

South Shore Area Ambulance Meeting Minutes
September 16, 2021 Call to order 6:31

In attendance- Jeff, Jon, Stacy, Gayle, Colleen, Marcia, Tam, Frank, Laurie, Gus

Approval of Minutes: March Motion by Colleen, 2nd by Marcia all in Favor,

Reports

Secretary/Treasurer Report- Checkbook balance # \$3,326.86 Motion by Jon, 2nd by Tam, All in Favor

Ambulance Maintenance- PSI tires will be put on monthly maintenance schedule. Please notify Jeff if gas is under 2/3 of a tank.

Communications- Next meeting bring Radio's and pagers. Radio grant was denied.

Hall Maintenance- Working on getting a vacuum.

BAC-EMS- Protocols are a work in progress. Goal is to have them completed by 1/1/2022. Will include training guide so it will be more user friendly. Fat Tire this weekend. Concert in the corn in Mason is 9/23/2021. New committee at county level formed to be more proactive due to EMT shortage.

Director- Losa forms are here and handed out. If you have questions on Losa please reach out to Tracy. If you are offered a check when on a call for a donation please decline and advise them if they want to donate, they can send a check to the town of clover. Tom and Linda have resigned from the department. Please help with calls as you can. Grants are available for kits for epi and Narcan. Jeff will try to get approval for Port Wing and Cornucopia to put in jump bags. There is a jump kit in the brush truck in Cornucopia. Lights and Siren Response. Per Wisconsin Statute lights and sirens do not need to be used together. Code 3 is light and sirens, and Code 2 is just lights.

Procurement- 1 door is here, and we are waiting on the 2nd one. We can get Narcan free if we take the online training. Need to get more pen lights only a few on the shelf.

Quality Assurance- 13 calls last month. Do not post runs again on rig computer. Once you post there is nothing else you can do with the rig computer. Please shut down the rig computer after you use it.

Training Report- Worked with child restraints (see protocol attached). Adults will be in the drawer where the pens are. Restraints should be on all extremities. Call ALS.

Old Business- Cornucopia day over all went well. Will have a wrap up to discuss. Jeff will let us know when and where.

New Business- Covid outbreaks are high.

Call Reviews- Discussion on recent runs. Remember some scenes are crimes scenes. Jeff is working on getting key for snowmobile gates. If on trails get Port Wing Gator going. Washburn has a UTV. Call fire department to assist. Working on getting signs on trails to pinpoint where patient is. Use Avenza app for trails and roadway.

Adjourned, motion by Laurie, 2nd by Jon. 7:57 Submitted by Stacy Danula

PURPOSE:

To provide guidance and criteria for the use of physical restraint of patients during care and transport.

DEFINITION:

Any mechanism used to physically confine a patient. This includes, but is not limited to: soft composite dressing, tape, leathers or hand cuffs wrapped and secured at the wrist and/or ankles and/or chest or lower extremities.

POLICY / PROCEDURE

- A. If EMS personnel judge it necessary to restrain a patient to protect him/her self from injury, or to protect others (bystanders or EMS personnel) from injury:
 1. Document the events leading up to the need for restraint use in the patient record.
 2. Document the method of restraint and the position of restraint in the patient record.
 3. Document the reason for restraining the patient.
 4. In the event that the patient spits, the rescuer may place over the patient's mouth and nose a surgical mask or an oxygen mask that is connected to high flow oxygen.
- B. Inform patient of the reason for restraint.
- C. Restrain patients in a manner that does not impair circulation or cause choking or aspiration. **DO NOT restrain patients in the prone position (face down)**. Prone restraint has the potential to impair the patient's ability to breathe adequately. Police officers are trained in restraining violent individuals safely. Utilize the police on the scene in deciding the appropriate restraint technique to maximize the safety of the rescuers and the patient.
- D. As soon as possible, attempt to remove any potentially dangerous items (belts, shoes, sharp objects, weapons) prior to restraint. Any weapons or contraband (drugs, drug paraphernalia) shall be turned over to a Law Enforcement Officer.
- E. Assess the patient's circulation (checking pulses in the feet and wrists) every 5-10 minutes while the patient is restrained. If circulation is impaired, adjust or loosen restraints as needed. Document the presence of pulses in each extremity and the patient's ability to breathe after restraint is accomplished. Be prepared to turn the patient to facilitate clearance of the airway while also having suction devices readily available.
- F. Inform hospital personnel who assume responsibility for the patient's care at the hospital of the reason for restraining the patient.
- G. The EMT at his discretion may request that law enforcement accompany and or follow the patient to the hospital. **Any patient restrained in handcuffs shall have law enforcement accompany the patient in the patient compartment or follow the ambulance.**

Adopted: February 2009
Reviewed:
Revised: