

MENTAL HEALTH INITIATIVE

EDO Response Guideline

Stigma Free
FISHERS



Fishers Fire & Emergency Services			
General Order		EMS Duty Officer	
Number		Effective	
Fire Chief Steven Orusa		Reviewed	

Overview

The EMS Duty Officer (EDO) is the primary field representative of the EMS Division and responds to routine EMS incidents, working structure fires, tactical rescue incidents, multi-casualty medical emergencies, and a variety of other requests for service. The EDO assures the delivery of emergency medical care of high quality in a variety of environments for all customers of the Department of Fire and Emergency Services.

Primary Duties

1. Respond on low acuity EMS incidents to determine if alternative transportation options are available managing risk and maximizing use of available ambulance resources.
2. Provides support and resolution for crews dealing with challenging patients and runs that require intervention. This includes mental health crisis patients who require de-escalation and/or immediate detention, social services, or any other misc. support or assistance.
3. Respond to all working structure fire and dive incidents within FFD jurisdiction, all tactical rescue responses requiring FFD response, multi-casualty medical emergencies, and other incidents as requested.
4. Establish or maintain positions within incident command structure such as (but not limited to): Incident Commander, safety Officer, Medical Branch or Group Supervisor, Operations Branch, or Evacuations Branch or Group. Functions within incident Command structure to assure successful management of incident within Federal, State, and Local laws, standards, and regulations.
5. Coordinate the day-to-day to operations of the delivery of emergency medical services by FFD apparatus. This may include (but not limited to) acquisition/delivery of high value supplies, providing medical guidance regarding policies/procedures, assuring malfunctioning equipment is repaired for service.
6. Daily Evaluation of patient care reports for CQI and billing compliance. This includes reading ALS and BLS run reports to ensure compliance with patient care protocols, delivery of care and demographic information for effective billing. Through this process, identify trends in patient care, both positive and negative and to address appropriately.
7. Evaluates potential communicable disease exposures within department guidelines and applicable Federal, State, and Local laws, standards, and regulations. Ensure rapid treatment of exposed personnel and appropriate follow-up of source patients to limit injury risk. Serves as liaison between exposed personnel and medical resources at time of incident. Documents incidents as required and provides information to Safety and Training Division to seamlessly continue care for exposed FFD personnel.
8. Oversee the delivery of emergency medical services by personnel at the full spectrum of such responses. Assures care is provided at the highest quality and within department

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- guidelines and applicable Federal, State, and Local laws, standards, medical protocols, and other regulations.
9. Develops plan of action to address deficiencies observed in the delivery of emergency medical services by personnel. Interacts with EMS Chief and other staff to assure delivery of plan of action and its appropriate documentation.
 10. Maintains the EDO vehicle, equipment, and related materials in a functional status at all times. This includes the emergency vehicle, SCBA, and ALS equipment as well as other equipment required.
 11. Provide in service and continuing education of personnel in required areas of emergency medical services delivery. Assures proper recordkeeping and education delivery in cooperation with sponsoring hospital education department.
 12. Assist in planning and establish EMS operations at special events. This includes command of the incident, and other activities to best provide EMS operations.
 13. Assumes other duties, projects, and programs as assigned by EMS Chief.

Behavioral Incident Response

Police on scene of behavioral incident where Fire units are not present, and patient is to be immediately detained.

- a) Officer in charge contacts Control and requests EDO 309 to respond non-emergent.
- b) Once EDO arrives, medical evaluation is conducted to ensure that no medical condition is present that may contribute to the current condition.
- c) If patient medical evaluation is negative, EDO clears for transport to Crisis Center.
- d) If medical condition is present, need for ambulance is determined and requested by EDO to Control for non-emergent response and transport to Emergency Department.
- e) Prior to transport, patient or (parent/guardian if minor) is advised of the WeCare program and that they will be receiving a call within the next 72 hours to see if additional help is needed to obtain services.
- f) Authorization for access to Informational card about program is left with patient, guardian or significant other.
- g) Patient transported by FPD or EDO to Crisis if compliant.

911 Emergency response to behavioral incident Police – Fire dispatched

- a) Engine, Medic and EDO have responded emergent.
- b) Depending on information, and/or initial assessment, Engine released. if no immediate life threat exists and patient passes medical screening Medic may be released.
- c) EDO and PD remain and determine most appropriate disposition through Tele / Video consultation with crisis center.

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- d) Prior to transport, patient or (parent/guardian if minor) is advised of the WeCare program and that they will be receiving a call within the next 72 hours to see if additional help is needed to obtain services.
- e) Informational card about program is left with patient, guardian or significant other.

WeCare Community Paramedicine Program follow-up of Patients

All behavioral health patients that have been contacted by the Department will receive a follow-up call.

Each individual (patient) will be placed into the HealthCall Community Paramedicine data management program for tracking and follow-up.

Once patient is in system, they will be monitored for additional contacts by either police and/or fire.

EPIC or contact with receiving facility will be referenced to gain insight on the disposition of the hospitalization and subsequent treatment plan.

Patient or guardian will be contacted within 72 hours of initial interaction to discuss outcome of admission or appointment and to determine if there are resources that we could direct to patient to facilitate a positive outcome and continued treatment.

Additional follow-up calls and/or visits will be determined after initial contact.

Should a home visit be performed, a risk profile will be completed to determine if a police officer should accompany the paramedic to the residence.

The EMS Division will provide a monthly report to the Fire and Police Chiefs of all patients that have been contacted and what the result of those calls were.

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EDO Call Types:

EDO Run Types - (Those listed in Green)

Name
F
F Acc All-Terrain/Snowmobile
F Acc ALS PI
F Acc Checkout
F Acc PI
F Acc Serious PI
F Acc Train
F Acc Train Over Water
F Acc UNK
F Acc Veh vs Bldg
F Acc Watercraft
F Active Assailant
F Aircraft Crash - Large
F Aircraft Crash - Small
F Aircraft Crash in Water
F Aircraft Fire On Ground
F Aircraft Incoming Emer/Standby
F Alarm CO
F Alarm Comm/Business
F Alarm High Life Hazard
F Alarm High Rise
F Alarm Residence
F Alarm School
F Assist Other Agency
F Assist Public
F Bomb Device Found
F Building Lockout
F Electrical Line Arch/Fire/Down
F Electrical Odor/Investigation
F Electrical Transformer Fire
F Elevator/Escalator Acc/Entrap
F ERT Assist
F Explosion Commercial/Business
F Explosion Government Bldg
F Explosion High Life Hazard

Name
F Fire High Rise
F Fire Marine Docked/Beached
F Fire Marine Dry Docked/On Land
F Fire Marine Investigation
F Fire Marine Off Shore
F Fire Marine Threat Bldg/Boats
F Fire Non-Dwelling
F Fire Outside Large
F Fire Outside Small
F Fire Outside Threat Structure
F Fire Person
F Fire Residence
F Fire Train
F Fire Veh Comm Tk/RV/Bus
F Fire Veh Farm/Excavation Equip
F Fire Veh In Parking Garage
F Fire Veh Passenger Car/Tk
F Fire Veh Treathening Structure
F Fuel Spill Large
F Fuel Spill Minor
F Fuel Spill Small
F Fuel Spill Waterway
F Gas Leak Comm/Business
F Gas Leak High Life Hazard
F Gas Leak High-Rise
F Gas Leak Outside
F Gas Leak Residential
F Gas Line Cut
F Gas Odor Comm/Business
F Gas Odor High Life Hazard
F Gas Odor in High Rise
F Gas Odor in Residence
F Gas Odor Outside
F Hazmat Aban Waste
F Hazmat Level 1

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F Explosion High Rise

F Explosion Non-Dwelling

F Explosion Other

F Explosion Residential

F Explosion Vehicle

F Fire Appliance Contained

F Fire Comm/Business

F Fire Extinguished Invest

F Fire Field/Woods

F Fire Grass/Mulch

F Fire High Life Hazard

Name

F Lightning Strike Comm/Business

F Lightning Strike High Life Haz

F Lightning Strike High Rise

F Lightning Strike Non-Dwelling

F Lightning Strike Other

F Lightning Strike Residential

F Lightning Strike Vehicle

F MCI Level 1

F MCI Level 2

F MCI Level 3

F Modified Response

F Mutual Aid Fire/Hazmat

F Mutual Aid Invest Call Out

F Mutual Aid Other/Outside Agency

F Mutual Aid PLS

F Mutual Aid Station Fill In

F Odor Inside Building

F Odor Outside

F Rescue Animal

F Rescue Animal in Water/Ice

F Rescue Confined Space

F Rescue Deep Wtr/Ice/SCUBA

F Rescue Elevator/Escalator

F Rescue Entrapment

F Rescue High Angle Above Water

F Rescue Minor Entrapment

F Rescue Rope/Angle/Tower

F Rescue Structure Collapse Lrg

F Hazmat Level 2

F Hazmat Level 3

F Hazmat Meth/Drug Lab

F Hazmat Spill CBRN

F Invest Commercial

F Invest High Life Hazard

F Invest High Rise

F Invest Non-Dwelling

F Invest Odor of Smoke Outside

F Invest Residence

F Invest Smoke Outside

Name

M Cardiac Arrest/Death

M Chest Pain

M Choking

M Convulsions/Seizures

M Diabetic Problems

M Drowning/Near Drowning

M Electrocutation/Lightning Strike

M Eye Problems/Injuries

M Falls

M Headache

M Heart Problems

M Heat/Cold Exposure

M Hemorrhage/Laceration

M Inaccessible/Other Entrapment

M Mental Emotnal/Suicide Attempt

M Overdose/Poisoning

M Patient Assist

M Patient Discharge

M Patient Xfer

M Pregnancy/Childbirth/Miscarria

M Shooting

M Sick Person/Specific Diagnosis

M Stabbing

M Stroke/CVA

M Traumatic Injuries

M Unconscious/Fainting

M Unknown Call For EMS

N Acc Minor - Dept Veh

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F Rescue Structure Collapse Sm

F Rescue Swift Water

F Rescue Trench

F Rescue Veh In Floodwater

F Structure Damage Investigation

F Suspicious Pkg w/Sick/Injured

F TEST

F Watercraft In Distress

M

M Abdominal Pains

M Alarm Medical

M Allergic Reaction/Stings

M Animal Bite/Attack

M Back Pain

M Battery/Sexual Battery EMS

M Breathing Problems

M Burns/Scalds

M Carbon Monoxide / Inhalation

N Acc PD - Dept Veh

N Acc PI - Dept Veh

N Acc Serious - Dept Veh

N Code 700C

N Code 700F

N Code 701C

N Code 701F

N Code 702C

N Code 702F