Subject: Medical First Response Operational Plan

Purpose: To have in place a plan of operations for the state of Wisconsin explaining the extent of medical services provided in a specific area of demographic location.

Scope: This plan shall serve as an operational reference for all (EMR's) emergency medical responders with the Egg Harbor Fire Department.

I. Demographics

The Egg Harbor Fire Department provides fire protection and rescue services to the Village and town of Egg Harbor. These two entities encompass approximately 38.78 square miles in central Door County. Our permanent population is approximately 1725 people, however due to a high influx of summer residents and tourists our day to day population in the summer months may exceed 4000. Our primary industry is farming and tourism with the majority of people being employed in the service type of occupations with many of these being seasonal.

II. Operations

A. Provide a description of how the provider will use Medical First Responders and/or EMTs (all levels) in the system. (Describe staffing, call schedule, call response, etc.)

The current MFR provider has a staffing level of 21 volunteers who respond on a call at will bases. It is our goal to maintain an active roster of at least 18 individuals.

B. Describe how the provider uses Medical First Responders to assure that prompt and efficient emergency (9-1-1) response is available to the primary service area covered by the provider.

Each member carries a pager and is notified of the emergency through our dispatch center. Each member is or will be provided with the needed equipment to allow them to respond directly to the incident. Our members respond in an as available mode, however due to our combining of departments and increasing the numbers of responders we anticipate an increased level of response.
C. **Submit a roster of personnel to be utilized. (If new service, submit license applications for all Medical First Responder personnel.)**

A roster is attached. Applications are attached for all of our members. Each is signed by the applicant, the service director and the service medical director.

D. **Provide copies of all personnel operating policies, procedures and guidelines.**

Our services’ Standard Operating Procedures and Personnel Policies are enclosed, our service operates under the medical direction of Emergency Services of Door County and their state approved protocols. All first responder groups operating in the county have a signed agreement describing the county’s expectations and limitations.

E. **Describe the relationship between this service and other emergency medical and public safety services in the geographical area.**

Our service will be a part of the three tiered Emergency Services of Door County system. As a MFR provider we will provide the initial on scene care, stabilization, and treatment. We will then transfer care in an orderly fashion to the County’s EMS units, whether EMT or Paramedic. Additionally are personnel will be available outside of our primary response area on mutual aid basis to our neighboring communities.

F. **Describe how this service will integrate with the local, county or regional disaster preparedness plans.**

Our service has in the past participated in regional and local disaster planning on a fire department basis, we will expand our planning to include EMS related concerns at these events and incidents.

G. **Provide copies of written mutual aid and backup agreements with ambulance services in the area.**

Our service provides a on scene response only and operates under the medical directions and protocols of Door County, the county maintains the responsibility for all patient transports and definitive care. All first responder groups in Door County are listed in the Wisconsin EMSS system as affiliates.

H. **Provide evidence of local commitment to this emergency medical service program to include letters of endorsement from local and regional medical, governmental and emergency medical services agencies.**

See attached letters from our local government.

I. **Identify the regional trauma advisory council (RTAC) that the service has chosen for membership.**

The service has affiliated with North East Wisconsin RTAC.
J. Submit protocols (approved/signed by the medical director) that identify the use of:
- Specific medications allowed within the scope of practice for First Responders
- Specific equipment allowed within the scope of practice for First Responders
- Skills and procedures

(Protocols must describe how medical treatment will be provided and at what point in a protocol direct voice authorization of a physician is required.)

Protocols are provided. Please note all first responders in Door County do not perform the advanced airway or epipen skills.

III. Infection Control

A. Provide a statement indicating that your service has an infection control plan and policies.
The Egg Harbor Fire Department’s First Responders operate under the approved Door County infection control plan. All members have or will be provided a copy of this document. Documents are on file in each station.

B. Provide a statement indicating that your service has a Bloodborne and Airborne Exposure Control Plan and provides annual training on that plan in accordance with applicable state and federal guidelines.
The Egg Harbor Fire Department’s first responders operate under the approved Door County bloodborne and airborne exposure control plan. Annual training is provided in accordance with this plan by the counties infection control officer.

C. Describe your services’ post-exposure procedures.
Our first responders will follow the counties approved post exposure procedure plan to include notification of the senior Paramedic on the response, first responder crew chief and infectious control officer. Any need for further testing or evaluation will be carried out through an agreement currently in place with the Emergency Room at Door County Memorial Hospital

D. Describe your services’ review and use of safety engineered devices.
As part of our ongoing training we review at least annually the use of all personnel protective devices to include, Gloves, Goggles, Masks, Gowns, as well as procedures to minimize personnel exposure.

E. Identify date that your Exposure Control Plan was last reviewed and updated.
The plan is currently a county wide document and is reviewed and updated by the county on an annual bases.
F. Identify date of last training on your services’ Exposure Control Plan.
   As a new service we have had no training on the County wide plan, but have discussed these issues on an individual bases as part of our current training program. Following the combining of departments all county plans will be reviewed with copies being provided to each member. The current active members of the Egg Harbor First Responders were provided this training in June of 2009.

IV. Communications/Dispatch

A. Provide a description of the communication system between medical control and the EMS unit.
   All first responder personnel are equipped with handheld radios to communicate from the field to responding medical units on licensed VHF channels. Additionally this traffic is monitored by the Emergency Room staff that has the ability to communicate directly to the first responders in the field thru their portable radios.

B. Describe how calls are dispatched and answered.
   The Egg Harbor First Responders are dispatched simultaneously with the county’s ambulance service. Responding personnel contact dispatch while en route by radio to confirm the receipt of the page. Whoever arrives at the scene first notifies dispatch of their arrival, and provides initial information to the responding medical units.

C. Describe the local dispatch policies and procedures or insert a copy of these policies.
   Dispatch policies require that the appropriate first responder group and medical units are dispatched to each call. In areas of poor radio coverage automatic repeating devices have been installed to enhance geographic coverage. In the event of no response from the first responder groups the dispatchers may repeat the page as needed or request units for the neighboring communities as directed by the County’s Filed staff.

D. Describe who does the dispatching.
   Dispatching is provided by the Door County Sheriffs Department on county wide basis.

E. Are dispatchers medically trained?
   Yes, we do not use the priority dispatch model.

F. Do dispatchers provide pre-arrival instructions?
   Yes
V. **Education and Training/Competency**

A. **Describe the methods by which continuing education and continuing competency of personnel will be assured.** *(Provide type of education and/or testing, frequency, instructor, etc.)*

Continuing education and skill competency will be assured by the state and locally required refresher courses provided by North East Wisconsin Tech. Collage. Additionally in-house training at our monthly meetings will be used to reinforce and enhance the key components or our training, protocols and skills. Competency will be reviewed through chart reviews, monthly meetings and ongoing feedback from field personnel.

B. **Describe continuing education required by the provider.**

The continuing education required by the Egg Harbor Fire Department includes all training required by the State of Wisconsin and Door County to maintain first responder certification. This education will include First responder refresher, CPR, AED, annual competency evaluation of certain skills and procedures, annual training on HIPPA regulations and policies, annual training on OSHA regulations and policies, annual Bloodborne and Airborne training as provided by Door County.

C. **Identify the certified EMS training center(s) that are used by this service to provide Medical First Responder training.**

The Egg Harbor Fire Department uses North East Wisconsin Technical College as our EMS training service. Other technical colleges and educational forums may be used as needed.

VI. **Quality Assurance (Training program and formal run review to improve future performance.)**

A. **Describe the providers’ quality assurance and improvement plan, including copies of policies and procedures to be used in the medical control, implementation and evaluation of the service.**

Actions as needed are followed up by the Director of Emergency Services.

VII. **Data Collection**

A. **Describe the method of data collection being used by the provider.**

Data sheets that track the location and time of incident as well as those responding have been provided to all members. This information is then entered into the Firehouse brand software for tabulation and storage. No patient data is collected.

B. **Provide a statement that agrees to submit data to the Department when requested.**

The Egg Harbor Fire Department agrees to provide information as necessary to the Department of Health and Family services when required.
Attachments:
- Membership roster
- Individual applications
- Standard Operating Procedures
- Personnel Policies
- Ambulance service mutual agreement
- Letters of support
- Protocols (general care protocols plus any advanced skill protocols including non-visualized advanced airway, EpiPen for anaphylaxis, spinal immobilization, etc.
- Infection Control Plan/Bloodborne Exposure Control Plan
- First Responder run report form
- Map of service area
- Medical directors’ résumé or curriculum vitae (if new to our system).