

City of Belleville Fire Department

Number: 1014

POLICY:

It is the policy of the Belleville Fire Department that standard procedures be followed when responding to medical assist calls.

Date S.O.G. Comes Into Effect: August 4, 1999

Date S.O.G. Revised: March 8, 2017

Date Committee Approved S.O.G. : June 4, 1999

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GUIDELINE

1:00 Purpose:

1:01 To define the procedures to be followed at medical calls.

2:00 Procedures:

2:01 The minimum response to any medical assist call will be one pump crew consisting of an officer and three crew members.

2:02 If an ambulance is already on scene on arrival of the fire department the officer and one man will enter to offer any needed assistance.

2:03 If the ambulance is not on scene upon arrival of the fire department, the officer and two crew members shall enter the site to stabilize, comfort and support the patient. They will control the scene until the ambulance crew arrives and takes charge. They will then assist the ambulance crew as required.

2:04 All firefighting personnel shall take "Universal Precautions" (i.e. latex gloves, washing after the incident with soap and water, etc.) when working with a patient.

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- 2:05 The fire apparatus shall be positioned in a location to ensure accessibility for the ambulance and safety of the firefighting personnel.
- 2:06 If there is or there could be a danger to the firefighting crew (e.g. weapons, etc.) the officer will withdraw the crew until Police arrive.

2.07 **OFFICERS DUTIES**

While on scene the officer shall report to dispatch that the patient contact has been established, the arrival of the ambulance or Police on scene. He shall also control the scene and obtain patient information for the ambulance crew (i.e. have family members gather medications, get health card, obtain medical history).

OUTSIDE PERSONNEL

Shall notify the Officer and Dispatch of the arrival of the Ambulance and Police. Where possible they will assist the ambulance crew (open doors, help with stretcher) and direct traffic as needed.



INSIDE PERSONNEL

Shall bring with them all necessary equipment. They will follow C.P.R. and first aid as per training. They will obtain patient information and report their findings to the ambulance crew.

- 2:08 When personnel become aware of the existence of a DNR Confirmation Form, they will obtain the Form from the patient, family member or caregiver at the scene. It should be noted that the validity of the DNR Confirmation Form is not dependent on the presence of the health care provider who completed and signed the Form being on the scene. Once the Form is obtained, personnel should review it carefully to ensure that it is valid as indicated by the presence of the serial number and by the completion of all of the required fields that are identified in the following sections. If it is determined that the DNR Confirmation Form is not valid for any reason, personnel must continue to provide care to the patient.

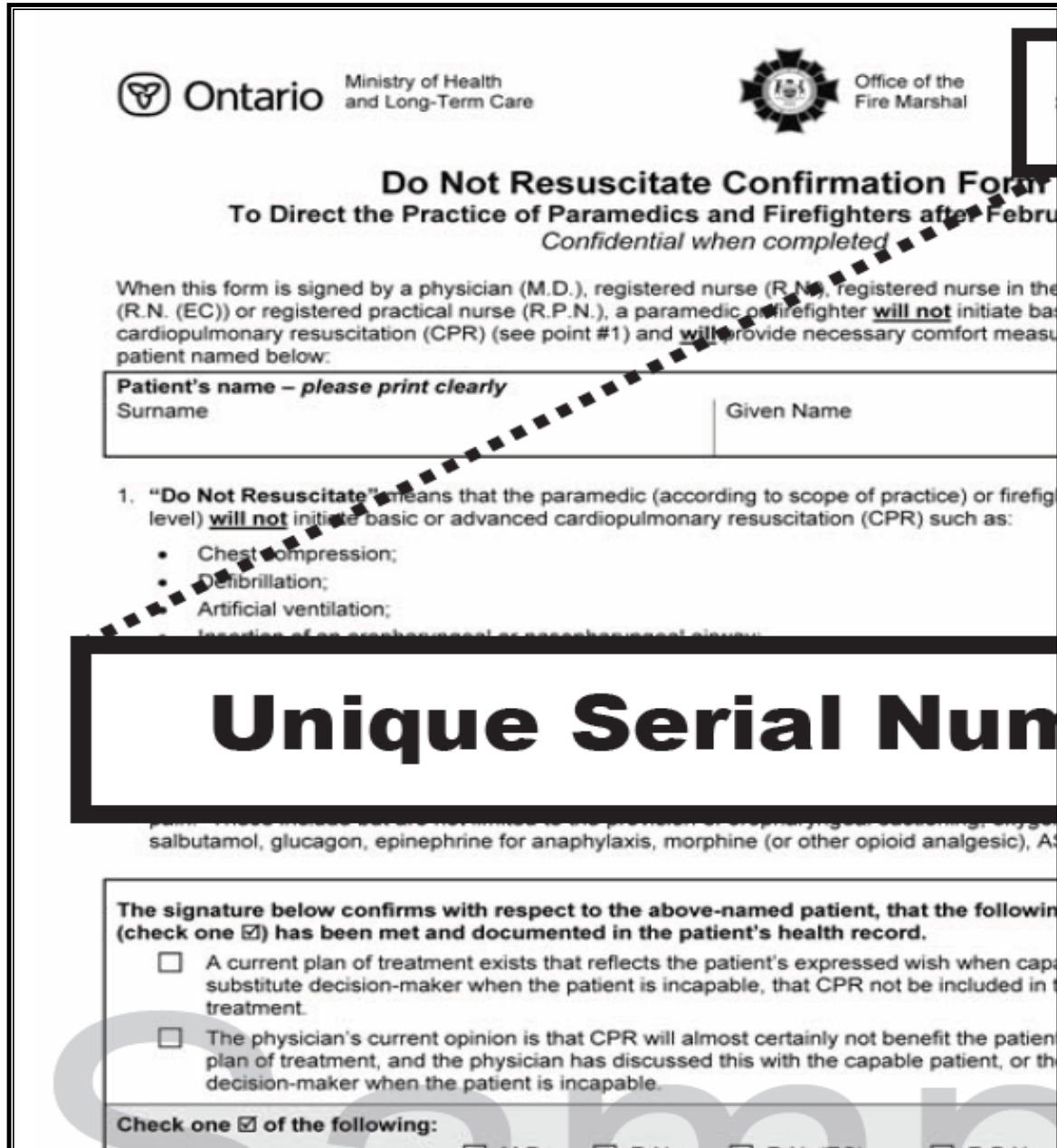
In addition to obtaining the completed DNR Confirmation Form and determining the validity of the Form, personnel must make all reasonable efforts to ensure that the patient named on the Form is the person to whom they are attending to. While it is preferable to have confirming documentation to identify the patient, it may not be feasible or practical to obtain this in all instances. Personnel may have to rely on verbal confirmation by the person at the scene who presented the DNR Confirmation Form to assist confirming the identity of the patient.

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 Ontario	Ministry of Health and Long-Term Care		Office of the Fire Marshal				
<h2 style="margin: 0;">Do Not Resuscitate Confirmation Form</h2> <h3 style="margin: 0;">To Direct the Practice of Paramedics and Firefighters after February 1, 2017</h3> <p style="margin: 0;"><i>Confidential when completed</i></p>							
<p>When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended role (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures for the patient named below:</p>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 5px;">Patient's name – <i>please print clearly</i></th> </tr> <tr> <td style="width: 60%; padding: 5px;">Surname</td> <td style="width: 40%; padding: 5px;">Given Name</td> </tr> </table>				Patient's name – <i>please print clearly</i>		Surname	Given Name
Patient's name – <i>please print clearly</i>							
Surname	Given Name						
<p>1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:</p> <ul style="list-style-type: none"> • Chest compression; • Defibrillation; • Artificial ventilation; • Insertion of an oropharyngeal or nasopharyngeal airway; • Endotracheal intubation; • Transcutaneous pacing; • Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic drugs, and antiemetics. <p>2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort to the patient. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, analgesics, sedatives, and other appropriate interventions. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), and other appropriate interventions.</p>							
<p>The signature below confirms with respect to the above-named patient, that the following (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.</p> <p><input type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or the substitute decision-maker when the patient is incapable, that CPR not be included in the plan of treatment.</p> <p><input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</p>							
<p>Check one <input checked="" type="checkbox"/> of the following:</p> <p style="text-align: center;"> <input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N. </p>							

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2:10 UNIQUE SERIAL NUMBER



The image shows a 'Do Not Resuscitate Confirmation Form' from the Ontario Ministry of Health and Long-Term Care, Office of the Fire Marshal. The form is titled 'Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2017' and is marked 'Confidential when completed'. It includes instructions for when the form is signed by a physician, registered nurse, or paramedic, stating they will not initiate CPR and will provide comfort measures. A section for 'Patient's name' is divided into 'Surname' and 'Given Name'. A dashed line indicates a unique serial number is printed in the upper right corner. A large box highlights the text 'Unique Serial Number'. Below this, a list of CPR procedures (Chest compression, Defibrillation, Artificial ventilation, Intubation) is shown. A section for 'The signature below confirms...' includes two checkboxes for treatment plans. At the bottom, it says 'Check one [X] of the following:'.

Ontario Ministry of Health and Long-Term Care Office of the Fire Marshal

Do Not Resuscitate Confirmation Form
To Direct the Practice of Paramedics and Firefighters after February 1, 2017
Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures for the patient named below:

Patient's name – please print clearly

Surname	Given Name
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1. "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to scope of practice) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:

- Chest compression;
- Defibrillation;
- Artificial ventilation;
- Intubation.

Unique Serial Number

The signature below confirms with respect to the above-named patient, that the following (check one ☒) has been met and documented in the patient's health record.



- ☐ A current plan of treatment exists that reflects the patient's expressed wish when capable, or the substitute decision-maker when the patient is incapable, that CPR not be included in the plan of treatment.
- ☐ The physician's current opinion is that CPR will almost certainly not benefit the patient, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one ☒ of the following:

Each DNR Confirmation Form will be imprinted with a seven-digit unique serial number in the upper right hand corner. Forms without this serial number cannot be considered valid.

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2:11 PATIENT'S NAME



 Ontario	Ministry of Health and Long-Term Care		Office of the Fire Marshal				
<h3 style="margin: 0;">Do Not Resuscitate Confirmation Form</h3> <p style="margin: 0;">To Direct the Practice of Paramedics and Firefighters after February 1, 2017</p> <p style="margin: 0;"><i>Confidential when completed</i></p>							
<p>When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures to the patient named below:</p>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Patient's name – please print clearly </td> </tr> <tr> <td style="width: 50%; padding: 2px;">Surname</td> <td style="width: 50%; padding: 2px;">Given Name</td> </tr> </table>				Patient's name – please print clearly		Surname	Given Name
Patient's name – please print clearly							
Surname	Given Name						
<p>1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:</p> <ul style="list-style-type: none"> • Chest compression; • Defibrillation; • Artificial ventilation; • Insertion of an oropharyngeal or nasopharyngeal airway; • Endotracheal intubation; • Transcutaneous pacing; • Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents, and antiemetics. <p>2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort to the patient. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, analgesics, sedatives, and other appropriate interventions. Examples of such interventions include, but are not limited to, morphine (or other opioid analgesic), AS</p>							
<p>The signature below confirms with respect to the above-named patient, that the following (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.</p> <p><input type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's treatment.</p> <p><input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</p>							
<p>Check one <input checked="" type="checkbox"/> of the following:</p> <p style="text-align: center;"> <input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N. </p>							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> Print name in full </td> </tr> <tr> <td style="width: 50%; padding: 2px;">Surname</td> <td style="width: 50%; padding: 2px;">Given Name</td> </tr> </table>				Print name in full		Surname	Given Name
Print name in full							
Surname	Given Name						

This section of the DNR confirmation form contains a statement describing the purpose of the form. It is this statement that provides direction to personnel, enabling them to honour a DNR order made on behalf of the patient identified in the “Patient's Name” field found directly below the statement.

The statement in this section also sets forth the patient care interventions that will or will not be initiated by personnel when the form is completed and signed by a designated health care provider.

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2:12 PATIENT'S HEALTH RECORD

 Ontario Ministry of Health and Long-Term Care	 Office of the Fire Marshal		
Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2017 <i>Confidential when completed</i>			
When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures to the patient named below:			
Patient's name – please print clearly <table style="width: 100%;"> <tr> <td style="width: 60%;">Surname</td> <td style="width: 40%;">Given Name</td> </tr> </table>		Surname	Given Name
Surname	Given Name		
1. "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as: <ul style="list-style-type: none"> • Chest compression; • Defibrillation; • Artificial ventilation; • Insertion of an oropharyngeal or nasopharyngeal airway; • Endotracheal intubation; • Transcutaneous pacing; • Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents, and antiemetics. 			
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort to the patient. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), AS			
The signature below confirms with respect to the above-named patient, that the following (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.			
<input type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable or the consent of a substitute decision-maker when the patient is incapable, that CPR not be included in the plan of treatment.			
<input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient, and the physician has discussed this with the capable patient, or the decision-maker when the patient is incapable.			
Check one (1) of the following:			
<input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N.			
Print name in full			



The health care provider who completes and signs the DNR Confirmation Form is confirming that one of the two conditions indicated in this section has been met and is documented in the health care record of the patient named on the Form. This requires that the signatory exercise due diligence by confirming that the information is correct before signing the Form. Personnel are not expected to investigate the condition under which a DNR order is made nor are they required to actually review or confirm the DNR order written in the patient's health care record.

A check in the first tick box indicates that a plan of treatment exists in the patient's health record and that this plan does not include CPR. Secondly, it indicates that the plan of treatment reflects the patient's expressed wish when capable or the consent of a substitute decision-maker when the patient has been deemed incapable.

The second tick box is checked when it is a physician's opinion that CPR will almost certainly not benefit the patient and that the decision not to include CPR in the patient's treatment plan was discussed with the patient or the substitute decision-maker. A nurse can check this box and sign the Form if they know that this was the condition under which the patient's plan of treatment (that does not include CPR) was developed. It is the responsibility of the health care provider signing the Form to ensure that the documentation in the health care record supports the information indicated in the DNR Confirmation Form.

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2:13 SIGNATURE OF HEALTH CARE PROFESSIONAL

 Ontario Ministry of Health and Long-Term Care	 Office of the Fire Marshal				
Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2011 <i>Confidential when completed</i>					
When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended role (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures for the patient named below:					
Patient's name – please print clearly <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 60%;"></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> </tr> </table>					
<ol style="list-style-type: none"> 1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as: <ul style="list-style-type: none"> • Chest compression; • Defibrillation; • Artificial ventilation; • Insertion of an oropharyngeal or nasopharyngeal airway; • Endotracheal intubation; • Transcutaneous pacing; • Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic drugs, and antiemetics. 2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort to the patient. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, albuterol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), and other comfort measures. 					
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Check one <input checked="" type="checkbox"/> of the following: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><input type="checkbox"/> M.D.</td> <td style="text-align: center;"><input type="checkbox"/> R.N.</td> <td style="text-align: center;"><input type="checkbox"/> R.N. (EC)</td> <td style="text-align: center;"><input type="checkbox"/> R.P.N.</td> </tr> </table>		<input type="checkbox"/> M.D.	<input type="checkbox"/> R.N.	<input type="checkbox"/> R.N. (EC)	<input type="checkbox"/> R.P.N.
<input type="checkbox"/> M.D.	<input type="checkbox"/> R.N.	<input type="checkbox"/> R.N. (EC)	<input type="checkbox"/> R.P.N.		

This section of the DNR Confirmation Form requires that the signatory indicate their professional designation by checking the appropriate tick box, printing their surname in the areas indicated, signing and dating the Form.

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- 2:14 **Sanitation:** Ensure that proper disposal methods of used medical equipment (e.g. latex gloves, etc.) are followed and that proper washing of equipment is carried out.
- 2:15 **Training:** The Department shall organize refresher training in C.P.R. / First Aid / and E.F.R. by qualified instructors as prescribed by the certifying agencies. All personnel are required to participate in this training.
- 3:00 **Scope:**
- 3:01 It shall be the responsibility of the Captain/ Officer in charge of each shift to ensure that this guideline is explained and followed.
- 3:02 It shall be the responsibility of **all employees** to understand and adhere to this guideline.

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