Cayman Islands Emergency Medical Service

Policies and Procedures Manual

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- Adenosine (Adenocard)
• Albuterol (Salbutamol) (Ventolin)
• Amiodarone (cordarone)
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• Atropine (Atropine Sulfate)
• Calcium Gluconate 10% (110mg/ml)
• Dexamethasone (Decadron, Hexadrol)
• Dextrose 50% (Glucose)
• Diazepam (Valium)
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• Diphenhydramine (Benadryl)
• Dopamine (Intropin)
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• Epinephrine 1:1,000
• Etomidate
• Flumazenil (Romazicon, Anexate)
• Furosemide (Lasix)
• Glucagon
• Haloperidol (Haldol)
• Hydrocortisone (Solucortef)
• Ipatropium (Atrovent)
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Cayman Islands Emergency Medical Service
Treatment care protocols and policies

Purpose:

• The C.I.E.M.S. Protocols and Policies are written with the goal of providing the highest quality and exemplary professional standards of practice to patients treated by our practitioners.
• The C.I.E.M.S. protocols provide an Island wide consistency and standard of care that will be expected by all EMS practitioners.
• The C.I.E.M.S. protocols are written based on the most current and best evidence related Prehospital/out-of-hospital EMS care.
• The C.I.E.M.S. Policies does not replace the polices set fourth by the Human Resource Department of the H.S.A but serves as a guide as to the EMS practice.

Policy:

A. Scope of practice: is a legal description of what a licensed individual legally can, and cannot, do.

• An EMT-Paramedic may perform BLS and ALS services as defined by his or her scope of practice and the protocols set forth by the EMS Departments Medical Director.
• An EMT-Intermediate may perform BLS and ALS services as defined by his or her scope of practice and the protocols set forth by the EMS Departments Medical Director.
• An EMT-Basic may perform BLS services as defined by his or her scope of practice and the protocols set forth by the EMS Departments Medical Director.

Stephen Duval EMT-P                          Dr Greg Hoeksema
EMS Manager                                  Medical Director
B. C.I.E.M.S. Code of Ethics

- **Provide** service with dignity and respect to all people regardless of race, nationality, colour, gender, sexual orientation, religion, age, type of illness or physical challenge.

- **Earn** the trust and confidence of the public through exemplary professional competence and conduct.

- **Practice** only those procedures for which the practitioner is certified and registered in practicing and who maintains acceptable level of competence in such delegated acts.

- **Recognize and Protect** the confidential nature of all information acquired during assessment of each patient, except where disclosure of such information is required by law or the treatment of the patient.

- **Cooperate** with other health care professions and providers

- **Advance** the level of Pre-Hospital care with evidence base treatments in order to improve and provide the finest emergency care.

- **Responsibility** to conserve life, to alleviate suffering, promote health, do no harm and to encourage the equal availability of emergency medical care. A practitioner will not practice while under the influence of any mind-altering or controlled substance.
C. Deviation from Protocols

When providing care, EMS personnel must follow the directives of a medical command physician, in the absence of such orders; the applicable protocols should be referenced. Since written protocols cannot feasibly address all patient care situations that may develop, the Department expects EMS personnel to use their training and judgment regarding any protocol-driven care that in their judgement would be harmful to a patient under the circumstances. When the EMS personnel believe that the following protocol is not in the best interest of the patient, the EMS personnel must contact medical command physician. The reason for any deviation should be documented. All deviations are subject to investigation to determine whether they were appropriate. In all cases, EMS personnel are expected to deliver care within the scope of practice for their level of certification.

D. Use of Medical Command

Medical Command may be contacted at any step in patient care; EMS personnel should contact medical command if a patient’s condition is unusual and is not covered by a specific protocol. The EMS Medical Director can place limitations on EMS personnel that may require medical command earlier than defined in the protocols.

E. Medications/Procedural Skills
The protocol lists medications and treatments that are optional and are not required of every EMT Level or every EMS practitioner. **Paramedic Only Procedures** will be underlined in red. **EMT-Intermediate Procedures** will be highlighted in blue; all other procedure will represent BLS/EMT-Basic procedures. Expressed consent should be gathered from a patient he or she wishes to receive medical care. Implied consent will be presumed for a patient who is mentally, physically, or emotionally unable to grant consent.

**F. Narcotic use** – Any ALS EMS Personnel that administers a control substance to patient must document all activities. All control substances must be stored in a locked compartment inside the emergency vehicle and inspected on all incoming shifts for accuracy and accountability.

**G. Ballistic Vest**
Ballistic vest should be inspected and logged at the start of each shift. The vest are to be stored locked on the inside compartment of the Ambulance for safety and security.

**H. Paediatric issues**
Unless otherwise stated, pediatric protocols will apply to patients < 14 years of age. Each vehicle will have a Broselow tape as a reference tool.

**I. Equipment Issues**
All medical devices must be maintained and calibrated in accordance with the recommendations from the manufacturer. Each Ambulance will carry a glucometer, pulse oximeter, cardiac monitor, portable suction, Panasonic Tough book and a portable hand-held radio.

**H. Scene Safety Guidelines:**
A. This guideline applies to every EMS response, particularly if dispatch information or initial scene size-up suggest:
1. Violent patient or bystander
2. Weapons involved.
3. Industrial accident or MVA with potential hazardous materials.
4. Patient’s contaminated (Bio-hazards)

These guidelines do not comprehensively cover all possible situations, and EMS practitioner’s judgment should be used when the ambulance service’s policy does not provide specific direction.

I. Procedure:
A. If violence or weapons are anticipated.
1. EMS personnel should wait for law enforcement officers to secure scene before entry.
2. Avoid entering scene alone. Stage the emergency vehicle on scene for safe egress and regress.
3. While reversing, support should be requested for safety.
4. If violence is encountered or threatened, retreat to a safe place if possible and await the R.C.I.P.

J. MVAs, Industrial Accidents, Hazardous Materials situations:
1 General consideration:
A. Obtain as much information as possible prior arrival on the scene
B. Observe for hazardous materials, placards, labels, spills and /or containers
C. Observe for down power lines
D. Stage emergency vehicle on scene appropriately for departure.
E. Call for assistance, as required.
2 Upon approach of scene look for place to park vehicle:
A. Upwind and uphill of possible fuel spills and hazardous materials.
B. Stage emergency vehicle on scene appropriately for departure.
C. Allow for access for fire/rescue and other support agencies.

3 Safety:
A. Consider placing warning devices.
B. Do not place your EMS vehicle so that the lights blind oncoming traffic.
C. Use all available lights on your vehicle to illuminate the scene.
D. PPE and BSI are required for all responders making patient contact, bodily fluids or possible hazards.

4 Parked Vehicles:
Staging the emergency vehicle is of high priority when in and out of service. Equipment and all contents should be secured at all times.

k. Infection Control/Body substance isolation
These guidelines should be used whenever contact with bodily fluids is anticipated and/or when cleaning areas or equipment contaminated with blood or other body fluids.

Procedure:
A. All Patients:
1. Wear gloves on all calls where contact with blood or body fluid (including wound drainage, urine, vomit, feces, diarrhea, nasal discharge) is anticipated or when handling items or equipment that may be contaminated with blood or body fluids.
2. Wash hands after each call.
3. Keep all open cuts and abrasions covered with adhesive bandage that repels liquids.

4. Use goggles or glasses when spraying or splashing of body fluids is possible.

5. Use barrier devices for all airway management.

6. If an EMS practitioner has an exposure to blood or body fluids, the practitioner must follow the H.S.A infection control policy and the incident must be immediately reported to management.

7. Place all disposable equipment and contaminated trash in a clearly marked plastic red biohazard bag and dispose of appropriately. All needles and sharps must be disposed of in a sharps container and disposed of appropriately.

Documentation

1. The Patient Care Report Form is a permanent part of your patient’s medical record. The patient assessment and medical interventions are the essence of the EMS event and becomes the core of your PCR. Times, communication, additional resources, completeness, accuracy, timeliness of submission (immediately after the call or prior to the completion of shift), assessment, management, professional format and refusal of care are all cornerstones of effective report documentation to be found on your PCR.

2. The triplicate form of our PCR should be distributed appropriately in-conjunction with the billing form. The white copy is place in the patients emergency room documentation handed over to the medical care provider; the yellow form is submitted to the cashier and the pink form in kept in the EMS Office.

3. It is Mandatory that a PCR is completed and submitted for all calls with or without patient interaction and or care.

Refusal of treatment / transport

Emergency care should always be offered to a patient, no matter how minor the injury or illness may be. However, often the patient may refuse care. If this occurs, you must:
1. The patient must be a mentally competent adult over the age of 17.
2. Make multiple and sincere attempts to convince the patient to accept care.
3. Ensure the patient is fully informed of the implications of his or her decision and the potential risk of refusing care.
4. Have the patient and a disinterested witness, such as a Police officer sign a release form.
5. Advise the patient he or she may call you again for help if necessary.
6. Consult with on-line medical direction, EMS Team Leader or Management.
7. Document the entire situation thoroughly and accurately on your Patient Care Report Form.

Note, the refusal of care must be informed. That is, the patient must be told of and understand all possible risk of refusal.

In cases were the patient is under the age of 17 they are considered a minor and may not grant informed consent. In this situation, consent should be obtained from a legal guardian; the same would be true for a mentally incompetent adult. If a responsible person cannot be located, and if the child or mentally incompetent adult is suffering from an apparent life-threatening injury or illness, treatment may be rendered under implied consent.

Response Configuration:
1. All Ambulances will be equipped with ALS personal at all times unless directed by Management.
2. The MED 4 unit located in the district of West Bay. There coverage area includes all calls to West Bay and south to the Links at Safehaven on West Bay rd.
3. The MED 3 unit located in district of George Town. There coverage area includes all calls to areas between the Ritz Carlton Hotel and to the east Belford Estates in Bodden Town.
4 The MED 1 unit located in the district North Side will cover all calls to the district of East End, North Side and to the Bodden Town Health Centre.

5 The district coverage areas do not prevent or imply that Vehicles are exclusive to their districts. They are to improve or response time and expeditiously serve our patients. Any calls dispatched or required of any Medical unit throughout the Island should respond appropriately.

Response Mode:

These guidelines provide general information and the best practice related to the use of lights and siren by the EMS personnel during incident response and patient transports.

1. All EMS personnel operating an emergency vehicle must abide by the traffic laws of the Cayman Islands.

2. The Ambulance officer is responsible for the mode of response to the scene based upon information available at dispatch.

3. Ambulance personnel may not use emergency lights or audible warning devices unless they are transporting or responding to a call involving a patient who presents or is in good faith perceived to present the need for immediate medical intervention.

4. The crew member primarily responsible for the patient care during transportation will advise the driver of the appropriate mode of transport based on the pt medical needs.

5. Lights and siren should not be used during patient transport were only BLS care is required.

6. It is the discretion of the most senior EMS officer to deviate in regards to response modes based on the needs of the patient or the service.

Operational safety considerations

The following procedures should be followed for safe EMS vehicle operations.

A. Daytime running lights will be on at all times while operating EMS vehicles during L&S and non L&S driving.
B. You are expected to communicate with the 911 Communication Centre in regards to responding time, on scene arrival, staging, patient contact, departure and any support services required to provide safe and effective patient care. The 911 Centre will be notified of any vehicles being out of service including non-dispatched 911 calls as well as all information that will improve the response time and delivery of care.

C. It is the responsibility of the EMS Crew to communicate with the A&E department all incoming patients that require care.

D. Code 3 represents light and siren, Code 2 represents emergency lights only and code 1 no emergency signals required.

E. At no time should an officer consume a controlled or mind altering substance while engage with patient care or the operations of the emergency vehicles.
CAYMAN ISLANDS HEALTH SERVICE AUTHORITY

JOB DESCRIPTION

Job Title: Manager of Emergency Medical Services

Job Holder:

Reports to (title): Medical Director

Portfolio/Department
Health Services Authority

1. JOB PURPOSE

The Manager of Emergency Medical services is responsible for both the day to day and strategic operations of the Service. The postholder plans, directs and evaluates all Service activities and will have accountability for all Service activities as well as financial management and quality improvement issues. Above all the postholder must be a role model for staff and their daily activities should support the mission, goals and objectives of the Health Service.

2. DIMENSIONS

A. Post holder manages all staff within the Service
B. The Service has a post complement of 30 members, with further expansion envisioned in the near future

3. Principal Accountabilities

<table>
<thead>
<tr>
<th>Principal Accountabilities</th>
<th>% Time Spent</th>
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<tbody>
<tr>
<td>A. To chair the EMS Policy Team</td>
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<td>B. Prepares duty rosters for the Service, co-ordinating vacation and other leave while maintaining adequate staffing levels.</td>
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<td>C. To collate and prepare reports on service activity for the Senior Health Service Managers</td>
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<td>D. Be available to staff as a resource person advocating for them when appropriate.</td>
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<td>E. To implement disciplinary procedures when necessary</td>
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<td>F. Implements and communicates Service policies and procedures to staff, patients and visitors in a fair and consistent manner.</td>
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<td>G. Prepares performance appraisals, counsels staff as appropriate and develops programs to improve identified areas of weakness.</td>
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<td>H. To investigate operational complaints and concerns and take necessary action to prevent or correct identified concerns</td>
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<tr>
<td>I. Regularly reviews and updates policies and procedures on the unit ensuring current knowledge and practice.</td>
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<td>J. Ensures that appropriate functioning equipment and adequate stock levels</td>
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<tr>
<td>Principal Accountabilities</td>
<td>% Time Spent</td>
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<td>are maintained in the department.</td>
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<tr>
<td>K. To provide “on call” managerial responsibility together with the other members of the EMS Policy Team on a monthly rotating basis</td>
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<tr>
<td>L. To respond to serious incidents and manage EMS resources at the scene or at Incident Headquarters</td>
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<td>M. To liaise with Senior Managers of the other Uniformed Services at the scene of an incident</td>
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<tr>
<td>N. Identifies and budgets for necessary equipment and supplies needed to efficiently run the Service.</td>
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<td>O. Locates appropriate vendors for supplies and prepares Purchase Orders for approved budget.</td>
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<tr>
<td>P. Ensures that quality improvement programmes are in place. Conducts regular audits ensuring compliance.</td>
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<tr>
<td>Q. Recommends appropriate staffing levels for the Service and assists with recruitment of staff including the preparation of job description for posts.</td>
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<td>R. Conducts regular staff meeting and communicates appropriate information to staff in both written and verbal forms.</td>
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<td>S. To represent the interests of EMS at public or private meetings as required.</td>
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<tr>
<td>T. In conjunction with the other members of the EMS policy team take responsibility for the ordering, storage, use and disposal of controlled/dangerous medications</td>
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<tr>
<td>U. To maintain sickness records on all members of staff and to implement proactive measures to ensure the fitness and wellbeing of all Ambulance Service Staff</td>
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<tr>
<td>V. To be responsible for the administration of Health Services internal radio telecommunications and paging systems</td>
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<tr>
<td>W. Responsible for ensuring the maintenance and replacement of Ambulance Service radio system</td>
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<tr>
<td>X. To liaise with the Government Telecommunications Department regarding the purchasing and upkeep of telecommunications equipment</td>
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</table>

4. ORGANISATION CHART (Proposed)
5. **BACKGROUND INFORMATION**

The post holder will be a qualified EMT/Paramedic with management experience within an Ambulance Service. The post holder will assess, plan, initiate and evaluate all activities within the Ambulance Service. In addition, the post holder will chair the EMS Policy Team with overall responsibility for all issues.

5. **KNOWLEDGE, EXPERIENCE AND SKILLS**

- Current EMT/Paramedic License (Paramedic degree preferred)
- Certificate in Management Studies (held or being worked towards)
- Current Certification in Basic Cardiac Life Support and Advanced Cardiac Life Support
- Clean drivers license (Gp. 4)

**Post holder must:**

- Have a minimum of ten years recent experience in prehospital care with at least five years experience in the role of Operations Manager / Station Officer
- Have demonstrated leadership skills
- Have demonstrated the ability to operate calmly and efficiently under stress
- Have a thorough knowledge of emergency medical care, rescue techniques, and hazardous materials
- Have a thorough knowledge of the communications equipment utilised within Health Services.
- Have the ability to comfortably relate to all levels of staff
- Have the ability to drive all types of Ambulance vehicle and a thorough knowledge of defensive driving techniques
- Have a thorough knowledge of Health Services radio and communication system
7. ASSIGNMENT AND PLANNING OF WORK

- Must be able to organise self and respond immediately to EMS calls.
- Work is carried out following the Policies and Procedures of the Cayman Islands EMS.
- Work is generated on patient demand and acuity of patients.
- Work is generated by the administrative and operational needs of the Service.
- Work assignment is a 8 hr working day, Monday to Friday. In addition, remains on call as required.
- Flexibility is required and the post holder will be expected to work extended hours day or night as and when required to do so.

8. SUPERVISION OF OTHERS

- Overall responsibility for all Ambulance Service Operations
- Evaluation of all staff
- Performance audit and reporting
- Performance appraisals in accordance with Ambulance Service policies
- Senior Incident Manager for all serious incidents whilst on duty or on call

9. OTHER WORKING RELATIONSHIPS

- The post holder works closely with other Ambulance Officers, EMT-B’s, EMT-I’s, Paramedic’s, Team Leaders and Health Services staff.
- The post holder will chair the Ambulance Policy Team
- The post holder may be required to sit on other working groups or committees within Health Services or other Government Agencies
- The post holder will liaise with other members of the health care team regarding Ambulance Service duties and requests for ambulance transport
- The post holder will liaise with other members of the health care team or other agencies regarding the provision of Ambulance Services
- The post holder will work closely with Senior Officers from the other Emergency Services and/or Government Agencies both at the scene of an incident and in other matters of joint concern
10. DECISION MAKING AUTHORITY AND CONTROLS

Post holder makes decision on:

- Responsible for maintaining standards of prehospital care and initiating corrective measures where necessary
- Staff assignment, performance appraisals
- Initiating disciplinary action whenever necessary
- Monitor daily service activities
- Recommend equipment and supply levels for the Service, seek appropriate vendors and request necessary supplies/equipment to address Service needs.

11. WORKING CONDITIONS

- High risk of exposure to communicable disease as the post holder is required to deal regularly with blood or other body fluids both in the field and the Emergency Room.
- High risk of back injury from lifting and handling patients in confined spaces
- Prehospital care is a highly stressful occupation which can lead to physical or psychological effects on the post holder
- The post holder is required to perform his/her duties during adverse weather or other adverse environmental conditions
- The post holder is required to respond to scenes which may contain an element of actual or potential risk to their person
- The post holder is expected to be on call 24 hours a day for one month in three
- The post holder is exposed to high stress situations on a regular basis.

JOB HOLDER: (Capitals)

SIGNATURE:___________________________ DATE:___________________

SUPERVISOR/MANAGER:_________________ DATE:___________________

PORTFOLIO/DEPARTMENT:________________ DATE:___________________
1. **JOB PURPOSE**

To provide advanced pre-hospital emergency care and transportation in accordance with the protocols, policies and procedures of the Cayman Islands EMS. In addition, provide routine transport to and from hospital facilities as and when required. Above all the post holder will act as a role model for EMS staff and ensure their daily activities reflect the mission, goals and objectives of Cayman Islands EMS.

2. **DIMENSIONS**

- The Paramedic has clinical responsibility for his or her own actions and is expected to supervise and advise less experienced staff.
- The Paramedic will assume clinical responsibility at the scene of an incident until relieved by a senior staff member or Manager.
- The Paramedic has no budgetary responsibility.
- All duties must be carried out in accordance with the Protocol, Policies and Procedures Manual of the Cayman Islands EMS.
- The Paramedic is responsible for the safe storage, use and disposal of all medications including controlled/dangerous drugs issued during his/her tour of duty.

3. **Principal Accountabilities**

<table>
<thead>
<tr>
<th>Principal Accountabilities</th>
<th>% Time Spent</th>
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<tbody>
<tr>
<td>A. To ensure his or her own safety and the safety of fellow workers.</td>
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<td>B. To comply with all policy and procedures set fourth by the EMS Department and the HSA</td>
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<td>C. To operate the emergency vehicle to and from the scene in a safe, timely, and lawful manner while exercising due regard for others.</td>
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<td>D. To provide routine non-emergency transport.</td>
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<tr>
<td>D.</td>
<td>To use protective equipment in hazardous or dangerous situations including employing body substance isolation precautions</td>
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<td>E.</td>
<td>To interact with first responders who are already on the scene providing care.</td>
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<td>F.</td>
<td>To initially control the scene, ensuring safety, and regulating access to potentially harmful situations until the arrival of other emergency services or a EMS Manager</td>
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<td>G.</td>
<td>To determine the needs of those involved in the incident and communicate that information to 911, including requesting the response of and coordinating with supportive agencies as needed.</td>
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<td>H.</td>
<td>To use basic tools and procedures to gain access to and extricate entrapped patients</td>
</tr>
<tr>
<td>I.</td>
<td>To establish rapport with patients, maintaining their confidentiality and privacy from onlookers.</td>
</tr>
<tr>
<td>J.</td>
<td>To treat patients with appropriate dignity, compassion and respect.</td>
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<tr>
<td>K.</td>
<td>To rapidly assess and manage life-threatening illnesses and injuries</td>
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<td>L.</td>
<td>To perform a thorough patient assessment, recognizing the nature and seriousness of illnesses or injuries, and determine the requirements for emergency medical care.</td>
</tr>
<tr>
<td>M.</td>
<td>Within the confines of given protocols provide prompt and efficient advanced life support for illnesses or injuries</td>
</tr>
<tr>
<td>N.</td>
<td>To assess the effects of treatment and the continuous monitoring of your patient</td>
</tr>
<tr>
<td>O.</td>
<td>To establish communications with medical direction, including physician consultation, when needed.</td>
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<tr>
<td>P.</td>
<td>To recognize when the limits of field care have been reached and when prompt transportation to a medical facility is needed.</td>
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<tr>
<td>Q.</td>
<td>To lift, move, position, and handle patients in such a way as to minimize discomfort and further injury, including spinal immobilization, splinting, and proper lifting and handling techniques.</td>
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<tr>
<td>R.</td>
<td>To transfer care of patients to the emergency department staff in an orderly and efficient manner.</td>
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<tr>
<td>S.</td>
<td>To properly complete the Patient Treatment Form for all patients care/services.</td>
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<tr>
<td>T.</td>
<td>To properly complete all paper work required by EMS Service Policies and Procedures.</td>
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<tr>
<td>U.</td>
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4. ORGANISATION CHART (Proposed)

- Medical Director
- EMS Manager
- EMS Team Leaders
  - Paramedic
  - EMT-Intermediate
  - EMT-Basic

5. BACKGROUND INFORMATION

The Paramedic must have completed a recognised Paramedic Training Program based on the U.S. DOT EMT-P Curriculum or has successfully completed a Paramedic training program accepted by the Council of allied health professional in the Cayman Islands. This training is in addition to having successfully completed one year of EMT training. Paramedic training entails intensive training with a minimum one year in duration. The EMT-P provides advanced pre-hospital care during emergency and non-emergency situations. Once qualified the Paramedic is expected to provide Advanced Invasive and Pharmacological Care for their patients.

6. KNOWLEDGE, EXPERIENCE AND SKILLS

- High School Graduate
- EMT Licensure prior to Paramedic Training (One year training)
- Paramedic Licensure with the Cayman Islands Health Practitioners Board (an upgrade further training)
- Paramedic Licensure with the National Registry of EMT’s, State Registry at EMT-P level or UK registry with the IHCD.
- Adult and Paediatric advanced life support training and certification
- Mandatory Continuing Education programs must be attended and all certifications kept current.
Post holder must:

- Have a minimum of Two to three years current Paramedic EMS experience
- Have demonstrated ability to perform efficiently in high stress situations
- Be proficient in the use of all equipment utilised in EMS
- Be proficient in all areas relevant to EMS
- Currently hold or acquire a group 4 drivers license

7. ASSIGNMENT AND PLANNING OF WORK

- Must be able to organise self and respond immediately to EMS calls.
- Work is carried out following the Policies and Procedures of the Cayman Islands EMS
- Work is generated on the demand for EMS attendance and activity
- Work assignment is by a rotating shift system of 28 days duration. One in five rota patterns is relief when staff is expected to be flexible so as to meet the staffing demands of EMS on a day to day basis.

8. SUPERVISION OF OTHERS

- The Paramedic is expected to assist in the training and clinical supervision of junior members of staff

9. OTHER WORKING RELATIONSHIPS

- The Paramedic works closely with other EMS Officers, EMT-B’s, EMT-I’s, Paramedic’s, and Emergency Room Staff.
- The Paramedic will liaise with other members of the health care team regarding EMS duties and requests for ambulance transport
- The Paramedic will work closely with Officers from the other Emergency Services and/or Government Agencies at the scene of an incident.

10. DECISION MAKING AUTHORITY AND CONTROLS

Post holder makes decision on:
• Can initiate treatment of patients within the scope of their training and experience and within the protocols, policies and procedures of Cayman Islands EMS

• Counselling and directing staff as necessary to maintain the standards laid down in the Protocols, Policies and Procedures of Cayman Islands EMS

• Prepare clinical evaluations of co-workers as and when requested to by EMS Managers

11. WORKING CONDITIONS

• High risk of exposure to communicable disease as the Paramedic is required to deal regularly with blood or other body fluids both in the field and the Emergency Room.

• High risk of back injury from lifting and handling patients in confined spaces

• Prehospital care is a highly stressful occupation which can lead to physical or psychological effects on the Paramedic

• Paramedics are required to work 12 hour rotating shifts, which can lead to stress and other long-term physical effects.

• The Paramedic is required to perform his/her duties during adverse weather or other adverse environmental conditions

• The Paramedic is required to respond to scenes which may contain an element of actual or potential risk to their person

JOB HOLDER: (Capitals)

SIGNATURE: ___________________________ DATE: ___________________

EMS MANAGER: ________________ DATE: ___________________

Medical Director: ________________ DATE: ___________________
CAYMAN ISLANDS HEALTH SERVICE AUTHORITY

JOB DESCRIPTION

Job Title: Emergency Medical Technician - Intermediate
Job Holder:

Reports to (title): EMS Manager
Portfolio/Department
Health Services

1. JOB PURPOSE

To provide pre-hospital emergency care and transportation in accordance with the protocols, policies and procedures of the Cayman Islands EMS. In addition provide routine transport to and from Hospital facilities as and when required. Above all the post holder will act as a role model for EMS staff and ensure their daily activities reflect the mission, goals and objectives of Cayman Islands EMS.

2. DIMENSIONS

- The EMT-I has clinical responsibility for his own actions
- The EMT-I will assume clinical responsibility at the scene of an incident until relieved by a senior staff member
- The EMT-I has no budgetary responsibility
- All duties must be carried out in accordance with the Protocol, Policies and Procedures Manual of the Cayman Islands EMS.
- The EMT-I is responsible for the safe storage, use and disposal of all medications issued to them or in their care during their tour of duty

3. Principal Accountabilities

<table>
<thead>
<tr>
<th>Principal Accountabilities</th>
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<tr>
<td>A. To ensure his or her own safety and the safety of fellow workers.</td>
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### Principal Accountabilities

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5. BACKGROUND INFORMATION

In addition to having successfully completed one year of EMT-B training the EMT-I must also complete a further six months of training in Advanced Life Support Skills and Pharmacology.

5. KNOWLEDGE, EXPERIENCE AND SKILLS

- High School Graduate – passes in English, Maths and Science
- EMT Licensure prior to EMT-I Training
- EMT-I Licensure with the Cayman Islands Health Practitioners Board
- EMT-I Licensure with the National or State Registry of EMT’s
- Advanced Cardiac Life Support Certification
- Mandatory Continuing Education programs must be attended and all certifications kept current.

Post holder must:

- Have a minimum of two years current EMS experience prior to undertaking EMT-I training
- Have demonstrated ability to perform efficiently in high stress situations
- Be proficient in the use of all equipment utilised in EMS
- Be proficient in all aspects of EMT training and duties
Currently hold or acquire a group 4 drivers license

7. ASSIGNMENT AND PLANNING OF WORK

- Must be able to organise self and respond immediately to EMS calls.
- Work is carried out following the Policies and Procedures of the Cayman Islands EMS
- Work is generated on the demand for EMS attendance and activity
- Work assignment is by a rotating shift system of 28 days duration. One in five rota patterns is relief when staff are expected to be flexible so as to meet the staffing demands of EMS on a day to day basis.

8. SUPERVISION OF OTHERS

- The EMT-I is expected to advise and support junior members of staff

9. OTHER WORKING RELATIONSHIPS

- The EMT-I works closely with other EMS Officers, EMT-B’s, EMT-I’s, Paramedic’s, and Emergency Room Staff.
- The EMT-I will liase with other members of the health care team regarding Ambulance Service duties and requests for ambulance transport
- The EMT-I will work closely with Officers from the other Emergency Services and/or Government Agencies at the scene of an incident.

10. DECISION MAKING AUTHORITY AND CONTROLS

Post holder makes decision on:

- Can initiate treatment of patients within the scope of their training and experience, within the protocols, policies and procedures of Cayman Islands EMS and with the authority of the A&E Physician on duty

11. WORKING CONDITIONS

- High risk of exposure to communicable disease as the EMT-I is required to deal regularly with blood or other body fluids both in the field and the Emergency Room.
- High risk of back injury from lifting and handling patients in confined spaces
- Prehospital care is a highly stressful occupation which can lead to physical or psychological effects on the EMT-I
- EMT-I’s are required to work 12 hour rotating shifts, which can lead to stress and other long-term physical effects.
- The EMT-I is required to perform his/her duties during adverse weather or other adverse environmental conditions
The EMT-I is required to respond to scenes which may contain an element of actual or potential risk to their person.

JOB HOLDER: (Capitals)

SIGNATURE:___________________________ DATE:___________________
MANAGER:_________________ DATE:___________________
Medical Director:_______________ DATE:___________________
1. JOB PURPOSE

To provide pre-hospital emergency care and transportation in accordance with the protocols, policies and procedures of the Cayman Islands EMS. In addition provide routine transport to and from Hospital facilities as and when required. Above all the post holder will act as a role model for EMS staff and ensure their daily activities reflect the mission, goals and objectives of Cayman Islands EMS.

2. DIMENSIONS

- The EMT-B has clinical responsibility for his own actions
- The EMT-B has no budgetary responsibility
- All duties must be carried out in accordance with the Protocol, Policies and Procedures Manual of the Cayman Islands EMS.

3. Principal Accountabilities

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Local EMT-Basic training course is of 6 months duration. This comprises of 320 hours of classroom and lab work over a six-month period plus an additional six months of practical experience prior to final examination. The EMT-B must then gain State or National Licensure.

Post holder must:
- Have demonstrated ability to perform efficiently in high stress situations
- Be proficient in the use of all equipment utilised in EMS
- Be proficient in all areas of EMT training and duties
- Currently hold or acquire a group 4 drivers license
Must be able to organise self and respond immediately to EMS calls.

Work is carried out following the Policies and Procedures of the Cayman Islands EMS

Work is generated on the demand for EMS attendance and activity

Work assignment is by a rotating shift system of 28 days duration. One in five rota patterns is relief when staff are expected to be flexible so as to meet the staffing demands of EMS on a day to day basis.

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8. **SUPERVISION OF OTHERS**

- The EMT-B has no supervisory duties

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9. **OTHER WORKING RELATIONSHIPS**

- The EMT-B works closely with other EMS Officers, EMT-B’s, EMT-I’s, Paramedic’s, and Emergency Room Staff.
- The EMT-B will liaise with other members of the health care team regarding Ambulance Service duties and requests for ambulance transport
- The EMT-B will work closely with Officers from the other Emergency Services and/or Government Agencies at the scene of an incident.

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10. **DECISION MAKING AUTHORITY AND CONTROLS**

    **Post holder makes decision on:**

- Can initiate treatment of patients within the scope of their training and experience, within the protocols, policies and procedures of Cayman Islands EMS and with the authority of the A&E Physician on duty

---

11. **WORKING CONDITIONS**

- High risk of exposure to communicable disease as the EMT-B is required to deal regularly with blood or other body fluids both in the field and the Emergency Room.
- High risk of back injury from lifting and handling patients in confined spaces
- Prehospital care is a highly stressful occupation which can lead to physical or psychological effects on the EMT-B
- EMT-B’s are required to work 12 hour rotating shifts, which can lead to stress and other long-term physical effects.
- The EMT-B is required to perform his/her duties during adverse weather or other adverse environmental conditions
- The EMT-B is required to respond to scenes which may contain an element of actual or potential risk to their person
C.I.E.M.S

Operational Procedures
Cayman Islands Emergency Medical Service

Standard operating Policy & Procedure

Controlled Substances

Standard of Professional Practice
All Emergency Medical Staff are subject to the following policy & procedures.

Expected Outcome
The following standard operating policy & Procedures are designated for use by operational staff of the Cayman Islands Emergency Services Department. Any deviations related to standard operating procedures related to daily functions of the EMS department should be reported to the EMS Manager.

Guidelines
This procedure is to be followed when dealing with a controlled substance.

Procedure Instructions
1. Ordering of controlled substances shall be the responsibility of the EMS Manager or designee.
2. Orders shall be placed using the Controlled Drugs Requisition Book on a Thursday for Friday delivery.
3. A stock level should be maintained in Each EMS unit sufficient for one week of standard EMS operations.
4. All removal of stock must be recorded and witnessed in the dangerous drug log.
5. Controlled substances will be administered by a Certified Paramedic or by an EMT-Intermediate with medical control clearance. Any deviations from this protocol will be at the discretion of the attending A&E physician. Any deviations will require the signature of the attending physician in both the dangerous logbook and the patient trip report.
6. Daily V Stock Checks should be completed and documented on the Ambulance Check Log. Any deviations must be reported immediately to the EMS Manager.
7. Any unused portions should be discarded in front of a witness who must sign the run sheet to that effect.
8. All controlled substances must be maintained in a locked cupboard at all times.

Documentation
1. Controlled substance log should be maintained at the beginning of each shift and recorded on the Ambulance check log.
2. Any use of a controlled substance must be recorded in the dangerous drug log. It should also accompany two signatures.
3. Any deviations should be recorded and will be accompanied by the A&E attending physicians signature on both the patient EMS trip sheet and the dangerous drug log.

V. References
Cayman Islands EMS Standard Operating Procedures Manual

VI. Distribution
The Cayman Islands EMS Standard Operating Procedures Manual Located at Each Ambulance Station.

VII. Standard Basis

Quality Improvement
Administrative
Ethical Issues
Legal

Revised February 2009
I. STANDARD OF PROFESSIONAL PRACTICE
All EMS Staff will follow the following procedure.

II. EXPECTED OUTCOME
All staff will be subject to an Annual Clinical Evaluation to ensure clinical skills and theoretical knowledge are to the standard required by C.I.E.M.S.

III. GUIDELINES
A panel of Senior EMS Officers and a Physician Advisor will conduct Clinical Evaluations on an annual basis.

IV. PROCEDURE INSTRUCTIONS
1. Clinical Evaluations will be undertaken on an annual basis. Attendance will be mandatory.
2. Staff will be informed of the date, time & location of their evaluation at least two weeks in advance.
3. Staff will be evaluated using U.S. National Skill Assessment Sheets at a level commensurate with their training.
4. Following evaluation a report will be prepared outlining the candidates strengths and weakness and identify areas in which remedial training is required.
5. A copy of the report will be sent to each candidate and a copy kept in their training file.

V. DOCUMENTATION
The EMS Manager will maintain a training record for each staff member. In addition, staff are to keep personal copies of all evidence of Mandatory or Continuing Education.

VI. DISTRIBUTION:
The Cayman Islands EMS Standard Operating Procedures Manual located at each Ambulance Station.

Revised February 2009
I. STANDARD OF PROFESSIONAL PRACTICE
All EMS Staff are subject to the following procedure.

II. EXPECTED OUTCOME
Any accident involving EMS Vehicles will be dealt with in a manner that will minimize the impact on response efficiency.

III. GUIDELINES
The following procedure must be followed whenever an EMS vehicle is damaged no matter how the damage was caused.

IV. PROCEDURE INSTRUCTIONS

1. If an Ambulance is involved in an accident en-route to the scene of an emergency call it must:
   a) Stop and remain on scene until released by the Police.
   b) The driver must report the accident to 911 and ask for a second vehicle be dispatched to the original call. The attendant should check any other vehicles involved for injuries and then if necessary request an Ambulance to attend.
   c) The EMS Crew should make the scene safe by checking all ignition systems are turned off or isolated.
   d) The EMS Crew must render aid to any injured parties if their own injuries do not preclude this.
   e) At no time must an EMS Officer admit any liability in respect of the accident. It must be remembered that an apology can be construed as an admission of liability in a court of law.
   f) The EMS staff must co-operate with Police Officers on their arrival
   g) Insurance information should be exchanged with any other parties involved.
   h) Any injuries sustained by the EMS Crew must be evaluated at the Accident and Emergency Unit.
   i) All insurance documentation and a written statement must be submitted to the EMS Manager within 24 hours of the incident. A report must be entered in the Occurrence book as soon as possible after the incident and definitely within 24 hours.

2. If an Ambulance is involved in an accident en-route to hospital with a patient on board it must:
   a) Stop and remain on scene until released by the Police.
   b) The driver must report the accident and ask for a second vehicle to be dispatched to the scene to pick up the patient from the damaged Ambulance. The attendant should check his patient for injuries and then if their patient is stable the attendant should check any other vehicle involved for injuries. If the attendant cannot leave his patient then the driver must check the other vehicles involved and then if necessary request an Ambulance to attend.
c) The EMS Crew should make the scene safe by checking all ignition systems are turned off or isolated.

d) The EMS Crew must render aid to any injured parties if their own injuries do not preclude this.

e) At no time must an EMS Officer admit any liability in respect of the accident. It must be remembered that an apology can be construed as an admission of liability in a court of law.

f) The EMS Crew must co-operate with Police Officers on their arrival

g) Insurance information should be exchanged with any other parties involved.

h) Any injuries sustained by the EMS Crew must be evaluated at the Accident and Emergency Unit

i) All insurance documentation and a written statement must be submitted to the EMS Manager within 24 hours of the incident. A report should be entered in the Occurrence Book as soon as possible after the incident and definitely within 24 hours.

3. If an Ambulance is damaged as a result of a low speed impact whilst maneuvering the crew must:

a) Stop and evaluate the damage to the vehicle.

b) If the damage to the vehicle renders it unsafe or illegal to be used on the Public Highway it must be withdrawn from service until repairs have been carried out.

c) The EMS Manager must be informed immediately following any damage to a vehicle.

d) A written report by both crewmembers must be submitted to the EMS Manager within 24 hours and details recorded in the Occurrence Book.

e) Any documentation requested by the EMS Manager must be completed and returned to him within 24 hours.

V. DOCUMENTATION

1. If required, an Insurance Accident Report Form must be completed within 24 hours.

2. A full written statement from both crew members must be submitted to the EMS Manager within 24 hours

3. A report must be entered in the Occurrence Book within 24 hours.

VI. DISTRIBUTION:
The Cayman Islands EMS Standard Operating Procedures Manual located at each Ambulance Station.

Revised February 2009
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE
Standard Operating Policy & Procedure

Failure to Transport

I. STANDARD OF PROFESSIONAL PRACTICE
All Emergency Medical Service Staff are subject to the following procedure.

II. EXPECTED OUTCOME
The following policy & procedures are designated for use by Operational Staff of the Cayman Islands Emergency Services Department. Any deviations should be reported to the EMS Manager.

III. GUIDELINES
The following procedure must be followed on each occasion a patient declines treatment or transport to a medical facility following the arrival of an Ambulance on the scene of an incident.

1. All patients should be transported for medical evaluation except when the patient refuses care/transport and signs the Ambulance Run Sheet in the appropriate place.
2. In cases where the patient is disoriented or appears to be under the influence of alcohol and/or drugs the patient must be transported for medical evaluation.
3. If a patient who appears to be under the influence of alcohol and/or drugs refuses transport, the police should be contacted to initiate the Mental Health Act to allow medical evaluation of the patient at an appropriate facility.
4. In all cases where a patient declines treatment or transport the appropriate documentation must be completed and if possible witnessed and signed to that effect by an independent party at the scene of the incident.
5. A patient treatment form must be completed and inclusive of a patient narrative as to the events and nature of the reported incident.
6. The patient has the absolute right to decline transport or treatment as long as they are of sound mind and do not appear to be under the influence of alcohol or drugs. A patient cannot be transported against their will even at the request of a family member.

IV. DOCUMENTATION
All calls must be fully documented on the appropriate forms

V. DISTRIBUTION:
The Cayman Islands Emergency Medical Service Treatment Protocols Manual located at each Ambulance Station.

Revised February 2009
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE
Standard Operating Policy & Procedure

Illness & Injury while on duty

I. STANDARD OF PROFESSIONAL PRACTICE
All EMS Staff are subject to the following procedure. Any deviations in policy & procedure should be reported to the EMS Manager.

II. EXPECTED OUTCOME
All injuries or illness that occurs while a member of staff is on duty will be dealt with promptly, ensuring full medical support is offered.

III. GUIDELINES
The following procedure must be followed whenever a member of staff is injured or becomes ill while on duty.

IV. PROCEDURE INSTRUCTIONS

1. If a member of staff is injured in any way while on duty they must:
   a) Be evaluated at the Accident and Emergency Department and have their injury or illness assessed and treated. If the member of staff cannot continue their duties, the team leader should be notified immediately.
   b) The injured member of staff must obtain a sick note from the examining doctor.
   c) An entry must be made in the occurrence book detailing the nature of the injury and how it occurred.
   d) The team leader will ask for a written statement detailing the injuries incurred and the events leading up to the injury must be submitted to the EMS Manager within 24 hours of the injury.
   e) Any witnesses to the injury may be requested to supply a written statement to the EMS Manager within 24 hours of the request.
   f) If the injury incurred is caused by a “sharps incident”, the sharps injury document must be completed and submitted to the EMS Manager and the Infection Control Coordinator.

V. DOCUMENTATION
1. All injuries and or illnesses that occur whilst on duty must be documented in the Occurrence Book

Revised February 2009
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE
Standard Operating Policy & Procedure

In-service Training

I. STANDARD OF PROFESSIONAL PRACTICE
All EMS Medical Staff are subject to the following policy & procedure.

II. EXPECTED OUTCOME
All staff will be expected to attend in-service training to maintain their skill and knowledge base.

III. GUIDELINES
In-service Training comprises of Mandatory Training, which must be taken on an annual basis plus a minimum of 20 contact hours obtained by attending In-service Training provided by Health Service or other approved bodies.

IV. PROCEDURE INSTRUCTIONS

1. Mandatory in-service training comprises of the following modules:
   a) CPR / BLS
   b) ALS (for EMT-I and above)
   c) Handling & Lifting
   d) Infection Control / Standard (Universal) Precautions
   e) Disaster Preparedness
   f) Fire Safety

2. A certificate of attendance must be obtained for each mandatory subject and a copy forwarded to the EMS Manager who will maintain a training file for each member of the EMS staff.

3. In addition to mandatory training, each member of staff is expected to attend a minimum of a further 20 hours of continuing education in subjects relevant to EMS work, for a two year period.

4. Certificates of attendance or other evidence of participation/completion must be obtained for all continuing education activities and a copy forwarded to the EMS Manager for filing.

5. It is imperative that EMS maintain a personal record of all in-service participation.

6. EMS Staff must maintain registration with the Cayman Islands Council for Professions Allied with Health.

DOCUMENTATION
The EMS Manager will maintain a training record for each staff member. In addition, staff is to keep personal copies of all evidence of Mandatory or Continuing Education
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE

Standard Operating Policy & Procedure

Leave Application

I. STANDARD OF PROFESSIONAL PRACTICE
   All EMS Staff are subject to the following procedure. Any deviation in operating procedures must be reported to the EMS Manager.

II. EXPECTED OUTCOME
   Leave will be allocated fairly and in a manner that will ensure staffing levels are adequate at all times without the need to incur unnecessary overtime expenditure.

III. GUIDELINES
   The following procedure must be followed whenever leave is applied.

IV. PROCEDURE INSTRUCTIONS
   1. All leave applications must be submitted before January 31st each year.
   2. Only one member of staff on each Team will be granted leave at any one time.
   3. Leave applications received after March 1 will be granted at the sole discretion of the EMS Manager and will be only granted if good reason could be shown that an earlier application was not possible.
   4. All staff should submit written leave request 3 months prior to their dates.
   5. Staff members failing to submit vacation request, may lose the vacation days at the end of the year.
   6. No more than five leave days may be carried forward to the next leave year with written consent. Any days in excess of five may be lost.
   7. Vacation is counted as a 7.5hr day with Saturday and Sunday’s off.

V. DOCUMENTATION
   All leave applications must be submitted in writing on the approved leave application form.

Revised February 2009
I. STANDARD OF PROFESSIONAL PRACTICE
All EMS Staff are subject to the following policy & procedure. Any deviations should be reported the EMS Manager.

II. EXPECTED OUTCOME
Shift changes must be accomplished without a detrimental effect on staffing levels or the skill mix. You must change within your skill level e.g.: EMT with EMT

III. GUIDELINES
The following procedure must be followed whenever a shift change is applied for.

IV. PROCEDURE INSTRUCTIONS
1. All shift changes must be applied for in writing a minimum of five working days in advance.
2. The Team Leader and or EMS Manager in advance of an individual working must approve all shift changes.
3. Only in exceptional circumstances will shift changes be granted less than five working days in advance.
4. If members of staff are sick or absent the day of a shift change then it is the responsibility of the person who they swapped with to cover the shift if available (i.e. on island).
5. If that individual fails to cover his or her shift and is on the island then disciplinary action will be implemented. Otherwise, the EMS Manager or Team Leader will arrange shift coverage.
6. Abuse of the shift change system will preclude an individual from shift changes for a period of time determined by the EMS Manager.

V. DOCUMENTATION
All applications to change shift must be made in writing on the approved shift change form.
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE
Standard Operating Policy & Procedure

Vehicle Cleaning

I. STANDARD OF PROFESSIONAL PRACTICE

All Emergency Medical Service Staff are subject to the following procedure.

II. EXPECTED OUTCOME

Vehicles and Equipment will be maintained in a clean and acceptable condition

III. PROCEDURE INSTRUCTIONS

1. All vehicles and equipment will be routinely cleaned at the end of each shift.
2. The cab of the vehicle will be cleaned and left tidy at the end of each shift.
3. The rear compartment of the vehicle will be cleaned and mopped out after each call.
4. Any contamination of the vehicle or its equipment with blood or other contaminants will be decontaminated with appropriate and approved cleaning solutions.
5. EMS Management will make random inspections of vehicles and equipment to ensure compliance with this Operational Procedure.
6. Any occasion where either the vehicle or its equipment is found in an unacceptable condition, details should be recorded in the Occurrence Book your Team Leader contacted or EMS Manager.

IV. DOCUMENTATION

Any relevant information should be recorded in the Occurrence Book.

V. REFERENCES

Cayman Islands EMS Service Standard Operating Procedures Manual

VI. DISTRIBUTION:

The Cayman Islands EMS Standard Operating Procedures Manual located at each Ambulance Station.
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE

Standard Operating Policy & Procedure

Time Keeping

I. STANDARD OF PROFESSIONAL PRACTICE
All Emergency Medical Service Staff are subject to the following procedure.

II. EXPECTED OUTCOME
All staff will be punctual when reporting for duty.

III. GUIDELINES
All members of staff should plan to arrive at their assigned work place fifteen minutes prior to their actual start time.

IV. EQUIPMENT/SUPPLY LIST
Occurrence Book

V. PROCEDURE INSTRUCTIONS
1. All Officers are expected and required to report for duty promptly at their assigned work place.
2. If an Officer reports late for duty, an explanation must be entered into the Occurrence Book together with the time the Officer actually reported for duty.
3. All late calls should be taken without delay and your time logged for reference.
4. Officers due to finish their shift must not leave until oncoming staff relieve them. If staff is late, this must be reported to the EMS Team Leader or EMS Manager who will arrange cover.
5. Persistent failure to report for duty at the required time will result in disciplinary action and if continued would be grounds for dismissal from the Ambulance Service.

VI. DOCUMENTATION
Staff is required to sign in and out in the Occurrence Book.

VII. DISTRIBUTION:
The Cayman Islands Ambulance Service Standard Operating Procedures Manual located at each Ambulance Station.
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE

Standard Operating Procedure

Staff Sickness

I. STANDARD OF PROFESSIONAL PRACTICE
   All Emergency Medical Service Staff are subject to the following procedure.

II. EXPECTED OUTCOME
   Staff’s health and well-being will be evaluated. Health problems will be quickly addressed and managed to ensure the health and fitness levels are maintained at a high standard.

III. GUIDELINES
   The following procedure must be followed whenever a member of staff reports sick.

IV. PROCEDURE INSTRUCTIONS
   1. Staff must give a minimum of two hours notice if they wish to report sick for duty, it is understood that there may be exceptions to this obligation and they will be reviewed on an individual basis.
   2. Staff must report sick to their Team Leaders in order for coverage to be provided.
   3. A sick note must be produced for any period of sickness in excess of three working days.
   4. The EMS Manager may ask an individual for a sick note to be produced for any period of sickness at his/her discretion.
   5. Staff fit to return to duty should give as much notice as possible, preferably a minimum of 12 hours notice to the Team Leader or EMS Manager.

V. DOCUMENTATION
   Any relevant information should be recorded in the Occurrence Book.

VI. DISTRIBUTION:
   The Cayman Islands EMS Standard Operating Procedures Manual located at each Ambulance Station.
Cayman Islands Emergency Medical Service
Standard Operating Policy & Procedure

Shift Change Over

I. Standard Of Professional Practice
All Emergency Medical Staff are subject to the following policy & procedures.

II. Expected Outcome
The following policy & Procedure are designated for use by operational staff of the Cayman Islands Emergency Medical Services Department. Any deviations related to standard operating procedures related to daily functions of the EMS department should be reported to the EMS Manager.

III. Guidelines
This procedure has been developed to define the act of “Shift Changeover.”

IV. Procedure Instructions
1. Ambulances should be equipped per the ambulance check log.
2. The ambulance check sheet is mandatory. It will be inventoried and completed at the beginning of each shift.
3. The occurrence and attendance log should be completed prior to shift completion.
4. The vehicle should be cleaned inside and out at the start of each shift and at the end of each call.
5. The vehicle and its equipment should be operational.
6. Fuel levels will be maintained above ½ tank.
7. Oxygen levels should be maintained above 1000psi level.
8. Any damage must be reported and documented immediately to the Team Leader on duty.
9. Any missing equipment should be reported and documented immediately to the Team Leader on duty.
10. Any pending transports or emergency calls should be reported.
11. The oncoming crew should make an effort to arrive 15min prior to the end of shift to ensure adequate time for shift changeover and preparedness for any impending EMS calls.
12. Any problems should be reported immediately to the shift team leader.

V. References
Cayman Islands EMS Standard Operating Procedures Manual

VI. Distribution
The Cayman Islands EMS Standard Operating Procedures Manual Located at Each Ambulance Station.
VII. **Standard Basis**

- Quality Improvement
- Administrative
- Ethical Issues
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE
Standard Operating Policy & Procedure

Staff Orientation

I. STANDARD OF PROFESSIONAL PRACTICE
All Emergency Medical Service Staff are subject to the following procedure. Any deviations to this policy & procedure should be reported to the EMS Manager.

II. EXPECTED OUTCOME
Staff joining Cayman Islands EMS will complete an orientation program covering all aspects of EMS operations.

III. GUIDELINES
All staff will undergo an orientation program within two weeks of joining Cayman Islands EMS.

IV. PROCEDURE INSTRUCTIONS
1. The new member of staff will take part in the orientation program as soon as is practicable and in any case within two weeks of joining the Service.
2. A designate Team Leader or EMS Manager will facilitate the orientation program with the assistance of other Health Services Departments as required.
3. The new member of staff will be issued with an Orientation Form, which they should have signed by the member of staff that delivers each module.
4. Once completed the Orientation Form will be signed by the EMS Manager and placed in the staff member’s personal file. A copy will be issued to the member of staff.
5. The orientation program will cover:
   - Terms of Employment
   - General Information
   - Disaster Preparedness
   - Training/ in-service requirements
   - Hospital tour
   - Infection control
   - EMS Policies & Procedures
   - EMS Treatment Protocols
   - EMS Vehicles
   - Class 4 driving license
   - Familiarization with Cayman Islands road traffic law
   - Driving License check
   - EMS forms
   - Communications
   - Fuel Card
   - EMT Training Code of Conduct (New employees)
   - Identification of Training Needs (Qualified Staff)
   - Update Training to meet local protocols (Qualified Staff)
V. DOCUMENTATION

A Staff Orientation form must be completed for each new employee. Once completed the form will be signed by the staff member and placed into the employee’s personnel file as documentation of completion.
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE
Standard Operating Policy & Procedure

Patient Escorts

I. STANDARD OF PROFESSIONAL PRACTICE
All Emergency Medical Service Staff will follow the following procedure. Any deviations should be reported to the EMS Manager.

II. EXPECTED OUTCOME
Escorts will only travel with a patient if they meet the laid down criteria.

III. GUIDELINES
The following procedure must be followed whenever an Ambulance Crew is requested to, or wishes to, carry a patient escort.

IV. PROCEDURE INSTRUCTIONS
1. Escorts will not be allowed to travel with a patient unless they comply with the following criteria:
   a) The escort is the legal guardian (including a teacher if the patient is transported from a school) of a minor (< 16 years)
   b) The escort is a relative of, or has legal responsibility for, a mentally incompetent patient.
   c) If a patient from a Cruise Ship or airline falls in the above categories then an escort may be transported. Luggage should be transported via local shipping agent or accommodated when necessary.
   d) The escort is relative of the patient and willing to comply with the procedures of the CIEMS.
   e) All escorts physically capable will ride in the front cabin and must comply with wearing a seat belt. (Exception will be inclusive to parents of pediatric patients and law/ prison enforcement officers.)

2. The relatives or luggage of a patient from a cruise ship or airline must be transported to the hospital via local shipping / carrier’s agent.

3. A Police Officer must travel with any patient who is under arrest or in protective custody.

4. A Prison Officer must travel with any patient who is serving a custodial sentence.

5. The final decision on whether an escort is to be carried lies with the EMS crew.

V. DOCUMENTATION
Any relevant information should be recorded in the Occurrence Book.

VI. DISTRIBUTION:
The Cayman Islands EMS Standard Operating Procedures Manual located at each Ambulance Station.
PROCEDURE INSTRUCTIONS

1. Each entry must run consecutively with no lines left between entries.

2. Each entry must be dated, timed and signed by the person/persons making that entry.

3. All daily activities are to be entered in the occurrence book immediately after they are completed. E.g. vehicle cleaning, vehicle checks, stock checks, change of shift.

4. All injuries/illness affecting members of staff are to be recorded in the occurrence book by the end of shift and reported to the Team Leader.

All unusual occurrences affecting members of staff or the Ambulance Service in general are to be recorded in the occurrence prior to the end of shift. And reported to the Team Leader.

5. The occurrence book will be inspected by both the Team Leader and EMS Manager to ensure compliance.

6. If illness or injury precludes the ability to record an event, the event should be reported to the team leader who will document the event upon receiving it.

I. DOCUMENTATION

All entries in the occurrence book must be signed, dated and timed
Meal Breaks

I. STANDARD OF PROFESSIONAL PRACTICE
   All Emergency Medical Service Staff will be subject to the following procedure. Any deviations should be reported to the EMS Manager.

II. EXPECTED OUTCOME
   Meal breaks will be taken as not to affect the operational effectiveness the Service.

III. GUIDELINES
   The following procedure must be followed whenever an EMS crew takes a meal break.

IV. PROCEDURE INSTRUCTIONS

   1. EMS crews may use the Ambulance to pick up meals as long as they remain available for calls and stay within the coverage area.
   2. Any deviation will require the approval of the Team Leader or EMS Manager

V. DOCUMENTATION

   Any relevant information should be recorded in the Occurrence Book.
Mission Statement

“To provide timely, safe, professional and cost effective pre-hospital emergency care and transportation to the people of the Cayman Islands”

Definition:

Emergency: - An Incident, which requires an immediate response from the Ambulance Service.

I. STANDARD OF PROFESSIONAL PRACTICE
All EMS Staff are subject to the following policy.

II. EXPECTED OUTCOME
Cayman Islands EMS will provide timely, safe, professional pre-hospital emergency care and transportation as requested by 911, hospital authorities or direct calls for assistance from the public.

III. GUIDELINES
The provision of timely emergency medical care must at all times be the foremost responsibility of all EMS staff. Therefore, requests for Ambulance Service assistance should be prioritized as below:

1. Emergency calls routed through the 911 system
2. Direct calls for assistance from the general public either in person at an Ambulance Station or via telephone (911 must be informed via radio in conjunction with proceeding with the call).
3. Transport of patients and medical crews to and from air ambulances and to and from scheduled flights
4. Transport of patients with either a medical or a physical condition that prevents them traveling by other private or public transport.
5. Contact EMS Manager in cases of Major incidents immediately i.e.: any incident that affects our resources or staffing.

Note – Only 2 vehicles may be engaged on a non-emergency patient transport at any one time.

IV. DOCUMENTATION
It is mandatory that all Ambulance calls must be fully documented using the appropriate forms e.g. Patient care report form, EMS billing form or Police report.

V. DISTRIBUTION:
The Cayman Islands EMS Standard Operating Procedures Manual located at each Ambulance Station.
Completion of Daily Ambulance Check Sheets

I. **Standard Of Professional Practice**
   All Emergency Medical Service Staff are subject to the following policy & procedures.

II. **Expected Outcome**
   The following policy & Procedure is designated for use by operational staff of the Cayman Islands Emergency Services Department. Any deviations related to standard operating procedures and daily functions of the EMS department should be reported to the EMS Manager.

III. **Guidelines**
   This procedure has been developed to identify the appropriate procedure for documenting the daily ambulance check sheet.

IV. **Procedure Instructions**
   1. It is mandated each crew-member will take part in checking the ambulance for adequate stock levels at the beginning of each shift.
   2. Any deficiencies be identified and rectified to ensure optimum and safe patient care.
   3. The EMS crew will document the completion of the daily ambulance check sheet and sign.
   4. Any incomplete logs will be reported immediately to the shift team leader.
   5. Repeated incomplete logs will be reported to the EMS Manager.
   6. All Ambulance check sheets will be collected at the end of each week for evaluation and compliance.

V. **Documentation**
   1. Refer to the Daily Ambulance check sheet.

VI. **References**
   Cayman Islands EMS Standard Operating Procedures Manual

VII. **Distribution**

VIII. **Standard Basis**
   - Quality Improvement
   - Administrative
I. STANDARD OF PROFESSIONAL PRACTICE
All Emergency Medical Service Staff are subject to the following procedure.

II. EXPECTED OUTCOME
All patients will arrive for airport check-in as close to the maximum check-in given by the airline used (usually 90 minutes-2 hours)

III. PROCEDURE INSTRUCTIONS
1. Staff should pick up any patient booked for routine transport to the airport to accommodate a scheduled flight two hours before the plane’s departure as permitted or otherwise directed.
2. If the requested Medical unit is unavailable then the nearest vehicle should respond to pick up the patient 2 hours before departure or contact Team Leader for alternate directives.
3. There should be no delays due to meal breaks or shift changeover. Patients must be transported prior to the break or changeover.
4. It is the Ambulance Services responsibility to ensure that all routine transports are completed in good time and without unnecessary delay.
5. In cases of delays, the individual or department should be notified immediately.
6. Patients should be transported by the appropriate response mode.
7. All vehicles should enter the Owen Roberts Airport tarmac via the East gate unless directed otherwise by 911 or airport security. Vehicles while on the tarmac should be directed by airport security or officials and proceed with caution to ensure the safety of all.

IV. DOCUMENTATION
1. A Patient Treatment Report must be completed after the transport is completed.
2. All untoward occurrences should be reported using an Incident Report Form

V. DISTRIBUTION:
CAYMAN ISLANDS EMERGENCY MEDICAL SERVICE

Standard Operating Policy & Procedure

Off Shore Operations

I. STANDARD OF PROFESSIONAL PRACTICE
All Emergency Medical Service Staff are subject to the following procedure.

II. EXPECTED OUTCOME
That incidents that require EMS staff to board water vessels are handled promptly and with due regard to the safety of the EMS crew, boat crew, patient and bystanders. The Team Leader must be notified in order to assess the situation and safety.

III. NOTE
The Risk Management Department of Cayman Islands Government has confirmed that all EMS staff have the same level of Insurance coverage, if they have reason to board a boat when responding to an incident as they would have responding to incidents on dry land.

IV. PROCEDURE INSTRUCTIONS

1. EMS Staff will be expected to respond when deemed safe via a water vessel to incidents offshore when requested to do so by 911.

2. Prior to boarding any boat, staff should satisfy themselves that the vessel is:
   a) Seaworthy for the expected weather and sea conditions.
   b) Has sufficient safety equipment e.g. life jackets for all on board including EMS staff and others responding to the incident plus sufficient for the expected number of casualties.

3. All EMS staff must utilize appropriate safety equipment while at sea.

4. EMS staff should follow the instructions of the boat’s crew.

5. EMS staff must remember that they are present to offer medical care and assistance, they should advise on appropriate movement, packaging and handling of the patient.

V. DOCUMENTATION

1. On return to Station, the EMS crew should record all details of the call into the occurrence book.

2. All untoward occurrences should be reported using an Incident Report Form and the Team Leader or EMS Manager contacted.

VI. DISTRIBUTION:
The Cayman Islands Ambulance Service Standard Operating Procedures Manual located at each Ambulance Station.
Cayman Islands Emergency Medical Service  
Standing Operating Policy & Procedure  

Critical Patient Alert (Trauma Alert)  

I. **Standard Of Professional Practice**  
All Emergency Medical Staff are subject to the following protocols.  

II. **Expected Outcome**  
The following procedure & Policy is designated for use by operational staff of the Cayman Islands Emergency Services Department. Any deviations related to standard operating procedures related to daily functions of the EMS department should be reported to the EMS Manager.  

III. **Guidelines**  
This procedure has been developed to identify the appropriate identification of a Critical Patient Alert.  

IV. **Procedure Instructions**  
1. A critical patient alert is identified as a Cardiac Arrest, Stroke, hemodynamically unstable patient, major trauma or OB patient as related to the current OB alert protocol.  
2. A critical patient alert should be communicated as quickly as possible to allow time for the A&E staff to prepare for the critical patient and to call in ancillary resources  

V. **Documentation**  
1. Completion of a patient treatment report is to be documented immediately after incident to ensure accurate recording of events.  
2. Royal Cayman Islands Police Investigative documents are to be completed and returned ASAP to ensure accurate recording and timely investigative practices.  

VI. **References**  
Cayman Islands EMS Standard Operating Procedures Manual  

VII. **Distribution**  
The Cayman Islands EMS Standard Operating Procedures Manual Located at Each Ambulance Station.  

VIII. **Standard Basis**  
- Quality Improvement  
- Administrative  
- Legal  
- Ethical Issues
Cayman Islands Emergency Medical Service
Standing Operational Policy & Procedure

Mass Casualty Incident

I. Standard Of Professional Practice
All Emergency Medical Staff are subject to the following protocols.

II. Expected Outcome
The following procedure & Policy designated for use by operational staff of the Cayman Islands Emergency Services Department. Any deviations related to standard operating procedures related to daily functions of the EMS department should be reported to the EMS Manager.

III. Guidelines
This procedure has been developed to identify a standard operating procedure for a mass casualty incident.

IV. Procedure Instructions

1. Identify the need for a mass casualty incident.
2. Identify the cause and level of severity of the mass casualty incident.
3. Dispatch and notify appropriate resources based upon type and level of incident including but not limited to A&E, EMS Manager, additional Medical units, Fire Services, disaster van, police and utility services.
4. Initiate incident command system. This individual will be identified as the highest level EMS officer on scene. This individual will remain in command until the arrival of the EMS Manager or designee arrives on scene.
5. The incident commander will identify the needs of the scene and issue assignments to personnel to ensure organization and maximum use of resources.
6. An appropriate staging will be identified to ensure the safety of responding equipment, personnel and patients.
7. Once the scene is deemed safe patients will be identified and tagged in accordance the mass casualty smart triage system.
8. Radio communications should be kept to a minimum to avoid confusion of transmissions.
9. Patients will be treated and monitored by designated staff and status up or down graded in accordance to the mass casualty tag system.
10. Care should be taken to preserve any evidence in the case of a potential crime scene.
11. Transport of patients will only take place at the decision of the A&E office and Medical Incident Command.
12. The completion of the incident is at the discretion of the incident commanders and all staff should remain at their assigned post until otherwise notified.
V. **Documentation**

1. Documentation is in accordance to the Smart Triage Identification System, which includes Tags and related charting.

VI. **References**

Cayman Islands EMS Standard Operating Procedures Manual

VII. **Distribution**

The Cayman Islands EMS Standard Operating Procedures Manual Located at Each Ambulance Station.

VIII. **Standard Basis**

- Quality Improvement
- Administrative
- Legal
- Ethical Issues
Cayman Islands Emergency Medical Service
Standard Operational Policy & Procedure

Stand by Events Coverage

I. Standard Of Professional Practice
All Emergency Medical Staff are subject to the following Policy & Procedure.

II. Expected Outcome
The following protocols are designated for use by operational staff of the Cayman Islands Emergency Services Department. Any deviations related to standard operating procedures related to daily functions of the EMS department should be reported to the EMS Manager.

III. Guidelines
This procedure has been developed to establish general operating standards for EMS coverage at stand by events and funerals.

IV. Procedure Instructions
1. All stand by events requiring EMS coverage should be directed to the EMS Manager for arrangements.
2. The EMS Manager is responsible for delegating the appropriate level of staff and equipment for the event.
3. Assigned staff members should report for duty on time and are expected to uphold the professional standards of the Cayman Islands Health Services and the EMS Department.

V. Documentation
Any medical events should be documented on either a standard treatment or refusal document. A billing form will be completed and turned into the A&E Department.

VI. References
Cayman Islands EMS Standard Operating Procedures Manual

VII. Distribution
The Cayman Islands EMS Standard Operating Procedures Manual Located at Each Ambulance Station.

VIII. Standard Basis
- Quality Improvement
- Administrative
- Legal
- Ethical Issues
Cayman Islands Emergency Medical Service
Standing Operational Policy & Procedure

Radio Procedures

I. Standard Of Professional Practice
   All Emergency Medical Staff are subject to the following policy & procedure.

II. Expected Outcome
   The following policies & procedures are designated for use by operational staff of the Cayman Islands Emergency Services Department. Any deviations should be reported to the EMS Manager.

III. Guidelines
   The following procedure must be followed when dealing with all portable radios and on-board radio units in current use within EMS.

IV. Procedure Instructions
   1. Each Medical Unit is responsible for two assigned portable radio units. At the beginning of each shift radio checks should be completed via 911 and the respective station identified.
   2. At the completion of each shift ambulance officers will hand over their assigned radio.
   3. Any defects should be reported immediately to the shift team leader and an incident report completed prior to the completion of the shift.
   4. Ambulance base radios should be kept clear of obstructions, any defects should be reported immediately to the shift team leader, and an incident report completed prior to the completion of the shift.
   5. All radio transmissions are to be reserved for EMS use only.
   6. Patient confidentiality is expected any patient information that can potentially identify a patient should be communicated to the hospital or central via cell phone.
   7. EMS radios are to be on channel 1A at all times and can be switched to channel 2A if required.
   8. The National Hurricane Center is located on channel 1B

V. Documentation
   1. Any defects shall be documented in a written incident report. This report should be completed by the end of the shift and reported verbally to shift team leader.
   2. Any defects and should be reported on the daily ambulance log.
   3. Other HSA channels include 3 CYB EMS, 4 Admin, 5 Maint/Security.
Cayman Islands Emergency Medical Service
Standard Operating Policy & Procedure

Vehicle Maintenance

I. **Standard Of Professional Practice**
All Emergency Medical Staff are subject to the following protocols.

II. **Expected Outcome**
The following protocols are designated for use by operational staff of the Emergency Services Department. Any deviations related to standard operating procedures related to daily functions of the EMS department should be reported to the EMS Manager.

III. **Guidelines**
This procedure is inclusive of the guidelines for general and unexpected vehicle maintenance.

IV. **Procedure Instructions**

1. Each Medical unit is to be inspected daily for any new defects including mechanical changes.
2. Any changes or defects should be reported immediately to the shift team leader and an ambulance defect form completed.
3. Vehicle fluids should be checked at the beginning of each shift and any deficits recorded on the daily log and rectified prior to the end of the shift.
4. Any unsafe vehicle issues should be reported immediately to the shift team leader and a decision will be made to remove the truck from service.
5. If vehicle becomes inoperable, care should be taken to secure the vehicle and its equipment until a spare vehicle can be put in service.
6. Vehicles will be serviced on a monthly basis or deemed necessary by the service provider.

V. **Documentation**

1. Any defects or mechanical changes shall be documented immediately on an Ambulance defects form and reported to the Shift Team Leader
2. Any defects or mechanical changes should be reported on the daily ambulance log and communicated verbally to the oncoming crew.

VI. **References**
Cayman Islands EMS Standard Operating Procedures Manual

VII. **Distribution**
The Cayman Islands EMS Standard Operating Procedures Manual Located at Each Ambulance Station.

VIII. **Standard Basis**
- Quality Improvement
- Administrative
Cayman Islands Emergency Medical Service
Standard Operating Policy & Procedure

Equitable Distribution Overtime List

I. Standard Of Professional Practice
All Emergency Medical Staff are subject to the following policy & procedures.

II. Expected Outcome
The following policy & Procedure are designated for use by operational staff of the Cayman Islands Emergency Services Department. Any deviations related to standard operating procedures related to daily functions of the EMS department should be reported to the EMS Manager.

III. Guidelines
This procedure has been developed to identify a fair and equitable distribution of last minute overtime coverage.

IV. Procedure Instructions
1. The Team Leader will be responsible for the appropriate shift coverage and equal distribution of overtime.
2. Overtime will be monitored. Time sheets and overtime forms must be completed for verification and submission for filing or payment.
3. Falsification of overtime will result in disciplinary actions

V. Documentation
1. It will be the Team Leaders responsibility to maintain an equitable monthly distribution of Overtime Shifts.

VI. References
Cayman Islands EMS Procedures and Policies Manual.

VII. Distribution
The Cayman Islands EMS Standard Operating Procedures Manual Located at Each Ambulance Station.

VIII. Standard Basis
- Quality Improvement
- Administrative
Cayman Islands Emergency Medical Service
EMS Practitioner Treatment Guidelines

Approvals

The following Treatment Guidelines have been approved for use by all employed by Cayman Islands Emergency Medical Service.

The Accident & Emergency Physician on duty via telephone or radio must approve any deviation from these guidelines in advance.

Failure to comply with these guidelines will result in disciplinary action.

Dr. Greg Hoeksema
Medical Director of the Cayman Islands Health Services

Mr. Stephen Duval
EMS Manager
I. **STANDARD OF PROFESSIONAL PRACTICE**  
All Emergency Medical Service Staff are subject to the following procedure.

II. **EXPECTED OUTCOME**  
All sharps will be disposed of safely thereby minimizing the risk of accidental needle stick injury

III. **GUIDELINES**

1. All contaminated sharps will be placed into properly labeled sharps containers immediately after use.
2. There are no exceptions to this policy. Failure to properly dispose of sharps will lead to disciplinary action that may lead to dismissal from the Service.
3. If a contaminated sharp is found anywhere outside a labeled sharps container it must be immediately disposed off, the EMS Team Leader informed and an incident form filled out.
4. All incidents of improper sharps disposal will be investigated thoroughly with the aim of identifying the responsible individual and holding them responsible.

IV. **DOCUMENTATION**

Any incidents involving sharps must be recorded in the occurrence book, an incident report completed and in the case of a needle stick injury the appropriate documentation must be completed.

V. **DISTRIBUTION:**

The Cayman Islands Emergency Medical Service Treatment Protocols Manual located at each Ambulance Station.
<table>
<thead>
<tr>
<th>GENERIC NAME</th>
<th>TRADE NAME</th>
<th>CONCENTRATION</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
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<td>Adenosine</td>
<td>Adenocard</td>
<td>6mg vial</td>
<td>5</td>
</tr>
<tr>
<td>Amiodarone</td>
<td>Cordarone</td>
<td>150mg ampule</td>
<td>4</td>
</tr>
<tr>
<td>ASA</td>
<td>Asprin</td>
<td>81mg pill bottle</td>
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<td>5mg rectal aplicator</td>
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<td>Benadryl</td>
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<td>Adrenalin</td>
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<td>Epi pen</td>
<td>0.15mg or 0.3mg autoinject</td>
<td>1ea</td>
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<td>Epinephrine prefilled</td>
<td>Adrenalin</td>
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I. **STANDARD OF PROFESSIONAL PRACTICE**

All EMS Staff are subject to the following procedure.

II. **EXPECTED OUTCOME**

The following protocols are designated for use by Operational Staff at the appropriate level for their training/qualification i.e. EMT-B, EMT-I, and EMT-P. The Accident & Emergency Department Physician on duty must approve any deviation from these protocols by radio/telephone prior to any treatment not included in these protocols.

III. **GUIDELINES**

The following procedure must be followed on each occasion EMS respond to any incident.

IV. **PROCEDURE INSTRUCTIONS**

1. Prior to patient care, the use of personal protective equipment is mandated.
2. Check responsiveness and LOC- re-assure and inform all conscious patients.
3. Assess thoroughly patient’s airway, breathing and circulation, if impaired provide the appropriate care based on your scope of training.
4. Control patient’s cervical spine if there is any reason to suspect a fracture, underlying trauma, mechanism of injury or high index of suspicion.
5. Assessment should include SAMPLE Hx, OPQRST, and DECAP-BTLS.
6. Identify and notify appropriate medical and trauma alerts.
7. All trauma patients should be transported within 10 minutes of the arrival of the Ambulance on scene with the exception of patients who are trapped on scene. In the case of entrapment, consideration should be given to requesting a medical aid team to attend the scene if the entrapment is likely to be for over 30 minutes.
8. All cardiac emergencies will be transported within 15 minutes of the arrival of the Ambulance on scene.
9. All pediatric emergencies will be transported within 15 minutes of the arrival of the Ambulance on scene.
10. All cases should be transported within 20 minutes of the arrival of the Ambulance on scene.
11. Procedures not completed on scene should be completed en-route to hospital.
12. Transports should not be delayed due to the failure to perform invasive procedures on the first attempt, consideration should be given to completing invasive procedures en-route or wait until arrival at the Accident and Emergency Department.

V. **DOCUMENTATION**
All calls must be fully documented on the appropriate forms

VI. REFERENCES

Cayman Islands Ambulance Service Standard Operating Procedures Manual

VII. DISTRIBUTION:

The Cayman Islands Ambulance Service Standard Operating Procedures Manual located at each Ambulance Station.

VIII. STANDARD BASIS:

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