
  - Decontamination 18
  - Quick Reference Guide to PPE by task/activity 19
- Everyday Safety Skills
  - Introduction 20
  - Paramedicine Student Attitude 20
  - Minimizing Risk 20
  - General Safety Skills 21
  - Driving Skills and Attitude 21
- Safety at Different Emergency Scenes
  - Motor Vehicle Incidents 22
  - Fires or Structural Collapses 22
  - Hazardous Materials 23
  - Violent Situations 23
  - Psychiatric Patients 24
  - Incident Reporting 24



# Section 01

# General Safety Rules

## INTRODUCTION

This **Emergency Procedure Manual** is intended for use by class participants, staff and visitors as a guideline to handle emergencies promptly and effectively at Medavie HealthEd.

When a crisis occurs it not only affects you individually, it affects the entire organization. Decisions have to be made on how to properly deal with a crisis and the decision making process involves everyone. To ensure proper decisions are made information concerning the crisis has to be communicated to all parties involved.

**Health and Safety** is a condition of YOUR life NOW and part of our organizational culture. **Medavie HealthEd** believes that to be effective, a **Health and Safety Program** must be integrated into day-to-day operations.

The purpose of the **Emergency Procedure Manual** is to present in a readily accessible, easily understood format various policies, practices and procedures that **Medavie HealthEd** considers key for everyone to observe. However, there are many other rules and regulations which cannot be listed in this reference package.

We consider our participants to be our greatest asset and therefore it is our duty to make you familiar with the **Emergency Procedure Manual**. It is important to observe all safety guidelines as necessary to avoid injury, loss/damage to property and to protect our environment. We encourage you to ask questions and seek additional guidelines.

## STUDENT ASSIGNMENT OF PERSONAL RESPONSIBILITY

- 1) I (print) \_\_\_\_\_ have read this manual in full and I am aware of the safety requirements of Medavie HealthEd.
- 2) I will consult this manual further to better acquaint myself of the details within and acknowledge that it is my responsibility to seek out my instructor(s) for any clarification.
- 3) I will respect all rules and regulations laid out in this manual, the details explained in the orientation lesson, the School rules and regulations.
- 4) I will always endeavor to work with a productive demeanor.
- 5) I understand and appreciate the consequences of any delinquency with regards to all or any of the requirements of this emergency procedures manual and I take personal responsibility for my actions at Medavie HealthEd.
- 6) I will behave professionally at all times.
- 7) I will follow the direction of the faculty.

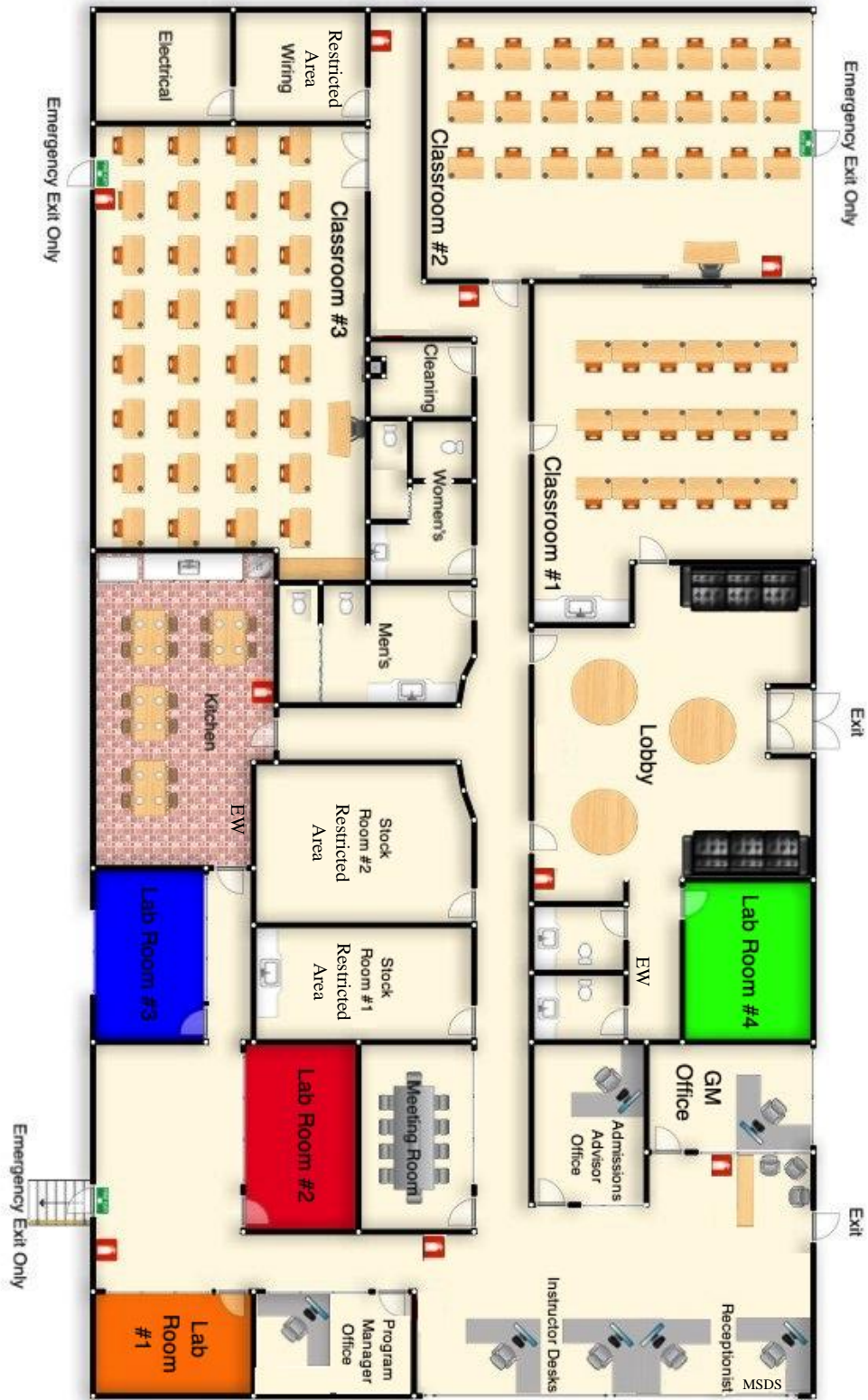
Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness (Print): \_\_\_\_\_

Signed: \_\_\_\_\_

Lower level (Basement)





## QUICK REFERENCE GUIDE FOR VISITORS

At Medavie HealthEd, **Safety Is A Priority.**

To ensure everyone's Safety during your involvement, we ask that you observe the following safety tips:

- All visitors will be accompanied by a Medavie HealthEd, instructor or participant and will register with our office.
- Follow all safety directions.
- Review area for specific hazards.
- Ensure communication is maintained at all times with **Medavie HealthEd** personnel.
- Please wear proper personal protective clothing, and/or equipment, when appropriate.
- Stay out of hazardous zones.
- Hazards will be communicated to class instructor at once.
- Always cooperate with inspectors, regulatory observers and **Medavie HealthEd** personnel.
- Do not leave garbage or other debris on the premises.
- Ensure proper personal protective equipment is provided to you by a **Medavie HealthEd** representative, preceptor or yourself, as required.

Medavie HealthEd sincerely appreciates your co-operation in helping make this environment as safe as possible for you and our participants.

## GENERAL SAFETY RULES

1. Ensure all work is to be carried out according to safe work practices and procedures and under the direction of the instructor.
2. Ensure work clothing is suitable for the job being done and meets industry standards.
3. Ensure good housekeeping is maintained; promptly report accidents, injuries and near misses, regardless of their nature.
4. Ensure equipment, vehicles and tools are operated in accordance with a recognized written safety standard. Frequent safety checks must be conducted and recorded.
5. Use personal protective equipment as directed.
6. Ensure written safe work procedures are being reviewed and signed.
7. Know where to go and what to do in the event of an emergency.
8. Assist in hazard identification and help maintain a safe work environment for you and other participants.

9. Learn thoroughly your role in maintaining a safe environment and think of your own safety while working:
  - a. Be alert
  - b. Look for possible hazards
  - c. Know your physical limitations
  - d. Plan ahead - know what to do to prevent personal injury.
10. Possession of non-prescription drugs or alcohol, firearms or other type of weaponry on any premises occupied by **Medavie HealthEd** is strictly forbidden.
11. Partaking in theft, vandalism, violence, interference with fire fighting, first aid, health and safety or interfering with **Medavie HealthEd** property are grounds for immediate discipline.
11. All visitors to **Medavie HealthEd** must comply with all Health and Safety criteria.
12. Under NO circumstances will any class participant represent him/herself to the media for any activities or reason concerning **Medavie HealthEd** or it's involvement in any situation that would require an opinion or observation of any incident.

## UNSAFE ENVIRONMENTS

The following procedure is to be used if you discover a Chemical Spill, Hazardous or WHMIS occurrence:

1. START emergency evacuation procedures,
2. Try to identify the product and obtain the Material Safety Data Sheet (MSDS)- **if safe to do so, if not go to # 5.**
3. Try to ensure the hazard cannot exit the building/area through any means such as a doorway or drain, **if safe to do so, if not go to # 5.**
4. Use absorbent to prevent any material from escaping into the natural environment **if safe to do so, if not go to # 5.**
5. Close windows/doors if safe to do so and **exit** building by the nearest safe exit to the pre-arranged place at least 100m/300ft away from the building
6. Before normal operations can resume at the Hazardous area, the area must be checked and approved to determine if all Hazards have been removed and it's safe to return by the agency responsible for such an event and **Medavie HealthEd** personnel.

## EMERGENCY EVACUATION PROCEDURES

If you discover fire, smoke or an unsafe environment: Remain Calm...

- **ACTIVATE** the nearest fire alarm pull station or alert others.
- **CALL** the "911" emergency line from a safe area to report the exact details of the situation i.e. fire, accident, or injured person.
- **CLOSE** any doors/windows to the fire or unsafe affected area, if safe to do so
- **LEAVE** the building immediately using the nearest safe exit, moving to another building or at least 100m/300ft away for the building
- If you hear the fire alarm sound or someone alerts you of an emergency:
  - Leave the building immediately using the nearest safe exit, moving to another building or at least 100m/300ft away for the building
- Persons who are in charge of a class, meeting and/or are providing a service to **Medavie HealthEd** shall stop all activity immediately and ensure the class or group evacuate the building by the nearest safe exit moving to another pre-arranged building or at least 100m/300ft away from the building.
- Persons requiring assistance, in leave the building shall proceed to the nearest safe exit and wait for assistance from the searcher or **E. R. T.** personnel.
- Do not enter or return to the building until approved by the **E. R. T.** or notified to do so by fire emergency personnel.

## POWER FAILURE

In the event of a power failure, remain calm, stop work immediately and proceed to the nearest exit.

(Messenger) Call your local power company at 1-877-428-6004 to get an assessment of how long the power will be off for.

Communicate details to the instructor for a decision on commencement of instruction i.e.: time and/or location.

## FIRE

If you suspect or discover a fire, evacuate the area. Close the door to the room where the fire is located and immediately sound the building fire alarm and/or alert others.

Call your nearest emergency service at **9-1-1**.

If the fire is small and you feel you are not placing your safety in jeopardy, you may fight it with a fire extinguisher. Be sure you are using the proper extinguisher for the type of fire you are fighting. If you are not sure, read the instructions on the extinguisher if the situation permits.

If the fire is large, very smoky, or spreading, evacuate the building immediately. Even if the alarm stops, continue the evacuation. When evacuating the building, **WALK, DO NOT RUN**.

Calmly make the following announcement to other participants:

**"May I have your attention please, we are experiencing a problem within the building. As a safety precaution we must ask you to leave your workstation and proceed to the nearest exit without delay.**

Ensure you communicate to all participants where the assembly area will be located. (100/m 300ft. from building-see map.) The faculty or designate will take attendance and report any discrepancies to authorities.

It is the responsibility of the faculty or designate (Searcher) to ensure the class is evacuated including the washrooms, lunchrooms, meeting rooms, and/or any area used by but not limited to all areas occupied by Medavie HealthEd. Evacuate persons with disabilities. Never re-enter a building until instructed by the Emergency Response professionals.

Close all doors when leaving the building, especially doors to the room of fire origin. Keep doors unlocked but monitored by a faculty or designate to ensure no one is going into the building.

## SERIOUS INJURY, ILLNESS OR DEATH

Do not move a seriously injured person except in a life-threatening situation.

Someone should stay with the person, while the (messenger) calls the appropriate emergency service (i.e. ambulance, etc.). **Give your name, telephone number, address of building and location of the incident in the building**

i.e. basement, 2<sup>nd</sup> floor, lunchroom, etc.) and the best entrance/door to access the scene from. Give as much information as possible about the situation.

Send someone to meet E.M.S./E.R.T., and escort them to scene.

Keep the injured person as calm and comfortable as possible. If necessary, administer First Aid.

Follow all safety directions.

- Secure the area
- Prevent further injuries from occurring
- Remain with the person until E.M.S. arrives and takes over
- Ensure the accident scene is not disturbed (Police, Fire Department and **Medavie HealthEd** may have to observe/investigate, as necessary.)
- Document and file an **incident report**.

### **CRITICAL INCIDENT STRESS DEBRIEFING**

It is a given that one of the main reason Paramedic Students have chosen the pre-hospital care field is because of their care and compassion for those who are suffering. It is expected that Paramedic Students will be touched on an emotional and personal level by many of the cases, which are encountered during their preceptorship.

An individual who has lost his/her capacity for compassion and remains unaffected by all calls is someone who falls into the “burn out” category. It is therefore expected that all students encountering calls which have left an “emotional imprint” (regardless of degree) contact Medavie HealthEd as soon as possible at 1-888-798-3888 or 1-506-854-1167 and fill a CISD form (in your student manual). Preferably within 12 hours of incident.

#### **Examples of incidents requiring CISD include, but are not limited to:**

Traumatic death of a child, Victim of child abuse, Suicide, Mass Casualty, Gross Trauma, Death en-route, Angry citizen, Unable to meet expectations personal or others, Events drawing media exposure, Having to stay emotionally neutral in dealing with victims and perpetrators, Calls of personal significance, etc.

Burnout is multi-factorial and besides Critical Incidents, can include numerous occupational stressors such as: long or extended shifts; problems with supervisors/instructors/physicians; value conflicts with coworkers/patients; fear of inadequate or insufficient training; poor professional communication skills; and little recognition to name a few.

**Common signs and symptoms of burnout (may be immediate or delayed):**

Negative attitude predominates, Lacking insight – blames others or system, Too much/too little sleep, Constant fatigue, Lack of caring for self/patient, Nightmares/insomnia, Preoccupied/distracted (amnesia), Anxiety/depression, Lacking in motivation, Increased sensitivity/emotional numbing, Frequent health complaints, Excessive weight loss/weight gain, Withdrawal from peers, etc.

Be aware of personal limitations and ensure a balanced and healthy lifestyle outside of scholastics i.e. get enough sleep, maintain a proper diet, exercise regularly, keep outside interests, and most importantly work to develop a strong support system of family and friends.

**Note: All information with respect to Critical Incident Stress Debriefing remains completely confidential. No information will be passed on to anyone including program staff.**



# Section 02

## Paramedicine Student Safety Rules

# INFECTION CONTROL

## **Introduction**

Until recently, the predominant concern among paramedics regarding their own safety dealt primarily with physical injuries. These concerns revolved around being involved in a motor vehicle accident during a response; being injured by a violent patient; sustaining injury from fire, hazardous substances or building collapse; or being injured while lifting or carrying a patient.

Well with the increase in the number of communicable diseases, including the Human Immunodeficiency Virus (HIV), Hepatitis A, B, & C viruses and SARS make it very important that paramedics consciously and stringently act to protect themselves from these “new” hazards as well.

In addition to these diseases, paramedics are also being subjected to resurgences of Meningitis, Influenza, Tuberculosis, Chickenpox, Rubella, Pneumonia and Measles. This is one of the reasons we ensure all our students have an immunization recorded completed before they enter our program.

These illnesses can affect a paramedic for the rest of their lives, to the point where they interfere with their ability to report for duty, they can be spread to members of their household, they can result in long-term if not life-long disability, and they can cause death to the paramedic or to those around him.

This document is meant to bring the paramedic’s attention to some of the basic and fundamental precautionary measures which can and should be taken, to prevent them from becoming seriously injured or ill.

## **Exposure and Communicable Pathogens**

The paramedic should be aware of and anticipate any potential for an “exposure” to an infectious disease. Exposures can occur through direct or indirect contact with contaminated blood or other body fluids and diseases can be classified as airborne or blood borne.

Airborne diseases are spread by droplets which have been produced by a cough or sneeze. Airborne diseases include Chickenpox, Tuberculosis, Mumps, Rubella and Meningitis. Blood borne diseases include HIV, HBV, HCV and syphilis.

Disease may also be spread by direct contact with an infection that is non-blood secretion, which includes any unfixed tissue or organ, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid,



amniotic fluid, saliva in a dental procedure, and any other body fluid that may be contaminated with blood.

## **Protection**

There are two types of protection offered to a paramedicine student; prophylactic immunizations and precautionary practices. The paramedicine student's best means of protection from infectious disease is just that—protection, not hoping for a cure once they have been exposed and infected by a disease.

The paramedicine student can be immunized against some of the diseases to which they are vulnerable and immunizations help to reduce the risk of contracting a disease, but they are not available for every disease. Diseases for which paramedicine students are commonly vaccinated include HBV, tetanus, diphtheria, measles, mumps, rubella, polio, and influenza. Paramedicine students can be immunized from some diseases by a single dose of vaccine, while others require several doses and/or periodic “booster”. The HBV vaccine, for example, typically requires three injections over a seven month period in order for the necessary immunity to develop. Tetanus and diphtheria “booster shots” are usually recommended every ten years.

## **Universal Precautions**

A couple of terms have been adopted to describe precautionary work practices which are designed to protect the paramedicine students from the risk of exposure to blood and other potentially infectious materials: **“Universal Precautions”** and **“Body Substance Isolation” (BSI)**. These practices must become ingrained into everything that you do as a paramedicine student and become a constant part of the of your work life—things that are done on every call and with every patient, no matter how trivial the call may seem. Some practices are simple and easy to perform and include washing your hands with an antiseptic hand cleaner, immediately after any potential exposure, and properly disposing of all contaminated sharp objects in specially designed and marked containers. After hand washing, the most common form of universal precaution is wearing “Personal Protective Equipment” (PPE). PPE includes, latex or vinyl gloves, non-absorbent “barrier” gowns, face masks and eye shields, shoe covers, and other various types of patient care equipment designed to protect the paramedicine student from the patient's body fluids while allowing treatment to continue.

To prevent the spread of infectious diseases, protective precautions must be taken when in contact with all patients and body fluids/tissue. This applies to all learning and working environments.

## **Procedure**

- Hand washing: Thorough hand washing with soap and water is indicated before and after any type of patient contact.
- Gloves: Disposable gloves must be worn for all direct patient contacts that have exposed body fluids. Gloves must be discarded after use and changed between patients.
- Gowns or Plastic Aprons: These must be worn when there is risk of body fluids soiling clothes. They must be changed after contact with each patient. Plastic aprons may be discarded and gowns will require laundering.
- Masks / Eye Protection: These must be worn when there is risk of body fluid splashing into the eyes, mouth, and mucous membranes. Masks must be discarded after use and changed between patients.

If a student is exposed to a communicable disease in the clinical setting, he/she should notify their Preceptor and Instructor who in turn will contact the Program Staff and seek medical advice.

**The priority in this situation is to seek medical advice. Notification of Instructor, Preceptor and Program Staff is secondary.**

**NOTE: Students are requested to review the procedures as outlined by the Infection Control Policies and Procedures of the clinical agency. Also students should advise Medavie HealthEd if they are allergic to latex.**

## **Sharps Practices and Disposal**

A sharp is a needle or any other sharp object which can puncture the skin and allow the blood of a patient to enter the paramedicine student's body. So keep in mind a sharp could be that piece of windshield glass or shredded metal at the scene of an MVI or that broken bottle at home.

A key area of concern in preventing the spread of blood borne diseases is the use and disposal of sharps (i.e. needles). Never stick contaminated needles into the stretcher mattress or crew bench of the ambulance. Recapping of needles is discouraged and should not be done by the student.

Dispose of all sharps in an approved sharps container. At Medavie HealthEd there will be no tolerance for the inappropriate handling of sharps, under any circumstances.

In the event of an accidental “stick” from a needle or any other form of a sharp the student should notify the instructor or facilitator immediately. The student may be directed to the closest emergency department or their family physician to be evaluated and treated for possible contaminations and exposures. If this occurs during a clinical or practical setting then the student should notify their preceptor immediately. The student should follow the procedures of the institution or practicum site they are in or go to the closest emergency department or their family physician to be evaluated and treated for possible contaminations and exposures. The student should also contact their instructor or clinical coordinator to inform them of the event and describe the actions taken to that point. All sharps are considered contaminated until proven otherwise and the student should take this event seriously.

### **Decontamination**

Decontamination and “clean up” is an important step in the process of infection control. Contaminated materials must be properly disposed of in marked containers which meet the regulatory guidelines. Such containers include the sharps disposal system used here at Medavie HealthEd.

When you are on your clinical and ambulance placements you may be responsible for cleaning and preparing an examination room or the ambulance for the next patient.

Preparing the ambulance means disinfecting both the patient compartment and any equipment which came into contact with the patient. Many EMS items are becoming disposable, and are simply discarded after a single use. Again, the paramedic student must know and follow his agency’s regulation and practices in order to provide proper protections for himself, his co-workers, and his patients.

The goal of Medavie HealthEd infection control program is not merely to reduce the incidence of exposures or needle sticks—but to **eliminate** them. The goal of our sharps control program is **zero-incidences** of needle stick injuries. We at Medavie HealthEd expect that the paramedic student we train will adopt and employ these measures fully.

<b>RECOMMENDED PERSONAL PROTECTION EQUIPMENT ACCORDING TO TASK OR ACTIVITY</b>				
<b>Task/Activity</b>	<b>Gloves</b>	<b>Gown</b>	<b>Mask*</b>	<b>Eye shield</b>
Bleeding control Spurting Blood	YES	YES	YES	YES
Bleeding control Minimal Bleeding	YES	OPTION	OPTION	OPTION
Childbirth	YES	YES	YES	YES
Blood Drawing	YES	OPTION	OPTION	OPTION
Starting IV	YES	OPTION	OPTION	OPTION
Giving Injection	YES	OPTION	OPTION	OPTION
Taking Rectal Temperature	YES	OPTION	OPTION	OPTION
Intubations (ET/EOA)	YES	OPTION	YES	YES
Suctioning Oral/Nasal	YES	OPTION	YES	YES
Manual Airway Clearing	YES	OPTION	YES	YES
Handling/Cleaning Soiled Equip/Vehicle	YES	YES	OPTION	OPTION

<b>CONTAGIOUS DISEASES</b>				
<b>Disease</b>	<b>Gloves</b>	<b>Gown</b>	<b>Mask*</b>	<b>Eye shield</b>
Tuberculosis	OPTION	OPTION	YES	OPTION
Chicken Pox	YES	YES	YES	OPTION
Meningitis	OPTION	OPTION	YES	OPTION
Whooping Cough	OPTION	OPTION	YES	OPTION

\* "Mask" means a device covering the mouth and nose and through which fluids cannot be absorbed. The ideal mask is one which includes an approved eye shield as well.

## BASIC EVERYDAY SAFETY SKILLS

### Introduction

The Paramedicine student must be alert, aware and as prepared as possible for the dangers that are a part of the provision of emergency medical services in the field. This section of the manual is meant to get the paramedicine student to have a positive attitude about safety and think of ways to minimize their risk of injury, both while attending their training program and after they have graduated.

### Attitude

Many Paramedicine students will perceive that their humanitarian or official role as care givers provides them with some type of protection which will save them from harm. However, this is far from the truth. The word “accident” in itself is unfortunate—implying some irrevocable act of fate outside human control, when truly most accidents are preventable and controllable.

We at Medavie HealthEd encourage our students to develop an increased awareness of the potential for injury and for them to take a more cautious attitude toward their school and work environments.

We also encourage our students to identify areas that are a safety concern.

### Minimizing Risk

Although some rapid decisions may have to be made in the face of danger, the paramedicince student’s pre-set safety attitude and their **safety skills** are the most important items in consistently minimizing risk. The paramedicine student is encouraged to remember these critical points, when it comes to their safety:

- The initial and primary concern must be the paramedicince student’s safety.
- Although others have some responsibility, the paramedicince student must assume the primary responsibility for his own safety
- The paramedicince student will **not** take uncontrolled risks regardless of the consequences of that decision.

The paramedicince student must understand the limitations of their role. It is a potentially dangerous oversimplification to just say that it is to “save lives”. Although the goal is certainly to save lives, it must also include the understanding that some patients will die regardless of the care provided, and that their role does not obligate the paramedicince student to take **undue** risks.

Taking contained, **controlled risks** for which one is properly trained, properly equipped, and for which one has the necessary resources at the scene, is a part of EMS. Taking dangerous **uncontrolled risks**, or attempting maneuvers or actions for which one has not been properly trained for equipped, is neither “heroic” nor a part of the paramedic student’s obligation, duty-to-act, or role. The paramedic student who has not come to these understandings is a danger to themselves and their fellow rescuers. **Do not become a danger to yourself or others.**

As with other skills, safety has a series of key steps that should be performed in a given sequence.

### **General Safety Skills**

1. Regardless of the nature of the call, proceed to the scene in a safe manner consistent with the area, traffic, and weather and using life belts and restraint devices.
2. Take appropriate Universal Precautions and don appropriate PPE before exiting the ambulance.
3. Assume the scene is dangerous: identify all possible dangers (environmental, man-made, and interpersonal).
4. Rule-out those dangers which are not present.
5. Mitigate or control (reduce) dangers that are present, as possible. Proceed **only** when the scene is acceptably safe.
6. At no time enter a scene or situation where safe operation requires training or equipment or other resources beyond what is available to you
7. If an unacceptable risk remains, withdraw to a safe location and arrange for the necessary resources to render the scene safe. Only proceed once the scene is acceptably safe.
8. Once the scene is safe, identify a safety officer to monitor scene safety and provide an alert if circumstances change.
9. Proceed to the patient and provide care with reasonable speed. Excessive haste ultimately causes delay and increases the chances of injury.
10. Use proper techniques to lift and move the patient to safeguard yourself and the patient.
11. Regardless of urgency, transport the patient in a prudent manner, always using proper strapping immobilization techniques and seat belts.
12. Safely and properly dispose of “sharps”, contaminated wastes and linens, and maintain Universal Precautions while cleaning the patient compartment and reusable equipment.

### **Driving Skills**

During the course of your program you will be given the opportunity to drive an ambulance to become familiar with its operation, though you will not be given the chance to drive with lights and sirens. It will not be until you graduate from our program and are hired by a company that you will first have the opportunity to drive on an emergency call.

But we at Medavie HealthEd want to you to take a positive attitude toward the operation of an emergency response vehicle and remember that; **assuming that you are entitled to the right-of-way, and that other drivers will yield it to you, will eventually result in a collision**, regardless of the use of lights and sirens.

Driving an ambulance requires hands-on instruction and practice in an actual ambulance, plus an understanding of safe emergency vehicle operation in a variety of traffic situations. A driver's license and experience in normal motor vehicle operation are not sufficient prerequisites for driving an ambulance, much less operating it under emergency conditions. Safe operation of an ambulance requires completion of a special course of instruction and in many areas requires additional licensure or certification.

## **SAFETY AT DIFFERENT PATIENT CARE SCENES**

### **MVA Scene Safety**

The scene of a motor vehicle incident (MVI), whether on local roads or a highway, always contains a high risk of a dangerous secondary crash. Most paramedic students are not aware that accidents caused by a second vehicle colliding with the wreckage—or into the ambulance which is parked at the scene with paramedics and patients inside—is a major cause of serious injury and death to paramedics.

**Flares or a raised hand do NOT stop oncoming vehicles. Barriers do.** Therefore remember once again to protect yourself, your fellow workers and your patient.

If you can when at the scene of an MVI and resources are available, ask the fire services to place a truck or other large vehicle between the oncoming traffic and wherever the patient is being cared. The barrier should be far enough back so that it cannot be pushed into the scene, but not so far back that it fails to prevent vehicles from just driving around it. In addition to the emergency vehicles' flashing lights at the scene, a clearly visible pattern of lighted or reflective warning devices should be placed in both directions from the scene to alert approaching drivers of the danger ahead.

### **Fire and Structural Collapse Scene Safety**

Any situation where there is a fire should always be considered unstable and dangerous. Under no circumstances is a paramedic student to put them selves at risk of injury by approaching or entering a fire situation.

The paramedic student is to allow the firefighters to remove the patient(s) from the fire area to a medical staging area for assessment and care. Such an area

should be clearly identified and should be established far enough from the actual scene that neither the paramedic students nor the patients are subject to flame, heat, smoke, falling debris, structural collapse, or the effects of explosion.

Once a building's structural integrity has been altered, its remaining strength is unpredictable. Therefore, any structure which has suffered significant damage from fire, or any building that has had some structural collapse from any cause, must be considered to be structurally unsafe.

### **Hazardous Materials Scene Safety**

Two items are key to safety at a hazardous materials scene:

1. early recognition, before responders enter the area and become exposed, and
2. Proper training, equipment, and procedures for managing the situation once it has been identified.

HAZMAT situations present a danger from toxic substances and/or from the chances of fire and explosion. Treating patients within the contaminated area or immediate scene area unnecessarily increases the danger to them and the paramedic students. Some patients will need to be decontaminated before being brought to the treatment area.

Injured patients should rapidly be removed to a staging area where personnel can assess and treat them in safety. The treatment area should be established in a protected and safe location distant enough from the incident so that if the situation escalates, patients and their care providers will remain safe until they can evacuate to a further location. The treatment area should always be beyond the possible explosion "perimeter" or, "drift" or "runoff path" of the substances involved.

### **Safety at the Scene of Violence**

Any scene where a patient has been shot, stabbed, or assaulted with any weapon or object is extremely dangerous and should not be entered by the paramedic student until it is contained. Allow the police have secured the scene, this means that the police have the weapon(s) in their possession or that they have assured themselves that any armed perpetrator has fled the scene and is not hidden and still within range.

In cases where violence and assault have occurred without a weapon, it is sometimes assumed that the responders can "handle" anyone. **Our students are encouraged to never take this attitude as it often results in injury.** Containing a violent or potentially violent person is the responsibility of law enforcement agencies; allow them to use the training, equipment and resources to take care of any violent situation.



## **Dealing with the Psychiatric Patient Safely**

It is difficult to predict mental patient's behavior. Remember that rational thought rarely predicts the behavior of irrational people. A rapid assessment of the patient's psychological profile in the field simply cannot be done with any reliability. Always assume that the mental patient—regardless of their calm presentation—is irrational.

Irrational behavior, and what can trigger a violent episode, is unpredictable. Therefore, all mental patients are unpredictable and have the potential to suddenly become dangerously violent. Further, they may be stronger than they appear or may be armed.

The safest approach includes allowing law enforcement to contain the situation and conduct a weapons search of the mental patient whether he appears unruly or not.

## **Incident Reports**

Incident reports are to be filled out every time there is an **unusual occurrence**, i.e., needle stick, contact with patient's bodily fluids, exposure to hazardous material, injury inflicted by patient, complaints or threats from bystanders, conflicts, potential hazards, etc. Incident reports are required for all **VSA patients** and for all calls where there is a **suspicion of crime** i.e., death, theft, assault, etc.

The incident report form (available on the Medavie HealthEd website on the student services page using the link <http://www.medaviehealthed.com/incident-report/>) is to be **filled out within 24 hours of the occurrence**. The school is **also to be notified within 24 hours** at 1-888-798-3888. All incident reports will be reviewed in a meeting with the Clinical and Practicum Coordinator within a period of seven days. Incident reports should also be reviewed by the student's crewmembers for advice and comments.