

RESOLUTION NO. 02-10-03

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, AUTHORIZING THE CITY TO ENTER INTO AND COMPLETE A GROUND AMBULANCE SERVICE PROVIDER LICENSE APPLICATION; AUTHORIZING THE CITY MANAGER, CITY ATTORNEY, ALONG WITH THE ASSISTANCE OF THE CITY OF MARATHON'S FIRE CHIEF, TO ASSIST IN FINALIZING THE TERMS AND CONDITIONS OF SAID APPLICATION; AUTHORIZING THE MAYOR TO EXECUTE SAID APPLICATION; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City Council of the City of Marathon (the "CITY") desires to enter into and complete a Ground Ambulance Service Provider License Application on behalf of City of Marathon's Fire Rescue; and

WHEREAS, a copy of said State of Florida/Department of Health, Bureau of Emergency Medical Services, Ground Ambulance Service Provider License Application is attached as Exhibit " A .

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MARATHON, FLORIDA, AS FOLLOWS:

Section 1. **Recitals.** The above recitals are true and correct and are incorporated herein by this reference.

Section 2. Said Application attached as Exhibit "A", is hereby approved. The City Manager and the City Attorney are authorized to finalize the terms and conditions of said Application, if necessary, and the Mayor is authorized to execute the Application on behalf of the City.

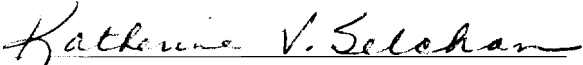
Section 3. Effective Date. This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED this 3rd day of October, 2001.



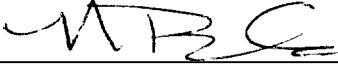
ROBERT MILLER, MAYOR

ATTEST:



KATHERINE V. SELOKAN
CITY CLERK

APPROVED AS TO LEGAL SUFFICIENCY:



CITY ATTORNEY

#4212v1

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
GROUND AMBULANCE SERVICE PROVIDER LICENSE APPLICATION

Type of application (Check all that apply):

New _____ Renewal _____
ALS _____ BLS Transport _____

Change of Name _____ Change of Address _____

1. Name of Service City of Marathon Fire Rescue
Mailing address 8900 Overseas Highway City Marathon State FL
Physical address of records 8900 Overseas Highway City Marathon State FL
County Monroe Zip Code 33050 Phone Number (305) 743-5266
Fax Number (305) 289-9834 24 Hour Number (305) 481-1861
Internet E-mail address marathonfc@yahoo.com

Manager's Name Anthony Messina Title Fire Chief

Type of Ownership (check all that apply):

Private _____ City _____ Not for Profit _____
Volunteer _____ County _____ Special Tax District _____
Fire Department Hospital Based _____ Other (Describe) _____
Corporation _____ For Profit _____

2. Medical Director Sandra J. Schwemmer
Mailing Address 10 High Point Road
City Tavernier State FL Zip Code 33070
Phone Number (305) 852-7676 Fax Number (305) 852-5347
Florida License Number QS 4022 Exp. Date 1/31/3007
D.E.A. Certificate Number 8S7456064 Exp. Date 2/29/2004

(Attach separate sheet if more than one Medical Director. Also attach copy of Florida medical license and D.E.A. certificate for each)

3. Provide name of owner(s) or list all officers, directors and share holders (if a corporation) (attach separate sheet if necessary)

Name	Address	Position

4. List the address and/or describe the location of your base station and all substations (attach separate sheet if necessary).

8900 Overseas Highway, Marathon, FL 33050

5. Identify the counties to be served by your service.
Monroe County

6. You must have communication capability between your ambulance and hospital. List means of communication:
Monroe County Public Safety Communication System

7. Attach **the** following:
 - Attachment #1 Certificate of Public Convenience and Necessity (for each county in which you operate).
 - Attachment #2 Application for ambulance **permit(s)** **DH** Form 1510 (multiple vehicle permit application).
 - Attachment #3 Insurance verification - copy of insurance policy, **certificate** of insurance or certificate of self-insurance showing limits of auto liability coverage and expiration date. Must also list schedule of vehicles covered If not blanket coverage or self insured.
 - Attachment #4 Trauma Transport Protocols signed by the current Medicaid Director.
 - Attachment #5 Verification of Medical Director employment, (i.e. fully executed contract, letter of agreement, etc.)
 - Attachment #6 Copy of the Medical Director's Florida medical license.
 - Attachment #7 Copy of the Medical Director's D.E.A. certificate if ALS

8. If you are permitting **aircraft** under an ALS license application. please attach the following information:
 - Attachment #8 **Application(s)** for air ambulance **permit(s)** - for each aircraft requested. Must be completed and signed.
 - Attachment #9 Medical Malpractice/professional liability insurance for all air **medical crew** members and medical director.
 - Attachment #10 Insurance verification - copy of insurance policy, certificate of insurance or certificate of self-insurance showing limits of coverage. policy expiration date and FAA number of each aircraft
 - Attachment #11 **Pilot licensure** - Copy of each pilot's commercial license and current medical certificate.

9. Fees are established by section 401.34, Fla. Stat. Check or money order should be made payable to Emergency Medical Services. All fees are nonrefundable.

10. Check the box that applies

I hereby certify that this service will provide continuous service on a 24-hour day, 7-day week basis.

I hereby certify that this service will provide **interfacility** transport only and may not be available 24 hours a day 7 days a week.

I, the undersigned, a representative of the above service do hereby attest that this licensee meets all requirements for **operation** of an ambulance service in the state as provided in Chapters 395 and 401, Florida Statutes, and Chapter 64E-2, Florida Administrative Code. I further acknowledge any violations or discrepancies discovered will subject this **service and** it's authorized representatives to actions and penalties provided by law.

To the best of my knowledge, all statements on this application are true and correct.



Katherine V. Selchan
Commission # CC 789318
Expires DEC. 22, 2002
BONDED THRU
ATLANTIC BONDING CO., INC.

NOTARY SEAL

Katherine V. Selchan
Notary Public

December 22, 2002
My commission Expires Date

Signature

Robert K. Miller
Name (Please Print)

Mayor - City of Marathon
Position

October 3, 2001
Date

FALSE OFFICIAL STATEMENTS: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree. § 837.06, Fla. Stat.

DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL SERVICES
APPLICATION FOR VEHICLE PERMIT(S)

EMS Provider City of Marathon Fire Rescue Provider # _____

Business Address 8900 Overseas Highway Marathon, FL 33050

City Marathon State FL Zip Code 33050 County Monroe

	PERMIT TYPE				VEHICLE DATA					
	DUPLICATE	NEW	CURRENT	ALS	BLS	YEAR	MAKE	MODEL	V.I.N.	
			PERMIT #	TRANS	NON-TRANS					
1		XX		XX		1999	Ford	F-450Super Duty	FDWF46FF1XEC06307	
2		XX		XX		1993	Ford	F-Ford-SPT	2FDLF47M6PCB23473	
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Enclose Permit Fee. Please do not send cash. Checks should be made payable to Emergency Medical Services, 4052 Bald Cypress Way, Bin C18, Tallahassee, Florida 32399-1738. All fees are nonrefundable §401.34(1) Fla. Stat.

I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 401, Fla. Stat., and Chapter 64E-2, Fla. Admin. Code, are present and in working order on the above described vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained at the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapters 395 and 401, Fla. Stat., and Chapter 64E-2, Fla. Admin. Code.

SIGNATURE _____

TITLE _____

DATE _____

FALSE OFFICIAL STATEMENTS : § 837.06, Fla. Stat.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

DH Form 1510.05-9R (Replaces previous edition)

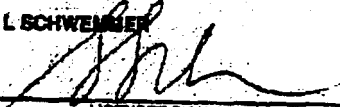
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 0270816

DATE	LICENSE NO.	CONTROL NO.
12/31/1999	OS 4022	1463

THE OSTEOPATHIC PHYSICIAN
NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
EXPIRATION DATE: JANUARY 31, 2002

BANDRA L SCHWEMMER



LICENSEE SIGNATURE

iss. 12/11/1999 # OS 4022 #1463

exp 1/31/2002

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE

UNITED STATES DEPARTMENT OF JUSTICE

DRUG ENFORCEMENT ADMINISTRATION

WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

DEA REGISTRATION
NUMBER

THIS REGISTRATION
EXPIRES

FEE
PAID

BS7456064

02-29-2004

EXEMPT

SCHEDULES

BUSINESS ACTIVITY

DATE ISSUED

2, 2N, 3, 3N, 4, 5 PRACTITIONER

08-27-2001

SCHWEMMER, A 00
8900 OVRSEAS HWY
MARATHAN FIRE RESCUE
MARATHON, FL

33050

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

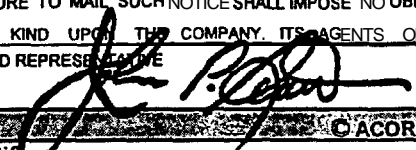
PRODUCER Aon Risk Services, Inc of Florida 1001 Brickell Bay Drive Suite 1100 Miami FL 33131	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
	COMPANIES AFFORDING COVERAGE
INSURED Sandra Schwemmer 10 High Point Road Tavernier FL 33070 USA	COMPANY A TIG Insurance Co.
	COMPANY B
	COMPANY C
	COMPANY D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	HCF38831110 General Liability	01/31/01	01/31/02	GENERAL AGGREGATE	\$3,000,000	
					PRODUCTS - COMP/OP AGG		
					PERSONAL & ADV INJURY		
					EACH OCCURRENCE	51,000,000	
					FIRE DAMAGE (Any one fire)		
					MED EXP (Any one person)		
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT		
					OTHER THAN AUTO ONLY:		
					EACH ACCIDENT		
					AGGREGATE		
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE		
					AGGREGATE		
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS	OTHER	
					EL EACH ACCIDENT		
					EL DISEASE-POLICY LIMIT		
					EL DISEASE-EA EMPLOYEE		
A	Professional Liability Claim Made	HCF38831110 Retro Date 1/31/01	1/31/01	1/31/02	\$1,000,000 Occurrence	\$3,000,000 Aggregate	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER Marathon Volunteer Fire Dept. 8900 Overseas Highway U.S.1 Marathon FL 33050 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

**TRAUMA TRANSPORT PROTOCOLS
MEDICAL DIRECTOR APPROVAL**

I, Sandra Schweinwer Prehospital Medical
Medical Director
Director for City of Marathon Fire Rescue
EMS Provider

certify to the DEPARTMENT that I have reviewed and approve the
trauma transport protocols dated October 1, 2001

[Signature]
Signature, Provider Medical Director

9-19-01
Date

SECTION III

PROCEDURES FOR PATIENT TRANSPORT AND CONSENT FOR TREATMENT AND TRANSPORT

111.1 - HOSPITAL TRANSPORT DESTINATIONS

EFFECTIVE DATE: OCTOBER 1, 2001

MFR performs primary patient transport to two (2) initial receiving facilities in Monroe County. No primary transport is performed to any facility outside of the boundaries of Monroe County. The initial receiving facilities for MFR in Monroe County are as follows:

Fishermen's Hospital
3301 Overseas Highway
Marathon, Florida
Mile marker 48.7 (Oceanside)
ER phone # 305-289- 6416
Telemetry 305-289-6419
PBX 305-743-5533

Lower Florida Keys Memorial Hospital – Lower Keys Health Systems
5900 Junior College Road, Stock Island
Key West, Florida 33040
Mile marker 5 (Bayside)
ER phone # 305-294-9691 or (305-294-5531 ext# 4764)
Telemetry 305-294-9691
PBX 305-294-5531

SECTION III

PROCEDURES FOR PATIENT TRANSPORT AND CONSENT FOR TREATMENT AND TRANSPORT

1112 - TRANSPORT DEVIATION PROTOCOL

EFFECTIVE DATE: OCTOBER 1, 2001

TRAUMA ALERT PATIENTS

All patients meeting trauma alert criteria will be transported to the nearest receiving hospital without exception.

PRIORITY I and II PATIENTS (Exception: Obstetric patients, see below)

All Priority I and II patients, as defined in Protocol 11.5, Treatment and Transport Prioritization, will be transported to the nearest receiving hospital. Should any Priority I patient refuse transport to the nearest facility, the Shift Commander should be contacted immediately (as per Protocol 11.5).

PRIORITY III PATIENTS

All Priority III patients, as defined in Protocol 11.5, Treatment and Transport Prioritization, will be transported to the nearest receiving hospital, unless all of the following criteria are met:

1. The patient requests transport to a facility other than the closest receiving hospital.
2. The patient or a member of the patient's immediate family signs the MFR Transport Deviation Release Form.
3. The Paramedic deems deviation from the closest receiving hospital to the hospital of patient choice to be safe and in the best medical interest of the patient.
4. There is a difference of no greater than ten (10) minutes in transport time between transport from the scene to the closest receiving hospital, and transport from the scene to the hospital of patient choice.

OBSTETRIC PATIENTS

1. All patients in labor with evidence of imminent delivery, when appropriate, will be transported to the nearest receiving hospital.
2. Imminent delivery is defined as:
 - Contractions less than two (2) minutes apart
 - Spontaneous rupture of membranes has occurred
 - Crowning is present

SECTION III

PROCEDURES FOR PATIENT TRANSPORT AND CONSENT FOR TREATMENT AND TRANSPORT

III.3 - SECONDARY TRANSPORT PROTOCOL

EFFECTIVE DATE: OCTOBER 1, 2001

As personnel and resources allow, MFR provides secondary transport services, both inter-facility within Monroe County, and from Monroe County facilities to out-of-county receiving facilities.

The following applies to all secondary transports:

1. All secondary transports should be coordinated by the Shift Commander. If a Rescue crew is contacted by a representative of a facility requesting secondary transport, they shall advise the facility representative that the Shift Commander will directly coordinate and approve the transport.
2. On arrival to the transferring facility, the Paramedic should complete the following in preparation for transport:
 - Receive a complete patient report from the Charge Nurse, or the Nurse caring for the patient.
 - Perform a brief chart review.
 - Obtain copies of all pertinent records for the receiving facility.
 - Perform a baseline patient assessment.
3. If after initial patient assessment the Paramedic feels that additional personnel, equipment, or medical orders are needed in order to facilitate patient transport and assure patient / crew safety, the Paramedic should immediately contact the Shift Commander.

SECTION III

PROCEDURES FOR PATIENT TRANSPORT AND CONSENT FOR TREATMENT AND TRANSPORT

1114 - TRAUMA TRANSPORT PROTOCOLS

EFFECTIVE DATE: OCTOBER 1, 2001

DISPATCH PROCEDURES

Monroe County is unique in the State of Florida, in that it is comprised of a chain of islands stretching one hundred and thirteen miles in length, and connected by only one main highway. MFR ALS transport vehicles are located at strategic points throughout the City, and are supplemented by numerous BLS Fire/Rescue vehicles, which are activated as first responder support for Rescue personnel.

1. Calls are received via an enhanced 911 system, located in Marathon, Monroe County Florida which directly dispatches the appropriate responding units dependant upon the location of the call.

2. The Dispatcher obtains information from the caller regarding:

- A.) Name of person calling
- B.) Nature of incident
- C.) Type of injury
- D.) Call back number
- E.) Number of patients
- F.) Location of incident
- G.) Extent and severity of reported injury

3. The Dispatcher selects the Rescue response vehicle closest to the location of the incident. The Dispatcher immediately transmits the appropriate alert tone, followed by the command, "Med (assigned unit), be enroute to...", after which the nature, location, and known details of the call are transmitted. This information is transmitted via 450 MHz (UHF) radios carried by all Rescue crew members, and all Fire/Rescue Supervisory personnel. The Dispatcher may also elect to activate a BLS Fire/Rescue vehicle for first response support if the arrival of the ALS vehicle will be delayed for any reason.

4. The Dispatcher is in direct radio contact with the Rescue crew, and monitors the status of the crew (i.e., time enroute, arrival time on scene, time enroute to hospital, etc.). On scene Rescue personnel may communicate requests for additional intra-agency resources (i.e., personnel, equipment, additional vehicles, supervisory personnel), via the Dispatch Center. Requests for inter-agency support (i.e., law enforcement, Trauma Transport Officers, utility company, Fire Suppression equipment and personnel, Marine Patrol, Coast Guard) may also be communicated via the Dispatch Center.

PRE-HOSPITAL PROCEDURES
64E-2.017

1. Upon arrival at the incident, EMT's and Paramedics shall assess the condition of each trauma patient using the Florida trauma scorecard methodology criteria, as outlined in Chapter 64E-2.017 and 2.0175 F.A.C. to determine whether the patient should be a "trauma alert". This information shall be used to determine the patient's transport destination. In assessing the condition of each adult patient, the paramedic shall evaluate the patient's status for each of the following components: Airway, circulation, best motor response (BMR - a component of the Glasgow Coma Scale), cutaneous, longbone fracture, patient's age, and mechanism of injury.

ADULT TRAUMA ALERT CRITERIA

* NOTE: Pediatric assessment and trauma alert criteria follow on pages 5, 6, and 7.

Any adult trauma patient meeting one or more of the following Adult Trauma Alert Criteria will be designated as a "TRAUMA ALERT" patient.

- Airway: - Active airway assistance, beyond supplemental O₂
- Circulation - No radial pulse with a sustained heart rate \geq 120 bpm, or
- BP < 90 mmHg.
- BMR: - Glasgow Coma Scale \leq 4 on motor assessment
- Paralysis
- Suspicion of spinal cord injury or loss of sensation
- Cutaneous: - 2nd or 3rd degree burns to \geq 15 % body surface area
- Amputation proximal to the wrist or ankle
- Penetrating injury to the head, neck, or torso, excluding superficial wounds
- Longbone fractures: - 2 or more open longbone fracture sites (humerus, radius/ulna, femur, tibia/fibula)

**If the adult patient does not meet the above criteria, but meets 2 out the 7 criteria listed below, the patient will be designated as a "TRAUMA ALERT" patient:

- Airway: - Respiratory rate of 30 or greater
- Circulation: - Heart rate (sustained) of \geq 120 bpm
- BMR: BMR = - 5 on the motor component of the Glasgow Coma Scale
- Cutaneous: - Major degloving injury or major flap avulsion > 5 inches or
- Gunshot wound to the extremity
- Longbone Fracture: - S/S of longbone fracture secondary to MVA or fall from \geq 10 ft.
- Age: - Patient is \geq 55 yrs. old
- Mechanism of Injury: - Patient ejected from a motor vehicle (excluding motorcycle, moped, all terrain vehicle, bicycle or open body pick-up truck);
or

- Driver impact with steering wheel causing steering wheel deformity

**1114 TRAUMA TRANSPORT PROTOCOLS
PAGE 3**

If the patient is not identified as a trauma alert patient after using the above criteria, the trauma patient will be evaluated using all elements of the Glasgow Coma Scale. If the patient's score is ≤ 12 , the patient will be considered a "trauma alert" patient (excluding patients whose normal GCS is ≤ 12 by past medical history or known pre-existing medical condition).

ADULT TRAUMA ALERT CRITERIA / OTHER LOCAL TRAUMA ALERT CRITERIA

- Lightning injury
- Pedestrian hit by motor vehicle and thrown 20 feet or more
- High index of suspicion for significant injury

2. The Florida EMS Incident Report Form, (HRS 1895), - Uniform Run Report, shall be completed by the Rescue personnel that were on-scene. This form shall accompany each trauma patient to the receiving facility, and a copy of the run report will be left with the receiving facility. HRS Form 1895 will also be completed for all dead on the scene trauma patients, regardless of whether MFR transports the body.

3. If the patient does not meet any of the trauma criteria, the EMT or paramedic can call a "Trauma Alert" if, in his or her judgement, the patient's condition warrants such action. Where EMT or paramedic judgement is used as the basis for calling a "Trauma Alert", it shall be documented as required in section 64E-2.013, F.A.C.

TRANSPORT DESTINATION CRITERIA
64E-2.015

1. There are no state approved trauma centers in Monroe County. Therefore, it is the decision of the Medical Director, Dr. Sandra Schwemmer, that it is in the best medical interest of trauma patients to be transported to the local hospital closest to the scene for evaluation and stabilization, prior to possible transfer to another facility, or to a state approved trauma center unless circumstances warrant air transport as indicated.

2. Upon determination that the patient meets Trauma Alert Criteria, the Paramedic in Charge or Shift Commander will initiate direct radio communications with the receiving facility. Communications from field Rescue personnel to the receiving facility will include the phrase "TRAUMA ALERT", and will include the following information:

- Specific Trauma Alert criteria
- Mechanism of injury
- Glasgow Coma Score (itemized)
- ETA to receiving facility

EMERGENCY INTER-FACILITY TRANSFER OF TRAUMA PATIENTS

As previously noted, there are no State approved trauma centers in Monroe County. Additionally, Monroe County or the City does not have a fixed wing or rotor wing aircraft for medical air evacuation. The closest available service for medical air evacuation is in Dade County. Due to the distance and time involved in activation and arrival of a Dade County rotor craft, it is the decision of the Medical Director that it is in the best medical interest of trauma patients that all patients be directly transported via MFR ALS ground vehicles to the local hospital closest to the scene, for evaluation and stabilization.

If after initial evaluation and stabilization of the patient, the initial receiving facility deems transfer to another facility to be necessary and in the best medical interest of the patient, this may be accomplished either by ground or air transport.

Should air transport be deemed to be the appropriate method for the transfer, the initial receiving facility directly contacts a Dade County air transport service. Landing facilities are available for rotor wing aircraft at both hospitals.

Should the initial receiving facility deem ground transport appropriate, the hospital contacts the Shift Commander to notify him/her of the order for transfer. MFR has one ALS vehicle designated as a transfer vehicle.

Should supplemental personnel to assist the Rescue crew be necessary for optimal

1114 – Trauma Transport Protocols

Page 5

patient care, such as medical or nursing staff, respiratory therapy staff, etc., the transferring hospital will provide the necessary personnel to accompany the Rescue ground transport personnel.

TRAUMA TRANSPORT PROTOCOLS - MEDICAL DIRECTOR APPROVAL
64E-2.076

These protocols have been submitted by City of Marathon Fire Rescue and have the approval of the agency Medical Director, Sandra Schwemmer, D.O.

APPROVED TRAUMA CENTERS AND INITIAL RECEIVING HOSPITALS
64E-2.022

Approved Trauma Centers and Pediatric Trauma Referral Centers

1. University of Miami/Jackson Memorial Hospital Medical Center
Adult and pediatric trauma care
2. Miami Children's Hospital
Pediatric trauma only

Receiving Facilities

Middle Keys: Fishermen's Hospital, Marathon

DISTRIBUTION OF TRAUMA TRANSPORT POLICY

All Trauma Centers, PTRC's, and receiving facilities to which MFR routinely transports patients have been provided with a copy of the criteria which are used to determine trauma transport destinations.

PROTOCOL FOR PEDIATRIC TRAUMA -- 64E-2.0175

PEDIATRIC TRAUMA SCORECARD METHODOLOGY

For children, the term "pediatric trauma" applies to those injured persons with anatomical and physiological characteristics of a person fifteen (15) years of age or younger. If there is doubt as to whether or not the patient should be considered to be a pediatric patient, the EMT or Paramedic may measure the patient using a length-based resuscitation tape. If the patient falls within the maximum length of the tape, the patient should be considered a pediatric patient.

(1). In accordance with Chapter 64E-2.0175, F.A.C., upon arrival to the scene of a traumatic incident involving a pediatric patient, an EMT or Paramedic shall assess the condition of each pediatric trauma patient by evaluating the patient's status for each of the following components: Airway, Consciousness, Circulation, Fracture, Cutaneous and the pediatric patient's size when used in conjunction with the other components in (3) of this section. The assessment of the pediatric patient using the weight and length parameter and the other components of this section shall be referred to as the Pediatric Trauma Scorecard Methodology. In assessing the pediatric patient, the criteria for each of the components in (2) and (3) of this section shall be used to determine the transport destination for pediatric trauma patients.

PEDIATRIC TRAUMA ALERT COMPONENTS

(2). The EMT or paramedic shall assess all pediatric trauma patients using the following criteria and **if any one of the following conditions are identified, the patient shall be considered a Pediatric Trauma Alert patient:**

- a. **Airway:** In order to maintain optimal ventilation, the patient is intubated, or the patient's breathing is assisted through such measures as manual jaw thrust, continuous suctioning or through the use of other adjuncts to assist ventilatory efforts.
- b. **Consciousness:** The patient exhibits an altered mental status that includes: drowsiness, lethargy, the inability to follow commands, unresponsiveness to voice, totally unresponsive, or is in a coma or there is the presence of paralysis; or the suspicion of a spinal cord injury; or loss of sensation.
- c. **Circulation:** The patient has a faint or nonpalpable carotid or femoral pulse or the patient has a systolic blood pressure of less than 50 mmHg.
- d. **Fracture:** There is evidence of an open long bone fracture (humerus, radius, ulna, femur, tibia or fibula) fracture or there are multiple fracture sites or multiple dislocations (except for isolated wrist or ankle fractures or dislocations).
- e. **Cutaneous:** The patient has a major soft tissue disruption, including major degloving injury, or major flap avulsions or 2nd or 3rd degree burns to 10 percent or more of the total body surface area, or amputation proximal to the wrist or ankle, or any penetrating injury to the head, neck or torso (excluding superficial wounds where the depth of the wound can be determined).

PEDIATRIC TRAUMA ALERT COMPONENTS (continued)

(3). In addition to the criteria listed in (2) of this section, **if any two of the following conditions are identified, the patient shall be considered a Pediatric Trauma Alert patient.**

a. **Consciousness:** The patient exhibits symptoms of amnesia, or there is loss of consciousness.

b. **Circulation:** The carotid or femoral pulse is palpable, but the radial or pedal pulses are not palpable or the systolic blood pressure is less than 90 mmHg.

c. **Fracture:** The patient reveals signs or symptoms of a single closed long bone fracture. Long bone fractures do not include isolated wrist or ankle fractures.

d. **Size:** Pediatric trauma patients weighing 11 kilograms (24 lbs.) or less, or the body length is equivalent to this weight on a pediatric length and weight emergency tape (the equivalent of 33 inches in measurement or less).

(4). In the event that none of the criteria in (2) or (3) of this section are identified in the assessment of the pediatric patient, the EMT or paramedic can call a "Trauma Alert" if, in his or her judgment, the trauma patient's condition warrants such action.

Where EMT or paramedic judgment is used as the basis for calling a "Trauma Alert", it shall be documented as required in section 64E-2.013, F.A.C.

OTHER CRITERIA FOR HIGH INDEX OF SUSPICION FOR PEDIATRIC TRAUMA / LOCAL TRAUMA ALERT CRITERIA

Amputation proximal to wrist or ankle

Ejection from motor vehicle or bicycle

Extrication time > 15 minutes

Rollover

Major intrusion into passenger compartment

Falls > 6 feet

Penetrating injury to head, neck, chest, abdomen, or groin, (this does not include superficial wounds where depth is easily determined)

Any loss of consciousness witnessed by Rescue personnel

Lightning injury

Pedestrian hit by motor vehicle at speed > 5 mph.

TRANSPORT DESTINATION CRITERIA

1. As there are no State approved Pediatric Trauma Referral Centers in Monroe County, it is the decision of the Medical Director, Dr. Sandra Schwemmer, that it is in the best medical interest of pediatric trauma patients to be transported to the local hospital closest to the scene for evaluation and stabilization, prior to possible transfer to another facility, or to a State approved Pediatric Trauma Referral Center unless circumstances warrant air transport as indicated; such as blockage of main road to receiving hospital, lengthy extrications, failure of drawbridges, geographical distances of 20 miles or longer from receiving hospital. Should the initial receiving facility deem transfer to another facility, or a State Approved Pediatric Trauma Referral Center appropriate, the transfer will be managed as previously described on pages 3-4.

1. Upon determination that the patient meets Pediatric Trauma Alert Criteria, the Paramedic in Charge, or Shift Commander, will initiate direct radio communications with the receiving facility. Communications from field Rescue personnel to the receiving facility will include the phrase "TRAUMA ALERT", and will include the following information:

- Specific Pediatric Trauma Alert Criteria
- Mechanism of injury
- ETA to receiving facility

Pediatric patients not meeting the previously outlined Pediatric Trauma Alert criteria will be transported according to pre-existing protocols.

3. Any deviation shall be documented and justified on the Rescue run report.

**INFECTIOUS DISEASE BLOOD BORNE PATHOGENS
EXPOSURE POLICY**

MARATHON FIRE RESCUE

I, Sandra Schwemmer, D.O., Prehospital Medical Director for Marathon Fire Rescue Emergency Medical Services, certify to Marathon Fire Rescue and the Florida Office of Emergency Medical Services that I have reviewed and approve the Infectious Disease Blood Borne Pathogens Exposure Policy, dated 10/01/01.



Sandra Schwemmer, D.O., FACOEP, FACEP

9/19/01

Date