

301.00 Ambulance Operations

Purpose:

The following guidelines are meant to assist you with the safe operation of emergency vehicles. At the time of inception most of the points of safe vehicle operations are covered however not all situations can be covered and a common sense approach must be used.

You must convince yourself at all times that other vehicles do not see or hear you. This makes you a defensive driver. Never assume that you know drivers intent and if you must just STOP!

PREPAREDNESS:

It is every emergency vehicle operator's responsibility to be prepared for the safe operation of their apparatus.

Identified areas that effect preparedness include but are not limited to:

- 1) **Fatigue:** Both mental and physical can influence the ability of an emergency vehicle operator. (i.e.; lack of sleep, awakening from sound sleep).
- 2) **Stress:** The type of patient or nature of incident you are responding to or transporting from.
- 3) **Health:** Maintenance of consistently good health is vital for all emergency vehicle operators. Sufficient rest, physical fitness, and nutrition are necessary for safety.
- 4) **Attitude:** An emergency vehicle operators personal problems and their perception of other drivers can effect the safe operation of a vehicle.

MECHANICAL:

It is necessary for the continued safe operation of vehicles that all operators become familiar with a standardized mechanical check off list that include:

- 1) *Vehicle overview:*
As you approach the vehicle; look for leaks, fresh oil or other fluids on the ground.
The general appearance (i.e.; leaning, physical damage, etc.).

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- 2) *Check engine compartment:*
 - Engine oil level
 - Coolant level and hoses
 - Power steering and brake fluid
 - Windshield washer fluid
 - Belts worn or cracked
 - Leaks inside engine compartment
 - Batteries and connections
 - Automatic transmission fluid level

 - 3) *Start engine and check inside cab:*
 - Listen for any strange noises
 - Look at all gauges and verifies normal range of oil pressure, Ammeter/voltmeter, engine temperature and warning.
 - Check heater, defroster and air conditioning.
 - Check operation of controls; steering wheel, accelerator, brakes (Parking and service), transmission, horn, lights, and windshield washer/wiper
 - Check windshield for cracks, adjust mirrors
 - Test parking brake; apply parking brake and place in gear. Remove foot from brake pedal, vehicle should not move.

 - 4) *Check lights and radio:*
 - Running and parking lights, back up lights and alarm.
 - Brake lights
 - Turn signals front/rear
 - Headlights high/low
 - Scene lights
 - Flashing reds
 - Light bar

 - 5) *Walk around inspection:*
 - Left front, wheel and tire, tread, tire inflation, suspension
 - Front, wipers and bumper
 - Right front, wheel and tire, tread, tire inflation, suspension
 - Right side, all compartment and cab doors open and close easily
 - Right rear, wheel and tire, tread, tire inflation, suspension
 - Rear, patient compartment doors and bumper
 - Left rear, wheel and tire, tread, tire inflation, suspension

 - 6) *Patient compartment:*
 - Assure all lights are working overhead and tech
 - Rear radio
 - Gurney and lock down
 - Inventory supplies

MAINTENANCE:

Maintenance is necessary and required to assure the continued safe operation of emergency vehicles. As a guide to follow, service can be divided into three levels of maintenance.

1. Routine Maintenance:

This is the daily maintenance check. EMT's are to conduct a Daily Maintenance Check at the beginning of each shift and the daily maintenance check form. See attached form "A".

2. Scheduled Maintenance:

Maintenance in this category is determined by either the amount of mileage or time shown on the dash tags. Vehicles are marked after every service with a date and mileage sticker. Vehicles are to be serviced every 3 months or 3,000 miles whichever occurs first. This may be oil & filter change, fan belt replacement, etc.

3. Crisis Maintenance:

This classification can be divided into 3 categories

a. Immediate

These are items that require immediate removal of a vehicle from service and may include; any condition that can effect the safe operation, including but not limited to brakes, loss of required lighting or siren, starting and / or charging problems.

b. As Soon As Possible

These are items that require corrective measures however they do not require the unit to be removed from service and may include; oil or fluid leaks, secondary lighting, radio problems.

c. With Next Scheduled Maintenance

This category includes items that need to be corrected but can wait until next scheduled service. These may include interior lights, tires.

PRIOR TO RESPONDING:

Before entering the ambulance it is the operator's responsibility to assure that:

- 1) All compartment doors are closed and secured.
- 2) All service (shore) lines are disconnected.

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- 3) If vehicle must use reverse the rear of the vehicle must be checked for obstacles.
 - 4) All passengers must be wearing proper seat belt restraints.

TIMES AND MILEAGE:

As required by law it is necessary to keep and maintain a log for each unit. This log will include the following;

- 1) DATE, this is the date of the call.
- 2) CREW MEMBERS, list all personnel responding to the call
- 3) DISPATCH, this is the time you receive a call.
- 4) RESPONDING, this is the time when you respond to the call. In addition the odometer reading must be logged.
- 5) ON SCENE, this is the time you arrive at scene and must also include an odometer reading.
- 6) ENROUTE, this is the time you leave scene as given by dispatch.
- 7) ARRIVAL, this is the time when you arrive at a destination (i.e.: landing zone, hospital, etc.) and must also include an odometer reading.
- 8) AVAILABLE, after you have transferred care and your vehicle is ready to respond, the time you notify dispatch is logged here.
- 9) TYPE OF CALL, this is the chief complaint and age of the patient. DO NOT include patient name.
- 10) LOCATION, this is where you picked up and where you dropped off the patient (i.e.: hwy 88 @ cooks- 4000 ft helipad).

DISPATCH:

American Legion Ambulance is dispatched by Amador County Sheriffs Office. At the time of dispatch the following information should be given;

- 1) MEDIC UNIT: Each ambulance has an identifying number to coordinate with dispatch.
- 2) LOCATION: Usually a physical address, also major roadways, you may ask for a cross street for reference.
- 3) TYPE OF CALL: Usually this is given as the chief complaint for in home medical calls or with motor vehicle accidents the number of autos involved.
- 4) CODE: This is known as code 2 or 3 and should not be deviated from.

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- 5) OTHER: This is information that Dispatch can give at tone out or as an update when new or more information becomes available.

AMBULANCE DRIVING:

- 1) *Defensive driving:*

Defensive driving is doing everything reasonably possible to avoid being involved in a preventable accident, regardless of what the law is, what the other driver does, or in adverse driving conditions.

Five elements of “defense driving” are: Knowledge, Alertness, Vision, Judgment and Skill.

It is company policy that you drive with your headlights on at all times. This increases the visibility of your vehicle to other drivers.

- 2) *Useful driving tips:*

Maintain basic control: The driver can control only the vehicles speed and direction. Loss of control can result from 1) Driving too fast for weather, road or tire conditions; 2) Accelerating too hard; 3) Braking inappropriately; 4) Changing direction to abruptly; and 5) Tracking a curve at too high a speed.

Prevent backing mishaps: Backing maneuvers account for a large proportion of emergency vehicle accidents. If an ambulance must be backed, you should 1) Station a crewmember outside to the left rear of the vehicle; 2) Check for pedestrians and obstacles; 3) Sound the horn before backing; 4) Back slowly; and 5) Check mirrors constantly.

Negotiate intersections safely: Intersections are the most accident like areas. Over half of all emergency vehicle accidents occur at intersections because: 1) Visibility at many intersections is obstructed by buildings, landscaping or other vehicles; 2) Drivers misjudge traffic situations and clearance; 3) Motorist do not hear or see the approaching ambulance; 4) Two or more emergency vehicles often “meet” at intersections. When coming to an intersection a driver should: a) Check for actual or potential hazard well in advance of the intersection; b) Look to the left, then right, then left again before entering the intersection; c) Maintain a safe following distance, particularly if following another emergency vehicle.

Maintain a safe following distance: This is enables a driver to stop or steer around without mishaps if the vehicle in front comes to a sudden stop.

Watch for adverse conditions: Poor driving conditions resulting from darkness, weather or visibility restrictions can be made less hazardous by taking precautions. Some of these precautions are: 1) Be sure that your wiper blades, heater and defroster, lights, brakes and tires are in good condition; 2) Drive at speeds appropriate for conditions and increase following distance; 3) During darkness, keep eyes moving and slow considerably on curves and turns; 4) Avoid skidding and loss of control when rain, snow or ice is present. Do not make sudden moves with steering wheel, brakes or accelerator; 5) Avoid hydroplaning on wet roadways by using properly inflated tires with deep treads and reducing speed.

3) *Special privileges and/or exemptions:*

Only under the conditions specified in Vehicle code section 21055 are drivers of emergency ambulance exempt from traffic laws in Vehicle code sections 21350 through 22855.

The privileges provided by section 21055 of the Vehicle code do not include exemptions from such public offenses as reckless driving or driving under the influence of alcohol or drugs.

4) *Code 2 Operation:*

Code 2 is a common term used to define the URGENT, not emergent need of a patient. While operating code 2 all traffic laws must be obeyed to the letter.

In several studies, response times of code 2 operation, versus code 3 operation for 10 minute responses only deviated by 40 seconds.

As with all responses the primary goal is to arrive safely. And the operator's responsibility as defined by the California Vehicle Code (CVC) is the safe transportation of patients.

Drivers may not exceed posted speed limits at any time during non-emergency (Code 2) operations.

SAFE means;

- 1) Not risking an accident
- 2) Smooth driving
 - a) Driving that will not stress the patient.
 - b) Driving in a manner that will permit the patient attendant to provide care.

5) *Code 3 Operation:*

Code 3 is a term used for an emergency vehicle, responding to an emergency call or while engaged in a rescue operation, that is displaying a lighted red lamp visible from the front as a warning to pedestrians and other vehicles and uses a siren as is reasonable.

There are certain patient conditions that require code 3 transports however this is estimated to be only 5-7% of patients. These include, but are not limited to;

- A) Uncontrolled hemorrhage
- B) Uncontrolled cardiovascular or respiratory impairment
- C) Complicated impending childbirth
- D) Any condition deemed necessary by the patient attendant

NO MEDICAL EMERGENCY REGARDLESS OF HOW SEVERE JUSTIFIES DRIVING IN A MANNER THAT RISKS LOSS OF CONTROL OF THE VEHICLE OR RELIES ON OTHER DRIVERS OR PEDESTRIANS TO REACT IDEALLY

- 1) When responding CODE 3, drivers will maintain a safe speed at all times.
- 2) While Code 3 speed shall never exceed 10 miles per hour over the posted speed limit. In the cities of Jackson, Sutter Creek, Ione and Plymouth, all speed limits must be observed. Weather, traffic or other conditions may further limit the safe speed at which you may proceed.
- 3) Section 21807 of the California Vehicle Code provides that the driver of an emergency vehicle in code 3 operation is not exempted from the duty to drive with due regard for safety of all persons and property. You can be held responsible for an accident while driving code 3. Remember to drive defensively at all times.
- 4) You are required to study and know the California Department of Motor Vehicle regulations, which pertain to code 3 driving.
- 5) The illegal use of siren and red lights can be cause for immediate dismissal and loss of your license.
- 6) The HI-LOW modulation is not a legal siren in the State of California and is not to be used.
- 7) Emergency calls must be made with due regard for safety at all times. If you are slow in responding to the dispatcher's call, never try to make-up for the lost time by speeding.

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- 8) Unless specifically advised otherwise, every call from a law enforcement agency or fire department is to be responded to on an emergency basis.
 - 9) 83% of all traffic accidents involving code 3 ambulances occur at intersections or business driveways near intersections.
 - 10) Regulations under section 2512 of the California Vehicle Code state, "Particular hazards which must be anticipated by an ambulance driver driving code 3 include blind intersections and driveways, motorist with physical defects such as impaired hearing and inattentive drivers". Ambulance speed is limited to a maximum of 15 mph when transversing intersections against stop signals or stop signs.
 - 11) Our company policy is to stop at all red lights before proceeding through the intersection when responding code 3. You must also stop at all intersections where you cannot see that it is clear to proceed.
 - 12) Always be alert for pedestrians hidden from view by vehicles stopped in front of them. Watch for children running into the street and from behind parked cars.
 - 13) Knowing where you are going and immediately going 10-8 on the call improve response times. NOT by speeding.
 - 14) When responding code 3 during the early morning hours when citizens are sleeping, use your siren with discretion. There is no reason to have your siren on constantly down a residential street during the middle of the night with no other vehicles in sight. However, you must be certain to use both lights and siren when breaking intersections.
 - 5) *Special reminders:*

Beginning drivers seek the advice and counsel of experienced drivers. Experienced drivers, if they are wise, always consider themselves beginners.

Even when speed is vital to patient's welfare, the necessity for safety surmounts everything else. Always remain calm and alert. It is futile to get almost to the hospital. A fast rough ride does not improve a patient condition.

The attendant is responsible for guiding the driver to the scene or patient destination and must assist with efficient map reading.

Take special care when driving on bumpy surfaces. Avoid sharp stops and jumpy starts.

Your ambulance can save your life as well as the patients if it is treated properly. Be especially careful not to take your anger, resentment or personnel problems out on your vehicle.

Do not rush stop signals or pass on the right of other vehicular traffic. You must always use your turn signals well in advance of an anticipated turn.

Always watch for overhangs, such as tree branches and low ceilings in underground parking areas, which the top of your ambulance (including the light bar & antennas) may not clear. Minimum clearance for the ambulances is 10'-6".

There will be no "horseplay" between crewmembers in the ambulance at any time.

Patient's friends and relatives should be discouraged from riding in the ambulance. If someone insists on riding with the patient, only one person is permitted in the ambulance. The rider should be seated in the passenger seat of the Driver's compartment and must have his/her seat belt secured. EXCEPTION: PARENT WITH CHILD.

No employee shall drive an ambulance unless designated by the Company to be a Driver, or unless otherwise specifically authorized to do so by management.

The Attendant shall remind any Driver who exceeds speed limits for ambulances about Company rules and speed laws. If the Driver does not correct his driving immediately, the Attendant shall make a verbal "Incident Report" to the Shift Supervisor on duty. If no report is made and a citizen or a police agency calls in a complaint, both the Driver and Attendant may be relieved of their driving privileges.

If a patient is not in the ambulance, the Attendant shall be out of the ambulance guiding the Driver while the vehicle is backed (reverse).

The use of seat belts is mandatory for ANYONE RIDING in a Company vehicle. This includes friends and relatives of patients as well as ride-a-longs.

Continued or serious driving offenses will be cause for dismissal.

Eating or drinking in the patient compartment or while riding with the patient is strictly prohibited.

Both Drivers and Attendants are required to know all regulations applicable to their work as contained in the "Ambulance Driver's Handbook", published by the California Highway Patrol.

DUE REGARD:

Section 21056 of the California vehicle code provide that privileges granted under section 21055 CVC do not relieve the operator from the duty to drive with due regard for the safety of all persons using the highway, nor protect them from the consequences of exercising any of those privileges

- 1) Even when exempted from traffic laws an operator can be held criminally and/or civilly liable if involved in an accident where property damage, injury or fatality occur.
- 2) Deciding whether a driver has exercised “DUE REGARD FOR THE SAFETY OF OTHERS” is based upon the specific set of circumstances. Certain principals may serve as guidelines:
 - a) Sufficient notice of your vehicles approach must be given to allow other vehicles and pedestrians to yield the RIGHT OF WAY. Failure to give notice until a collision is inevitable dose not meet the principle of due regard.
 - b) In determining whether or not the driver used “due regard” in using signaling equipment the courts will consider, was signaling used, was signaling used properly
 - c) Even proper use of signals does not relieve the operators responsibility to exercise caution
 - d) If an operator of another vehicle fails to yield their right of way and a collision occurs the operator of the emergency vehicle would have failed to use due regard.

RIGHT OF WAY:

The term right of way has been used quite freely in response to code 3 driving. It has been seen as a blanket to protect emergency vehicle operators, when in fact nothing could be farther from the truth.

When operating an emergency vehicle you actually have no immunity traffic laws with regard to other vehicles. All other vehicles have the right of way. It is that person in that particular auto that is yielding the right of way and can only be considered for that specific vehicle. If another vehicle doesn't yield and an accident occurs you have not met the requirement of due regard.

For example if you are driving code 3 to an MVA and you approach a light controlled intersection, the north bound operator who has the right of way because north/south has a green light stops to allow you to proceed (yielding their right of way), and another south bound vehicle enters the intersection and an accident occurs. You have not met the test of due regard.

In the above example it should become very clear that while driving code 3 there is no immunity provided to you with lights and siren. Even more precaution should be taken to ensure the safety of all other autos and pedestrians on the roadway.

HIGHWAY SCENE OPERATIONS:

The California Highway Patrol is the scene commander for incidents that occur on Amador County roadways. When arriving at the scene of a motor vehicle accident if directed to a location you must do so.

It is necessary to understand if traffic can be kept moving this could help prevent a second incident. However the primary concern of everyone is responder safety and if traffic must be stopped for rescue it will.

If there is no traffic control on scene you must position your vehicle in a location that protects you and the patients from other vehicles traveling the same roadway. As additional manpower arrives on scenes and CHP takes incident command they may direct someone to reposition your vehicle.