Bay Shore Brightwaters Rescue Ambulance
Emergency Vehicle Operator
Training Manual

Version 1.0

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Introduction

- The Role of the Driver
- Responsibilities & Liabilities
- V&T Law Privileges
- Myths and Facts
- Equipment Locations

The Role of the Driver

The driver of an emergency vehicle holds a critical position in the care and treatment of the patient. It is the driver's responsibility and obligation to deliver the crew and ambulance to the scene in a safe manner, to facilitate transport of the patient into the ambulance, to transport the patient and crew while maintaining a suitable working platform for effective patient care, and to return the crew to quarters or to another suitable drop off point in a safe and professional manner. The emergency vehicle is a moving advertisement for BSBRA and the entire BSBRA community. The manner in which the vehicle is driven and the impression it conveys is the primary contact the majority of the public has with our agency.

Responsibilities and Liabilities

Operating a vehicle in emergency mode is one of the most dangerous activities that an EMS provider is routinely involved in. Careful consideration must always be given for the lives and safety of the driver, the crew, the patient and for the safety of every other person the vehicle will encounter during a call. The driver has a responsibility and liability for safe operation and must maintain compliance with BSBRA emergency vehicle driving procedures. The driver is personally liable for any injury or damage sustained during vehicle operation.

Vehicle and Traffic Privileges

EMS emergency response vehicles must be operated in a manner that provides for due regard and the safety of all persons and property. Safe arrival and patient welfare shall always have priority over unnecessary speed or hazardous driving practices while en route to an incident or to the hospital. The NYS Vehicle and Traffic Law (V&T) authorizes *privileges* that ambulance and other emergency vehicle drivers may use during an emergency operation.

- *The driver of an authorized emergency vehicle, when involved in an emergency operation, may exercise the privileges set forth in this section, but subject to the conditions herein stated.*

- *The driver of an authorized emergency vehicle may*

  1. *Stop, stand and park irrespective of the provision of this title;*
  2. *Proceed past a steady red signal, a flashing red signal or a stop sign, but only after slowing down as may be necessary for safe operations;*
  3. *Exceed the maximum speed limits so long as he does not endanger life or property;*
  4. *Disregard the regulations governing directions of movement or turning in specified directions.*

- *Except for when an authorized emergency vehicle operates as a police vehicle, the exemptions herein granted to an authorized emergency vehicle shall apply only when audible signals are sounded from any said vehicle while in motion by bell, horn, siren, electronic device or exhaust whistle as may be reasonably necessary, and when the vehicle is equipped with at least one lighted lamp so that from any direction, under normal atmospheric conditions from a distance of five hundred feet from such vehicle, at least one red light will be displayed and visible.*

- *The foregoing provisions shall not relieve the driver of an authorized emergency vehicle from the duty to drive with due regard for the safety of all persons, nor shall such provisions protect the driver from the consequences of his reckless disregard for the safety of others.*

Myths and Facts

Years of Hollywood movies, urban legends and the pure excitement of emergency operations have lead to a collection of myths and misinformation that can put drivers, crews, patients and the public at great risk. The examples below are a few of the most popular and dangerous myths, with the facts and realities to provide clarity

Myth: An Emergency vehicle has the absolute right of way

Fact: EMS vehicles do not have an absolute right of way, it is qualified and cannot be taken forcefully

Myth: There are no speed restrictions in an emergency situation

Fact: EMS vehicles can never exceed posted speed limits by more than 10 miles per hour

Myth: An EMS vehicle can run stop signs and red lights

Fact: An EMS vehicle must come to a complete stop at all stop signs and red traffic lights

Myth: Insurance coverage requires that ambulances operate with lights and sirens when transporting a patient

Fact: The decision to use lights and sirens is determined by the nature of the call, the status of the patient and the discretion of the EMT in charge of patient care

Myth: EMS vehicles can pass school buses with flashing lights only during emergency operations

Fact: Under no circumstances can an EMS vehicle pass a stopped school bus with flashing red lights

Equipment Locations on the Ambulance

It is important for every driver to know the location of every piece of equipment on the Ambulance.

Traction Splints
MCI Equipment

Reeves Stretcher
Halligan Bar
On Board Oxygen Tank

De contamination Supplies
Helmets
Flares
Jumper Cables

Equipment Locations on the Ambulance

It is important for every driver to know the location of every piece of equipment on the Ambulance.

Backboard
Stair chair
Collapsible Stretcher
Head Blocks
Neck Braces

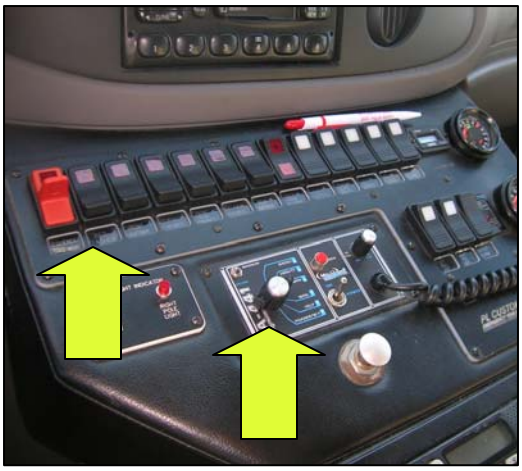
Access to Interior Cabinet
Batteries

Equipment Locations on the Ambulance

It is important for every driver to know the location of every piece of equipment on the Ambulance. The photos below show key equipment within the driving compartment.

Battery Switch

Ignition Override



Lights and Siren Switches

Radios

To the Scene

- Driver Protocols
- Emergency vs. Non Emergency
- Driving through Intersections
- Special Situations

Driver Protocols

Once the tones have been heard and the dispatcher has put the duty rig on a Signal 9, the driver should follow the following protocols:

- Put on OSHA gear
- Verify location with dispatcher
- Unplug electric line from rig
- Turn on the battery
- Program GPS
- Adjust mirrors and seat
- Ignition on and start
- Release emergency brake
- Open garage door
- Check crew is seated before pulling out
- Pull out onto apron, clearing doorway
- Contact MedCom via radio and put unit on a Signal 2
- Announce time to EMT
- Turn on lights and siren (as necessary based on call see below)
- Note: when driving a Responder it is **Not Necessary** to use the all wheel drive function unless you are faced with Extreme Snow conditions

Non Emergency vs. Emergency

The major factor in determining whether a call should be handled as an emergency call is whether or not the speed at which you travel is going to make the difference between saving the life or losing the life of the patient.

Alpha and Non-emergency Operations – anytime an EMS response vehicle is out of the station on an assignment other than an emergency run, shall be considered to be a routine operation. All routine operations will be considered non-emergency and shall be made using headlights only – no light bars, beacons, corner or grill flashers or sirens shall be used. During a non-emergency operation, the ambulance shall be driven in a safe manner and is not authorized to use any emergency vehicle privileges as provided for in the V&T Law.

Emergency Operations – shall be limited to any responses to the scene or the hospital where the driver of the emergency vehicle actually perceives, based on instructions received or information available to him/her, the call to be a true emergency. MedCom dispatch classifications (Bravo, Charlie and Echo), indicating a true or potentially true emergency should be used to determine the initial response type.

Once on scene patient assessments made by a certified care provider, should determine the initial response type to the hospital. In order for a response to be a true or potentially true emergency, the operator or certified care provider must have an articulable reason to believe that emergency operations may make a difference in patient outcome. During an emergency operation headlights and all emergency lights shall be illuminated and the siren used as necessary.

Driving through Intersections and Traffic

Data and research show that the most dangerous location for any emergency vehicle is at an intersection. All emergency vehicles must come to a complete stop at all intersections in which right of way is not already provided by a green light.

The driver's foot should be removed from the accelerator and cover the brake as the driver approaches the intersection. The objective is to gain added time to stop if necessary. At 30 mph during the time it takes to move foot from gas to brake the ambulance will have traveled 33 feet.

Whenever conditions permit and when possible the driver should make visual contact with the driver of each vehicle in the intersection before proceeding.
Additionally the following procedures should be followed :

Intersections with Traffic lights – Blow air horn well in advance of and through the intersection. Slow down as you approach the intersection and check light and traffic.

Change the siren to an alternate sound approximately 150 feet from the intersection to draw attention. If green, check traffic flow, watching for turning vehicles, then proceed through the intersection looking both ways.

Advance one lane at a time with the vehicle positioned as close to the center of the roadway as safety allows.

If the light is red, stop, change siren to alternate sound to draw attention, blow air horn, look both ways, and check that all traffic has come to a stop. Proceed through only when safe one lane at a time.

Other intersections (2-way or 4-way stop) – Blow siren well in advance of intersection. Slow down checking flow of traffic. Proceed only when all traffic has come to a halt. It is necessary to come to a complete stop before proceeding through the intersection.

Using the Median

If using the median, turning lane, or a lane or opposing traffic to enter an intersection, come to a complete stop before proceeding with caution.

Speed Limits

- Do not exceed posted speed limit by more than ten (10) miles per hour at any time.
- Do not exceed posted speed limit at any time when passing through an intersection with the green light.
- When traveling in a lane of traffic in an opposing direction, do not exceed 20 mph.

Stopping the edge of the roadway

Leave warning lights (no less than secondary lights) on if the ambulance is stopped on or at the edge of a roadway, or if the ambulance will interfere with traffic, or at any time that the warning lights will increase scene safety for EMS personnel.

Special Situations

Stop Signs: All EMS vehicles must make a complete stop at all Stop Signs regardless of traffic conditions or call status.
School Buses: Under no circumstances can an EMS vehicle pass a stopped school bus with flashing red lights.
Rail Road Crossings: Upon approach to a rail road crossing, the driver should announce the crossing to the onboard crew, and proceed at a reduced speed to avoid an unnecessary and unsafe condition for the crew and patient. Under no circumstances should an EMS vehicle ever attempt to cross tracks with gates in the down position.

Myths and Facts

The following is a series of myths held by some people about ambulance accidents and specific data that corrects the misconceptions.

Myth: Ambulance accidents occur in bad weather with poor visibility
Fact: The majority of ambulance accidents occur on clear days with good visibility

Myth: Most ambulance accidents occur on dark roads or at dusk when the driver has difficulty seeing other vehicles.
Fact: The majority of ambulance accidents occur in daylight.

Myth: Most ambulance accidents occur when trying to pass a vehicle that refuses to yield to the right of the road.
Fact: The majority of ambulance accidents occur when making turns or when broadsided at an intersection.

At the Scene

- Driver Protocols
- Parking the Ambulance

Driver Protocols

As you arrive on scene, the driver should follow the following protocols:

- Determine the best place to park for scene and crew safety
- Contact Medcom via radio and put out a Signal 21
- Announce time to EMT
- Put the Ambulance in Park and activate the engine override
- Remove and pocket the Key
- Announce to the crew that it is now safe to exit
- Put on Gloves
- Consult with EMT to determine equipment requirements
- Remove required equipment and accompany EMT to contact patient
- Prepare stretcher for patient transport (belts, backrest, IV pole, etc.)
- Assist EMT as appropriate to certifications and requirements
- Secure patient on stretcher
- Transport patient to ambulance as directed
- Load stretcher and patient onto Ambulance
- Assist EMT as appropriate to certifications and requirements
- Assist patients family into the ambulance per the EMT's discretion
- Verify status of emergency and requirements of lights and sirens
- Verify Hospital
- Return to Drivers seat and wait for EMT's directive to proceed to hospital
- Key in ignition
- Contact Medcom via radio and put out a Signal 18 including hospital name

Parking the Ambulance on Scene

Each Time we drive we are faced with the problem of parking. We may be parking in a residential driveway, retail parking lot, or at the scene of an accident. Although parking seems very routine, it is far more challenging in an ambulance, and requires a unique set of skills, not often practiced in our everyday driving. By gaining an understanding of the unique parking skill requirements and practicing these skills in a non emergency situation, with an experienced driver trainer, the task can be much easier. The specific parking challenges that should be mastered by all emergency drivers include:

- Diagonal Parking
- Perpendicular Parking (forward and reverse)
- Parallel Parking
- Fire Scene Parking
- MVA Scene

As with all driving operations, the first priority of the driver is to ensure the safety of the crew and patients. Properly parking the ambulance on scene and at the hospital will help to make each and every call safer for all. Additionally, parking in handicapped spaces, fire lanes or obstructing the flow of traffic in non emergency situations should be avoided whenever possible as it is unsafe and can lead to negative public impressions.

At The Hospital

- Driver Protocols
- Parking the Ambulance

Driver Protocols

As you arrive at the hospital, the driver should follow the following protocols :

- Determine the best authorized place to park for crew safety
- Contact Medcom via radio and put out a Signal 6 including hospital name
- Announce time to EMT
- Put the Ambulance in Park and TURN OFF THE AMBULANCE
- Remove and pocket the Key
- Announce to the crew that it is now safe to exit
- Assist patients family from the ambulance
- Exit the ambulance and move to the rear of the Ambulance
- Open the rear doors and wait for EMT authorization to remove patient
- Remove stretcher and patient from the Ambulance
- Use electronic card on keys to open ER doors
- Transport patient to appropriate area of the hospital as directed by EMT
- Assist Crew in transfer of patient to hospital bed
- Remove soiled linens from stretcher and place in appropriate hampers
- Remove stretcher to hallway for cleaning/sanitizing. At times the stretcher may require steaming or HazMat cleaning.
- Remove and discard the gloves you are wearing
- Place new sheets on the stretcher, secure all belts, gather equipment (oxygen, monitors, etc.)
- Return stretcher and equipment to Ambulance
- Rejoin crew in the hospital
- Upon completion of the call return to ambulance with crew
- Ensure that entire crew is onboard and ready for return to HQ
- Contact Medcom via radio and put the ambulance on Signal 5 status
- If at Southside Hospital, you may also put the ambulance on Signal 28 status

Parking the Ambulance at the Hospital

Each of the hospitals in our district has specific ambulance only parking areas, requiring reverse parallel parking procedures and skills. These skills should be practiced, under non emergency conditions, with a driver trainer until the driver feels comfortable parking and exiting all hospitals.

The installation of reverse cameras does assist rearview visibility when parking the ambulance at the hospital, however they do not replace the use of mirrors and blind spot checks required to ensure safe parking.

Back To Headquarters

- **Driver Protocols**
- **Parking the Ambulance**

Back at Headquarters

- Upon returning to Headquarters, be sure that you notify MedCom of your status Signal 28 (If you have not already).
- As available use the traffic circle to position the ambulance for return to the Bay. At times the circle may be blocked, in these instances carefully position the ambulance using a standard 2 point turn.
- Instruct one of the crew to exit the ambulance and spot all reverse activities
- Open the bay doors using the remote (Be sure the doors are fully opened and stopped before proceeding
- Locate your spotter using your mirrors and begin to move the ambulance towards the bay
- As you near the bay align the rear drivers side wheel with the painted yellow line on the apron
- Continue the reverse maneuver until the rear of the ambulance has entered the Bay. At this time the spotter should attach the exhaust hose to the tailpipe (see Figure 1)
- Find your spotter in your mirror and when the spotter is clear continue into the bay.
- The spotter will determine the appropriate position to stop the ambulance (Note the rear wheels should be aligned with the yellow hash mark.
- Once you are in the final position turn off the rig, LEAVE the keys in the ignition and be sure all lights are turned off
- Exit the ambulance, turn off the battery switch and attach the electric line to the rig (see Figure 2)
- Assist crew members with any required maintenance to the supplies and equipment

Figure 1

Figure 2

Frequently Used
Suffolk County EMS Radio Signals

1 > Disaster/Emergency (radio Freq clearance requested)
2 > Proceed(ing) to Call
3 > Additional Help Needed
4 > Under Control
5 > Return(ing) to HQ
6 > Leaving Unit
9 > Stand(ing) By
10 > Notify Police
18 > Proceeding to Hospital
20 > Message Received
21 > Arrived on Scene
22 > Location
28 > In Service
50 > DOA