

Good Afternoon Honorable Members of the City of Milwaukee Common Council,

As offered at yesterday's (2/15/24) meeting of the Public Safety & Health Committee, relating to both agenda items 8 and 9, I have attached the confirmed updated EMS response Standard Operating Guideline referred to numerous times in yesterday's meeting. The pertinent changes can be found on the bottom half of page 4. These have been created, reviewed, and approved by the Milwaukee Fire Department and our Medical Control, Curtis Ambulance and their Medical Control, and Bell Ambulance and their Medical Control. Minor changes from yesterday's verbalized reading have been made to strengthen the requirements therein. The attached document is the Addendum B which will be attached to (and in-force with) the existing and future Ambulance Service Agreements, giving it the force of contract.

So that we can engage in a controlled official roll-out, including training and command reinforcement across all of the different work shifts and Bureaus/Divisions involved, the effective date of this specific document will be Thursday, February 22, 2024. OF NOTE, the core tenets of this document ARE already in effect with the interim policies/guidelines described at yesterday's meeting.

Below, I have cut-and-pasted Alderman Westmoreland's approval of this exact document for your awareness.

Good afternoon!

I am in support of the changes.

Thanks!

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Importantly, this is just the first portion (IN EFFECT or NEAR-TERM) of the review/change process that we have begun. Also as discussed at yesterday's meeting, we will continue to evaluate and assess the need for any other system changes (MID-RANGE and LONG-RANGE) that will help prevent a recurrence. We will happily update (ONGOING) the Common Council as we progress.

Sincerely,
Fire Chief Aaron Lipski
Milwaukee Fire Department

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I am not here for me, I am here for we,
And we are here for them.

Initiated: 05/04/2021	MILWAUKEE FIRE DEPT EMS GUIDELINE Emergency Medical Field Operations	Approved by:
Revised: 2/15/2024		Chief Aaron Lipski
Revision: 5		Dr. Benjamin Weston, MD, MPH Medical Director

POLICY

All Milwaukee Fire Department companies perform Emergency Medical Services (EMS) functions. It is the responsibility of the incident commander at an EMS alarm to determine what, if any, additional resources are necessary. Requests for additional units/resources are to be made through the incident commander.

The ranking fire department officer is in charge of the scene. Any matters relative to the management of an emergency medical scene are to be addressed after the patient's medical needs have been met.

SERVICE COMPONENTS

1. Engine/Truck/Rescue Companies/ARVs: Engine or truck or companies, as well as Alternate Response Vehicles (ARVs) may be dispatched as first response units. These companies are to be staffed with a minimum certification of Emergency Medical Technicians-Basic (EMT-B).
2. Advanced Life Support (ALS Units): MED units and Paramedic First Response (PFR) companies operate as part of a Milwaukee county-wide paramedic system. MED units are staffed with a minimum of two Paramedics (EMT-P), who are trained and equipped to provide advanced life support (ALS). Med units may also provide BLS and BLS transports when private ambulance service providers are unavailable. PFR companies are non-transporting units (engine, truck, rescue and ARV companies) staffed with a full practice Paramedic. These also include mobile responding PFR/ALS units such as PBR (paramedic bicycle response) and UTV (i.e. M22) units.
3. Private Ambulance Service Providers: Private providers, certified by the City, provide BLS transport for the EMS System. BLS transport units are staffed by two persons with a minimum certification of EMT-B. Private providers are designated to cover an ambulance service area.

BATTALION CHIEF

A Battalion Chief is automatically dispatched on the following EMS-related alarms:

- Active shooter response
- ALS1, ALS2 and ALS3 responses (Mass Causality Incidents)
- ALS or TEMS unit responding to an exigent tactical situation
- ALSEVD response ('Ebola' response)
- Bariatric 2 response
- CBRNE (Chemical/Biological/Radiological/Nuclear/Explosive) response
- Extrication assignment
- Helicopter E.M.S. request (i.e. Flight For Life)
- Special team response

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In addition, the first arriving unit is to request a Battalion Chief and the EMS Supervisor (Car 15) when the following situations exist:

- 1) An MCI presents itself and multiple patients may require ALS or MED unit transport from a single incident, if not already assigned by dispatch.
- 2) Multiple symptomatic patients with suspected CO poisoning.

SHARED SERVICES INITIATIVE

The Milwaukee Fire Department and surrounding fire departments mutually provide emergency medical services to our communities based on the belief that emergency responses should receive the closest most appropriate resources regardless of jurisdictional boundaries.

BLS TRANSPORT UNIT

When dispatched to an EMS alarm where it is determined that only basic life support (BLS) measures are necessary and the patient will be transported, Milwaukee Fire Department units are to request a BLS transport unit for patient transport.

BLS transport units will not respond using red lights and sirens when fire department personnel are on the scene and the patient is stable, except in the following situations:

- Patient is outside in **inclement weather**, inclement defined as weather conditions that may adversely affect the patient's treatment and/or current medical condition.
- Patient is in **public view surrounded by a crowd of people** and their well-being and/or dignity may be in jeopardy due to lack of privacy.
- There is a **perceived threat to safety** such as with an auto accident.

If any of the above situations exist, the dispatcher is to be notified of the BLS Transport Emergency and the reason for the request. MFD units are required to standby until the arrival of the BLS transport unit. When transferring patient care, a verbal report must be given to the BLS transport unit personnel along with available patient demographics. In addition, select the receiving hospital in the incident care report and a draft of the ePCR will be forwarded. Company officers are to direct company members to assist BLS transport unit personnel, as deemed appropriate.

If ALS personnel made patient contact, the paramedic responsible for history and physical is required to complete the ePCR prior to placing the unit back in service. The ALS or PFR unit is to remain on the scene until patient care has been transferred to the BLS transport unit. If the ranking paramedic on the scene feels there is no need for additional MFD unit(s) on the scene, other MFD units may be released.

The MFD company standing by is to report the arrival of non-MFD BLS transport units as they arrive on scene to the MFD dispatcher.

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ALS TRANSPORT UNIT

When dispatched to an EMS alarm where it is determined that advanced life support measures are necessary Milwaukee Fire Department units are to request an ALS transport unit for patient evaluation and/or transport. Requirements for ALS evaluation are listed under the OEM Standard of Care, 'Paramedic Evaluation, Transport, Upgrade or Turndown'.

- 1) When a BLS unit is present, MED unit personnel are to have at a minimum the ALS EMS bag and ECG monitor/defibrillator when they arrive at the patient. If they are the only unit on the scene they also are to bring the oxygen kit.
- 2) MFD BLS company personnel should assist ALS personnel with equipment, treatment, and patient movement.
- 3) If additional MFD personnel are needed to assist the ALS personnel during transport, the BLS unit is to follow the ALS unit to the receiving hospital without light or sirens to retrieve personnel.

ALS UNIT RESPONSES TO FIRE, SPECIAL OPERATIONS, EXTRICATIONS INCIDENTS

Upon arrival, the MED unit should park to guarantee rapid egress so operating members or civilians requiring medical attention may be readily transported. Paramedic personnel should load their stretcher with the ALS EMS and oxygen bags, ECG monitor/defibrillator, and patient movement equipment appropriate for the response (i.e. Megamover, backboard, scoop stretcher). Move to an area clear of the operating area but near enough to readily access their equipment should any patient(s) require immediate life-saving ALS intervention.

- Fire scenes and extrications require full PPE in case a patient must be packaged or cared for in the hot zone.
- Paramedic personnel should evaluate the condition of the patient(s) involved. If multiple patients are involved, the ranking paramedic may assume the responsibility of Paramedic Triage Officer, requesting any additional resources, including BLS transport units and/or EMS Supervisor, through the Battalion Chief or the Incident Commander as appropriate.
- MED units may be assigned to the Rehab Group at a fire incident under the direction of the Incident Commander.

HAZARDOUS SITUATIONS

Incident commanders are not to permit entry of non-MFD BLS transport unit personnel into any hazardous situation.

Patients who require extrication from a hazardous situation are to be removed by Milwaukee Fire Department personnel prior to transferring care to a BLS transport unit.

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EXTREME WEATHER PROCEDURES

Extreme Heat: When the apparent temperature reaches 90°F to 105 °F (Heat Level1) or 105 °F or greater (Heat Level2). (See numbered notice 2020- 39R PROCEDURES FOR EXTREME WEATHER CONDITIONS)

Extreme Cold: When the wind chill temperature falls between -10°F to -25 ° F (ColdLevel1. or less than -25 ° F (ColdLevel2).-(See numbered notice 2020-39R PROCEDURES FOR EXTREME WEATHER CONDITIONS)

The above temperatures will be determined by the U.S. Weather Service (Mitchell Field).

When conditions of extreme heat or cold are met, the Firefighting Deputy Chief may implement the following protocol:

1. Notification of private ambulance providers that extreme weather conditions exist.
2. Simultaneous dispatch of a BLS transport unit with an engine company or ladder company on any EMS run where a patient may be exposed to the elements.

This protocol will remain in effect until canceled by the Firefighting Deputy Chief.

REASONABLE SEARCH FOR PATIENTS OUTDOORS

Providers shall ensure that the scene is safe prior to coordinating their efforts to locate patients who are not immediately present. Responders shall exercise due diligence in performing a search for a patient and shall utilize dispatch to attempt re-contact with the patient or caller(s), interact with bystanders as appropriate who may have information on the patient's location, and utilize an audible and visual device (ex: activate their lights and sirens) to announce their presence/arrival at the location. For multi-agency and multi-apparatus incidents, providers shall coordinate their efforts under the guidance of the incident commander, which may include searching in the direction of patient travel as appropriate.

Extreme weather conditions that reduce survivability warrant additional effort to locate patients when none are immediately apparent.

When weather, other environmental conditions, or obstructions, create impaired or reduced visibility at or around the location or landmark to which responders are dispatched, or predicated upon the responders' ability to visually, and with certainty, clear a reasonable area of any victims who may have fallen down, responders shall exit their vehicles and search for those requiring assistance at and beyond the location or landmark.

Responders shall document the scene conditions, methods, and results of search efforts, and utilize information from dispatchers (patient call back, verification of location, etc.) as appropriate.

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INTERFACE WITH THE MILWAUKEE POLICE DEPARTMENT & OTHER LAW ENFORCEMENT

Emergency Medical Services for Persons in Police Custody

MFD units are required to complete a full patient assessment on all patients, determine the most appropriate means of transport (ALS or BLS), and document all assessment findings on the ePCR.

If BLS transport is indicated or requested, MFD units are required to standby until the arrival of the BLS transport unit. When transferring care, a verbal report must be given to the BLS transport unit personnel along with available patient demographics. In addition, select the receiving hospital in the incident care report and a draft of the ePCR will be forwarded.

******At no time will MFD units on scene authorize or "clear" a patient to be transported by any means other than ALS or BLS transport unit without completing the proper ePCR patient refusal documentation. If a patient in police custody refuses transport (ALS or BLS) after a patient assessment is completed by MFD personnel, the proper ePCR patient refusal documentation and signature form(s) must be completed with the patient's (or legal guardian) signature***