

**BY ORDER OF THE COMMANDER
WRIGHT-PATTERSON AIR FORCE BASE**

**WRIGHT-PATTERSON AFB INSTRUCTION
44-201**



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Medical**

**EMERGENCY MEDICAL SERVICES (EMS)
BETWEEN THE WRIGHT-PATTERSON AFB
MEDICAL CENTER (WPMC) AND THE
WRIGHT-PATTERSON AFB FIRE
EMERGENCY SERVICES (FES)**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This WPAFB Instruction replaces the MOU dated August 2004 between the 88th Medical Operations Squadron/Emergency Services Flight (88 MDOS/SGOE) and the WPAFB Fire Emergency Services (FES) of Wright-Patterson Air Force Base, regarding the provision and delivery of Emergency Medical Services (EMS) to Wright-Patterson AFB (WPAFB). This Instruction will supersede any and all prior arrangements, formal and informal, on the same subject. This publication does not apply to the Air National Guard or the Air Force Reserve Center (ANG/AFRC) units. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional's chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>.

1. Scope. Provides guidance and documents agreement on aspects for general support of the delivery of EMS on WPAFB. Actions and agreements herein apply only to the participating parties and are not intended to supersede existing regulations.

2. Situation. The following is a list (not all inclusive) of situations pursuant to EMS response on WPAFB.

2.1. WPAFB has elected to institute ALS (Advance Life Support – EMT-P level) as well as BLS (Basic Life Support -- EMT-B level) care to the residents, employees, and visitors to the base.

2.2. The sheer volume of the base populace, security considerations; and the size, geography, and access roads of WPAFB presents a challenge for timely 911-ambulance response to all areas of the base.

2.3. Paramedic and ALS care is not required for USAF 4N0X1 medical technicians however, some may have it.

2.4. The FES has established a requirement for paramedic training, staffing and certification; several firefighters are certified as paramedics by the State of Ohio, with a minimum of one firefighter paramedic on-duty in WPAFB Area B to provide ALS coverage.

2.5. This Instruction establishes the framework for the provision of EMS Services to the entire WPAFB, including all privatized housing areas.

3. Assumptions.

3.1. In the event that there is any disruption of EMS service on the base, it is assumed that mutual aid from the community will be able to respond to an ALS or BLS 911-ambulance call, in accordance with (IAW) established and existing MOUs with those agencies.

3.2. 88 MDOS/SGOE will almost always have adequate active clinical staffing on-shift to provide a 911-ambulance response.

3.3. 88 MDOS/SGOE may not have ALS available due to active clinical requirements and on-going patient care in the Emergency Services (ES) and may not be able to dispatch ambulance IAW DoD standards consisting of an aggregate response time within twelve minutes ninety percent of the time.

4. Mission.

4.1. The primary mission of the 88 MDOS/SGOE in any 911-response call situation is to provide emergency field stabilization, definitive care, and transfer IAW current approved protocols.

4.2. The primary mission of FES in any 911-response is to provide life preservation, fire prevention, fire suppression, fire control and victim rescue services; and, to augment 88 MDOS/SGOE as personnel, staffing, and primary firefighting duties will allow.

4.3. The collaborative efforts of both the 88 MDOS/SGOE and FES endeavor to provide around-the-clock ALS EMS care to WPAFB.

5. Execution and Concept of Operations.

5.1. Procedures for all medical 911-responses.

5.1.1. The FES, Emergency Communications Center (ECC) receives all 911-calls, and will dispatch fire, medical, HAZMAT, and flight-line responses accordingly.

5.1.2. The FES relays requests for medical response to the 88 MDOS/SGOE. The ES Shift Leader will dispatch an ambulance and crew. The ambulance crew will identify

themselves to the FD dispatcher as a BLS or ALS crew via radio when leaving the WPMC/ES.

5.1.3. The FES will coordinate with responding emergency vehicles (per FES Management plan) the level of care required based on the nature of the emergency (ALS or BLS). The ECC is guided by the Emergency Medical Dispatching (EMD) System. All ECC dispatchers are EMD trained and qualified in accordance with industry EMS standards.

5.1.4. The FES will respond with the closest emergency vehicle on 911-calls that appear to represent a life-threat in accordance with EMD and EMS Medical Director approved guidelines on WPAFB. The FES will also respond to all calls that include mutual aid when an ambulance unit is not available from the 88 MDOS/SGOE. The FES shall have a paramedic on duty 24-hours daily in WPAFB Area B.

5.1.5. Should an ill or injured patient require ALS care and the 88 MDOS/SGOE ambulance is responding BLS, the FES paramedic will assume care of the patient and will accompany the patient, with the ambulance crew, or the mutual aid ALS crew will assume care and transport the patient.

5.1.6. In the event that the day-to-day operations of the ES preclude an ambulance response, the ECC will request a mutual aid ambulance response from the local community in accordance with established mutual aid agreements.

5.1.7. In the event any discordance of opinions or judgments with the disposition of a patient in the field, the paramedics, both 88 MDOS/SGOE and FES, as applicable, along with the on-shift supervising ES Physician will conduct a post incident critique. The results of this briefing will subsequently be staffed to the EMS Medical Director, the ES Flight Commander and the Fire Chief for resolution of any conflicts.

5.1.8. In support of FES live fire training evolutions, 88 MDOS/SGOE shall provide an ambulance on-site for stand-by purposes.

6. Checklists/Field Medical Treatment Protocols.

6.1. Medical care in the field by EMT-Basic/Intermediate/Paramedic (B/I/P) will be guided by the current treatment protocols approved by the Greater Miami Valley Emergency Medical Services Council (GMVEMSC), 88 MDG Medical Contingency Response Plan (MCRP), and the EMS Medical Director.

6.2. 88 MDOS/SGOE Enlisted EMS Coordinator will maintain active nonvoting membership in the GMVEMSC.

7. Transportation and Disposition Protocols.

7.1. The GMVEMSC paramedic treatment protocols for EMS ambulance operations by 88 MDOS/SGOE and 88 ABW/CEF are as follows:

7.1.1. Patients received by on-base EMS 911-calls will be appropriately assessed by the lead paramedic on-scene. The paramedic, following protocol, with oversight from the ES Physician, will decide appropriate transport location. If the patient is unstable, they will be transported to the nearest hospital following GMVEMSC protocols. In the event the

patient refuses EMS care and transport to a hospital, the EMT who initiated care, will continue and complete all non-removal paperwork.

8. Contributing Organizations.

8.1. WPMC, 88 Medical Group, 88 Medical Operations Squadron, Emergency Services.

8.2. 88 ABW, Civil Engineering, Fire Emergency Services.

9. Administration and Oversight.

9.1. The 88 MDOS/SGOE Flight Commander has overall responsibility for the WPAFB EMS Program and assigns an ES physician as EMS Medical Director to ensure all standards and competencies are met.

9.1.1. The EMS Medical Director has overall medical authority on all emergency medical care rendered in the pre-hospital setting by 88 MDOS/SGOE or FES EMT B/I/P.

9.1.2. Real-time online Medical Control of EMS 911-responses on WPAFB are under the authority of the on-shift ES physician.

9.1.3. The ES Flight Chief will assign an EMS Coordinator to monitor day-to-day routine EMS administration and operations. The EMS Coordinator will establish a line of communication with the FD EMS coordinator.

9.1.4. The WPAFB EMS Committee including the EMS Medical Director, EMS coordinator, and the FES EMS officer will meet quarterly, or as needed.

9.2. Paramedic/EMT Training and Testing.

9.2.1. The 88 MDOS/SGOE EMS Coordinator is an active member of the GMVEMSC and represents both the ES and FES. Through this membership, paramedics will utilize, train, and test annually on the regional EMT protocols, which can be found online at www.gmvemsc.org.

9.2.2. The EMS protocols are reviewed and approved annually through the GMVEMSC.

9.2.3. The Greater Dayton Area Hospital Association's (GDAHA) EMS Coordinators will provide protocol testing at no cost to all members.

9.2.4. The WPMC will be available to assist the FES training program by providing Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and EMT refresher training. This training support is provided IAW AFI 32-2001.

9.3. Resupply and equipment purchases will be accomplished IAW AFI 41-209, AFI 32-2001 and GMVEMSC. The FES shall request replacement of outdated or irreparable medical equipment through 88 MDSS/SGSL, WPMC Medical Equipment Management Office (MEMO). Transfer of unit funds will be required and must be coordinated with 88 MDSS/SGSR, WPMC Resource Management Office (RMO).

9.4. WPMC maintains the needed number of drug bags in accordance with the GMVEMSC Drug Bag Committee stipulations.

9.4.1. One of these drug bags is located at Fire Station 3 in Area B. Another drug bag will be maintained at Fire Station 1 in Area A. The FES is responsible to keep the drug

bags secure at all times and have accountable and documented inventory, and daily bag lock checks.

9.4.2. Resupply of drug bags for all GMVEMSC members, including WPMC and FES, will be on a one for one exchange basis with 88 DTS/SGQP, WPMC Inpatient Pharmacy.

9.5. Equipment maintenance will be accomplished IAW AFI 41-209 and GMVEMSC.

9.6. The FES will coordinate the exchange of empty medical grade oxygen cylinders with 88 MDSS/SGSL, WPMC Medical Logistics IAW Management of Medical Gas Procedures.

10. Prescribed and Adopted Forms.

10.1. Prescribed Forms: None.

10.2. Adopted Forms:

AF Form 847, *Recommendation for Change of Publication*

AMANDA W. GLADNEY, Colonel, USAF
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 32-2001, *Fire Emergency Services Program*, 9 September 2008
AFI 41-201, *Managing Clinical Engineering Programs*, 25 March 2003
AFI 41-209, *Medical Logistics Support*, 30 June 2006
AFI 44-102, *Medical Care Management*, 1 May 2006
AFI 46-101, *Nursing Services and Operations*, 17 August 2004
DODI 6055.06, DoD Fire and Emergency Services (F&ES) Program
FD Management Plans
GMVEMSC Paramedic Treatment Protocols
Grid Map, Wright-Patterson Air Force Base (WPAFB)
Manual for Accreditation of Hospitals, Joint Commission on Accreditation of Healthcare Organizations
MDGI 41-126, *Medical Center Ambulance Service (PA)*

Terms

ALS— Advance Life Support
BLS— Basic Life Support
ECC— Emergency Communications Center
EMD— Emergency Medical Dispatching
EMS— Emergency Medical Services
ES— Emergency Services
FES— Fire Emergency Services
GDAHA— Greater Dayton Area Hospital Association
GMVEMSC— Greater Miami Valley Emergency Medical Services Council
MCRP— Medical Contingency Response Plan
PALS— Pediatric Advanced Life Support
RMO— Resource Management Office
WPMC— Wright-Patterson Medical Center