



2023 Regional Guidance Document for HB624

Reviewed and approved by SETRAC Board of Directors

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SouthEast Texas Regional Advisory Council (Trauma Service Area Q)

Austin, Colorado, Fort Bend, Harris, Matagorda, Montgomery, Walker, Waller, and Wharton Counties

SETRAC Regional Guidance Document for HB624: **Transport of a Sick or Injured Patient to a Health Care Facility** **in a Vehicle Other Than an EMS Vehicle**

Introduction

Trauma Service Area Regional Advisory Councils (TSA/RACs) must have medical treatment and transport guidelines for the transportation of a sick or injured patient to a health care facility in a vehicle other than an emergency medical services vehicle by January 1, 2024^{1,2}.

These guidelines are strictly for firefighter personnel which is defined in HB624 as: Per Section 773.0043, Health and Safety Code, firefighter means an individual who is defined as fire protection personnel under Section 419.021, Government Code; or an individual who is a volunteer fire fighter certified by the Texas Commission on Fire Protection or the State Firefighters' and Fire Marshals' Association of Texas.^{1,2}

The decision to use these, or any guidelines in any particular situation always depends on the independent medical judgment of the medical provider and his/her medical director's guidance and medical protocols.³ Users should consult with their departmental counsel and/or other appropriate resources to assure compliance with any state or local requirements as well as determining the applicability to their equipment and individual circumstances. These guidelines in and of themselves do not constitute a standard subject to enforcement.³

Purpose

The purpose of Section 773.0043, Health and Safety Code is to allow firefighters to transport sick or injured patients to the hospital during emergencies in which an ambulance is unable to transport the patient in a timely manner. Firefighters may use their fire apparatus, rescue vehicles, command and support units, privately owned vehicles, and any other vehicles operated by fire department members to transport injured patients when an ambulance is unable to do so.^{1,2}

Section 773.0043, Health and Safety Code allows that firefighters may transport a sick or injured patient to a health care facility in a vehicle other than an emergency medical services vehicle, provided that the appropriate medical service provider (1) is notified of the patient's clinical condition and, (2) is unable to provide emergency medical services imminently at the patient's location; and if the medical treatment and transport operating guidelines for the patient's apparent clinical condition authorize transport of the patient in a vehicle other than an emergency medical services vehicle.^{1,2}

Operating Guidelines

As fire apparatus are not designed for patient transport, the best option for any patient, regardless of age, is in a vehicle designed for patient transport, as well as continuing assessment and care during transport. Transportation of a patient in a vehicle that is not designed or equipped for patient transport is a high-risk option and should only be considered, if ever, for patients with immediate life threats. Fire department first responders should treat immediate life threats, continue on-scene treatment, on-going assessment, request status updates through dispatch, and keep the patient, family, and bystanders up to date on the ambulance's arrival time.^{4,5}

Transport Decision Considerations

1. Each fire department should work with its transport EMS agency to determine if and when patients may be transported by a firefighter in specific situations. This should take into consideration regional practice, geography, healthcare system capabilities, and the patient's presentation.
2. Each fire department and EMS agency should determine how the EMS agency will be notified of the patient's clinical condition and what time period is considered "imminently."
3. A firefighter operating in a department with a physician medical director shall follow their medical director's protocols concerning transport of patients in a non-EMS vehicle.^{6,7,8}
4. A firefighter operating in a department that does not have a physician medical director who, in a specific circumstance in which EMS is not able to imminently provide service, feels that the patient in front of them would benefit from immediate transport in a non-EMS vehicle, shall contact the responding EMS agency and notify them of the patient's condition and that they are transporting on their own in a non-EMS vehicle. That fire department should have written guidelines (made in consideration of the medical treatment and transport operating guidelines developed by their trauma service area regional advisory council) which describe the circumstances in which non-EMS transport is authorized.
5. Each fire department that develops this guideline shall provide a copy of it to their local EMS agency.
6. It is understood that the local EMS system, EMS medical director, and first responder organization (FRO) with medical direction, and FRO medical directors, do not have the legal authority or responsibility to provide medical treatment guidelines or medical direction for firefighters or departments/agencies for whom they do not provide medical direction and are not responsible for any medical treatment or transport provided by these firefighters.^{6,7,8}

Transport Operational Considerations

1. **When possible, the responding EMS agency (including air medical providers) should intercept the patient being transported by the fire service vehicle to render appropriate medical care and safe transport of the patient to the hospital.**
2. Recommended vehicles used for transportation other than an EMS vehicle (ambulance):
 - Hybrid pumper transport units that combine Type 1 pumper unit with an EMS ambulance type compartment.
 - Command and support units.
 - Fire apparatus, e.g., pumper units, ladder trucks, heavy rescue trucks.
3. Except for cases of major catastrophe, the transport vehicle should be an enclosed environment vehicle.⁹ Refrain from transporting a patient in an open cab fire apparatus, pickup truck bed, fire apparatus hose bed, or back step of fire apparatus.
4. Fire department personnel shall follow all applicable state and local laws governing vehicles other than EMS vehicles.
5. Fire departments shall follow all vehicle operating safety guidelines as outlined in national standard guidelines, e.g., Texas Transportation Code Section 547.702, National Fire Protection Agency (NFPA) 1500, International Association of Fire Chiefs (IAFC) Policies and Procedures for Emergency Vehicle Safety, and the United States Fire Administration (USFA) and International Association of Fire Fighters (IAFF) emergency vehicle safety program.^{10,11,12}
6. When possible, an attendant should be present with the patient during transport. If any of the firefighters on scene have EMS or other medical licensure or certification, the individual with the highest level of licensure or certification should accompany the patient during transport.
7. When possible, and if it will not compromise patient well-being, adult patients shall be seated in approved riding positions with seatbelts or safety restraints fastened at all times when the vehicle is in motion.
8. When possible, and if it will not compromise patient well-being, pediatric patients (≤ 15 y/o for the purpose of this guideline) shall be transported in appropriately sized child restraint system(s) and/or appropriately sized car safety seat following national standard guidelines, e.g., National Association of State EMS Officials (NASEMSO), National Highway Traffic Safety Administration (NHTSA), and the American Academy of Pediatrics (AAP).
9. When possible, and if it will not compromise patient well-being, pediatric patients should not be transported unrestrained on the lap of a provider or parent or held in the arms of a provider or parent.
10. When possible, and if it will not compromise patient well-being, the driver shall not begin to move the vehicle until all passengers are seated and properly secured. All patients shall remain seated and secured as long as the vehicle is in motion. Seatbelts shall not be loosened or released while enroute.
11. Transport of patients by a non-FRO should be transported to the closest hospital.

12. After the call, the firefighter personnel who provided primary care for the patient during transport, shall provide a written report to the local EMS service provider AND to the receiving hospital, within 24 hours of the dispatched time for the call. The *SETRAC Regional Documentation Report for HB624* can be found attached to the *SETRAC Regional Medical Treatment and Transport Guidelines for HB624* document, which should be used for fire departments who do not have access to an electronic medical record. At a minimum the written report includes:
- Patient name and date of birth
 - Dispatched address
 - Patient condition upon arrival at the scene
 - Patient vital signs, symptoms, and treatment
 - Receiving hospital name
 - Run times:
 - Dispatched time
 - On-scene time
 - At patient time
 - ETA of EMS that was given by EMS
 - Transport time
 - At hospital time
 - Summary of events
 - The identification of the fire department staff transporting the patient.
13. SETRAC considers the transportation of a patient in any means other than an EMS transport vehicle, a sentinel event. The responsible EMS agency who receives the *SETRAC Regional Documentation Report for HB624* from a firefighter, should email the completed document for regional performance improvement purposes to the SETRAC Chief Executive Officer.

References

1. Harris, C., *House Bill Number 624*. May 23, 2023. Accessed May 29, 2023. <https://capitol.texas.gov/tlodocs/88R/billtext/html/HB00624I.htm>
2. Harris, C., *Bill Analysis*. Senate Research Center. April 20, 2023. Accessed June 21, 2023. capitol.texas.gov/tlodocs/88R/analysis/html/HB00624E.htm
3. Snow, S., Remick, K., Vance, S., Moriber, M., Lewis, J., Reeves, C., Boyd, J., Boudreaux, D., *Consideration for Pediatric Consultation and Transfer*. Pediatric Subcommittee of the Governor's EMS and Trauma Advisory Council. February 2016. Accessed June 21, 2023. <https://www.bcm.edu/sites/default/files/2016/b8/ped-txconsiderationpediatricconsultationtransferguidelines.pdf>
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5. Petrillo, A., *Pumpers as First Response Transport Vehicles*. Fire Apparatus Magazine. November 11, 2013. Accessed June 21, 2023. <https://www.fireapparatusmagazine.com/fire-apparatus/pumpers-as-first-response-transport-vehicles/>
6. Texas Administrative Code, Title 25, Part 1, Chapter 157, Subchapter B, Rule 157.11. *Requirements for an EMS Provider License*. Amended September 13, 2022. Accessed June 20, 2023. [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=P&p_rloc=182740&p_tloc=14970&p_ploc=1&pg=4&p_tac=&ti=25&pt=1&ch=157&rl=14](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=P&p_rloc=182740&p_tloc=14970&p_ploc=1&pg=4&p_tac=&ti=25&pt=1&ch=157&rl=14)
7. Texas Administrative Code, Title 25, Part 1, Chapter 157, Subchapter B, Rule 157.14. *Requirements for a First Responder Organization*. Amended February 12, 2017. Accessed June 23, 2023. [https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=182741&p_tloc=14832&p_ploc=1&pg=7&p_tac=&ti=25&pt=1&ch=157&rl=14](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=182741&p_tloc=14832&p_ploc=1&pg=7&p_tac=&ti=25&pt=1&ch=157&rl=14)
8. Texas Administrative Code, Title 22, Part 9, Chapter 197. *Emergency Medical Service*. Accessed June 23, 2023. [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=4&ti=22&pt=9&ch=197&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=22&pt=9&ch=197&rl=Y)
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10. Texas Transportation Code, Title 7, Subtitle C, Chapter 547, Subchapter A, Rule 547.702. *Additional Equipment Requirements for Authorized Emergency Vehicles*. Accessed July 13, 2023. <https://statutes.capitol.texas.gov/Docs/TN/htm/TN.547.htm>
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12. International Association of Fire Fighters, Department of Homeland Security, & United States Fire Administration. *Best Practices for Emergency Vehicle and Roadway Operations Safety in the Emergency Services*. International Association of Fire Fighters. 2010. Accessed June 21, 2023. https://www.iaff.org/wp-content/uploads/EVSP/PDF_and_PP/Best-Practices.pdf

SETRAC Regional Medical Treatment and Transport Guidelines for HB624



*These guidelines are strictly for firefighter personnel which is defined in HB624 as:
Per Section 773.0043, Health and Safety Code, firefighter means an individual who is defined as
fire protection personnel under Section 419.021, Government Code; or an individual who is a
volunteer fire fighter certified by the Texas Commission on Fire Protection or the State
Firefighters' and Fire Marshals' Association of Texas.*

FIRE DEPARTMENT (FD) PERSONNEL IS ON LOCATION AND IS CONCERNED THAT PATIENT NEEDS EMERGENT TRANSPORT AND AN EMERGENCY MEDICAL SERVICES (EMS) TRANSPORT UNIT IS NOT IMMEDIATELY AVAILABLE (e.g., Primary Response Agency, Mutual Aid, Air Medical)

FIRE PERSONNEL COMMUNICATES DIRECTLY WITH INCOMING EMS UNIT, INCLUDES REPORT ON PATIENT CONDITION, AND DETERMINES EMS ETA TO LOCATION

IF FIRE DEPARTMENT IS A RECOGNIZED FIRST RESPONDER ORGANIZATION (FRO)

IF FIRE DEPARTMENT IS **NOT** A RECOGNIZED FIRST RESPONDER ORGANIZATION (FRO)

FIRE PERSONNEL FOLLOWS THE FRO MEDICAL DIRECTOR'S PROTOCOLS ON TRANSPORT VS. NO TRANSPORT

FIRE PERSONNEL FOLLOWS FD POLICY ON TRANSPORT VS. NO TRANSPORT *

FD TRANSPORTS**

FD DOES NOT TRANSPORT

PATIENT WAITS FOR EMS ON SCENE WITH FD PROVIDING CARE AT PROVIDER LEVEL

FD DOES NOT TRANSPORT

FD TRANSPORTS**

FIRE PERSONNEL FOLLOWS FRO MEDICAL DIRECTOR'S PROTOCOLS AND GUIDELINES FOR TREATMENT, TRANSPORT DESTINATION DECISION, AND POSSIBLE EMS INTERCEPT

PROVIDE NATIONAL STANDARD FIRST AID

INTERCEPT WITH INCOMING EMS UNIT AND PROVIDE ORAL REPORT TO EMS

IF INTERCEPT IS NOT POSSIBLE, OR TIME TO HOSPITAL IS LESS THAN TIME TO INTERCEPT **THEN**

TRANSPORT TO CLOSEST HOSPITAL AND NOTIFY RECEIVING HOSPITAL VIA PHONE OR DISPATCH OF INCOMING APPARATUS AND PROVIDE A WRITTEN REPORT TO EMS PROVIDER***

* The fire department (FD) policy should be developed in collaboration with the local EMS transporting agency as well as their medical director.

** Immediate life-threatening injuries should still be treated on scene.

***The fire department shall document and provide a written report to the responsible EMS Agency AND to the receiving hospital no later than 24 hours from the dispatched time. The report should include at a minimum:

- Patient name and date of birth
- Dispatched address
- Patient's condition upon arrival at the scene
- Patient's vital signs, symptoms, and treatment
- Receiving hospital name
- Run times:
 - o Dispatched time
 - o On-scene time
 - o At patient time
 - o ETA of EMS that was given by EMS
 - o Transport time
 - o At hospital time
- Summary of events
- The identification of the staff transporting the patient

The SETRAC Regional Documentation Report for HB624 should be sent by the firefighter to the responsible EMS agency, AND to the receiving hospital no later than 24 hours from the dispatched time. The responsible EMS agency should submit this to the SETRAC Chief Executive Officer within 72 hours of the dispatched time as stated in the SETRAC Regional Guidance Document for HB624.



SETRAC Regional Documentation Report for HB624

This documentation report should be used by firefighters (as identified in HB624) who do not have access to an electronic medical record, to report the transportation of a patient in a fire apparatus/vehicle other than an EMS transporting unit. The transporting fire department should complete and submit this form to the responsible local EMS agency AND to the receiving hospital within 24 hours of dispatched time of the call. The local responsible EMS agency should submit the completed form to Southeast Texas Regional Advisory Council's Chief Executive Officer no later than 72 hours from the dispatched time of the call.

Patient Name:

Transporting Fire Agency:

Date of Birth: / /

Local EMS Provider:

Dispatched Address:

Receiving Hospital:

Patients Condition Upon Arrival on Scene:

Vital Signs: *Please document all vital signs that were obtained.*

Symptoms/Treatment: *Please document the symptoms of the patient and treatment provided by fire crew on-scene and during transport.*

Identification of staff: *Please name all crew members who were involved in transporting the patient to the hospital.*

Person Completing Form: *Please provide any EMS certification level if applicable.*

Print Name: _____

Signature: _____

Date: _____

EMS Certification Level (if any): _____