



# **SAN DIEGO COUNTY SHERIFF'S DEPARTMENT**

## **Search and Rescue (SAR) Detail**

### **Medical Unit Standard Operating Procedures**

*"That Others May Live"*

#### **Medical Unit Mission Statement**

**The primary role of the SAR Medical Unit is to provide medical specialists in support of the Search and Rescue Operation and search team medical support. To our best abilities, we will guide our fellow searchers in ways of preventing illness or injuries in the field and provide aid and comfort to those searchers who become sick or injured in the field, as well as those lost persons found by our search elements, and others as needed when called upon in support of other department units.**

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## **INTRODUCTION**

### **Purpose**

The purpose of these Standard Operating Procedures are as follows:

1. Establish procedures to operate safely and effectively and provide high- quality First Responder and/or Emergency Medical Technician (EMT) basic life support level medical care to victims of illness or injury.
2. Identify the various First Responder/EMS qualification levels and certifications for Medical Unit personnel.
3. Identify minimum standards of medical certification within SAR.

### **Responsibilities**

1. The Medical Unit is assigned the responsibility to provide advice and counsel to the Detail's Executive Management Team, the SAR Coordinator, and the Incident Commander regarding the Detail's medical policies and procedures.
2. The Medical Unit is responsible for providing a minimum of First Responder basic life support medical aid to the public and Department members.
3. The Medical Unit is responsible for medical training to the Search and Rescue (SAR) Detail in collaboration with the Training Unit.

## **ORGANIZATIONAL STRUCTURE**

### **Chain of Command**

The Medical Unit is part of Division 1, which is led by a Division Captain (sworn) or Division Leader under the direction of the Reserve Commander. The highest-ranking volunteer position is Reserve Commander. The entire SAR structure is under the direction of the SAR Coordinator.

### **Reserve Lieutenant/Unit Leader**

The Administrative person in charge of the Medical Unit shall hold the rank of Reserve Lieutenant (sworn) or Unit Leader. This person is responsible for the overall direction, discipline and professionalism of the unit.

### **Administrative/Operations Sergeant (sworn)/Supervising Rescue Volunteer (SRV)**

The Administrative/Operations Sergeant/SRV is responsible for the administration and records of unit personnel, including an accurate roster of all Medical Unit personnel and qualification levels. This list shall be maintained within the Mission Manager application.

## Training Sergeant (sworn)/Supervising Rescue Volunteer (SRV)

The Training Sergeant/SRV is responsible for ensuring compliance with SAR minimum qualification levels, the coordination of unit training along with maintenance of the training records for all members of the Medical Unit. They shall also act as the unit representative to the SAR Training Committee.

## Squad Sergeant (sworn)/Supervising Rescue Volunteer (SRV)

The unit shall be broken into the appropriate number of squads based on accepted standards of span of control. Each squad will have a Squad Sergeant or a Squad SRV who is responsible for the supervision, management, and discipline of the squad as well as maintenance and inventory of all equipment and hardware, which is assigned to the Medical Unit.

## Civilian Volunteers

Medical Unit members are highly encouraged to complete the SAR Academy. However, the Medical Unit will accept medically trained Citizen Volunteers (CV's). CV's shall be generally restricted to base camp medical and support duties during missions and call-outs and to training and support duties at all other times.

## **REQUIRED PARTICIPATION**

### **Standards**

Medical Unit members are expected to meet minimum standards of participation in Missions, Quarterly All Units Training Exercises, Quarterly Team Training Meetings, Unit Trainings and Unit Meetings as defined by SAR Policies and Procedures. Members must complete a minimum of 100 participation hours annually.

## Unit Meetings/Trainings

The Medical Unit shall hold a monthly meeting to include medical training. Other SAR members who wish to further their knowledge may attend with proper notification.

## **ADMINISTRATIVE DUTIES AND CALLOUT PROCEDURES**

## Time Keeping

All Medical Unit personnel shall accurately document their hours. Time sheets should be completed monthly utilizing Mission Manager. Timekeeping will then be reviewed by the Administrative/Operations Sergeant/Leader and Unit Lt/Leader and corrected as necessary. Monthly reporting of time is required by all personnel as follows:

- Regardless of activity for the month, an entry with 1 hour of Administration time for filling out the timesheet itself should be submitted.

- If you will be or were absent during the reporting time, please plan by submitting your timecard ahead of time and advise the Administrative/Operations Sergeant/Leader as soon as possible.
- Timekeeping is to be submitted according to the following schedule:
  - Last day of the month - end of the reporting period.
  - Last day of the month – complete your timekeeping entries on Mission Manager.
  - 28th of the month - Administrative/Operations Sergeant/Leader will call, fax or electronically submit all totals to the Unit Lieutenant/Leader.
  - First day of the month - Unit Lieutenant/Leader will review all timekeeping entries within the Medical Unit.
- Disciplinary action may be taken for any member that does not submit 50% of their timekeeping entries within a 6-month period. Please be aware it is not the responsibility of the Administrative/Operations Sergeant/Leader (or anyone else) to call you for your hours.

### Out of Service Notification

Unit personnel shall notify the Unit Lieutenant/Unit Leader or their designees in advance of dates that they are out of cellular range or out of service and will not be able to respond to call-outs.

### Contact Information

It is each member's responsibility to inform the Administrative/Operations Sergeant/SRV of contact information changes. Required information includes home and work phone, cell phone number and e-mail address. These records need to be maintained within the Mission Manager application.

### Call-Outs

After receiving a call-out notification and determining your response status (10-8= In- Service, 10-7= Out-Of-Service), respond to Mission Manager with your status.

## DUTIES AND RESPONSIBILITIES

### Proficiency

Although Medical Unit members operate primarily as medical specialists, we are members of a larger team. As such, members shall maintain proficiency in other basic disciplines such as navigation, basic tracking, basic survival, basic communications, physical fitness, etc.

## Training

Training within the Medical Unit and SAR is continuous. Unit members are expected to participate in as much training as possible to sharpen existing skills and to learn new techniques. Training may come in various forms, including field and classroom. From time-to-time, the Medical Unit will participate in training events from other SAR units, as well as with other County, State and Federal agencies. The goal of each training event is to improve the SAR skills of each unit member. Specializing in other areas is strongly encouraged with the understanding that it will not interfere with Medical Unit responsibilities. Of special note is training and certifications issued by the Technical Rescue and Motorized Units. Medical personnel are often called upon for technical rescues and/or incidents involving vehicle operations, therefore, Medical Unit members should maintain additional qualifications to be effective in these types of rescues.

## Maintaining Certification

All Medical Unit personnel are responsible for maintaining their medical qualifications and proficiency and for notifying their Squad Sergeant/ Leader when certifications expire or are renewed.

### **QUALIFICATION LEVELS**

Because of many different levels of medical training, SAR shall recognize the following qualification levels. All SAR personnel wishing to have their medical certification recognized by the department shall comply with the requirements for that level.

A current medical certification is not required to join the SAR Medical Unit. However, new members must obtain a certification of Emergency Medical Responder (EMR) or higher within 18 months to remain in the unit. Members are highly encouraged to obtain training to the level of EMT.

## Emergency Medical Responder

(Basic SAR Academy Qualification – e.g. American Red Cross Certification- Emergency Response)

Requirement – Must be completed with 18 months of joining Medical Unit

The requirement for this level is one of the following:

- Current certification in Emergency Medical Response (American Red Cross taught in SAR academy) to include oxygen administration, basic airway management, multiple casualty triage, scene safety, threats to life, cardiac chain of survival, CPR, AED, stroke recognition, basic wound & broken bone care and management, etc.
- Comparable training/certification (to be approved by Training Sergeant/SRV and/or Unit Lieutenant/Leader).
- Wilderness First Responder (must meet Title 22 Requirements).



## Duties

Emergency Medical Responders will perform the following duties:

- Assessment, treatment and evacuation of subjects.
- Operate as a "Team Medic" on searches.
- Operate as part of a "Medical Response Team".
- Operate as part of a "Medical Aid Station".
- Operate the Medical Support Vehicles (MSV's), including ATV quads.

## Emergency Medical Technician

### Requirement

The requirement for this level is current certification in one of the following:

- Emergency Medical Technician (EMT-1, EMT-B, WEMT)
- Paramedic (EMT-P, WEMT-P)
- Registered Nurses, PA's or MD's must certify as EMT's by taking an EMT course or by challenging the test in order to perform in the field.

### Duties

Emergency Medical Technicians will perform the following duties:

- a. Triage, assessment, treatment and evacuation of subjects following San Diego County BLS guidelines.
- b. Operate as "Base Camp" medical utilizing Medical Support Vehicles (MSV's).
- c. Operate and assume responsibilities of deployment "Base Medic."
- d. Operate on a field team as a "Team Medic"
- e. Operate as part of a "Medical Response Team"
- f. Act as Team Leader of a "Medical Response Team".
- g. Operate Medical Support Vehicles (MSV's).
- h. Manage a single "Medical Incident".
- i. Manage a single "Multiple Victim Incident".
- j. Manage multiple "Medical Incidents".
- k. Manage all medical operations on a mission.
- l. Act as an "On-scene Commander" of a "Medical Incident" until a higher level of care arrives.
- m. Act as "Medical Officer" or Medical Incident Commander on operations.
- n. Supervise Emergency First Responders in their duties.
- o. Implement and manage a "Medical Plan" for any mission (see Attachment D).
- p. Set-up, operate and manage a "Medical Aid Station".

## MEDICAL EMERGENCY

In event of a medical emergency, the Base Medic and/or the appropriate team members will focus their attention on the care and treatment of the ill or injured party(ies).

The Base Medic and medical team members will provide BLS / First Aid care as appropriate according to their training and scope of practice

**Note** – Good Samaritan laws do not apply to SAR personnel when “on duty.” SAR personnel have a “duty” to respond (within the scope of their training) as employees (volunteers notwithstanding) of the San Diego County Sheriff’s Department. That is why Title 22 Professional Rescuer First Aid/CPR is a minimum requirement for all field-qualified members.

### Monitor team members

Medical Unit personnel deployed in the field will monitor all team members within their area of responsibility for potentially threatening medical conditions. Team Medic shall provide appropriate medical supplies for BLS / First Aid treatment.

### Evacuation

The recommended mode of evacuation will be communicated by the Base Medic to the Safety Officer or Incident Commander, based upon the following criteria:

4. Threats to life or limb, disability, compromise of airway, breathing, circulation, and/or signs and symptoms of shock will constitute an air evacuation in accordance to San Diego County EMS Protocol A-475 titled “Air Medical Support Utilization”, or ALS ground transport as determined by the Base Medic, I.C. and/or Safety Officer.
5. All other “minor” mild status injuries requiring medical transportation will be transported by local EMS.
6. Medical evacuation will be coordinated through the appropriate agency defined in the Medical Plan (see Attachment D).

## MISSION OR TRAINING BASE MEDIC

### Base Medic

During SAR deployments (either for training or searches), the Medical Unit will provide a “Base Medic” for medical support who will be familiar with medical emergency procedures as appropriate. The Base Medic will coordinate with the Safety Officer, Operations Officer or Incident Commander as needed. The Base Medic may be based in base camp or forward deployed as determined by the Incident Commander.

## Base Medic Assignments

For planned training or search deployments, a Base Medic will be assigned if possible. For emergency call outs, the first Medical Unit member on scene will report to the Staging Area and/or Incident Commander to assume the responsibilities of Base Medic until relieved.

## Medical Plan

The Base Medic will produce a preliminary Medical Plan (Attachment D) detailing potential health and safety threats, medical emergency procedures, and medical evacuation plans as follows:

- For planned deployments, the Administrative/Operations Sergeant/Leader or designee will prepare a preliminary Medical Plan in advance and fax or email to the deployment coordinator. A final Medical Plan will be prepared once on scene, if needed.
- For emergency call outs, the Medical Plan will be prepared by the first Medical Unit member to arrive on scene. If no Medical Unit personnel are available, the Medical Plan will be the responsibility of the Incident Commander or designee.

## Duties

- The Base Medic will monitor the incident response and base camp (or area deployed) for potentially threatening medical conditions and provide appropriate medical supplies for BLS / First Aid treatment.
- The Base Medic will monitor SAR personnel and subjects for signs and symptoms of dehydration and have extra fluids available for emergency use.
- Should a medical emergency arise, the Base Medic or assigned Medical Unit personnel will determine the status of the patient and the need for evacuation. Recommendation for evacuation and mode of evacuation will be communicated by the Base Medic to the Safety Officer (or Incident Commander) and will be consistent with the Medical Action Plan. The Safety Officer (or Incident Commander) is responsible for obtaining transportation.
- Should a medical emergency arise, the patient's personal effects will be given to the Incident Commander or designee for safe keeping.

## TREATMENT PROTOCOLS

Medically trained personnel will follow guidelines and protocols within their scope of training. EMT's will always follow San Diego County BLS Treatment Guideline/Protocols . Keep in mind that because we are a non- transporting agency, base hospital contact is not likely or practical; therefore, AMA's will not be performed (see Section 11.3.4).

## INFECTION CONTROL

The purpose of this policy is to aid in the prevention of transmission of blood- borne, air-borne or direct contact contagions that are spread through contact with patients.

All personnel will carry extra uniform or clothes to change into in the event their uniform becomes soiled.

### Hand Washing

- All personnel shall wash their hands and skin surfaces with soap and water after each patient contact or after handling any items that are potentially contaminated.
- Antiseptic cleaner/towelettes will be carried in urban and field packs, and first aid kits, and will be used if soap and water are not readily available.

### Gloves

- Disposable gloves shall be worn for all patient contacts.
- Avoid touching your face or personal items when wearing gloves.
- Gloves shall be disposed of in a biohazard container/bag if contaminated with blood or body fluids immediately after use or when torn or punctured. Otherwise, used gloves may be disposed of in the regular trash.
- All personnel shall always carry a minimum of 4 pairs of gloves on their person and replenish as necessary.
- If soiled gloves are worn into the cab of the MSV, the cab shall be considered contaminated and must be cleaned. The Medical Unit Lt/Leader shall ensure that all medical personnel are adequately trained in decontamination procedures.

### Mask & Eye Protection

- The use of a mask, eye protection, or face shields is required when it is reasonably anticipated that spray, spatter, splashes or aerosolization of blood or other bodily fluids may occur.
- Mask and eye protection shall be worn when caring for subjects with oral or facial trauma. Mask and eye protection shall be worn when cleaning contaminated equipment that may splash into the face or eyes.

## Contaminated Items

- Biohazardous linen, gloves, bandages, or other contaminated items shall be placed in a biohazard bag and left with the transporting agency or fire department. If unable to leave with the transporting agency or fire department, items will be placed in a biohazard bag and secured until it can be properly disposed of.
- All reusable items (BP cuffs, uniforms etc.) that have biohazard contamination shall be placed in a biohazard bag and labeled “reusable item” until they can be cleaned.
- All used non-biohazardous dressings, bandages or other trash shall be placed in a trash container. Trash will be properly disposed of.
- No trash or contaminated gloves, masks, bandages or other items will be left at the scene.

## Cleaning of Equipment

- When cleaning equipment, gloves shall always be worn. Mask, eye protection and gowns shall be considered.
- Any contaminated surface shall be cleaned and decontaminated with a solution of 5.25 percent sodium hypochlorite (household bleach) diluted 1:100 with water.
  - a. Wipe up blood or other materials with paper towels.
  - b. Clean with chemical germicidal and wipe dry.
  - c. Spray on diluted bleach and let air-dry.

## Food and Drink

- Eating, drinking or storage of foods or drinks is not permitted in patient care areas (patient compartment) or in areas where contaminated equipment is placed.
- Eating, drinking or storage of foods or drinks is permitted in the cab area of the MSV if a barrier is placed between the cab and patient care area.

## Personal Habits

Smoking, eating, drinking, handling contact lenses or applying lotions or lip balm is prohibited in patient care areas. This rule also applies to any untrained assistants or observers in proximity with the patients. All medical personnel shall enforce this rule.

## PATIENT DOCUMENTATION

### Using proper forms

All patients with a chief complaint or suspected chief complaint will be documented using one of two forms, the San Diego Sheriff's Department Deputy Report, ARJIS-PCR, electronic or handwritten form, see Attachments B and C. The electronic version is preferred.

### Timely submission, do not retain copies

All documentation will be turned in to the Medical Unit Leader/Lieutenant within 72 hours. This documentation will be submitted to the SAR Office to place into mission files. If documentation is filled out electronically (strongly encouraged), submit it, confirm receipt, and then delete the documents. Ensure to delete the documents from your recycle bin as well.

### General Instructions

For ARJIS-PCR – The following instructions explain the procedure to be used when completing the form. Obviously, they cannot address all possible situations. Prehospital care personnel are expected to exercise good judgment in the application of the following instructions:

1. The ARJIS-PCR form and prehospital run sheet and/or field notes are part of a patient's permanent medical record (if transported to a medical facility) and are used for data collection.
2. The ARJIS-PCR form shall be complete and accurate.
3. The ARJIS-PCR form shall be filled out completely. If patient assessment and treatment is not documented, there is no written evidence that the treatment or evaluation was performed.
4. If a patient with a chief complaint or suspected chief complaint refuses assessment, treatment and/or transport, they should be encouraged to wait for transporting agency personnel to evaluate them. If they still refuse and leave the scene, the "Refusal/elopement" box should be checked on the ARJIS-PCR.
5. The ARJIS-PCR shall include a record of vital signs and GCS before and after an intervention. At least two sets of vital signs should be obtained on each patient, if time allows, before the transporting agency arrives, and at least one blood pressure shall be auscultated if possible.
6. If a patient requires spinal precautions, full spinal precautions (c-collar, backboard, head stabilizer, tape) shall be applied wherever possible, if directed to do so by an EMT. If this is not possible, document the reason.
7. Items left blank on forms are considered not done.
8. Record times according to the 24-hour clock.
9. The incident number will be provided by Heartland Fire. If Heartland Fire was not involved, the incident number will be the date and time in the following format: mo-day-yr time (i.e.: 03-20-19 1455)

10. Documentation must be completed for all incidents/patients as soon as possible after completing the call or delivering the patient to more advanced medical care.
11. Complete all documentation in electronic form if possible. Otherwise, write legibly using a ballpoint pen. After completing the form, check the form for legibility. Both forms are legal documents.

## **PATIENT CONFIDENTIALITY**

Under both state and federal law, patients have a right to privacy of their medical records and personal information. Medical Unit members will do everything possible to safeguard patient dignity and confidentiality. Unit members will not retain personal copies of patient records and information. All patient care records will be submitted to the SAR Coordinator where they will be retained pursuant to SAR and Department standards. Medical Unit members that have a need to review records after they have been submitted to the SAR office may do so with the SAR Coordinator's authorization.

## **REQUIRED UNIFORM**

### Standards

All uniforms shall meet Sheriff Department standards as indicated in Search and Rescue Procedures Section 4. SAR procedures permit alternate uniforms under certain conditions.

### Alternate uniform

The Medical Unit is authorized to wear an alternate uniform when requested for specialty details outside the normal Search and Rescue activities when authorized by the SAR Coordinator or the R/Commander.

1. T-shirt: Authorized Unit T-shirt, black or goldenrod in color.
2. Shirt: Authorized polo style shirt, black with the official Medical Unit logo located on the upper left breast pocket area.

## **MEDICAL SUPPLIES AND EQUIPMENT**

### Required Equipment

All members of the SAR Medical Unit are expected to carry a fully stocked trauma bag in their vehicles if issued (see Attachment A). Carrying an oxygen kit in their vehicle is optional, but one must be available at their homes to take on call-outs and medical standbys (if certified to use oxygen and airways). Equipment will be provided to you by the unit if/when available (see Attachment A).

## Oxygen Refill

Oxygen tanks will be checked and refilled as necessary by someone in the squad assigned to the area where the tanks are located. The tanks will be refilled *only* at authorized locations. The Medical Unit maintains an account with specific vendors to refill tanks. The Squad Sergeant/Leader shall be contacted for this account number.

## Resupply

Trauma bag contents and oxygen bottles may be supplied from the Medical Unit's cache of supplies. Contents of both the trauma bag and the oxygen kit must meet or exceed the contents of the trauma and oxygen bags carried aboard R94 and R76. Supplies for members' 24-hour ready pack may also come from the unit's cache. Forms will be provided to record what was taken and when, and by whom for tracking purposes. When delivering patients to other emergency medical services agencies for transport, unit members will request from the receiving agency a one-for-one replacement of expended supplies whenever possible.

## Additional equipment

Additional medical equipment, such as portable/folding backboards, may, if available, be kept at the unit member's home for use on deployments. The Administrative/Operations Sergeant/Leader will maintain a list of all departmental equipment issued to members. Such equipment will be returned to the Unit upon LOA, termination or retirement.

## Supplies Inventory

The Unit will perform and document a complete supplies and equipment inventory count at least annually. The Administrative/ Operations Sergeant/Leader will assign unit personnel to perform these counts for the following areas, at a minimum:

- Rescue 76 (Expedition)
- Rescue 94 (Medical Support Vehicle, MSV, or ambulance)
- ATV's
- ATV Trailer/Medical Aid Station
- Side by Side (Side x Side)
- Conex Box(s) and/or other storage areas

## **ALL TERRAIN VEHICLE (ATV) OPERATION**

### Training

Prior to operating the Medical Unit's all-terrain vehicles (ATV's), all personnel will be trained in their use by completing an ATV safety course and Department classes (Quad I, II and III). ATV training will generally be 24 hours in length, broken into 3 separate 8-hour training days.

The first class is the Basic ATV Safety Institute ATV safety course, performed by a Certified ATV Safety Institute RiderCourse® Instructor.



The second 8-hour class will involve trail-riding experience exposing the operator to varied terrains of the coastal and inland valley areas of the County.

The third 8-hour class will involve trail-riding experience in the desert area in and around the Ocotillo Wells State Vehicle Recreation Area of the County to expose the operator to the unique riding terrains that the Medical Unit operates in during major holiday weekends.

The second and third ATV training classes will be conducted by an instructor who is qualified, either through years of ATV experience, or through completion of the ATV Safety Institute ATV Instructor's Training Course.

## Operations

Off-road operations utilizing ATV's will generally require at least two ATV's in visual or proximity to one another, or a single ATV supported by patrol vehicle, Mounted personnel or other personnel that are able to maintain visual contact with the ATV.

Off-road operations will be conducted by personnel equipped with proper safety equipment including helmet, gloves, eye protection and ankle-high boots, in appropriate uniforms, using vehicles that are appropriately equipped and in safe operating condition.

- Prior to each off-road operation, personnel will inspect their vehicles and safety equipment to insure they are in good operating condition. After the operation, personnel shall clean, fuel, and carefully inspect all vehicles.

## Duties and Responsibilities

ATV's will be used to execute the duties and responsibilities of the SAR Medical Unit at searches and in approved Law Enforcement operations such as:

- Desert Deployments - Department-owned ATV's will be used in desert deployments to access injured civilians or Sheriff's personnel for medical treatment in areas inaccessible to standard vehicles.
- SAR Deployments - ATV's will be used in SAR deployments to perform on-road and off-road searches, and to transport limited amounts of medical supplies, food, water or shelter to searchers if needed. ATV's may be deployed when necessary to execute the responsibilities of the Base Medic, including surveying search teams for signs and symptoms of environmental distress and responding to injuries.
- Urban Deployments - ATV's will be used in urban SAR deployments and disaster response deployments to perform on-road and off-road searches, and to transport limited amounts of medical supplies, food, water or shelter to searchers or victims if needed.
- Training - ATV's may be used for training and familiarizing Medical Unit personnel with proper and safe riding techniques. Trained and certified personnel will conduct all training.
- ATV's may also be used to provide medical support for SAR training activities. ATV's may be deployed when

necessary to execute the responsibilities of the Base Medic, including surveying trainees for signs and symptoms of environmental distress and for responding to injuries.

- Personal Use - At no time will department-owned ATV's be used for personal reasons.

## **DISASTER RESPONSE**

(Refer to SAR Procedures Section 7 – “Pre-Plan”)

### **Responsibilities**

The main responsibility of the SAR Medical Unit during a disaster response such as wildfire, earthquake or man-made event is team medical support. Unless directed otherwise by the Incident Commander (IC), SAR Medical's priority concern will be establishing and manning a Medical Aid Station to provide emergency care to public safety personnel, disaster workers and evacuees. A Medical Aid Station is a clearly identifiable place where victims and personnel can receive medical aid.

- At no time will the responsibilities or authority of the Base Medic supersede the responsibilities or authority of the Incident Commander or SAR Coordinator.
- SAR Medical personnel will respond to the designated command post with the Medical Support Vehicles Rescue 94 and/or Rescue 76. Rescue 94 is designated as the priority response vehicle due to its patient treatment capabilities.
- On scene, the Unit Lieutenant/Leader, Administrative/Operations Sergeant/Leader, or senior SAR Medical member (per chain of command) will, unless directed otherwise by the Incident Commander, establish a Medical Aid Station to provide Basic Life Support for aid and comfort to emergency personnel as described in paragraph 1 of this section.
- The ranking on-scene SAR member will assign a senior SAR Medical Unit member to assume the responsibilities of Base Medic, unless such a position has been previously established and filled by the Incident Commander.
- The Base Medic will coordinate with the Safety Officer or Incident Commander for medical evacuation of injured persons.
- Appropriate Deputy Report/Patient Care Record (ARJIS-PCR) documentation will be completed and filed for all medical contacts. Originals of all paperwork will be submitted to the Incident Commander.

### **Extended deployments**

In the event of a prolonged deployment or what may appear to be a prolonged deployment, the Base Medic will establish a duty roster organizing available medical resources. This may include SAR medical personnel, SAR personnel, San Diego Mountain Rescue personnel, and other public agency medical first responder personnel. Non-governmental or private medical personnel offering to volunteer will not be permitted because it is difficult or impossible to verify medical certification or licensure. However, the final decision shall be the responsibility of the Incident

Commander or designee.

- The Base Medic will coordinate with the Incident Commander the hours of coverage that will be required for the medical aid station.
- The duty roster will be posted, and personnel will always do their best to provide personnel for the medical aid station.
- The Base Medic will remain at the medical aid station until properly relieved by another person certified at the Emergency First Responder, EMT-Basic level or higher. EMT-Basic certification is recommended if available.
- At no time will the responsibilities or authority of the Base Medic supersede the responsibilities or authority of the Incident Commander or SAR Coordinator.
- The Base Medic or designee shall coordinate (following the Incident Command System (ICS) or Pre-Plan chain-of-command) with disaster relief personnel (American Red Cross and Salvation Army Disaster Relief) for additional medical items for the extent of the disaster deployment.
- After demobilization, all vehicles and equipment will be inventoried, cleaned, repaired and restocked as necessary.

### Trauma/Oxygen Bag Equipment List (Attachment A)

- (1) Trauma/O2 Bag
- (1) "D" Size Oxygen Cylinder and Dyna Flo Brass Regulator
- (1) Disposable Airway Kit (set of OPA's)
- (1) Bag Valve Mask Resuscitator, Adult
- (1) Bag Valve Mask Resuscitator, Pediatric
- (2) Nasal Cannulas, Adult
- (1) Nasal Cannula, Pediatric
- (2) Non-Rebreather Mask, Adult
- (1) Non-Rebreather Mask, Pediatric
- (1) Pulse Oximeter
- (1) Manual Suction
- (1) Blood Pressure Cuff
- (1) Stethoscope
- (1) Sterile Burn Sheet
- (16) Band Aids (1" x 3")
- (2) Abdominal Pads (5" x 9")
- (1) Trauma Dressing (12" x 30")
- (20) Sterile Dressing (4" x 4")
- (10) Sterile Dressing (3" x 3")
- (2) Blood Stopper Dressing/Bandages
- (2) Gauze Rolls (3" NS)
- (2) Gauze Rolls (4" NS)
- (1) Waterproof Tape (1/2")
- (1) Waterproof Tape (1")
- (1) Elastic Bandage (3")
- (1) Elastic Bandage (4")
- (2) Triangular Bandages
- (4) Eye Pads
- (1) Petroleum Gauze (3" x 9")
- (2) Kerlix 4"
- (2) Cold Packs
- (1) Instrument Set (shears, Kelly forceps, bandage scissors, splinter forceps, penlight)
- (1) Space Blanket
- (1) PVP Iodine Wipes 10/Box
- (1) Antibiotic Ointment 10/Box
- (1) Bee Sting Swabs 10/Box
- (1) Alcohol Pads 10/Box
- (1) Bottle Eye Wash
- (1) Pair Goggles or Eye Protection
- (25) Pair Nitrile Gloves
- (1) N95 Mask
- (1) Bottle Antibacterial Hand Sanitizer
- (1) Protective Disposable Gown for BSI

ARJIS-PCR electronic Sample (Attachment B)

**SAN DIEGO REGIONAL  
DEPUTY' S REPORT  
NARRATIVE**

Page 1 of 2

CONTINUED ARR./JCR MISC. CITE  
FROM: CRIME X OTHER

CASE NUMBER  
N/A

|   |  |                    |     |      |             |      |
|---|--|--------------------|-----|------|-------------|------|
| CODE SECTION AND DESCRIPTION (ONE INCIDENT ONLY)<br><b>ASSIST</b> |  | MONTH              | DAY | YEAR | DAY OF WEEK | TIME |
| LOCATION OF INCIDENT  |  | CITY               |     |      | BEAT<br>N/A |      |
| PERSON(S) INVOLVED: VICTIM  |  | SUSPECT (IF NAMED) |     |      |             |      |

**NAME:**  
**DOB:**  
**DL#**

**ORIGIN:** On the above date and time I was assigned to assist with medical aids at . Lat/long . At about hours, I received a request to assist with a medical aid. (Heartland Incident # ).

**DEPUTY OBSERVATIONS/ACTIONS:** I arrived on scene at about hours and contacted the victim/witnesses. I conducted an evaluation of the above named victim and made observations as noted in the following Patient Care Report (PCR):

C/C-

Hx-

Ax-

Rx-

Tx-

Age- Mo  Yr  Sex-  M  F Weight-  lbs  kgs Consent-  
Incident type- Status- Ethnicity-

**MECHANISM OF INJURY/CONTRIBUTING FACTORS- (items in bold= consider trauma center)**

|  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> MVA <input type="checkbox"/> Driver <input type="checkbox"/> Passenger  | <input type="checkbox"/> Dashboard damage  | <input type="checkbox"/> Major vehicle damage                            | <input type="checkbox"/> Bicycle          | <input type="checkbox"/> Age <5 or >55 |
| <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> >40 mph     | <input type="checkbox"/> Steering wheel bent   | <input type="checkbox"/> Extrication <input type="checkbox"/> >20 min    | <input type="checkbox"/> Crush            | <input type="checkbox"/> Aircraft      |
| <input type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Airbag   | <input type="checkbox"/> Windshield broken/starred   | <input type="checkbox"/> Positive LOC                                    | <input type="checkbox"/> Death at scene   | <input type="checkbox"/> Gunshot       |
| <input type="checkbox"/> Unrestrained  | <input type="checkbox"/> Intrusion into pt space >12" frontal or >8" side  | <input type="checkbox"/> Exposure to blast /explosion                    | <input type="checkbox"/> Language barrier |  |
| <input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> >20mph | <input type="checkbox"/> Auto vs bike or pedestrian w/ > 5 mph impact  | <input type="checkbox"/> Fall <input type="checkbox"/> >3x pt ht or >15' | <input type="checkbox"/> Obesity          |  |
| <input type="checkbox"/> Helmet <input type="checkbox"/> Full protective gear                    | <input type="checkbox"/> Amputation <input type="checkbox"/> Proximal to mid-hand/ mid-foot <input type="checkbox"/> Other   | <input type="checkbox"/> Pedestrian thrown/run over                      | <input type="checkbox"/> Pregnancy        |  |
| <input type="checkbox"/> Rollover- <input type="checkbox"/> Unrestrained                         | <input type="checkbox"/> Penetrating <input type="checkbox"/> Head/neck <input type="checkbox"/> Chest/back <input type="checkbox"/> Abd <input type="checkbox"/> Extremity                                | <input type="checkbox"/> Self inflicted                                  |   |  |
| <input type="checkbox"/> Thrown/ejection   | <input type="checkbox"/> Proximal to elbow/knee  |  |   |  |
|  | <input type="checkbox"/> Blunt <input type="checkbox"/> Head/neck <input type="checkbox"/> Chest/back <input type="checkbox"/> Abd <input type="checkbox"/> Extremity <input type="checkbox"/> Flail chest | <input type="checkbox"/> Weather   |   |  |

**CHIEF COMPLAINT/ PROVIDER IMPRESSION-**

|  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Abdominal pain                            | <input type="checkbox"/> CPR <input type="checkbox"/> Bystander <input type="checkbox"/> DNR | <input type="checkbox"/> Fatigue             | <input type="checkbox"/> Nausea/Vomit/Diarrhea    | <input type="checkbox"/> Sexual battery          |
| <input type="checkbox"/> Airway obstruction                        | <input type="checkbox"/> Chest pain <input type="checkbox"/> Cardiac                         | <input type="checkbox"/> Fever/flu/rash      | <input type="checkbox"/> Near drowning/drowning   | <input type="checkbox"/> Stings/Bites            |
| <input type="checkbox"/> Allergic/Anaphylaxis                      | <input type="checkbox"/> Choking   | <input type="checkbox"/> Foreign body        | <input type="checkbox"/> Obvious death            | <input type="checkbox"/> Syncope/near syncope    |
| <input type="checkbox"/> Altered LOC                               | <input type="checkbox"/> Cough/congestion  | <input type="checkbox"/> GI bleed            | <input type="checkbox"/> OB/Gyn/Childbirth        | <input type="checkbox"/> Trauma                  |
| <input type="checkbox"/> Asthma                                    | <input type="checkbox"/> CVA/TIA   | <input type="checkbox"/> GI/GU               | <input type="checkbox"/> OD/Poisoning             | <input type="checkbox"/> Vaginal bleeding        |
| <input type="checkbox"/> Battery <input type="checkbox"/> Domestic | <input type="checkbox"/> Dizzy/lightheaded   | <input type="checkbox"/> Headache            | <input type="checkbox"/> Palpitations             | <input type="checkbox"/> Visual/auditory disturb |
| <input type="checkbox"/> Behavioral                                | <input type="checkbox"/> Drugs/Alcohol   | <input type="checkbox"/> Head/neck/back pain | <input type="checkbox"/> Pelvic pain              | <input type="checkbox"/> Weakness/paralysis      |
| <input type="checkbox"/> Bleeding                                  | <input type="checkbox"/> Electrocutation   | <input type="checkbox"/> Hyperthermia        | <input type="checkbox"/> Respiratory arrest/apnea | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Burn                                      | <input type="checkbox"/> Exposure (HAZMAT, toxic)  | <input type="checkbox"/> Hypothermia         | <input type="checkbox"/> Resp distress (SOB)      |  |
| <input type="checkbox"/> Cardiac arrest                            | <input type="checkbox"/> Extremity pain  | <input type="checkbox"/> Hypovolemia/Shock   | <input type="checkbox"/> Seizure                  |  |
| <input type="checkbox"/> Traumatic                                 |  |  |   |  |

ARJIS -PCR electronic REV 3/2010

**ARJIS-PCR electronic Sample (Attachment B)**

SAN DIEGO REGIONAL DEPUTY'S REPORT / NARRATIVE

Page 2 of 2

| PROVOKED | QUALITY | REGION | RADIATION | RECURRENCE | SEVERITY (1-10) | TIME OF ONSET  |
|----------|---------|--------|-----------|------------|-----------------|--|
|          |         |        |           |            |                 | <input type="checkbox"/> Sudden <input type="checkbox"/> Gradual |

**HISTORY-** None Asthma CHF COPD CVA Diabetes Heart disease HTN MI Psych Seizure Other  
**ALLERGIES-** NKA  
**MEDS-** None

**ASSESSMENT/PHYSICAL FINDINGS-**

| AIRWAY | BREATHING | CIRC (PULSE) | SITE | CAP REFILL | SKINS | COLOR | MOISTURE | TEMPERATURE |
|--------|-----------|--------------|------|------------|-------|-------|----------|-------------|
|        |           |              |      |            |       |       |          |             |

| MENTAL STATUS | EYE OPENING | VERBAL RESPONSE | MOTOR RESPONSE | GCS      | RT PUPIL | LT PUPIL |
|---------------|-------------|-----------------|----------------|----------|----------|----------|
| INITIAL       |             |                 |                | INITIAL= |          |          |
| FINAL         |             |                 |                | FINAL=   |          |          |

| TIME | PULSE | RESP | BP | % O2 SAT | RA                       | O2                       | OTHER | CHEST                                | ABD                                 | LUNG SOUNDS                      |
|------|-------|------|----|----------|--------------------------|--------------------------|-------|--------------------------------------|-------------------------------------|----------------------------------|
|      |       |      |    |          | <input type="checkbox"/> | <input type="checkbox"/> |       | <input type="checkbox"/> Normal/neg  | <input type="checkbox"/> Normal/neg | <input type="checkbox"/> Clear   |
|      |       |      |    |          | <input type="checkbox"/> | <input type="checkbox"/> |       | <input type="checkbox"/> Tender      | <input type="checkbox"/> Tender     | <input type="checkbox"/> Wheezes |
|      |       |      |    |          | <input type="checkbox"/> | <input type="checkbox"/> |       | <input type="checkbox"/> Abrasions   | <input type="checkbox"/> Abrasions  | <input type="checkbox"/> Rhonchi |
|      |       |      |    |          | <input type="checkbox"/> | <input type="checkbox"/> |       | <input type="checkbox"/> Bruising    | <input type="checkbox"/> Bruising   | <input type="checkbox"/> Rales   |
|      |       |      |    |          | <input type="checkbox"/> | <input type="checkbox"/> |       | <input type="checkbox"/> Penetrated  | <input type="checkbox"/> Penetrated | <input type="checkbox"/> Stridor |
|      |       |      |    |          | <input type="checkbox"/> | <input type="checkbox"/> |       | <input type="checkbox"/> Flail       | <input type="checkbox"/> Rigid      | <input type="checkbox"/> Audible |
|      |       |      |    |          | <input type="checkbox"/> | <input type="checkbox"/> |       | <input type="checkbox"/> Paradoxical | <input type="checkbox"/> Distended  |                                  |

**TREATMENT/INTERVENTIONS-**

|   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> AED analyze        | <input type="checkbox"/> CPR  | <input type="checkbox"/> NPA <input type="checkbox"/> OPA Size                           | <input type="checkbox"/> Shock position                              | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> AED defibrillate x | <input type="checkbox"/> Delivery/OB                                | <input type="checkbox"/> O2 sat monitor  | <input type="checkbox"/> Spinal immobilization                       | <input type="checkbox"/> Assist other agency only |
| <input type="checkbox"/> Back blows/thrusts | <input type="checkbox"/> Dressing/bandage                           | <input type="checkbox"/> O2 lpm <input type="checkbox"/> NRM <input type="checkbox"/> NC | <input type="checkbox"/> Splinting <input type="checkbox"/> Traction |   |
| <input type="checkbox"/> BVM                | <input type="checkbox"/> Hot pack <input type="checkbox"/> Ice pack | <input type="checkbox"/> Restraints  | <input type="checkbox"/> Suction                                     |   |

**CALL INFO (ALL TIMES ARE APPROXIMATE)**

| DATE: | TIMES: | Rec'd | Respond | Arrive | Pt contact | Turnover | Avail                                      |
|-------|--------|-------|---------|--------|------------|----------|--|
|       |        |       |         |        |            |          | <input type="checkbox"/> Refusal/elopement |

Transport by/turnover to:

| REPORTING OFFICER | ARJIS # | DIVISION | APPROVED BY | DATE OF REPORT: | MONTH | DAY | YEAR | TIME |
|-------------------|---------|----------|-------------|-----------------|-------|-----|------|------|
|                   |         |          |             |                 |       |     |      |      |

**ARJIS-PCR handwritten Sample A (Attachment C)**

**SAN DIEGO REGIONAL  
DEPUTY'S REPORT  
NARRATIVE**

CONTINUED  ARR./JCR  MISC. CITE  
FROM:  CRIME  OTHER

CASE NUMBER  
N/A

|   |                    |       |     |      |             |      |
|---|--------------------|-------|-----|------|-------------|------|
| CODE SECTION AND DESCRIPTION (ONE INCIDENT ONLY)<br><b>ASSIST</b> |                    | MONTH | DAY | YEAR | DAY OF WEEK | TIME |
| LOCATION OF INCIDENT  | CITY               |       |     |      | BEAT        | N/A  |
| PERSON(S) INVOLVED: VICTIM  | SUSPECT (IF NAMED) |       |     |      |             |      |

**NAME:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**DL#** \_\_\_\_\_

**ORIGIN:** On the above date and time I was assigned to assist \_\_\_\_\_ with medical aids at \_\_\_\_\_. Lat/long \_\_\_\_\_.  
At about \_\_\_\_\_ hrs, I received a call to assist with a medical aid. (Heartland Incident # \_\_\_\_\_).

**DEPUTY OBSERVATIONS/ACTIONS:** I arrived on scene at about \_\_\_\_\_ hrs and contacted the victim/witnesses. I conducted an evaluation of the above named victim and made observations as noted in the following Patient Care Report (PCR):

**C/C** \_\_\_\_\_  
\_\_\_\_\_

**Hx** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ax** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rx** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tx** \_\_\_\_\_

|                   |         |          |          |                 |       |     |      |      |
|-------------------|---------|----------|----------|-----------------|-------|-----|------|------|
| REPORTING OFFICER | ARJIS # | DIVISION | APPROVER | DATE OF REPORT: | MONTH | DAY | YEAR | TIME |
|-------------------|---------|----------|----------|-----------------|-------|-----|------|------|

ARJIS-PCR handwritten Rev 3/20/10



## ARJIS-PCR handwritten Sample B (Attachment C)

**SAN DIEGO REGIONAL DEPUTY'S REPORT / NARRATIVE**

Age- Mo  Yr  Sex- M F Weight- lbs kgs Consent- Implied Expressed

Incident type- Medical Trauma Status- Mild Moderate Acute Ethnicity- White Black Hispanic Asian/PI Native Amer Other

**MECHANISM OF INJURY/CONTRIBUTING FACTORS- (items in bold= consider trauma center)**

|  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> MVA <input type="checkbox"/> Driver <input type="checkbox"/> Passenger  | <input type="checkbox"/> Dashboard damage  | <input type="checkbox"/> Major vehicle damage                            | <input type="checkbox"/> Bicycle          | <input type="checkbox"/> Age <5 or >55 yrs |
| <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> >40 mph     | <input type="checkbox"/> Steering wheel bent   | <input type="checkbox"/> Extrication <input type="checkbox"/> >20 min    | <input type="checkbox"/> Crush            | <input type="checkbox"/> Aircraft          |
| <input type="checkbox"/> Lap <input type="checkbox"/> Shoulder <input type="checkbox"/> Airbag   | <input type="checkbox"/> Windshield broken/starred   | <input type="checkbox"/> Positive LOC                                    | <input type="checkbox"/> Death at scene   | <input type="checkbox"/> Gunshot           |
| <input type="checkbox"/> Unrestrained  | <input type="checkbox"/> Intrusion into pt space >12" frontal or >8" side  | <input type="checkbox"/> Exposure to blast /explosion                    | <input type="checkbox"/> Language barrier |  |
| <input type="checkbox"/> Motorcycle <input type="checkbox"/> ATV <input type="checkbox"/> >20mph | <input type="checkbox"/> Auto vs bike or pedestrian w/ > 5 mph impact  | <input type="checkbox"/> Fall <input type="checkbox"/> >3x pt ht or >15' | <input type="checkbox"/> Obesity          |  |
| <input type="checkbox"/> Helmet <input type="checkbox"/> Full protective gear                    | <input type="checkbox"/> Amputation <input type="checkbox"/> Proximal to mid-hand/ mid-foot <input type="checkbox"/> Other   | <input type="checkbox"/> Pedestrian throw/run over                       | <input type="checkbox"/> Pregnancy        |  |
| <input type="checkbox"/> Rollover+ <input type="checkbox"/> Unrestrained                         | <input type="checkbox"/> Penetrating <input type="checkbox"/> Head/neck <input type="checkbox"/> Chest/back <input type="checkbox"/> Abd <input type="checkbox"/> Extremity                                | <input type="checkbox"/> Proximal to elbow/knee                          | <input type="checkbox"/> Self inflicted   |  |
| <input type="checkbox"/> Thrown/ejection   | <input type="checkbox"/> Blunt <input type="checkbox"/> Head/neck <input type="checkbox"/> Chest/back <input type="checkbox"/> Abd <input type="checkbox"/> Extremity <input type="checkbox"/> Flail chest |  | <input type="checkbox"/> Weather          |  |

**CHIEF COMPLAINT/ PROVIDER IMPRESSION-**

|  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> Abdominal pain                                    | <input type="checkbox"/> CPR <input type="checkbox"/> Bystander <input type="checkbox"/> DNR | <input type="checkbox"/> Fatigue             | <input type="checkbox"/> Nausea/Vomit/Diarrhea    | <input type="checkbox"/> Sexual battery          |
| <input type="checkbox"/> Airway obstruction                                | <input type="checkbox"/> Chest pain <input type="checkbox"/> Cardiac                         | <input type="checkbox"/> Fever/flu/rash      | <input type="checkbox"/> Near drowning/drowning   | <input type="checkbox"/> Stings/Bites            |
| <input type="checkbox"/> Allergic reaction/Anaphylaxis                     | <input type="checkbox"/> Choking   | <input type="checkbox"/> Foreign body        | <input type="checkbox"/> Obvious death            | <input type="checkbox"/> Syncope/near syncope    |
| <input type="checkbox"/> Altered LOC                                       | <input type="checkbox"/> Cough/congestion  | <input type="checkbox"/> GI bleed            | <input type="checkbox"/> OB/Gyn/Childbirth        | <input type="checkbox"/> Trauma                  |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> CVA/TIA   | <input type="checkbox"/> GI/GU               | <input type="checkbox"/> OD/Poisoning             | <input type="checkbox"/> Vaginal bleeding        |
| <input type="checkbox"/> Battery <input type="checkbox"/> Domestic         | <input type="checkbox"/> Dizzy/lightthead  | <input type="checkbox"/> Headache            | <input type="checkbox"/> Palpitations             | <input type="checkbox"/> Visual/auditory disturb |
| <input type="checkbox"/> Behavioral  | <input type="checkbox"/> Drugs/Alcohol   | <input type="checkbox"/> Head/neck/back pain | <input type="checkbox"/> Pelvic pain              | <input type="checkbox"/> Weakness/paralysis      |
| <input type="checkbox"/> Bleeding  | <input type="checkbox"/> Electrocutation   | <input type="checkbox"/> Hyperthermia        | <input type="checkbox"/> Respiratory arrest/apnea | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Burn  | <input type="checkbox"/> Exposure (HAZMAT, toxic)  | <input type="checkbox"/> Hypothermia         | <input type="checkbox"/> Resp distress (SOB)      |  |
| <input type="checkbox"/> Cardiac arrest <input type="checkbox"/> Traumatic | <input type="checkbox"/> Extremity pain  | <input type="checkbox"/> Hypovolemia/Shock   | <input type="checkbox"/> Seizure                  |  |

| PROVOKED   | QUALITY  | REGION  | RADIATION  | RECURRENCE                              | SEVERITY (1-10)                        |
|--|--|---|--|---|--|
| <input type="checkbox"/> Unprovoked  | <input type="checkbox"/> Sharp                                       | <input type="checkbox"/> Mid-sternal  | <input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Never had      | TIME OF ONSET:                         |
| <input type="checkbox"/> Anger <input type="checkbox"/> Anxiety <input type="checkbox"/> Stress      | <input type="checkbox"/> Dull <input type="checkbox"/> Pressure      | <input type="checkbox"/> Back   | <input type="checkbox"/> Neck  | <input type="checkbox"/> Has had w/ MI  |  |
| <input type="checkbox"/> Exertion <input type="checkbox"/> Muscle use                                | <input type="checkbox"/> Crushing <input type="checkbox"/> Tightness | <input type="checkbox"/> Epigastric   | <input type="checkbox"/> Back  | <input type="checkbox"/> Has had- other | <input type="checkbox"/> Sudden onset  |
| <input type="checkbox"/> Inspir <input type="checkbox"/> Movement <input type="checkbox"/> Palpation | <input type="checkbox"/> Burning                                     | <input type="checkbox"/> Anterior <input type="checkbox"/> L <input type="checkbox"/> R | <input type="checkbox"/> Epigastric  |   | <input type="checkbox"/> Gradual onset |

HISTORY- None Asthma CHF COPD Current complaint CVA Diabetes Heart disease HTN MI Psych Seizure Other  
 ALLERGIES- NKA MEDS-

**ASSESSMENT/PHYSICAL FINDINGS-**

| AIRWAY                              | BREATHING                                    | CIRC (PULSE)                              | SITE                              | CHEST                                | ABD                                 | CAP REFILL                        | LUNG SOUNDS                      |
|-------------------------------------|--|---|-----------------------------------|--------------------------------------|-------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Open       | <input type="checkbox"/> Full/effective      | <input type="checkbox"/> Strong/regular   | <input type="checkbox"/> Radial   | <input type="checkbox"/> Normal/neg  | <input type="checkbox"/> Normal/neg | <input type="checkbox"/> < 2 secs | <input type="checkbox"/> Clear   |
| <input type="checkbox"/> Closed     | <input type="checkbox"/> Full/ineffective    | <input type="checkbox"/> Strong/irregular | <input type="checkbox"/> Brachial | <input type="checkbox"/> Tender      | <input type="checkbox"/> Tender     | <input type="checkbox"/> > 2 secs | <input type="checkbox"/> Wheezes |
| <input type="checkbox"/> Obstructed | <input type="checkbox"/> Shallow/effective   | <input type="checkbox"/> Weak/regular     | <input type="checkbox"/> Femoral  | <input type="checkbox"/> Abrasions   | <input type="checkbox"/> Abrasions  | <input type="checkbox"/> None     | <input type="checkbox"/> Rhonchi |
|                                     | <input type="checkbox"/> Shallow/ineffective | <input type="checkbox"/> Weak/irregular   | <input type="checkbox"/> Carotid  | <input type="checkbox"/> Bruising    | <input type="checkbox"/> Bruising   |                                   | <input type="checkbox"/> Rales   |
|                                     | <input type="checkbox"/> Labored             | <input type="checkbox"/> Bounding         | <input type="checkbox"/> Other    | <input type="checkbox"/> Penetrated  | <input type="checkbox"/> Penetrated |                                   | <input type="checkbox"/> Stridor |
|                                     | <input type="checkbox"/> Retractions         | <input type="checkbox"/> None             |                                   | <input type="checkbox"/> Flail       | <input type="checkbox"/> Rigid      |                                   | <input type="checkbox"/> Audible |
|                                     | <input type="checkbox"/> None                |   |                                   | <input type="checkbox"/> Paradoxical | <input type="checkbox"/> Distended  |                                   |                                  |

| EYE OPENING                              | VERBAL RESPONSE                            | MOTOR RESPONSE                                     | COLOR                             | TEMPERATURE                     | MOISTURE                             | PUPILS                             |
|--|--|--|-----------------------------------|---------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Spontaneous (4) | <input type="checkbox"/> Oriented x 4 (5)  | <input type="checkbox"/> Follows commands (6)      | <input type="checkbox"/> Normal   | <input type="checkbox"/> Normal | <input type="checkbox"/> Normal      | R L                                |
| <input type="checkbox"/> To voice (3)    | <input type="checkbox"/> Confused (4)      | <input type="checkbox"/> Localizes pain (5)        | <input type="checkbox"/> Pale     | <input type="checkbox"/> Warm   | <input type="checkbox"/> Clammy      | <input type="checkbox"/> PERL      |
| <input type="checkbox"/> To pain (2)     | <input type="checkbox"/> Inappropriate (3) | <input type="checkbox"/> Withdraws from pain (4)   | <input type="checkbox"/> Ashen    | <input type="checkbox"/> Hot    | <input type="checkbox"/> Moist       | <input type="checkbox"/> Pinpoint  |
| <input type="checkbox"/> None (1)        | <input type="checkbox"/> Garbled (2)       | <input type="checkbox"/> Decorticate posturing (3) | <input type="checkbox"/> Cyanotic | <input type="checkbox"/> Cool   | <input type="checkbox"/> Wet         | <input type="checkbox"/> Fixed     |
| <input type="checkbox"/> Mentation       | <input type="checkbox"/> None (1)          | <input type="checkbox"/> Decerebrate posturing (2) | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Cold   | <input type="checkbox"/> Dry         | <input type="checkbox"/> Dilated   |
| normal for pt                            | <input type="checkbox"/> Slurred           | <input type="checkbox"/> Unconscious (1)           | <input type="checkbox"/> Flushed  |                                 | <input type="checkbox"/> Poor turgor | <input type="checkbox"/> Cataracts |

| TIME | PULSE | RESP | BP | % O2 SAT | RA | O2 | OTHER | INITIAL= | GCS |   |   |   |   | V |   |   |   |   | M |   |   |   |   |   |   |   |
|------|-------|------|----|----------|----|----|-------|----------|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|      |       |      |    |          |    |    |       |          | E   | 4 | 3 | 2 | 1 | V | 5 | 4 | 3 | 2 | 1 | M | 6 | 5 | 4 | 3 | 2 | 1 |
|      |       |      |    |          |    |    |       | FINAL=   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|      |       |      |    |          |    |    |       | Notes:   |     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**TREATMENT/INTERVENTIONS-**

|   |   |  |  |   |
|---|---|--|--|---|
| <input type="checkbox"/> AED analyze        | <input type="checkbox"/> CPR  | <input type="checkbox"/> NPA <input type="checkbox"/> OPA Size                           | <input type="checkbox"/> Shock position                              | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> AED defibrillate x | <input type="checkbox"/> Delivery/OB                                | <input type="checkbox"/> O2 sat monitor  | <input type="checkbox"/> Spinal immobilization                       | <input type="checkbox"/> Assist other agency only |
| <input type="checkbox"/> Back blows/thrusts | <input type="checkbox"/> Dressing/bandage                           | <input type="checkbox"/> O2 lpm <input type="checkbox"/> NRM <input type="checkbox"/> NC | <input type="checkbox"/> Splinting <input type="checkbox"/> Traction |   |
| <input type="checkbox"/> BVM                | <input type="checkbox"/> Hot pack <input type="checkbox"/> Ice pack | <input type="checkbox"/> Restraints  | <input type="checkbox"/> Suction                                     |   |

**CALL INFO (ALL TIMES ARE APPROXIMATE)**

|                           |        |       |         |        |            |  |       |
|---------------------------|--------|-------|---------|--------|------------|--|-------|
| DATE:                     | TIMES: | Rec'd | Respond | Arrive | Pt contact | Turnover                                   | Avail |
| Transport by/turnover to: |        |       |         |        |            | <input type="checkbox"/> Refusal/elopement |       |

|                   |         |          |          |                 |       |     |      |      |
|-------------------|---------|----------|----------|-----------------|-------|-----|------|------|
| REPORTING OFFICER | ARJIS # | DIVISION | APPROVER | DATE OF REPORT: | MONTH | DAY | YEAR | TIME |
|-------------------|---------|----------|----------|-----------------|-------|-----|------|------|

ARJIS-PCR handwritten Rev 3/20/10



### Medical Plan (Attachment D)

|  |                                       |   |                      |                                     |   |                                     |           |      |
|--|---------------------------------------|---|----------------------|-------------------------------------|---|-------------------------------------|-----------|------|
| <b>MEDICAL PLAN<br/>(SAR 106)</b>  | Date Prepared                         | Time Prepared                               | Incident Name/Number |                                     |   |                                     |           |      |
| <b>Type of Deployment</b>  |                                       |   |                      |                                     |   |                                     |           |      |
| <input type="checkbox"/> Training <input type="checkbox"/> Search <input type="checkbox"/> Other (describe)  |                                       |   |                      |                                     |   |                                     |           |      |
| Operational period   |                                       |   |                      |                                     |   |                                     |           |      |
| <b>Evacuation Plan</b>   |                                       |   |                      |                                     |   |                                     |           |      |
| Level of care <input type="checkbox"/> BLS <input type="checkbox"/> ALS   Nearest EMS provider   |                                       |   |                      |                                     |   |                                     |           |      |
| Provider placed on standby? <input type="checkbox"/> Yes <input type="checkbox"/> No      Phone  |                                       |   |                      |                                     |   |                                     |           |      |
| Means of Notification <input type="checkbox"/> Cell phone <input type="checkbox"/> Radio   |                                       |   |                      |                                     |   |                                     |           |      |
| Mode of evacuation <input type="checkbox"/> Land <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Other (describe)  |                                       |   |                      |                                     |   |                                     |           |      |
| Rendezvous location (describe)   |                                       |   |                      |                                     |   |                                     |           |      |
| Nearest LZ   |                                       |   |                      |                                     |   |                                     |           |      |
| <b>Hospitals</b>   |                                       |   |                      |                                     |   |                                     |           |      |
|  | Name                                  | Address                                     | Phone                | Heli-pad                            | Trauma  | Burn Ctr                            | Evac time |      |
| <input type="checkbox"/>   | Palomar Medical Center                | 555 E Valley Pkwy<br>Escondido, CA 92025    | (760) 739-3301       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>           | <input type="checkbox"/>            | Air       | Grnd |
| <input type="checkbox"/>   | Scripps Memorial Hospital La Jolla    | 9888 Genesee Ave<br>San Diego, CA 92037     | (619) 644-4401       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>           | <input type="checkbox"/>            |           |      |
| <input type="checkbox"/>   | Sharp Memorial Hospital               | 7901 Frost St<br>San Diego, CA 92123        | (858) 939-3420       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>           | <input type="checkbox"/>            |           |      |
| <input type="checkbox"/>   | Sharp Grossmont Hospital              | 5555 Grossmont Ctr Dr<br>La Mesa, CA 91942  | (619) 698-0289       | <input checked="" type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>            |           |      |
| <input type="checkbox"/>   | UCSD Medical Center                   | 200 West Arbor Drive<br>San Diego, CA 92103 | (619) 543-7644       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>           | <input checked="" type="checkbox"/> |           |      |
| <input type="checkbox"/>   | Scripps Memorial Hospital Chula Vista | 435 H Street<br>Chula Vista, CA 91910       | (619) 691-7290       | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>            |           |      |
| <input type="checkbox"/>   |                                       |   |                      | <input type="checkbox"/>            | <input type="checkbox"/>                      | <input type="checkbox"/>            |           |      |
| <b>Environmental Factors and Threats</b>   |                                       |   |                      |                                     |   |                                     |           |      |
| Environment <input type="checkbox"/> City <input type="checkbox"/> Suburban <input type="checkbox"/> Rural <input type="checkbox"/> Beach <input type="checkbox"/> Water <input type="checkbox"/> Brush <input type="checkbox"/> Mountains <input type="checkbox"/> Desert |                                       |   |                      |                                     |   |                                     |           |      |
| Hazards <input type="checkbox"/> Rocky <input type="checkbox"/> Poison Oak <input type="checkbox"/> Cactus <input type="checkbox"/> Rattlesnakes <input type="checkbox"/> Poor air quality <input type="checkbox"/> Heat <input type="checkbox"/> Cold                     |                                       |   |                      |                                     |   |                                     |           |      |
| <input type="checkbox"/> HAZMAT <input type="checkbox"/> Power Lines <input type="checkbox"/> Nerve agents <input type="checkbox"/> Explosives/weapons <input type="checkbox"/> Nuclear <input type="checkbox"/> Behavioral  |                                       |   |                      |                                     |   |                                     |           |      |
| Other Hazards (describe)   |                                       |   |                      |                                     |   |                                     |           |      |
|  |                                       |   |                      |                                     |   |                                     |           |      |
| Weather <input type="checkbox"/> Sunny <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Humid      Approximate temp  |                                       |   |                      |                                     |   |                                     |           |      |
| Medical safety briefing performed by <input type="checkbox"/> Duty Medic <input type="checkbox"/> IC   |                                       |   |                      |                                     |   |                                     |           |      |
| <b>Medical Emergency Procedures</b>  |                                       |   |                      |                                     |   |                                     |           |      |
|  |                                       |   |                      |                                     |   |                                     |           |      |
|  |                                       |   |                      |                                     |   |                                     |           |      |
|  |                                       |   |                      |                                     |   |                                     |           |      |
|  |                                       |   |                      |                                     |   |                                     |           |      |
| Prepared by (Rank, Name, Unit)   |                                       |   |                      |                                     | Reviewed by Safety Officer (Rank, Name, Unit) |                                     |           |      |
| <input type="checkbox"/> First Responder <input type="checkbox"/> EMT (B,I,P)  |                                       |   |                      |                                     |   |                                     |           |      |