

TRINITY EMS SYSTEM PREHOSPITAL GUIDELINES



Approved by EMS Medical Director 2024

SCHOOL BUS ACCIDENT SPECIAL RESPONSE PROTOCOL # 6 - 01

HISTORY

- ✓ Mechanism of injury
- ✓ Number of patients
- ✓ Damage to the vehicle
- ✓ Ages of children
- ✓ Special needs population

SIGNS AND SYMPTOMS

- ✓ Altered mental status
- ✓ Pain, swelling
- ✓ Deformity, lesions, bleeding
- ✓ Hypotension or shock
- ✓ Shortness of breath

DIFFERENTIAL

- ✓ Refer to specific protocols for individual complaints
- ✓ Enlist help of parents with pediatrics, especially special needs population

CATEGORY A

- Significant mechanism of injury (e.g., rollover, high-speed impact, intrusion into bus, etc.)
- School bus occupancy indicates that at least one child may reasonably be expected to have significant injuries or significant injury is present in one or more children

- All children in this category **must** be transferred to an appropriate hospital **unless** an EMS System refusal form is signed by a parent or legal guardian.

CATEGORY B

- Suspicious mechanism of injury (e.g., speed of impact, some intrusion into bus, etc.)
- School bus occupancy indicates that at least one child may reasonably be expected to have minor injuries or minor injury in one or more children exists with no obvious mechanism of injury that could reasonably be expected to cause significant injuries.

- EMS personnel must complete the *EMS Multiple Casualty Release Form* and secure a signature of an appropriate school official.

CALL MEDICAL
CONTROL
FOR EARLY
NOTIFICATION OF
MULTIPLE
PEDIATRIC
TRAUMA

CATEGORY C

- No obvious mechanism of injury
- School bus occupancy indicates no injuries may be present and that the release of uninjured children may be the only EMS need.
- No injuries are found to be present in any of the children.

- EMS personnel must complete the *EMS Multiple Casualty Release Form* and secure a signature of an appropriate school official.

CATEGORY D

- Pediatric patient(s) have special healthcare needs and/or communication difficulties.

- All of these patients **must** be transported to the hospital for evaluation **unless** approval for release is received from Medical Control or a parent/legal guardian has signed the approved refusal form.

PEARLS

- ✓ Utilize START/Jump START triage protocol
- ✓ EMS Multiple Casualty Release Forms found in Appendix - FORMS
- ✓ You may enlist law enforcement to remove anyone obstructing EMS from caring for patients. Work in concert with agency having jurisdiction

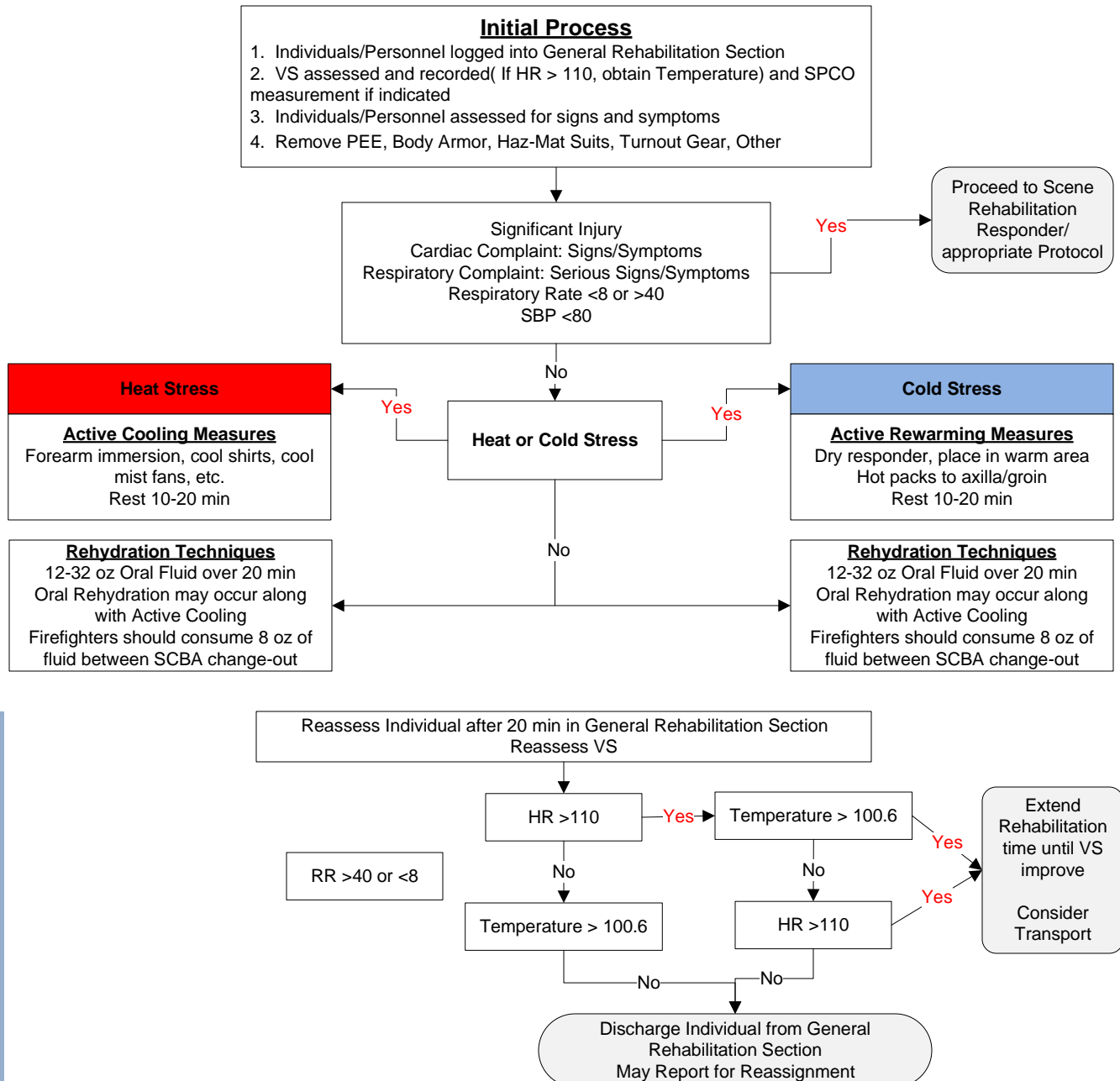
SPECIAL RESPONSE PROTOCOL # 6 - 01

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SCENE REHABILITATION: GENERAL SPECIAL RESPONSE PROTOCOL # 6 - 03



PEARLS

- ✓ Utilize for public safety responders, usually firefighters, on the scene of an incident
- ✓ Rehabilitation officer has full authority in deciding when responders may return to duty
- ✓ Utilize this protocol in conjunction with rehab steps and guidance in the General Rehabilitation Protocol
- ✓ May be used with adult responders on fire, law enforcement, rescue, EMS and training scenes
- ✓ Rehabilitation is an integral function of the Incident Management System
- ✓ Provide shelter, privacy, and freedom from smoke or other hazards

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SCENE REHABILITATION: RESPONDER SPECIAL RESPONSE PROTOCOL

6 - 04

SPECIAL RESPONSE PROTOCOL # 6 - 04

Remove:

- PPE
- Body Armor
- Chemical Suits
- SCBA
- Turnout Gear
- Other Equipment

Continue:

Heat and Cold Stress
treatment from General
Rehab Protocol

NFPA Age Predicted 85% Maximum Heart Rate

Age Range	Maximum Heart Rate
20-25	170
26-30	165
31-35	160
36-40	155
41-45	152
46-50	148
51-55	140
56-60	136
61-65	132

Initial Process

1. Personnel logged into Responder Rehabilitation Section
2. VS assessed and recorded/ Orthostatic Vital Signs
3. Pulse Oximetry and SPCO(if available)
4. Personnel assessed for signs/symptoms

Utilize for responders in
conjunction with the
General Rehabilitation
Protocol

20 Minute Rest Period

*Firefighters should consume at least 8 ounces
of fluid between SCBA change-out*

Pulse Rate > 85% NFPA
Age Predicted Value

Yes

A  **Normal Saline Bolus**
May repeat x 2 **A**

Assess Until HR <110 and
SBP >100

No

SBP >160
Or
DBP >100

No

RR >40 or <8

Yes

No

SpO2 <90%
Or
SPCO >10%

No

Temperature > 100.6

No

Discharge Responder from General Rehabilitation Section
Reports for Reassignment

No Improvement and
additional 30 minutes of
Rehab, consider Transport

Mandatory Rest Period
Rehydration most important
Re-evaluate in 10 min

M

Contact Medical Control and
Notify Destination

M

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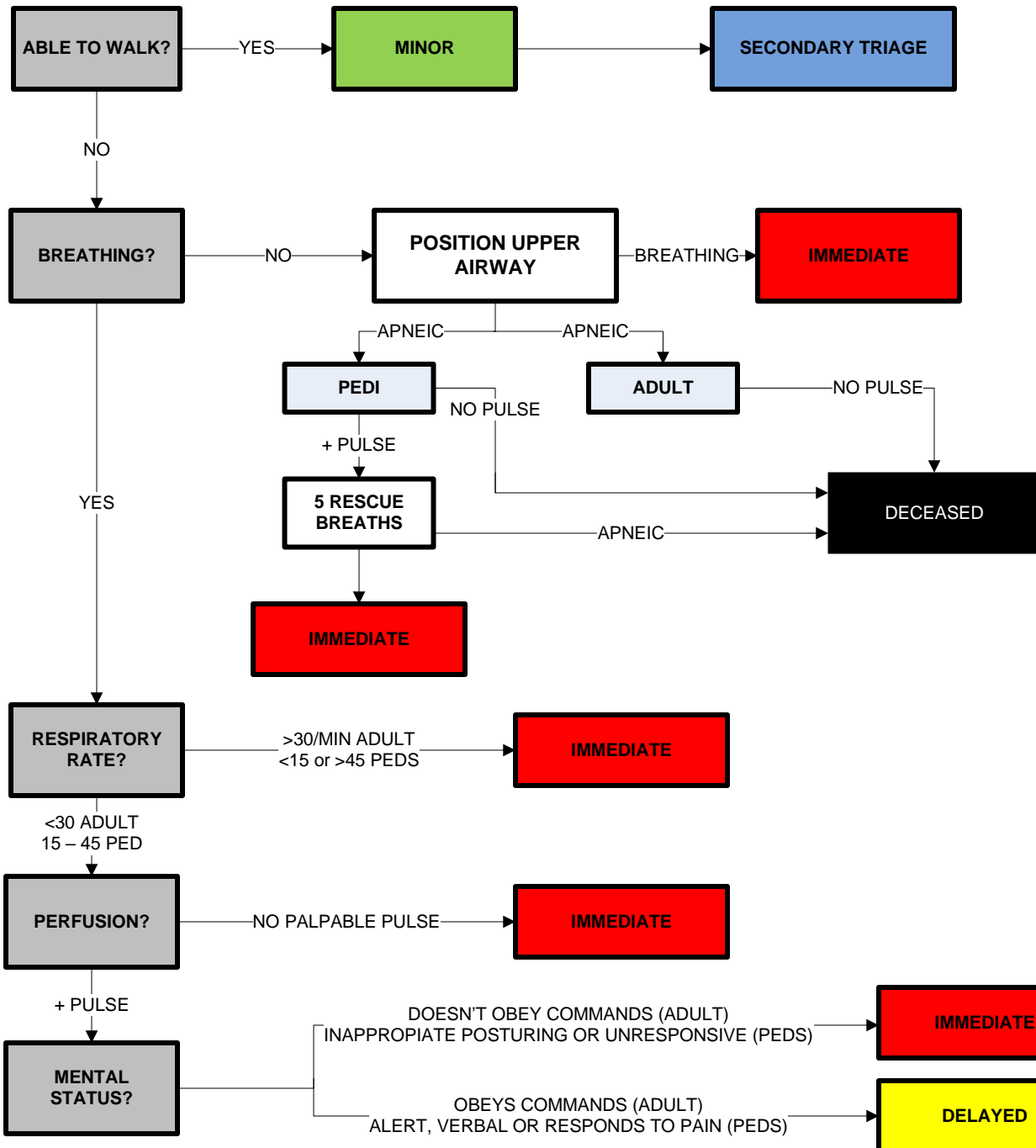
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START/JUMP START TRIAGE SPECIAL RESPONSE PROTOCOL # 6 - 02

SPECIAL RESPONSE PROTOCOL # 6 - 02



PEARLS

- ✓ Using the Jump Start Algorithm, first evaluate all children who did not walk under their own power
- ✓ ALL EMS providers are encouraged to use the Triage Algorithm any time there are more than 2 - 3 patients requiring evaluation, treatment, or transport