



## Ambulance License Application Form

Enclosed are instructions and forms to apply for a new ambulance service license or to change a current level of service in the State of Minnesota.

**If you are seeking one of the following services, contact your EMS Specialist, and proceed no further with this application:**

- Transfer of ownership of a license
- Any changes to the Primary Service Area
- Relocation of the base of operations

For technical assistance in completing this application, please contact the appropriate EMS Specialist from the Office of Emergency Medical Services staff personnel list. OEMS staff can be reached at [info.oems@state.mn.us](mailto:info.oems@state.mn.us) or by calling 651-201-2800.

All application materials and applicable fees must be mailed to:

Office of Emergency Medical Services  
335 Randolph Ave  
Saint Paul, MN 55102

An application received by the OEMS is reviewed initially for completeness by staff. The application is considered complete when all information and documentation has been received as required by Minnesota Statute and Administrative Rule governing ambulance operations in Minnesota. Official notice will be published in the ***Minnesota State Register*** and appropriate newspapers as required by statute. The applicant will be billed for all notices published. The OEMS will forward copies of the **Notice of Completed Application and, if applicable, Notice of Order for Hearing** to appropriate agencies as required by statute.

Carefully review Minnesota Statutes, Section 144E.11, wherein the requirements and process for ambulance license applications are described.

Enclosures:

- Fee Statement
- Instructions and Application: Part I
- Instructions and Application: Part II
- Primary Service Area Requirements
- OEMS Staff Directory

## **Minnesota Ambulance Service License Application Fee Statement**

The initial application fee for a license to operate an ambulance service or to offer a new type of ambulance service is **\$150.00**.

The fee must accompany the enclosed application.

Attach a check or money order made payable to "Treasurer, State of Minnesota" to this application.

Upon approval of a new license, an additional fee for each vehicle will be assessed.

***Applications must have payment submitted to be considered COMPLETE.***

# Minnesota Ambulance Service License Application Instructions: Part I

Provide all information requested by this application form, making sure to sign the last page. Incomplete applications will be returned. The review and decision by the Office of Emergency Medical Services (OEMS) will be made based on information provided in this application. If you have questions regarding this application form, please contact OEMS staff for assistance.

## 1. Service Name and Information

- The service name must be the public business name.
  - This will be the name visible to the public on the issued license and ambulance vehicles.
- All correspondence from the OEMS will be mailed to the provided mailing address.
- *Manager* – This is the person to contact at the business phone number. This person must be familiar with the general management and operation of the entire service.

## 2. Contact Information

- Provide the business phone number and fax number (if applicable) of management during normal business hours. Provide an alternate phone number if necessary, and pager number (optional.) Include area codes with all numbers. Please include an email for service management. The OEMS uses email for important communications.

## 3. Base of Operations

- Provide the street address for the base of operation. This must **not** be a post office box number.

## 4. Type of Service

- Check the type of service for the proposed license.
- A Minnesota based and licensed ambulance service must apply for a new license to provide a new type of service (e.g., to change type of service from basic to advanced life support, etc.).

## 5. Type of Operation

- Check the type of operation that best describes who is, or will, be responsible for operating this ambulance service. Check one box only.

## 6. Volunteer Status

- Check the box that describes the volunteer status of the employees. A volunteer ambulance attendant is defined as a person making less than \$6000 per year from their services on the ambulance and whose livelihood does not depend on the volunteer pay. "Mix Paid/Volunteer" includes a service with at least one person paid along with volunteers.

## 7. Ownership

- Provide the name of the person, partnership, association, corporation, or unit of government applying for this ambulance license. If this entity is incorporated within the State of Minnesota, give the official corporate name.
- Provide the address to direct correspondence specifically for the owner of the service. (e.g., city, government offices, corporation, etc.).
- Check the appropriate box that describes the legal status of the applicant identified as the owner. (e.g., a city fire department would check "city").

## 8. Substations

- List locations (if applicable) that are distinct from the base of operation and from which additional vehicles, personnel and equipment will operate. These must also be a street address, not a PO box number.

## 9. Medical Director(s)

An ambulance service is required to have a Minnesota licensed physician medical director.

- Provide the name, address, phone number, and email of the physician medical director(s) with whom the service has a written agreement to provide medical direction. The agreement with the Medical Director must include statements that the physician will:
  - Approve standards for training and orientation of personnel.
  - Approve standards on upgrading and purchasing equipment.
  - Establish all standing orders for the provision of adult and pediatric patient care.
  - Establish triage, treatment, and transportation protocols for adult and pediatric patients.
  - Participate in the development of an internal quality assurance program.
  - Establish written procedures for administration of medications.
  - Assure annual skill verification of ambulance personnel.
- If applying for license as an advanced or advanced-specialized ambulance service, submit with this application a copy of all appropriate documentation including standing orders, contract for services, and a statement from the physician medical director stating in detail precisely what equipment will be carried on licensed vehicles. Copies of these documents must be maintained in a license file with other required documentation. It is necessary to require copies of this documentation to assure adequate

information for the OEMS review of initial license of advanced service. All such statements must be maintained in the licensee's files for inspection by the OEMS EMS Specialist after a license is issued.

- State whether the physician(s) has been trained in Advanced Cardiac Life Support and/or Advanced Trauma Life Support.
- State whether the medical director volunteers his/her services.

## **10. Affiliated Medical Institution/Base Hospital**

- If the ambulance service is affiliated with a medical institution / base hospital provide the name, address, phone number, email, and administrator's name for the affiliated medical institution.

## **11. Mutual Aid Agreements**

- Ambulance services must provide documentation of one local mutual aid agreement (Minnesota Statute 144E.101 Subd. 12(a). It is suggested, but not required, that a mutual aid agreement be established with at least one "advanced" ambulance service, if possible, for possible intercept and for potential disaster situations.
- Provide the name, EMS #, and location of the base of operation for at least one neighboring service (Minnesota-licensed), with a written agreement to provide back-up coverage. This back up coverage agreement is required. Copies of these agreements must be submitted with the application.
- If the applicant / service has any pre-arranged mutual aid agreements allowed under 144E.101 Subd. 12(b) (commonly known as 12/24-hour agreements), copies of those agreements must be submitted with the application.

## **12. Response Times**

- Estimate the maximum response time at maximum allowable speeds to the most distant part of the proposed primary service area (MR 4690.3400.) The initial designation of a primary service area is based in part on the anticipated maximum response time to the most distant boundary. Provide as an estimate of the average response times for all runs.
- If this application is for "specialized" license, specify travel times within the requested PSA. If travel times are not applicable (e.g., fixed wing aircraft or helicopters), enter not applicable.

## **13. Population to be Served**

- Provide up-to-date census information for persons residing within the boundaries of the requested primary service area and an estimate of the number of visitors to the area on an annual basis. The EMS regional program or community health service agency may be of assistance in providing this information.

## 14. Utilization

- Estimate the number of each type of run anticipated by the proposed service in the next 12-month period.
- If applying for an advanced license, estimate each type of run even if all calls will have advanced response.
- Specialized advanced or specialized basic transports are made according to a pre-arranged schedule (patient transfers during which care was offered or provided).

## 15. Revenue and Cash Contributions

If exact financial data is not available, estimate as accurately as possible. Current license holders applying for a different level of service must provide financial projections for the new type of service, not the current level of service.

- Estimate the total operating revenues from each of the following sources during the next twelve-month period:

**Annual from operations:** include patient fees for services and third-party payments from all sources of insurance, including public, private, and self-pay.

**Annual non-operating revenue:** include all revenues received which are not directly related to the provision of a specific service to a particular individual. Revenues include grants, gifts, donations, subsidies, reimbursement for volunteer training, contracts, interest payments.

## 16. Revenue Sources

- Estimate of the percentage of revenue from the various sources that will be used to operate the service. Use whole numbers only.

## 17. Non-Cash Contribution

- State, regional, and local planning efforts can be enhanced if officials are aware that the public is contributing to ambulance services. The estimated cash value of donated contributions to the proposed service are reported here. Do not include contributions or costs already included in item 16.

**Volunteer staffing:** If the service will be staffed by volunteers, use at least the minimum wage multiplied by the number of hours volunteer staff is on active call. By law, a licensee must always have at least two persons available. Also include donated time for training, medical direction, and administration.

**Equipment, vehicles, facilities, space:** If the service will pay no rent for its use of a base of operation or substation, include an estimate of the value of this space from the donating source (city, hospital, etc.). Provide estimates of other non-cash contributions to the service for major items of equipment (radios, pagers, defibrillator, etc.) and vehicles received during the first year of service.

**Other Contributions:** Provide the estimated value of donated supplies, publicity, insurance, and other contributions for which no cash is received.

## 18. Average Patient Charges

- Provide average patient charges for each type of service listed. Standard charges are acceptable provided it is a meaningful estimate of the average charge made per patient. If charges vary dependent on type of service provided, estimate the average charge per patient for each type of service listed and explain fully on an attached sheet.
- Use definitions for the three categories of service described in number 14 above. If uniform charges are made regardless of the type of service provided, the average charge will be the same for each category of service provided. If more convenient, attach a standard charge sheet for the service.

## 19. Expenses

- Provide total estimated annual operating expenses in each of the following categories:

**Personnel:** Includes all employee salaries, fringe benefits and training costs. This also includes nominal stipends paid to volunteers.

**Capital Related:** Includes depreciation computed for the purchase of reusable equipment (ambulances, radio, pagers), the cost of purchasing, renting, and improving buildings, interest expense on capital-related items, etc.

**Estimated Uncollectible Accounts:** Includes losses from service charges which were uncollectible, due to bad debts or lack of third-party reimbursement.

**Vehicle Operations:** Gasoline, repairs, tires, licenses, etc.

**All other expenses:** Includes non-vehicle license fees, insurance, equipment maintenance and repairs, consumable supplies, rent payments, taxes, etc.

## 20. Method of Accounting

- Indicate the method of accounting used by the service.

## 21. Personnel

- Provide the name and phone numbers of individuals responsible for the following:
  - **On-Site Inspection:** A person available during the day that can be located for an on-site inspection of the service by an OEMS representative.
  - **Training:** A person responsible for maintaining current ambulance personnel training records.

## **22. Radio Communications**

Pursuant to 144E.103 Subd. 5 ambulance services are required to have a two-way radio capable of communicating with the licensee's communications base and all points in the licensee's primary service area (MR 4690.2000.)

## **23. Current Personnel Roster**

- Provide the number of attendants and drivers on the service roster who possess current registration / certification at one of the stated levels of training.
- Provide a copy of a current roster including the name and certification level (Minnesota EMR, EMT, AEMT or Paramedic) card # and the expiration date of the card. If qualified personnel have not yet been identified, provide a plan for hiring or training personnel. A roster form is provided for completion, or you may attach a separate roster containing the applicable information.

## **24. Vehicles**

- List each vehicle to be licensed as an ambulance. If vehicle(s) have not been acquired, list the specifications proposed for vehicles.

## **25. Certification of Accuracy**

- Sign the application or it will be considered incomplete and returned. OEMS staff will determine whether an ambulance license application is complete. The decision may be to accept an application or to request additional information.

## Application Requirements – Part II

A complete application must address each of the following four criteria found in Minnesota Statutes 144E.11, subdivision 6. Address each statutory requirement separately, attach the corresponding documentation, and record the attachment in the table provided at the end of the application.

### 1. Letters of Support

- **Statute:** The recommendations or comments of the governing bodies of the counties, municipalities, community health directors as defined under MS 145A.09 Subd. 2, and emergency medical services system designated under MS 144E.50, in which this service would be provided.
  - **Explanation:** Submit written recommendations or comments in support of this application from the governing bodies of the counties, municipalities, community health directors and emergency medical services systems in which this service will be provided. Letters of support can be submitted as part of the application or directly to the OEMS. Please note that for purposes of license application review by the OEMS, only official letters from governing bodies of counties, municipalities, community health directors, and regional emergency medical services systems (144E.50) meet this statutory requirement.

### 2. Deleterious Effects on the Public Health Caused by Duplication of Service

- **Statute:** The deleterious effects on the public health from duplication, if any, of ambulance service that would result from granting this license (MS 144E.11 Subd. 6(2)).
  - **Explanation:** List providers of ambulance service whose state-designated PSA overlaps with your proposed PSA. Document fully how duplication of service will be a positive benefit for providers and consumers in the PSA requested.
- If other providers do not comment on / or object to the application, the applicant has the duty of demonstrating that the duplication in service will not create deleterious competition.

### 3. Effect on Public Health

- **Statute:** The estimated effect of the proposed service, or expansion in PSA on the public health.
  - **Explanation:** Document fully how the proposed new service or proposed change in license will:
    - benefit in a positive way the health status (mortality, morbidity) of the population to be served.
    - affect any specific health problems of the population to be served.
    - provide a more positive public health benefit in the proposed or current PSA than is now available.

### 4. Costs Associated with Change in Service

- **Statute:** Whether any benefit accruing to the public health would outweigh the costs associated with the proposed service, or expansion in primary service area.

- **Explanation:** Describe how the benefits of the proposed new service or change in license outweigh the cost of providing the service. Provide any documentation that clarifies costs associated with a proposed licensing upgrade.

## Requirements for Primary Service Area Description

The OEMS has the duty to examine each application from an EMS system-wide perspective. The OEMS must determine whether granting a new or upgraded license is in the best interest of the public health based upon the evidence contained in the record, and other applicable evidence including various court decisions that have been interpreted and applied to the ambulance licensing law.

Minnesota Rules, part 4690.3400 describes the requirements for initial designation of a PSA. Describe your **proposed** PSA using the township and range number (i.e., T110NR24W), or if not changing a current state designated PSA, submit a copy of your current PSA as part of the application. If providing a description, use **whole sections** within townships in your PSA. **Do not** use popular township names or describe partial sections within townships. Also, submission of a map showing PSA boundaries would be helpful. Mark on the map the base of operation location with a B and any substation locations with an S.

Neighboring services wishing to clarify existing overlapping PSAs or engage in a process to redefine existing PSA boundaries should contact an EMS Specialist to begin the Summary Approval process outlined in MS 144E.07, and do **NOT** proceed with this application.

## Required Criteria for a Specialized Ambulance Service License Application

A prospective licensee must obtain a license to provide a new type or types of service (Minnesota Statutes 144E). An application must be completed on a form provided by the OEMS. This application form is part of this packet.

- **OEMS Application Form - Part I:** Application form Part I is described above, but special attention must be made to the following required documentation:

**Agreement with Medical Director.** This agreement must include statements that the physician will:

- Approve standards for training and orientation of personnel.
- Approve standards for purchasing equipment and supplies that impact patient care.
- Establish all standing orders for the provision of adult and pediatric patient care.
- Approving written triage, treatment, and transportation guidelines for adult and pediatric patients.
- Participate in the development of an internal quality improvement program.
- Provide written procedures for the administration of medications.
- Assure an annual skills verification of each person on the roster. (MS 144E.265)

A medical director's agreement is required even if an arrangement has been made to have nurses or physician assistants from the hospital provide staffing for interfacility transports.

**Protocols:** Protocols (adult and pediatric) must be submitted as part of the application. For advanced services these protocols must include a list of narcotics that have been approved for use in the ambulance, and the policy for disposal and storage.

**Mutual Aid Agreements:** Mutual Aid Agreements are typically not required of specialized services, but it is recommended that an agreement with another licensed service be available for back-up in case of service unavailability or a disaster situation.

**Personnel Roster:** If available a roster must be submitted. If qualified personnel have not yet been identified, provide a plan for hiring or training personnel. Personnel identified on the roster must meet requirements of MS 144E.101 subdivision 11. If personnel are not EMTs and / or Paramedics, documentation must be submitted that indicates that all attendants are trained to use all the equipment in the ambulance.

**Schedule of Services.** A specialized license is one that provides basic or advanced ambulance services and is different from an "emergency" basic or advanced ambulance service in that it restricts its operation to specific hours of the day (it may identify daytime operations only), specific segments of the population (such as transfers from one health care facility to another or services by air), or certain types of medical conditions (cardiac care services, neo-natal services). The most common type of specialized service is for advanced specialized ambulance service that provides inter-facility transfers beginning from a designated health care facility. A schedule of operations must be submitted with the application that details any provision of care that does not fall under the normal standard of care provided by an emergency ambulance provider. A schedule may include, but is not limited to:

- the use of registered nurses rather than EMTs or paramedics as attendants. (If using nurses from the hospital, a copy of the agreement between the ambulance service and hospital should be submitted)
- use of prepackaged equipment
- neo-natal services only.

Any provision of the rules may be waived or changed as part of a schedule. To request a waiver or variance to any part of the MN Rules 4690, the applicant must explain how the proposed change will benefit the public health.

- **OEMS Application Form - Part II:** Part II of the license application requires that four specific criteria in MS 144E be addressed. These criteria are a very important part of the application process and are used by the OEMS to make a final decision.
- **Complete Application / Decision from the OEMS.** The OEMS will decide on whether the ambulance license application is complete and begin the public review process. After it is determined that an application is complete, the public review process usually takes from two to four months, including the

OEMS final decision. This assumes a “non-controversial” public process. If a decision to approve the license is made, a successful inspection must occur prior to beginning the operation of the service.

## Part I - Application for License to Operate an Ambulance Service in Minnesota

*Check all that apply:*

<input type="checkbox"/> INITIAL LICENSE (Any level)	<input type="checkbox"/> RELOCATION OF BASE OF OPERATIONS TO NEW MUNICIAPLITY OR TOWNSHIP (if required under MS 144E.15)
<input checked="" type="checkbox"/> CHANGE IN TYPE OF SERVICE (BLS to ALS or ALS to Part-time ALS)	<input type="checkbox"/> EXPANSION OF PSA

### 1. Service Name

Service Name <u>Lake Crystal Area Ambulance Service</u>		
Business Address <u>100 E. Robinson St. PO Box 86</u>		
City <u>Lake Crystal</u>	State <u>MN</u>	Zip <u>56055</u>
Manager <u>Rhonda Truman-Ingebritson</u>		

### 2. Phone Numbers

Daytime <u>507-726-2440</u>
Alternate / Pager <u>507-381-4106</u>
Fax <u>507-726-2012</u>
Email <u>lcambulance@lakecrystalmn.org</u>

### 3. Base of Operation

Address or location <u>181 S. Hunt St.</u>		
City <u>Lake Crystal</u>	State <u>MN</u>	Zip <u>56055</u>
County <u>Blue Earth</u>		

### 4. Type of license(s) being requested

<input type="checkbox"/> Basic Ambulance	<input type="checkbox"/> Advanced Ambulance
<input type="checkbox"/> Basic Ambulance Specialized	<input type="checkbox"/> Advanced Ambulance Specialized
<input type="checkbox"/> Basic Ambulance Specialized (Air)	<input type="checkbox"/> Advanced Ambulance Specialized (Air)
<input checked="" type="checkbox"/> Part-time Advanced Ambulance	

### 5. Type of Operation

<input type="checkbox"/> Fire	<input type="checkbox"/> Police	<input checked="" type="checkbox"/> Other Public Service
<input type="checkbox"/> Hospital	<input type="checkbox"/> Private	<input type="checkbox"/> Other

## 6. Volunteer Status

All Volunteer<sup>1</sup>

Mix Paid/Volunteer

All Paid

## 7. Ownership

Owner Name City of Lake Crystal			
Business Address 100 E Robinson ST. PO Box 86			
City Lake Crystal	State MN	Zip 56055	Phone 507-726-2538
Owner Email cityadmin@lakecrystalmn.org			

### Ownership Type

<input type="checkbox"/> County	<input type="checkbox"/> U.S. PHS	<input type="checkbox"/> Other Nonprofit
<input type="checkbox"/> City	<input type="checkbox"/> Federal	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> City/County	<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> For Profit Corporation
<input type="checkbox"/> Hospital	<input type="checkbox"/> Individual	<input type="checkbox"/> Tribe

*License Owned by a Licensed Health Care Facility*

Yes

No

## 8. Substations

List substation location(s) where vehicles, personnel or equipment will be located (substations must be within the primary service area.)

Address or location			
City	State	Zip	County

Address or location			
City	State	Zip	County

Address or location			
City	State	Zip	County

<sup>1</sup> Volunteer ambulance attendant is defined as a person making less than \$6,000 per year from their services to the ambulance and whose livelihood does not depend on the volunteer pay.

## 9. Medical Directors

Physician's Name <b>Sarah Dryden</b>		
Address <b>121 Drew Ave</b>		
City <b>Madelia</b>	State <b>MN</b>	Zip <b>56062</b>
Email <b>modsar@gmail.com</b>	Phone <b>507-624-3255</b>	

**Has the physician been trained in Advanced Cardiac Life Support?**  Yes  No

**Has the physician been trained in Advanced Trauma Life Support?**  Yes  No

**Does the physician volunteer their services as medical director?**  Yes  No

## 10. Affiliated Medical Institution/Base Hospital (if any)

Institution Name and Address <b>Madelia Health</b>		
City <b>Madelia</b>	State <b>MN</b>	Zip <b>56062</b>
Hospital Administrator <b>Dave Walz</b>		
Email <b>Dwalz@madeliahealth.org</b>	Phone <b>507-624-3255</b>	

## 11. Mutual Aid

List current written agreements with Minnesota licensed service(s) to provide back-up coverage for ambulance service. Submit a copy of each agreement submitted with this application.<sup>2</sup>

Mutual Aid Service <b>Madelia Health</b>		EMS Number <b>2056/0143</b>
City <b>Madelia</b>	State <b>MN</b>	Zip <b>56062</b>

Mutual Aid Service <b>Mayo Clinic Health Systems</b>		EMS Number <b>0146</b>
City <b>Manakto</b>	State <b>MN</b>	Zip <b>56001</b>

Mutual Aid Service		EMS Number
City	State	Zip

<sup>2</sup> Agreement must be current, signed, and reviewed at least every 24 months. Attach additional sheets if necessary.

## 12. Response Times

Estimate the maximum and average response times from the base of operations or substation(s) to the most distant point within your primary service area.

**Maximum Response Time**

28
8

**Minutes (most distant point)**

**Average Response Time**

**Minutes**

List the maximum distance from your base of operations or substation to the most distant point in your primary service area:

23
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**Miles**

## 13. Population to be Served

Provide the estimated population of residents and visitors in your primary service area (scheduled services need not answer).

**Residents**

5-7,000
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**Visitors**

2,000
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## 14. Utilization

Provide estimates for each type of ambulance run anticipated in the next twelve months.

**Basic Runs**

500
0
0
0

**Basic Specialized Runs**

**Advanced Runs**

**Advanced Specialized Runs**

**Total Runs (All Types)**

500
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## 15. Revenue and Cash Contributions

Estimate the total operating revenue from all sources for the 12 months:

**Annual from operations (fees for services, third party payment, etc.)**

\$168,118	.00
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**Annual non-operating revenues (subsidies, gifts, grants, contracts, interest, etc.)**

\$315,160	.00
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**Total Revenue and Cash Contributions**

\$483,278	.00
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## 16. Revenue Sources

Estimate the approximate percentage of revenue and cash contributions received from each of the following sources (these should total 100%). Round to the nearest **whole** percentage.

**Third party payment (Medicare, Medicaid, Private Insurance)**

33	%
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**Patient charges (direct payment method)**

2	%
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**Community Health Service subsidy**

0	%
---	---

**Other public subsidy or grant**

22	%
----	---

**Private grants, personal gifts**

1	%
---	---

**Training reimbursement**

1	%
---	---

**Other – specify**

41	%
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<b>Total</b>	100	%
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## 17. Non-Cash Contributions

Estimate the financial value of in-kind contributions for the next 12 months:

**Volunteer staffing (including medical director)**

0	.00
---	-----

**Equipment, vehicles, facilities, space**

0	.00
---	-----

**Other contributions (supplies, publicity, insurance, etc.)**

0	.00
---	-----

<b>Total Annual Contributions</b>	0	.00
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## 18. Average Patient Charges

Provide the expected patient charge for the first 12 months of service:

**ALS average patient charge (including scheduled)**

\$1637	.00
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**BLS average patient charge (including scheduled)**

\$1047	.00
--------	-----

**Special transportation average patient charge (non-medical)**

0	.00
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## 19. Expenses

Provide estimated annual operating expenses for the next 12 months at the level of service specified by this application:

**Personnel (salary and fringe)**

\$460,000	.00
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**Capital-related (depreciation, interest on loans, etc.)**

\$32,720	.00
----------	-----

**Estimated uncollectible accounts**

\$70,000	.00
----------	-----

**Vehicle operations**

\$8,200	.00
---------	-----

**All other expenses**

\$22,600	.00
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<b>Total Annual Expenses</b>	\$592,520	.00
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## 20. Method of Accounting

Accrual

Cash

Other, specify \_\_\_\_\_

## 21. Personnel

Provide the names and telephone number for individuals responsible for the following:

### On-site Inspection by the OEMS:

Name	OEMS #	Phone
Rhonda Truman-Ingebritson	969860	507-381-4106
Email		Mobile
lcambulance@lakecrystalmn.org		507-381-4106

### Training and Continuing Education for Personnel:

Name	OEMS #	Phone
Caitlin Griffin	958051	507-995-5892
Email		Mobile
lcas.assistchief@gmail.com		507-995-5892

## 22. Radio Communications

RTI	Initial here attesting that vehicles are equipped with 2-way communication devices in accordance with MR 4690.2000.
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## 23. Personnel Roster

List the number of personnel on the service roster with current registration / certification at the following levels. List the highest level for each employee.

	Volunteer <sup>3</sup>	Paid
Emergency Medical Technician	12	2
Advanced Emergency Medical Technician		
Paramedic	1	
Emergency Medical Responder	7	
Other (RN, MD, PA)		
<b>Total number active on roster</b>	<b>20</b>	<b>2</b>

<sup>3</sup> Volunteer ambulance attendant is defined as a person making less than \$6,000 per year from their services to the ambulance and whose livelihood does not depend on the volunteer pay.

## Current Active Roster

The current active roster must include the full name, current certification / registration level, Minnesota OEMS number, and expiration date for each member of the service. All active personnel with an expired registration / certification are NOT able to work on an ambulance; there is no grace period for persons on the active roster for a licensed ambulance service. ***Do not submit copies of cards with this roster.***

## 24. Vehicles

List current or expected vehicle(s) to operate the proposed service. Add additional rows or pages as needed.

VIN #	Year	Make	Model	Unit #	Box Manufacturer	Chassis Remount (Y/N)
IFDX4FSXKDC31656	2019	FORD	E450	4660	HORTON	N

- **VIN #**
- **Year:** year vehicle was manufactured
- **Make:** make of the vehicle (e.g., Chevrolet, Ford, etc.)
- **Model:** Chassis model (E350, ProMax 2500, etc.). If other than ground vehicle, list type (fixed wing, rotor wing, etc.)
- **Unit #:** unit number assigned to vehicle by the ambulance service.
- **Box Manufacturer:** maker of the patient compartment
- **Chassis Remount:** Yes or No

## 25. Attestation

I attest that the information contained in this application and its attachments is true and correct to the best of my knowledge.



11/30/2025

Signature of company officer or legally authorized official

Date

AMBULANCE DIRECTOR

507-381-4106

Title

Phone

## Required Documentation

Attachments listed must be submitted with any application for a new service. Attachments may vary depending upon the specific application and type of service. The application process will not begin until the application is complete. Allow an ample amount of time for the entire license process to be completed. Use the following checklist to ensure you have attached the required documentation. Please list ALL attachments in the table below.

- Medical Direction Agreements**
- Guidelines / Protocols for Adult and Pediatric Patients**
- Mutual Aid Agreements**
- Personnel Roster**
- Application Part II documents**
- Completed Table of Attachments**

## Attachments

Add rows to table as needed.

Number	Name
PG 23-25	OEMS LICENSING APPLICATION
PG 26-28	MADELIA HEALTH/LAKE CRYSTAL MUTUAL AID AGREEMENT
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PG 34-152	MEDICAL GUIDELINES - DR DRYDEN
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PG 154	MEDICAL DIRECTOR DESIGNEE
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PG 156-157	LAKE CRYSTAL AMBULANCE ROSTER- NOVEMBER 2025



# Lake Crystal Area Ambulance Service

## Service Area Coverage

Between

**Lake Crystal Area Ambulance Service**

And

**Madelia Health Ambulance Service**

### **Purpose:**

The purpose of this agreement is to identify and record the willingness of the above listed organizations to mutually assist each other during period of scheduling difficulties when one of the services signatories to the agreement is unable to staff a legal crew configured to adhere to Minnesota Statute 144E.

### **Service Fees:**

Services agree and understand there will be no bill sent by the service covering the other service's primary service area under this agreement. Each service agrees to be responsible for the billing directly those patient(s) who are transported as result of providing service area coverage. Usual and customary charges will apply. It shall be the responsibility of the transporting agency to collect reimbursement for patient transport services rendered.

### **Liability Coverage:**

Each service agrees to provide and maintain its own appropriate liability, auto, workers compensation and professional malpractice insurance in amounts that, at a minimum, are equal to those that are required by law and state licensure.

1. For the purpose of the Minnesota Municipal Tort Liability Act (Minn. Stat. 466), the employees and officers of the responding party are deemed to be employees (as defined in Minn. Stat 466-01. Subdivision 6) of the requesting party.
2. The requesting party agrees to defend and indemnify the responding party against any claims brought by actions filed against the responding party or of any officer, employee, or volunteer of the responding party for injury to, death of, damage to the property of any third request for assistance by the requesting party pursuant of this agreement.
3. No party to this agreement nor any officer of any party shall be liable to any other party or to any other person for failure of any part to furnish assistance to any other party.

# Lake Crystal Area Ambulance Service

## Communications

Communications between ambulances and their Communication Center(s) will take place on their customary dispatch channels.

## Process

1. If one service identifies gaps in the duty schedule, the service needing coverage assistance will contact the other service signatory to this agreement by the end of business office hours on the day prior to the day when coverage is needed. In the event scheduling assistance is needed throughout the weekend, notification will be made by the end of business office hours on the Friday preceding the weekend.
2. Notification will be made via email. Emails will be sent to the designated person(s) of the service being requested for coverage at and address agreeable to both services. A confirmation email will be required to verify the service being requested for coverage can indeed facilitate this request. Copies of these emails will be retained for verification of this coverage. In the event email is not available, efforts will be made to contact the service representative via phone. Records will be obtained when emails are available.
3. A process of notification of the County, City or private Public Safety Answering Point (PSAP) when the licensed ambulance service for the primary area will not be providing continual service.
  - a. Additional notifications of: City, County, Townships, EMSRB, and other neighboring ambulance services, Emergency Medical Response Units, Fire Departments and Law Enforcement agencies in the primary service area.
  - b. These notifications will ensure that the appropriate ambulance is dispatched in a timely fashion and avoid unnecessary delays in patient response.
4. Services will assure maps of the service areas are readily available for all service areas covered under this agreement.
5. Location of where the agreeing ambulance service(s) will position ambulances and ambulance personnel to meet primary service area size and travel time provisions in Chapter 4690.3400 Subpart 3.
6. Services understand coverage is restricted to no more than 24 hours per day, limiting the requesting service to no more than 108 hours per calendar week. This translates to a total of 4.5 days per week. Although no days or times are specifically excluded, the intended days and times are Monday thru Friday 0800 through 2200 hours. For the purpose of this sections a calendar week is defined as Sunday through Saturday.
7. All Service Area Coverage and Mutual Aid Agreements are executed and signed by the owners of the licensed ambulance services and maintained in the licensee's files and have been appropriately forwarded to the EMSRB within 5 business days of being signed by all the parties.

# Lake Crystal Area Ambulance Service

If either party wishes to discontinue this agreement, the other party must be notified in writing 60 days in advance.



\_\_\_\_\_  
Madelia Ambulance Director

Date 1/31/2029



\_\_\_\_\_  
Lake Crystal Ambulance Director

Date 1/31/2024

## Mutual Aid Agreement

This **Mutual Aid Agreement** (the “**Agreement**”) is entered into as of Apr 30, 2024 (the “**Effective Date**”), by and between Lake Crystal Amb. Service, with primary offices located at Lake Crystal, MN (“**Service**”) and **Mayo Clinic Ambulance**, a Minnesota nonprofit corporation, with primary offices located at 200 1st Street SW, Rochester, Minnesota 55905 (“**Mayo**”).

**WHEREAS**, Service and Mayo acknowledge that either party may experience periods of ambulance system overload, certain natural disasters such as windstorms, floods, fires, hurricanes, earthquakes, etc., or other events may cause one or more facilities in a given geographic area to become non-operational or inaccessible for undetermined periods of time (collectively, “**Event(s)**”); and

**WHEREAS**, the parties agree that alternative resources during an Event may be needed to facilitate continuity of care, and mutual aid (“**Mutual Aid**”) may be required to accommodate the needs of patients.

**NOW, THEREFORE**, in consideration of the mutual covenants and promises contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the parties agree as follows:

**Section 1. Term**. Subject to the termination provisions set forth in this Agreement, the term of this Agreement shall begin on the Effective Date and shall continue for an initial term of one (1) year. Upon the expiration of the initial one-year term and upon each anniversary thereafter, this Agreement shall automatically renew on the same terms and conditions for additional renewal terms of one (1) year each, unless terminated earlier in accordance with the terms of this Agreement.

**Section 2. Preparedness & Communications**. Communications between the parties and their communication center(s) will take place on their customary dispatch channels. When an ambulance is requested for Mutual Aid, the requesting party may contact the other party’s dispatch center or public safety answering point.

**Section 3. Notification**. If an Event creates an immediate scarcity of resources that cannot be reasonably accommodated in a timely manner, either party may contact the other to inquire about the availability of ambulance response coverage.

**Section 4. Best Efforts**. If a request for Mutual Aid occurs, the requesting party commits to making best efforts to identify opportunities to safely expand or leverage existing capacity, and/or to launch reserve or surge capacity where it might exist. It is mutually agreed this Agreement is a good-faith statement of intent to make reciprocal best efforts to provide emergency response services to each other’s patients on an as-needed, as-available basis during an Event. The parties agree that Mutual Aid will not significantly jeopardize its ability to provide emergency response to its own community.

**Section 5. Resource Collaboration**. In the provision of Mutual Aid, both parties agree to contribute, to whatever extent is deemed reasonable, safe and practical, any resources each party can make available, including equipment, supplies, staff, etc.

**Section 6. Billing & Fees**. The transporting party shall have the sole right and responsibility to determine the fees for any provision of Mutual Aid, and to bill and collect from patients and their third party payors for all Mutual Aid rendered in connection with this Agreement. Unless specifically agreed to in advance by both parties, neither party has an expectation or obligation to share revenues or expenses associated with the provision of emergency response services.

**Section 7. Regulatory Reporting Requirements.** During a period of provision of Mutual Aid, both parties will adhere to all normal reporting requirements and other regulatory agencies as required by law.

**Section 8. Termination.** This Agreement shall immediately terminate upon the mutual written agreement of the parties. In addition, either party may terminate this Agreement upon thirty (30) days written notice to the other party.

**Section 9. Recordkeeping & Confidentiality of Medical Information.** Both parties will respect the confidentiality of patients. The parties agree to comply with the Health Insurance Portability and Accountability Act of 1996 as amended from time to time ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and the implementing regulations to ensure the integrity and confidentiality of Protected Health Information.

**Section 10. Independent Contractors.** In the performance of their respective tasks in the provision of Mutual Aid, it is mutually understood and agreed that the parties are at all times acting as independent contractors, and that neither shall have nor exercise any control or direction over the methods by which the other shall perform such tasks. No agency or employment relationship, partnership, joint venture or other business organization is created hereby.

**Section 11. Liability & Indemnification.** Each party assumes full legal liability for acts and omissions committed, by their respective employees acting in the course and scope of their job duties. To the extent permitted by law, each party further agrees to indemnify and hold harmless the other from any loss, claim, damages, expenses (including cost of defense), or litigation expenses determined to be caused by the indemnifying party's (or its employees acting in the course and scope of their job duties) own negligence.

**Section 12. Notice.** All notices required under this Agreement shall be in writing and shall be deemed to have been duly given if sent via certified mail, first class mail-postage prepaid, hand delivery, overnight courier or electronic mail, and properly addressed to the party at the party's last known address or any other address or electronic mail address that any party may designate by written notice to the other. Mailed notices shall be deemed to have been given at the time posted plus three business days.

**Section 13. Use of Name.** Neither party will use the names or trademarks of the other party in any news release, advertising, publicity, endorsement, promotion, or commercial communication unless Mayo has provided prior written consent for the particular use contemplated. All requests for approval pursuant to this Section must be submitted to the Mayo Clinic Business Relations Group, at the following E-mail address: BusinessRelations@mayo.edu at least 7 business days prior to the date on which a response is needed.

**Section 14. Governing Law.** This Agreement and the rights and obligations of the parties hereunder shall be governed by the laws of the State of Minnesota, except that no Minnesota conflicts of law or choice of law provision shall apply to this Agreement.

**Section 15. Not Exclusive.** This Agreement is not intended to be exclusive as to either party. Service may provide or receive similar or identical Mutual Aid to any other entity, and Mayo may provide or receive similar or identical Mutual Aid from any other entity.

**Section 16. No Third Party Beneficiaries.** Nothing in this Agreement, express or implied, is intended to confer upon any other person any rights or remedies of any nature whatsoever under or by reason of this Agreement, except as otherwise expressly provided herein.

**Section 17. Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party; provided, that either party may assign this Agreement without the prior written consent of the other party to an affiliate or other entity that controls, is controlled by or is under common control with such party. Any

purported assignment in violation of this clause is void. Such written consent, if given, shall not in any manner relieve the assignor from liability for the performance of this Agreement by its assignee.

**Section 18. Entire Agreement; Amendment.** This Agreement constitutes the entire agreement between the parties with respect to its subject matter and supersedes all past and contemporaneous agreements, promises, and understandings, whether oral or written, between the parties. This Agreement may be amended only in a writing signed by each of the parties. This Agreement shall be binding upon and inure to the benefit of each party, its successors and assigns.

**Section 19. Waiver.** The failure of either party to complain of any default by the other party or to enforce any of such party's rights, no matter how long such failure may continue, will not constitute a waiver of the party's rights under this Agreement. No waiver of any provision of this Agreement shall constitute a waiver of any other provision or a waiver of the same provision at any later time.

**Section 20. Severability; Counterparts.** In the event any part or parts of this Agreement are held to be invalid or unenforceable, the remainder of this Agreement shall remain in full force and effect as if the invalid or unenforceable provision had never been a part of this Agreement. This Agreement may be executed in any number of counterparts which, when taken together, will constitute one original, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

**Section 21. Survival.** The rights and obligations of parties relating to confidentiality, indemnification, and use of name, along with any other rights and obligations that expressly or by operation of law extend beyond this Agreement, shall survive the termination, expiration, non-renewal, or rescission of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates set forth below.

**MAYO CLINIC AMBULANCE**

By: Tom Fennell  
Tom Fennell (Apr 30, 2024 03:13 CDT)

Name: Tom Fennell  
Title: Regulatory Officer  
Date: Apr 30, 2024

**Lake Crystal Ambulance Service**

By: Angela Grafstrom  
Angela Grafstrom (Apr 30, 2024 12:09 CDT)

Name: Angela Grafstrom  
Title: City Administrator  
Date: Apr 30, 2024

## ADVANCED LIFE SUPPORT INTERCEPT AGREEMENT

This Advanced Life Support Intercept Agreement (the "Agreement") is entered into as of December 16, 2024 (the "Effective Date"), by and between Lake Crystal Ambulance, with primary offices located at Lake Crystal, MN ("Service") and Mayo Clinic Ambulance, a Minnesota nonprofit corporation, with primary offices located at 200 1st Street SW, Rochester, Minnesota 55905 ("Mayo").

**WHEREAS**, Mayo is a provider of advanced life support ("ALS") services that employs licensed or certified paramedics to provide such ground ambulance services ("ALS Services").

**WHEREAS**, Service is a licensed provider of ground ambulance services that operates in Lake Crystal, MN ("Service Area").

**WHEREAS**, from time to time, Service may request that Mayo provide paramedic personnel to render ALS Services to augment life support ground ambulance services rendered by Service. The delivery of ALS Services and associated services as specified in the Agreement shall be referred to herein as "ALS Intercept Services", as further described in Section 2 below.

**WHEREAS**, Mayo is willing to perform such ALS Intercept Services pursuant to the terms and conditions of this Agreement.

**NOW, THEREFORE**, in consideration of the mutual covenants and promises contained in this Agreement and other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the parties agree as follows:

**Section 1. Term**. Subject to the termination provisions set forth in this Agreement, the term of this Agreement shall begin on the Effective Date and shall continue for an initial term of one (1) year. Upon the expiration of the initial one-year term and upon each anniversary thereafter, this Agreement shall automatically renew on the same terms and conditions for additional renewal terms of one (1) year each, unless terminated earlier in accordance with the terms of this Agreement.

**Section 2. ALS Intercept Services**. Upon request by Service, subject to the availability of its resources and other terms and conditions herein, Mayo may provide ALS Intercept Services. ALS Intercept Services shall consist of delivering a paramedic to the scene of an incident or at such other point as Mayo may agree to, and the rendering of such ALS Intercept Services (including a paramedic assessment and ALS drugs, disposables, or supplies) as the paramedic may deem necessary or appropriate, subject to medical control.

**Section 3. Billing & Fees**. Except as stated below, Mayo and Service will each independently bill the patient or their third-party payer for the services and supplies provided to the patient by the respective entity. When ALS Intercept Services are requested and provided by Mayo, the following billing procedures and fees shall apply:

### A. **When Mayo transports the patient:**

1. Mayo will be responsible for all billing and collections associated with the ALS Intercept Services related to the patient's care, including billing the patient directly or their third-party payer. Service shall not bill the patient or any third-party payer for services rendered when Mayo transports the patient.

2. **Base Fee and Loaded Mileage.**

- a. Mayo will reimburse Service a base fee and loaded mileage fee in accordance with Exhibit A (Compensation) attached hereto, provided, that Service advises Mayo at the time of intercept the number of miles they have transported the patient. Reimbursable loaded miles are only those miles when patient was transported by Service.
- b. Mayo will charge the patient a base fee and for all loaded miles which is inclusive of the loaded miles provided by Service. Mayo will reimburse Service, regardless of Mayo's ability to collect the charges billed. Service will accept Mayo's payment as payment in full for the transportation services provided by Service.
3. Mayo will replace any disposables and supplies used by Service in caring for the patient, provided such disposables and supplies are items normally stocked by Mayo.

**B. When Mayo provides ALS Services and Service transports the patient:**

1. Service will be responsible for the billing and collections associated with the ALS Services related to the patient's care, including billing the patient directly or their third-party payer. Mayo shall not bill the patient or any third-party payer for services rendered when Service transports the patient.
2. Mayo will bill Service in accordance with Exhibit A for the appropriate base fee. There will be no mileage charge(s) billed to Service by Mayo.

**C. When ALS Intercept Services are requested by Service and it is subsequently determined that such services are not required by Mayo, there will be no charges by Mayo.**

**Section 4. Fair Market Value; Inducement of Referrals.** The parties agree that the fees within Exhibit A are consistent with fair market value in an arm's-length transaction and was not determined in a manner that takes into account the volume or value of referrals or business otherwise generated between the parties. It is not the purpose of this Agreement or the intent of the parties to induce or encourage the referral of patients, and there is no requirement under this Agreement or under any other Agreement between the parties that either party or its medical staff refer patients to the other party for products or services. No payment made under this Agreement is made in return for the referral of patients, or is made in return for the purchasing, leasing, or ordering of any products or services.

**Section 5. Insurance.** Each party agrees to maintain appropriate professional liability and general liability insurance or self-insurance to cover any liability of the party and/or its employees arising out of any acts its employees may perform in connection with this Agreement, which shall have limits of no less than \$1,000,000 per claim and \$3,000,000 annual aggregate. If such insurance is written on a claims-made basis, each party will obtain, at its expense, an extended reporting endorsement upon termination of this Agreement which provides continuing coverage under such insurance for claims based upon acts or omissions and alleged acts or omissions during the term of this Agreement. Upon request, each party will provide the other party with proof of the insurance or self-insurance required under this Section.

**Section 6. Regulatory Reporting Requirements.** During a period of provision of the ALS Intercept Services, both parties will adhere to all normal reporting requirements and other regulatory agencies as required by law.

**Section 7. Termination.** This Agreement shall immediately terminate upon the mutual written agreement of the parties. In addition, either party may terminate this Agreement upon thirty (30) days written notice to the other party.

**Section 8. Recordkeeping & Confidentiality of Medical Information.** Both parties will respect the confidentiality of patients. The parties agree to comply with the Health Insurance Portability and Accountability Act of 1996 as amended from time to time ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and the implementing regulations to ensure the integrity and confidentiality of Protected Health Information.

**Section 9. Independent Contractors.** In the performance of their respective tasks in the provision of the services, it is mutually understood and agreed that the parties are at all times acting as independent contractors, and that neither shall have nor exercise any control or direction over the methods by which the other shall perform such tasks. No agency or employment relationship, partnership, joint venture or other business organization is created hereby.

**Section 10. Liability & Indemnification.** Each party assumes full legal liability for acts and omissions committed, by their respective employees acting in the course and scope of their job duties. To the extent permitted by law, each party further agrees to indemnify and hold harmless the other from any loss, claim, damages, expenses (including cost of defense), or litigation expenses arising out of any third party claim directly attributable to indemnifying party's (or its employees acting in the course and scope of their job duties) own negligence.

**Section 11. Notice.** All notices required under this Agreement shall be in writing and shall be deemed to have been duly given if sent via certified mail, first class mail-postage prepaid, hand delivery, overnight courier or electronic mail, and properly addressed to the party at the party's last known address or any other address or electronic mail address that any party may designate by written notice to the other. Mailed notices shall be deemed to have been given at the time posted plus three business days.

**Section 12. Use of Name.** Neither party will use the names or trademarks of the other party in any news release, advertising, publicity, endorsement, promotion, or commercial communication without the prior written consent of the other party for the particular use contemplated. All requests for approval for Mayo pursuant to this Section must be submitted to the Mayo Clinic Business Relations Group, at the following E-mail address: BusinessRelations@mayo.edu at least 7 business days prior to the date on which a response is needed.

**Section 13. Governing Law.** This Agreement and the rights and obligations of the parties hereunder shall be governed by the laws of the State of Minnesota, except that no Minnesota conflicts of law or choice of law provision shall apply to this Agreement.

**Section 14. Not Exclusive.** This Agreement is not intended to be exclusive as to either party. Either party may receive similar or identical services from any other entity, and either party may provide similar or identical services for any other entity.

**Section 15. No Third Party Beneficiaries.** Nothing in this Agreement, express or implied, is intended to confer upon any other person any rights or remedies of any nature whatsoever under or by reason of this Agreement, except as otherwise expressly provided herein.

**Section 16. Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party; provided, that either party may assign this Agreement without the prior written

consent of the other party to an affiliate or other entity that controls, is controlled by or is under common control with such party. Any purported assignment in violation of this clause is void. Such written consent, if given, shall not in any manner relieve the assignor from liability for the performance of this Agreement by its assignee.

**Section 17. Entire Agreement; Amendment.** This Agreement constitutes the entire agreement between the parties with respect to its subject matter and supersedes all past and contemporaneous agreements, promises, and understandings, whether oral or written, between the parties. This Agreement may be amended only in a writing signed by each of the parties. This Agreement shall be binding upon and inure to the benefit of each party, its successors and assigns.

**Section 18. Waiver.** The failure of either party to complain of any default by the other party or to enforce any of such party's rights, no matter how long such failure may continue, will not constitute a waiver of the party's rights under this Agreement. No waiver of any provision of this Agreement shall constitute a waiver of any other provision or a waiver of the same provision at any later time.

**Section 19. Severability; Counterparts.** In the event any part or parts of this Agreement are held to be invalid or unenforceable, the remainder of this Agreement shall remain in full force and effect as if the invalid or unenforceable provision had never been a part of this Agreement. This Agreement may be executed in any number of counterparts which, when taken together, will constitute one original, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

**Section 20. Survival.** The rights and obligations of parties relating to confidentiality, indemnification, and use of name, along with any other rights and obligations that expressly or by operation of law extend beyond this Agreement, shall survive the termination, expiration, non-renewal, or rescission of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates set forth below.

**MAYO CLINIC AMBULANCE**

By:  Tom Fennell (Dec 17, 2024 15:55 CST)

Name: Tom Fennell

Title: Regulatory Officer

Date: Dec 17, 2024

**Lake Crystal Ambulance Service**

By:  Angela Grafstrom (Dec 18, 2024 08:55 CST)

Name: Angela Grafstrom

Title: City Administrator

Date: Dec 18, 2024



**EXHIBIT A**  
**Compensation**

**Base Fee and Loaded Mileage Rates:**

The rates indicated below apply to the date/year of transport and have been adjusted for projected consumer price index.

<b>Period</b>	<b>Base Fee</b>	<b>Loaded Mileage Rate</b>
1/1/24 – 12/31/24	\$340	\$9.00
1/1/25 – 12/31/25	\$340	\$9.00
1/1/26 – 12/31/26	\$340	\$9.00

**Invoicing and Payment:**

Mayo and Service agree that payments between the parties will be made within thirty (30) days of the billing date and/or receipt of an invoice.

# **BLS Protocols**

# **EMS**

# **Patient Care Guidelines**

**January 1st, 2025**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

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**Madelia Health EMS  
EMS STANDARD OPERATING PROCEDURES  
Patient Care Guidelines**

**Guideline Number – 1.00**

# **General Administrative Guidelines**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 1.1** 1/1/2025

**ADOPTION STATEMENT**

The goal of prehospital emergency medical services is to deliver a viable patient to appropriate definitive care as soon as possible. Optimal prehospital care results from a combination of careful patient assessment, essential prehospital emergency medical services and appropriate medical consultation.

The Minnesota BLS Protocols were developed to standardize the emergency patient care that EMS providers, through medical consultation, deliver at the scene of illness or injury and while preparing the patient for transport to the closest appropriate hospital. These protocols will help EMS providers anticipate and be better prepared to give the emergency patient care ordered during the medical consultation.

As Medical Director for Madelia Health EMS Ambulance Service, I approve and adopt these protocols for use in all patient care encounters.

---

**Medical Director**

---

**Date**

---

**Service Director**

---

**Date**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number- 1.2 1/1/2025**

**General Administration Guideline**

**Definition:**

The Medical Director is a physician who accepts responsibility for the quality of care provided by appropriately trained personnel of a First Responder or Rescue service that has been granted a variance to perform a restricted treatment of procedure.

**Requirements:**

Pursuant to Minnesota Statute 144E.265 Subd. 1.

The Medical Director must meet the following requirements:

- (1) Be currently licensed as a physician in this state;
- (2) Have experience in, and knowledge of, emergency care of acutely ill or traumatized patients; and
- (3) Be familiar with the design and operation of local, regional, and state emergency medical service systems.

**Roles and Responsibilities:**

Pursuant to Minnesota Statute 144E.265 Subd. 2.

The Medical Director responsibilities include but are not limited to:

- A. Approving standards for training and orientation of personnel that impact patient care.
- B. Approving standards for purchasing equipment and supplies that impact patient care.
- C. Establishing standing orders for prehospital care.
- D. Approving written triage, treatment, and transportation guidelines for adult and pediatric patients.
- E. Participating in the development and operation of continuous quality improvement programs including, but not limited to, case review and resolution of patient complaints.
- F. Establishing procedures for the administration of drugs.
- G. Maintaining the quality of care according to the standards and procedures established under clauses A through F.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Annual Assessment of Ambulance Department:**

Pursuant to Minnesota Statute 144E.265 Subd. 3. Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance department roster and sign a statement verifying the proficiency of each person. The medical director may also designate specific skills that are deemed critical, requiring no more than 12 months elapsing between training sessions.

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**Service Responsibilities**

*Separate SOG's in document*

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**SCOPE**

**The following guidelines are to be used as consultative information to strive for the optimal care of patients. The statements contained herein are intended to be informative and represent what is believed to be the current standard of care for any circumstance. It is recognized that any specific procedure or recommendation is subject to modification depending on circumstances of a case.**

- A.** Age limits for pediatric and adult medical protocols must be flexible. For ages less than 13 years, pediatric orders should always apply. Between the ages of 13 and 18, judgment should be used, although the pediatric orders will usually apply. Adult guidelines apply to patient's ages 18 and over. It is recognized that the exact age of a patient is not always known.
- B.** Courtesy to the patient, the patient's family, and other emergency care personnel is of utmost importance. Providing quality patient care includes ensuring that any patient's medication vials are given to the transporting ambulance service prior to transport to a hospital or other facility.
- C.** Minnesota Statute 144E.123 Prehospital Care Data, requires the following:

**Subdivision 1. Collection and Maintenance**

A licensee shall collect and provide prehospital care data to the board in a manner prescribed by the board. At a minimum, the data must include items identified by the board that are part of the National Uniform Emergency Medical Services Data Set. A licensee shall maintain prehospital care data for every response.

**Subdivision 2. Copy to receiving hospital**

If a patient is transported to a hospital, a copy of the ambulance report delineating prehospital medical care given shall be provided to the receiving hospital

**(Continued)**

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**GENERAL ADMINISTRATION GUIDELINE**

**Guideline Number- 1.4 1/1/2025**  
**(continued)**

- D.** The specific conditions listed for treatment in this document, although frequently stated as medical diagnosis, are merely provider impressions to guide the EMS care provider in initiating appropriate treatment. This document is to be used as a consultative material in striving for optimal patient care. It is recognized that specific procedures or treatments may be modified depending on the circumstances of a case. A medical control physician should be contacted any time there is a concern regarding the patient's status.

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Guideline Number- 1.5 1/1/2025**

**CISM AND PEER COUNSELING**

EMS personnel are encouraged to familiarize themselves with the causes and contributing factors of critical incident and cumulative stress and learn to recognize the normal stress reactions that can develop from providing emergency medical services. An EMS Peer Counseling Program is available to EMS personnel through the Regional EMS Programs. The program consists of mental health professionals, chaplains, and trained peer support personnel who develop stress reduction activities, provide training, conduct debriefings, and assist EMS personnel in locating available resources. The team will provide voluntary and confidential assistance to those wanting to discuss conflicts or feelings concerning their work or how their work affects their personal lives.

A critical incident is any response that causes EMS personnel to experience unusually strong emotional involvement. A formal or informal debriefing will be provided at the request of medical authorities, ambulance management or EMS personnel directly related to the incident.

To request CISM services, contact the Faribault County Dispatch Center at 507-526-6180 anytime.

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**DEAD ON ARRIVAL (DOA)**

**DOA Criteria Defined:**

A pulseless, apneic patient can be called deceased on arrival if the following signs are present:

- Rigor mortis (Caution: do not confuse with stiffness due to cold environment)
- Dependent lividity.
- Decomposition.
- Decapitation.
- Severe trauma that is not compatible with life.
- Incineration.

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**DNR AND LIVING WILLS**

Do Not Resuscitate (DNR, No CPR) orders are orders issued by a patient's physician to refrain from initiating resuscitative measures in the event of cardiopulmonary arrest. Patients with DNR orders may receive vigorous medical support, including all interventions specified in the Medical Protocols, up until the point of cardiopulmonary arrest.

In the nursing home, a DNR order is valid if it is written in the order section of the patient chart (or on a transfer form) and is signed by a physician, registered nurse practitioner, or physician assistant acting under physician authority. Copies of the order are valid. In a private home, the standard DNR form must be signed by the patient or proxy, the physician, and a witness in order to be valid. No validation stamp or notarization is necessary, and a legible copy is acceptable.

If possible, the DNR order or copy should accompany the patient to the hospital. Pertinent documentation should be included on the ambulance report form for the run. In the event of confusion or questions regarding the DNR order, resuscitation should be initiated, and a medical control physician should be consulted.

**Living Wills**

The presence of a living will should not alter your care. The living will cannot be interpreted in the field. Living wills should not be interpreted at the scene but conveyed to the physicians in the receiving Emergency Department.

**DNR (Do Not Resuscitate)**

1. CPR may be withheld if apneic, pulseless (at-home) patient has a **POLST (Provider Order for Life Sustaining Treatment)** form signed by themselves or their guardian, and their physician.
2. CPR may be withheld if apneic, pulseless (nursing home) patient has an order in their medical record signed by their physician. This order (does not need to be the formal DNR Form)
3. When the patient is **NOT** apneic and pulseless, standard medical care should be provided regardless of their DNR status.

The only **Valid HOME DNR Order** is a **POLST** form signed by the patient or their legal guardian, a witness and their physician. All three signatures **MUST** be present. Copies are valid. No validation stamp or notarization is necessary. A **VALID Nursing Home DNR Order** is a signed physician order that can be found in the patient's medical chart.

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**Infection Control Plan**

**Universal** precautions (aka - Standard precautions) refers to the practice, in medicine, of avoiding contact with patient's bodily fluids, by means of the wearing of nonporous articles such as medical gloves, goggles, and face shields. Medical instruments should be handled carefully and disposed of properly in a sharp's container. Pathogens fall into two broad categories, blood borne (carried in the body fluids) and airborne. Universal precautions cover both types.

Universal precautions should be practiced in any environment where workers are exposed to bodily fluids, such as:

- Blood
- Sputum
- Semen
- Vaginal secretions
- Synovial fluid
- Amniotic fluid
- Cerebrospinal fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid

Whenever providing care for a patient with a febrile respiratory illness, perform the following:

1. Wear a mask
2. Wear eye protection if productive cough present and while performing any procedure which may result in droplet production (nebs)

**What is a “Significant Exposure”?**

- Patient's blood or body fluids contact an opening in the skin (e.g. cuts, abrasions, dermatitis or blisters) or if there is prolonged contact or an extensive area is exposed.
- Blood or body fluids sprayed into your eyes, nose or mouth.
- Puncture wound from a needle, human bites, or other sharp object that has had contact with the patient's blood or body fluids.

**(Continued on next page)**

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**Infection Control Plan (continued)**

- Potential exposure or known exposure to airborne transmitted organisms (e.g. Tuberculosis) or droplet transmitted organism (e.g. Meningitis).

***How do I prevent a “Significant Exposure”?***

- Use gloves for patient contact, shielded face masks and/or mask with safety goggles for airway management, shielded masks with gowns for obstetrical deliveries, N-95 masks for potential TB patients or patients coughing bloody sputum and/or experiencing night sweats with weight loss.

***What if a “Significant Exposure” Occurs?***

- Wash the exposed skin, blow your nose, irrigate your eyes, and consider gargling as soon as possible.
- Report the incident immediately to your supervisor.
- Follow the infectious source (patient) to the hospital for a post exposure evaluation.
- Report to the ER to initiate Exposure protocol.

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## **MANDATORY REPORTING ISSUES**

It is mandatory to report certain crimes, failure to report these incidents may be a crime itself. Minnesota offers immunity from liability for people who report incidents in good faith. When required to report these incidents you are exempt from patient confidentiality requirements.

Minnesota State statute (626.556-67) requires First Responders and EMTs to report the following:

- Child Abuse
- Vulnerable Adult Abuse (elderly, spouse, mentally challenged)

Document clearly on the patient care report that your concerns have been reported to the receiving facility and/or law enforcement.

Discuss your concerns with the service if you have any question about the requirement to report an incident.

## **EMSRB Mandatory Reporting Requirements**

Ambulance Services are mandated to report to the Minnesota EMS Regulatory Board in compliance with the Minnesota Statute 144E.305:

144E.305, Subd. 2. **Mandatory reporting** (a): A licensee shall report to the board conduct by a first responder, EMT, EMT-I, or EMT-P that they reasonably believe constitutes grounds for disciplinary action under section 144E.27, subdivision 5, or 144E.28, subdivision 5. The licensee shall report to the board within 60 days of obtaining verifiable knowledge of the conduct constituting grounds for disciplinary action.

144E.305 Subd.2 **Mandatory reporting** (b): A licensee shall report to the board any dismissal from employment of a first responder, EMT, EMT-I, or EMT-P. A licensee shall report the resignation of a first responder, EMT, EMT-I, or EMT-P before the conclusion of any disciplinary proceeding or before commencement of formal charges but after the first responder, EMT, EMT-I, or EMT-P has knowledge that formal charges are contemplated or in preparation. The licensee shall report to the board within 60 days of the resignation or initial determination to dismiss. An individual's exercise of rights under a collective bargaining agreement does not extend the licensee's time period for reporting under this subdivision.

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**GENERAL ADMINISTRATIVE GUIDELINE**  
**Guideline Number - 1.10** 1/1/2025

**Patient Confidentiality**

**Purpose**

The purpose of this document is to outline and educate First Responder Agencies concerning the policies and procedures needed to comply with the patient privacy rights enacted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

**Policy**

1. The patient has the right to receive a privacy notice in a timely manner. Upon request, the patient may at any time receive a paper copy of the privacy notice, even if he or she earlier agreed to receive the notice electronically.
2. **Requesting restrictions on certain uses and disclosures.** The patient has the right to object to, and ask for restrictions on, how his or her health information is used or to whom the information is disclosed, even if the restriction affects the patient's treatment, payment, or health care operation activities. The patient may want to limit the health information that is included in patient directories or provided to family or friends involved in his or her care or payment of medical bills. The patient may also want to limit the health information provided to authorities involved with disaster relief efforts. However, we are not required to agree in all circumstances to the patient's requested restriction.
3. **Receiving confidential communication of health information.** The patient has the right to ask that we communicate his or her health information to them in different ways or places. For example, the patient may wish to receive information about their health status in a special, private room or through a written letter sent to a private address. We must accommodate requests that are reasonable in terms of administrative burden. We may not require the patient to give a reason for the request.
4. **Access, inspection and copying of health information.** With a few exceptions, patients have the right to inspect and obtain a copy of their health information. However, this right does not apply to psychotherapy notes or information gathered for judicial proceedings, for example. In addition, we may charge the patient a reasonable fee for copies of their health information.

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**Patient Confidentiality (continued)**

5. **Requesting amendments or corrections to health information.**  
If the patient believes their health information is incomplete or incorrect, they may ask us to correct the information. The patient may be asked to make such requests in writing and to give a reason as to why his or her health information should be changed. However, if we did not create the health information that the patient believes is incorrect, or if we disagree with the patient and believe his or her health information is correct, we may deny the request. We must act on the request within 60 days after we receive it, unless we inform the patient of our need for a one-time 30-day extension.
6. **Receiving an accounting of disclosures of health information.**  
In some limited instances, the patient has the right to ask for a list of the disclosures of their health information that we have made during the previous six years, but the request cannot include dates before April 14, 2003. This list must include the date of each disclosure, who received the disclosed health information, a brief description of the health information disclosed, and why the disclosure was made. We must furnish the patient with a list within 60 days of the request, unless we inform the patient of our need for a one-time 30-day extension, and we may not charge the patient for the list, unless the patient requests such list more than once in a 12-month period. In addition, we will not include in the list disclosures made to the patient, or for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities.
7. **Complaints.** Patients have the right to file a complaint with an Ambulance agency and with the federal Department of Health and Human Services if they believe their privacy rights have been violated. We will not retaliate against the patient for filing such a complaint.

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**General Administrative Guidelines**  
**Guideline- 1.11** 1/1/2025

**Patient Consent and Refusal**

***General Considerations***

1. For the purposes of patient consent and refusal, an adult patient is those patients who are:
  - a. 18 years of age or older
  - b. A legally emancipated minor
    - i. Emancipation means that a minor has the same legal rights and obligations as an 18-year-old adult. The Minnesota Statutes do not provide either the grounds or a procedure for emancipation, however, Minnesota case law has established that a minor can be emancipated by a legal marriage or by parental consent
2. In general, a person is mentally competent if he/she:
  - a. Is awake and alert to person, place, time, and event
  - b. Can understand the nature and consequences of the proposed treatment, and
  - c. Has enough emotional control, judgment, and discretion to manage their own affairs
3. Whenever an ambulance is requested for a patient, it is the responsibility of the EMS system to treat and transport that patient with his/her consent
4. Transport by ambulance should always be offered to the patient
5. If a competent patient, caregiver, or parents of a pediatric patient refuse transport, they should sign the refusal statement on the ambulance report form. If they refuse to sign, at least one witness (not including the responder documenting the incident) should be present and this information placed in the ambulance report.
6. If a competent patient or guardian refuses treatment while en route to the hospital, the treatment in question must cease immediately and the patient refusal must be documented.
7. Emergency care for life-threatening conditions should never be delayed or withheld to carry out legal consent procedures
8. Any time contact with a patient occurs and the patient is not transported, full documentation is required. This requires completing all sections of the ambulance report form, as well as recording all information given to the patient or guardian pertaining to potential risks of non-transport.

**Right of Refusal**

1. Adults
  - a. A mentally competent adult has the right to refuse treatment and/or transport, however, the responder and/or online medical control should thoroughly explain the alternative and potential consequences of this action.
  - b. Online medical control should always be consulted if in doubt as to the mental competency of a patient or if the responder feels it is detrimental to leave the patient at the scene

(continued)

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**Patient Consent and Refusal (continued)**

**Right of Refusal (cont')**

2. Minors
  - a. Refusal of treatment and/or transport must be given by the child's parent or legal guardian.
  - b. Although less desirable, refusal may be given by a responsible adult caretaker (over 18 years of age) if the parent has deliberately left the minor in the care of this adult and the adult is competent and capable.
  - c. If unsure as to whether it is appropriate to allow someone to refuse treatment of a minor, online medical control should be consulted
  - d. Minors that are parents should be treated as an adult, capable of giving consent for themselves and their child if they meet the guidelines for adult competency

**Documentation**

1. In the event of a patient refusal of treatment and/or transport, the ambulance report form must be fully completed including
  - a. Name, age, and address of patient
  - b. A minimum of 3 sets of vital signs including blood pressure, pulse, and respirations
  - c. A narrative reflecting
    - i. The reason for dispatch of emergency personnel
    - ii. General conditions of the scene upon arrival
    - iii. Reason for patient refusal for treatment and/or transport
    - iv. All advice and statements given to the patient by emergency personnel and online medical control
  - d. Signature of patient or guardian refusing treatment. If no signature can be obtained, this should be noted in the narrative section of the report along with the name and contact information of at least one witness (preferably not associated with the responding Emergency Medical Service).

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**PHYSICAN OR MEDICAL PROVIDER ON SCENE**

If a Physician/Registered Nurse/ Physician Assistant is present on scene and wishes to assume medical direction. **The following must occur:**

1. Provider must:
  - a. Produce identification and copy of a Valid Minnesota Medical License.
  - b. Agree to accompany the patient to the receiving facility.
  - c. Agree to sign the patient care report assuming medical responsibility for the patient.
2. Medical Control must be informed and consent to the provider assuming on scene medical direction.
3. If the physician does accept the terms above, upon arrival at the hospital obtain a photo copy of the license and attach to the patient care report.

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**GENERAL ADMINISTRATIVE GUIDELINES**  
**Guideline Number – 1.13 1/1/2025**

**Response Obligations**

**Obligated to Assess & Treat**

When you respond to an emergency medical call, you are obligated to assess and treat the patient. Responsibility for the patient continues until a higher medical authority (paramedic, registered nurse, and/or physician) assumes care.

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**Guideline Number –1.14 1/1/2025**  
**Restraint Use**

**PURPOSE:**

To provide guidance and criteria for the use of physical restraint of patients during care and transport.

**DEFINITION:**

Any mechanism used to physically confine a patient. This includes, but is not limited to: soft composite dressing, tape, leathers or hand cuffs wrapped and secured at the wrist and/or ankles and/or chest or lower extremities.

**POLICY / PROCEDURE**

- A. If EMS personnel judge it necessary to restrain a patient to protect him/her self from injury, or to protect others (bystanders or EMS personnel) from injury:
  1. Document the events leading up to the need for restraint use in the patient record.
  2. Document the method of restraint and the position of restraint in the patient record.
  3. Document the reason for restraining the patient.
  4. If the patient spits, the rescuer may place over the patient's mouth and nose a surgical mask or an oxygen mask that is connected to high flow oxygen.
- B. Inform patient of the reason for restraint.
- C. Restrain patients in a manner that does not impair circulation or cause choking or aspiration. **DO NOT restrain patients in the prone position (face down).** Prone restraint has the potential to impair the patient's ability to breathe adequately. Police officers are trained in restraining violent individuals safely. Utilize the police on the scene in deciding the appropriate restraint technique to maximize the safety of the rescuers and the patient.
- D. As soon as possible, attempt to remove any potentially dangerous items (belts, shoes, sharp objects, and weapons) prior to restraint. Any weapons or contraband (drugs, drug paraphernalia) shall be turned over to a Law Enforcement Officer.
- E. Assess the patient's circulation (checking pulses in the feet and wrists) every 5-10 minutes while the patient is restrained. If circulation is impaired, adjust or loosen restraints as needed. Document the presence of pulses in each extremity and the patient's ability to breathe after restraint is accomplished. Be prepared to turn the patient to facilitate clearance of the airway while also having suction devices readily available.
- F. Inform hospital personnel who assume responsibility for the patient's care at the scene of the reason for restraining the patient.

(Continued)

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**Guideline Number –1.14 1/1/2025  
Restraint Use (Continued)**

G. The EMT (at their discretion), may request law enforcement to accompany and/or follow the patient to the hospital. **Any patient restrained in handcuffs shall have law enforcement accompany the patient in the patient compartment or follow the ambulance.**

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**Guideline Number 1.15 revised 10/1/2018**

## **Transport of Patients Using Lights and Sirens**

### **Purpose**

To minimize the transporting of patients with lights and sirens, thereby reducing risk to the patient, crew, and public at large; in addition, to identify patients for whom safe use of emergency lights and sirens during transport can potentially reduce patient morbidity and mortality

### **Situations Requiring Potential Lights and Sirens Transport**

At the discretion of the ambulance crew (who are responsible for the safe operation of the vehicle), driving with lights and sirens may be considered if the following clinical conditions or similar circumstances exist:

1. Difficulty in sustaining the ABCs, including but not limited to:
  - a. Inability to establish an adequate airway or ventilation
  - b. Severe respiratory distress or respiratory injury not responsive to available field treatment
  - c. Severe, uncontrolled hemorrhage
2. Severe trauma including, but not limited to:
  - a. Penetrating wounds to head, neck, and torso
  - b. Two or more proximal long bone fractures
  - c. Major amputations (proximal to wrist or ankle)
  - d. Neurovascular compromise of an extremity
  - e. Multi-system trauma
3. Severe neurological conditions including, but not limited to:
  - a. Status epilepticus
  - b. Substantial or rapid deteriorating level of consciousness
  - c. Rapid deterioration due to a suspected CVA
4. Obstetrical emergencies including, but not limited to:
  - a. Prolapsed cord
  - b. Premature labor complications that threaten survival of the mother and/or fetus. (*Contractions at the end of an otherwise normal pregnancy DO NOT normally require lights and sirens transport*)
  - c. Breech presentation
  - d. Limb presentation
  - e. Arrested delivery
  - f. Suspected ruptured ectopic pregnancy

(Continued)

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**Transport of Patients Using Lights and Sirens**  
(continued)

5. Behavioral/Psychological emergencies:
  - a. Patients who pose a threat to themselves or the crew after reasonable attempts to control the situation or the patient have been attempted and failed

**Other Considerations**

1. For any call involving transport where reducing time to definitive care is clinically indicated, alternative modes of transportation or higher level of care (i.e. helicopter, ground ALS) should be considered IF available and it will not delay the arrival of the patient. This consideration may not apply to an unexpected deterioration of an initially stable patient already en route if no time savings will be realized.
2. When a sending physician or nurse at a clinic or nursing home attempts to order lights and sirens transport for a patient and it is contraindicated under this protocol, attempt to quickly resolve the issue and, as necessary, contact medical control for direction and resolve
3. Transporting lights and sirens should be used in the following situations:
  - a. The medical condition of the patient is unknown, AND the patient is vitally unstable
  - b. The medical condition of the patient is critical (potentially life-threatening) and requires immediate aid
4. For patients in active cardiac arrest lights and sirens transport is NOT indicated, regardless of mode of compressions (manual or automated).

**Documentation Key Points**

For any transport requiring lights and sirens, the patient's condition, circumstances surrounding the call, and rationale for choosing emergent transport should be specifically documented in the Patient Care Report (PCR)

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**Guideline Number - 2.00**

**Adult  
“GENERAL”**

**Patient Care Guidelines**

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**Guideline Number – 2.1 1/1/2025**  
**GENERAL PATIENT CARE GUIDELINE**

<b>History</b>
<input type="checkbox"/> Patient name
<input type="checkbox"/> Patient age
<input type="checkbox"/> <b>Specific complaint or presenting signs &amp; symptoms</b>
<input type="checkbox"/> Allergies
<input type="checkbox"/> Medications
<input type="checkbox"/> <b>Past Medical History:</b> Cardiac Respiratory Hypertension Diabetes Seizures Stroke Cancer Recent surgery Recent trauma Other Disease, Illness or Injury (Medical alert tags)
<input type="checkbox"/> Last Oral Intake
<input type="checkbox"/> Events leading up to the injury or illness

**SCENE SURVEY**

- PPE
- Scene Safety / Evaluate for Hazards
- Mechanism of Injury
- Consider Spinal Stabilization
- Number of Victims
- Additional Resources

**ESTABLISH LOC**

A=Alert, V=Responds to Voice, P=Responds to Pain, U=Unresponsive  
 Obtain and Document Glasgow Coma Scale (GCS)

**MOTION RESTRICTION**

Manually stabilize c-spine if patient is considered at risk for spinal injury  
 (see Spinal Immobilization 5.91)

**AIRWAY**

*Establish and maintain open airway*

Place oral or nasal airway if unconscious

Consider Non-visualized Airway if not breathing  
 (see Non-Visualized Airways 5.7)

**BREATHING**

*Administer oxygen at 2-6 lpm (if >95% SpO2)*

Or 10-15 lpm (if <95% SpO2) or based on assessment indications  
 (see Oxygen 4.9)

**CIRCULATION/PERFUSION**

Assess pulses

Assess skin color and capillary refill

Apply AED if patient in full arrest  
 (see CPR/AED 5.4)

**ALS Intercept Considerations:**

**Reporting**  
 Update dispatch with significant information to be relayed to ALS Crews.

**Assist ALS with:**  
 Airway Management

Vital signs

IV set up/start  
 (If in scope)

Variance Med Administration  
 (If in scope)

CPR

Transport

**(Continued on next page)**

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**Guideline Number – 2.1 1/1/2025  
GENERAL PATIENT CARE GUIDELINE  
(Continued)**

**BLEEDING**

Apply direct pressure to external bleeding; use medical director approved tourniquet for uncontrolled bleeding (see **Tourniquet 5.11**)

Uncontrollable bleeding in areas where use of a tourniquet is not indicated or available, consider the use of a hemostatic agent.

(see **Hemostatic Agents 5.12**)

**VITAL SIGNS**

Obtain Respiratory Rate, Pulse Rate, B/P & Perfusion Status

Obtain Blood Glucose Determination

**HISTORY**

**HEAD-TO-TOE-EXAM**

*All life-threatening problems should be treated as they are found*

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*Guideline Number – 2.1 1/1/2025*

**GENERAL PATIENT CARE GUIDELINE**  
**(Continued)**

**Pediatric Considerations**

For complete Pediatric patient care guidelines refer to the *EMSC Pediatric BLS Guidelines* at: <http://www.emscmn.org/HealthcareProfessionals/PediatricBLSGuidelines>

1. Airway and breathing problems are the most common cause of cardiac arrest in children.
2. Do not hyperextend the neck when opening the airway in newborns or infants.
3. Use a Bag-Valve-Mask (BVM) or mouth to mask with one-way valve with supplemental oxygen to ventilate a child.
  - A. 0yr. To 5 yr. - 400cc BVM (infant size)
  - B. 5yr. To 90lbs. – 1000cc BVM (child size)
4. Newborns and infants are more prone to becoming hypothermic (cold). Prevent heat loss.

**VITAL SIGN REFERENCE**

Age	Respiratory Rate	Heart Rate	Systolic B/P
Newborn	30-60	120-180	50-70
Infant (<1)	20-30	80-140	70-100
Toddler (1-3)	20-30	80-130	80-110
Child (3-8)	20-30	80-120	80-110
Child (8-12)	20-30	70-110	80-120
Adolescent (13+)	12-20	55-105	100-120
Adult	12-20	60-100	120

**Trauma Considerations**

**Airway**

Airway remains the top priority while maintaining spinal precautions:

- a. Establish and maintain an open airway using the modified jaw thrust.
- b. All unconscious patients require an oral or nasal airway.
- c. Begin oxygen therapy as soon as possible.
- d. If the patient vomits or has fluids in airway: **MAINTAIN SPINAL STABILIZATION AND LOG ROLL PATIENT TO SIDE AS A UNIT** to clear out or suction the airway.

**Spinal Precautions** (manual head stabilization, rigid cervical collar, spine board)

Take spinal precautions whenever a trauma patient has:

- a. Experienced a mechanism of injury that could cause an injury to the spine.
- b. Loss of consciousness or altered level of consciousness.
- c. Any complaint of numbness, tingling or inability to move extremities.
- d. Complaints of pain in the head, neck, or back.
- e. Evidence of intoxication or under the influence of drugs.
- f. Head and/or facial trauma.
- g. Penetrating injury to the head, neck or trunk.

**NOTE: If in doubt immobilize.**

**Madelia Health EMS  
EMS STANDARD OPERATING PROCEDURES  
Patient Care Guidelines**

**Guideline Number – 3.00**

**Adult  
“SPECIFIC”**

**Patient Care Guidelines**

**Madelia Health EMS  
EMS STANDARD OPERATING PROCEDURES  
Patient Care Guidelines**

**Guideline Number – 3.1**

# **Adult “SPECIFIC”**

## **Patient Care Guidelines**

# **Medical Emergencies**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.11 1/1/2025**  
**ALTERED LEVEL OF CONSCIOUSNESS**

**Signs & Symptoms**

- Confusion
- Change in level of alertness
- Bizarre behavior
- Combativeness
- Drowsiness
- Unconsciousness

**Causes**

- Diabetic emergency
- Drugs/alcohol/poisons (carbon monoxide/pesticides)
- Hypoxia
- Respiratory Distress (low oxygen states or elevated CO<sub>2</sub>)
- Seizure
- Head Injuries
- Exposure to Environmental Extremes (heat/cold)
- CVA or stroke
- Infections

**History**

- S&S (baseline)
- Allergies
- Medications
- Past Medical History:  
Cardiac  
Neurological  
Respiratory  
Diabetes  
Exposures  
Ingestions  
Drug Use  
Cancer  
Recent trauma  
(Medical alert tags)
- Last Oral Intake
- Events leading up to the injury, illness or fever, any witnesses

**Treatment**

**SPINAL PRECAUTIONS**

Take spinal precautions on ANY patient with altered LOC if trauma cannot be ruled out per guideline 5.91

**LOC- AVPU**

**AIRWAY**

Establish and maintain open airway  
Place oral or nasal airway if unconscious

**OXYGEN**

Obtain pulse oximetry reading  
Administer oxygen per guideline 4.9 **OR**  
assist ventilations as needed Consider non-visualized Airway per guideline 5.7

**VITAL SIGNS**

Respiratory rate, pulse, B/P,  
Perfusion status & blood glucose level.

**ASSESS LOC/PUPILS**

AVPU, Orientation, GCS, Cincinnati Stroke Scale Note an improvement or deterioration in LOC

**ALS Intercept Considerations**

- Airway management required
- Shock
- Unimproved after initial therapy

**Reporting:**

Update dispatch with significant information to be relayed to ALS Crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start Variance Med Administration (*If in scope*)
- CPR
- Transport

**Additional Considerations**

- Consider non visualized airway (I-Gel) if unresponsive.
- Be prepared for vomiting.
- Turn to side and clear airway. If the patient is on a backboard, maintain spinal stabilization and turn the patient as a unit (log roll) to side and clear out airway.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 3.12 1/1/2025**  
**ASTHMA**

**Signs & Symptoms**

- Difficulty breathing and speaking
- Cyanosis
- Anxiety, decreased LOC
- Abnormal respiratory rate (<12 or >20)
- Decreased respiratory depth
- Noisy or labored breathing

**Causes**

- Asthma or Airway Obstruction
- Anaphylaxis
- Cardiac problems
- Hyperglycemia
- Infection
- Trauma
- Drug overdose/Chemical (toxic) exposure
- Stroke
- Pulmonary edema or embolism

**History**

- Signs & symptoms:
- Allergies
- Medications
- Past Medical History: Respiratory problems Cardiac History Hypertension Recent delivery or pregnancy Alcohol, tobacco, or Drug use
- Recent surgery
- Last oral intake
- Events leading up to incident  
Exertion  
Bee sting  
Spider bites  
Exposures  
Eating
- Recent trauma

**Treatment**

**LOC**

**AVPU**

**AIRWAY**

Establish and maintain open airway

**POSITION**

Place patient at rest in position of comfort  
Sitting up if conscious

Recovery position if vomiting or oral secretions

**OXYGEN**

Administer oxygen per guideline 4.9  
OR assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, pulse, B/P & perfusion status, GCS

Blood glucose level

**MEDICATION**

Wheezing/bronchospasms-inhaler or nebulizer;  
CPAP guideline

**ALS Intercept Considerations**

- Unimproved or worsening condition after initial treatment.
- Decreased LOC

**Reporting:**

Update dispatch with significant information to be relayed to BLS/ALS Crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (If in scope)
- Variance Med Administration (If in scope)
- CPR
- Transport

**Additional Considerations**

- Ensure a good mask to face seal, no air should escape around the mask during BVM ventilations, have suction unit nearby, ensure oxygen is connected and monitor supply.
- Patients who become unconscious should be laid down
- Nasal cannula is reserved for patients with COPD who complain of only mild distress without symptoms

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number- 3.13 (1/1/2025)**  
**Behavioral or Psychiatric Emergencies**

**Ensuring the safety of EMS personnel is of paramount importance.**  
**Always summon law enforcement to secure the scene and patient**  
**before attempting to provide medical care. Be aware of items at**  
**the scene or medical equipment that may become a weapon.**

**A. Guidelines for the Management of Uncooperative, Agitated, Violent or Potentially Violent Patients Secondary to a Medical Disorder**

1. Assure appropriate police agency has been notified.
2. Follow altered level of consciousness protocol. These patients may be confused, disoriented, agitated, uncooperative, argumentative, lethargic or semi-comatose.
3. Obtain history from family, friends, witnesses or patient if possible.
4. Conduct as thorough a physical examination as can be done under the circumstances.
5. Support ventilation: if possible, administer oxygen via non-rebreather or nasal cannula.
6. Keep calm. Do not get angry at the patient. Talk slowly and clearly to the patient. Do not shout or threaten. Constantly reassure the patient and identify yourself and constantly keep the patient informed of what you are doing and why.
7. If the patient becomes violent, or his actions present a threat to his safety or that of others, immediate restraint may be necessary.
8. Transport as soon as possible.

**B. Guidelines for the Management of an Obviously Mentally Ill Person Who Is Violent or Considered to be Potentially Violent**

1. If physical violence has occurred or there is a likelihood that the patient has access to a weapon, do not intervene. Take precautions for your own safety and that of others at the scene. Call for police assistance and await their arrival.
2. If no violence has occurred and the patient does not have access to weapons and can be approached with minimal danger to EMS personnel:
  - a. Attempt to calm the patient.
  - b. Do not shout or threaten.

**(Continued next page)**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number- 3.13 (1/1/2025)**  
**Behavioral or Psychiatric Emergencies**  
**(Continued)**

**B. Guidelines for the Management of an Obviously Mentally Ill Person Who Is Violent or Considered to be Potentially Violent (Continued)**

- c. Identify yourself. Speak slowly, clearly and remain in control of your emotions.
- d. Explain why you are there and that you would like to help him/her.
- e. If patient continues to present a risk of violence, becomes increasingly agitated and uncooperative, do not force the issue. Withdraw and wait for law enforcement personnel.

**C. Restraint Protocol**

This is to be used when a patient who is sick or injured (non-mentally ill) because of central nervous impairment, is behaving in such a manner as to interfere with his examination, care and treatment to the extent that he endangers his life or the safety of others. May also be used when restraining and preparing to transport a mentally ill person at the request of a police officer.

1. Clear the area of family and bystanders.
2. Plan before any attempt at restraint, assigning specific duties to each member of the team. Designate a team leader.
3. A show of force may initially be enough to gain the cooperation of the patient and is preferable to the actual use of force as a first step.
4. Use only as much force as required. Never strike patient.
5. Physically control patient. Apply restraints.
6. Restraints should be of a soft nature, i.e., leather cuffs, cravats, sheets, etc. Apply to the wrists and ankles. Restraints should not cut off circulation. Check CMS every 10 minutes.
7. Once restrained, the patient should be checked for Medical Alert tags, medications or possible weapons.
8. If restrained secondary to central nervous system impairment, overdose or vomiting, keep the patient in the left lateral recumbent position. Hard restraints such as handcuffs are not acceptable.

**(Continued next page)**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number- 3.13 (1/1/2025)**  
**Behavioral or Psychiatric Emergencies**  
**(Continued)**

9. If restrained secondary to central nervous system impairment, overdose or vomiting, keep the patient in the left lateral recumbent position. Hard restraints such as handcuffs are not acceptable.
10. Patient should be secured by straps or sheets at the, pelvis, arms, and legs. **Restrain patient supine only.**
11. Patient should never be secured to a vehicle or immovable object.
12. Once restraints have been applied, they should never be removed until the patient is safely in the hospital.
13. Stay with the restrained person at all times. Be observant for possible vomiting. Be prepared to turn the patient and suction if necessary.
14. Transport as soon as possible.
15. Remain calm and alert. Attempt to calm the patient.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 3.14 rev (10/1/2018)**  
**CARDIAC ARREST**

**Signs & Symptoms**

- Unresponsive
- Apneic
- Pulseless
- Multiple unconscious victims (no signs of trauma) Consider a HAZMAT situation – remove yourself from scene until scene safety can be confirmed.

**Causes**

- Airway obstruction
- Cardiac Rhythm Disturbance/MI
- Drowning
- Drug overdose
- Electrocution
- Hypothermia
- Nerve agent or organophosphate poisoning
- Cyanide
- Trauma

**History**

- S&S leading to arrest
- Allergies
- Medications
- Past Medical History:
  - Cardiac
  - Respiratory
  - Recent surgery
  - Recent trauma
  - (Medical alert tags)
- Last Oral Intake
- Events leading up to the injury or illness
  - Bystander CPR
  - Down Time
  - Witnessed Arrest

**Treatment**  
**CIRCULATION**

Begin CPR with 30 chest compressions

**AIRWAY**

After chest compressions, open airway with head tilt-chin lift or jaw thrust  
(See Non Visualized Airway Guideline 5.7 for further instructions)

**BREATHING**

Utilize BVM with supplemental oxygen

**AED**

Attach Automated External Defibrillator (See CPR/AED Guideline 5.4 for further instructions)

**Note:** When you find a public access defibrillator already in use you may use the pre-attached pads and the device unless the pads are incorrectly placed or the device is malfunctioning. An advanced airway should not be placed until after the AED has first analyzed and advised “shock” or “no shock”

**ALS Intercept Considerations:**  
If available

**Reporting:**  
Update dispatch with significant information to be relayed to ALS Crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (*If in scope*)
- Variance Med Administration (*If in scope*)
- CPR
- Transport

**Additional Considerations**

- Move patient to a workable space if appropriate:
  - Out of confined space
  - Onto hard surface
  - Out of bed
- Bring in reserve oxygen tank, assure properly connected.
- Gastric distention may be caused by :
  - Not opening the airway enough.
  - Ventilating with too much volume.
  - Ventilating too rapidly.
- If vomiting occurs roll patient to side, clear airway, suction.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.15 1/1/2025**  
**CARE OF THE NEWBORN**

**Signs & Symptoms of Imminent Delivery**

- Premature Newborn is one that weighs less than 5 ½ pounds at birth or one that is born before the 37<sup>th</sup> week of pregnancy.
- Full-term newborn (37-40 weeks)
- Overdue pregnancies - Greater than 40 weeks gestation, have greater risk of complications

**Causes**

- Delivery of the full-term newborn
- Delivery of the premature newborn. Premature newborns need special care from the moment of birth.

**History**

- Signs & Symptoms Due date Time of delivery Color of amniotic fluid
- Allergies
  - Not established in the newborn
  - Note mother's allergies
- Medications
  - Note mother's medications/d rug history
- Past Medical History:
  - Mothers
  - Prenatal
- Last oral intake
- Events (abnormal)

**Treatment**  
**AIRWAY**

Suction mouth, then nose with bulb syringe.

**MINIMIZE HEAT LOSS**

Dry newborn well

Increase room temperature or move to warm environment.

Wrap newborn in blanket and place hat or towel on newborns head to prevent heat loss.

**VITAL SIGNS**

Monitor respiratory rate (normal 30-60/min)

Monitor pulse rate (normal 120-189)

Obtain an APGAR score on newborn At

1 and 5 minutes after birth (see below)

**If breathing minimal or absent:**

Provide physical stimulation  
 (rub newborns back)

If no improvement utilizes BVM ventilations  
 (Attach BVM to supplemental oxygen)

**If pulse <60/min after 30 seconds of adequate ventilation:** Begin CPR

**ALS Intercept Considerations:**

- Premature Newborn
- CPR required
- Ventilations Required
- APGAR less than 8 at 5 minutes

**Reporting:**

Update dispatch with significant information to be relayed to ALS Crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (if within scope)
- Transport

**Newborn APGAR**

	<b>0 points</b> absent	<b>1 point</b> <100	<b>2 points</b> >100
heart rate	absent		
respiratory effort	absent	slow or irregular	strong
muscle tone	floppy	movement	active
irritability	no response	some	vigorous
color	blue, pale	blue & pink	pink

**Additional Considerations**

- When the nostrils are suctioned the baby may gasp or begin breathing and aspirate or suck any Meconium, blood, fluids or mucus from its mouth into its lungs. Therefore, you should suction the mouth before the nostrils.
- Most newborns respond well to drying, stimulation, oxygen and if needed bag-mask-ventilation.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.16 1/1/2025**  
**CHEST PAIN/DISCOMFORT (Suspected MI without 12-lead capability)**

**Signs & Symptoms**

- Chest pain, pressure or discomfort in any adult
- Unexplained jaw, neck, back, arm or shoulder pain
- Syncopal episode (passing out) in any adult
- Unexplained shortness of breath, fatigue, diaphoresis (sweating, pale skin) in any adult (especially elderly)
- Ashen, pale or cyanotic color
- Irregular pulse
- Anxiety, nausea &/or vomiting
- Altered Level of Consciousness (LOC)

**Causes**

- Coronary Artery Disease
- Spasm or Blockage of the coronary arteries (little to no oxygenated blood flow to cardiac muscle)
- Myocardial Infarction (heart muscle death)

**History**

- Specific complaint or signs & symptoms
- Allergies
- Medications
- Past Medical History:
  - Cardiac
  - Respiratory
  - Hypertension
  - Diabetes
  - Recent surgery
  - Recent trauma
  - Drug Use (Medical alert tags)
- Last Oral Intake
- Events leading up to the injury or illness

**Treatment**

**LOC**

**AVPU**

**REASSURE**

Reassure to decrease anxiety  
Assess pain rating / Scale 1-10

**POSITION OF COMFORT**

Place patient in position of comfort  
Usually this is seated, head elevated

**OXYGEN**

Pulse oximetry reading  
Administer oxygen per guideline 4.9  
**OR** assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, pulse, B/P & perfusion status, Glasgow Coma Scale

**MEDICATION**

Aspirin  
Nitroglycerin

**ALS Intercept Considerations:**

- Pain not improved after third NTG
- ALS able to obtain/transmit 12-lead ECG
- Hypotension Occurs

**Reporting:**

Update dispatch with significant information to be relayed to ALS Crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (if within scope)
- Transport

**Additional Considerations**

- Administration of nitroglycerin will require frequent vital signs.
- Consider placing the patient on the automatic blood pressure monitor once an initial manual set of vital signs has been obtained.
- IV attempts should be performed on the patient's left arm.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 3.161** 1/1/2025

**CHEST PAIN/DISCOMFORT (Suspected MI with 12-Lead Capability)**

**Signs & Symptoms**

- Chest pain, pressure or discomfort in any adult
- Unexplained jaw, neck, back, arm or shoulder pain
- Syncopal episode (passing out) in any adult
- Unexplained shortness of breath, fatigue, diaphoresis (sweating, pale skin) in any adult (especially elderly)
- Ashen, pale or cyanotic color
- Irregular pulse
- Anxiety, nausea &/or vomiting
- Altered Level of Consciousness (LOC)

**Causes**

- Coronary Artery Disease
- Spasm or Blockage of the coronary arteries (little to no oxygenated blood flow to cardiac muscle)
- Myocardial Infarction (heart muscle death)

**History**

- Specific complaint or signs & symptoms
- Allergies
- Medications
- Past Medical History:
  - Cardiac
  - Respiratory
  - Hypertension
  - Diabetes
  - Recent surgery
  - Recent trauma
  - Drug Use
  - (Medical alert tags)
- Last Oral Intake
- Events leading up to the injury or illness

**Treatment**

**LOC**

**AVPU**

**REASSURE**

Reassure to decrease anxiety

Assess pain rating / Scale 1-10

**POSITION OF COMFORT**

Place patient in position of comfort

Usually this is seated, head elevated

**OXYGEN**

Pulse oximetry reading

Administer oxygen per guideline 4.9

**OR** assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, pulse, B/P & perfusion status, Glasgow Coma Scale

**Monitoring**

Attach 12-lead ECG electrodes per guideline 5.42 prior to transport

**MEDICATION**

Aspirin

Nitroglycerin (after acquisition)

**ALS Intercept Considerations:**

- Pain not improved after third NTG
- Hypotension Occurs

**Reporting:**

Update dispatch/hospital with significant information to be relayed to receiving facility.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (if within scope)
- Transport

**Additional Considerations**

- Administration of nitroglycerin will require frequent vital signs.
- Do not delay application of 12-Lead ECG for medication administration.
- Consider placing the patient on the automatic blood pressure monitor once an initial manual set of vital signs has been obtained.
- IV attempts should be performed on the patient's left arm

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 3.17 1/1/2025**  
**CHF / PULMONARY EDEMA**

**Signs & Symptoms**

- Appears anxious, agitated
- Respiratory Distress
- Rapid, shallow breathing
- Fatigue
- Noisy or “wet-sounding” breathing
- May have wheeze
- May have edema (swelling) to feet and legs
- May exhibit pink frothy sputum

**Causes**

- Congestive heart failure (CHF)
- Heart attack (MI)
- Inhalation injury (chemical or nerve agent)
- Smoke inhalation
- Drug overdose
- Heat
- Cold

**History**

- Specific complaint or signs & symptoms**
- Allergies**
- Medications**
- Past Medical History:**
  - Cardiac
  - Respiratory
  - Exposures
  - Recent trauma
  - Drug use
    - (Medical alert tags)
- Last Oral Intake**
- Events leading up to the injury or illness**

**Treatment**

**LOC**  
**AVPU**

**REASSURE**

Reassure to decrease anxiety

**POSITION OF COMFORT**

Place patient in position of comfort  
(usually this is seated, head elevated)

**OXYGEN**

Pulse oximetry reading

Administer oxygen per guideline 4.9  
**OR** assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, pulse, B/P,  
perfusion status & GCS

**MEDICATION**

NTG per **Medical Control**

CPAP administration per guideline 5.9

**ALS Intercept Considerations:**

- Respiratory Arrest
- Unimproved or worsening condition after initial treatment.
- Severe HTN (SPB > 200 Hg)
- Shock

**Reporting:**

Update dispatch with significant information to be relayed to ALS Crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (*If in scope*)
- Variance Med Administration (*If in scope*)
- CPR
- Transport

**Additional Considerations**

- Be assertive with oxygen even if the patient resists
- NTG administration to be considered **after contacting Medical Control**
- Patients experiencing “air hunger” are very anxious, and require constant reassurance

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 3.18 1/1/2025**  
**CVA (Cerebral Vascular Accident) / STROKE**

**Signs & Symptoms**

- Confusion, decreased coordination
- Weakness and/or paralysis (usually one sided)
- Slurred speech or inability to speak
- Facial drooping, sensory changes
- Difficulty swallowing or breathing
- High blood pressure
- Headache, gaze preference

**Hypoglycemia may present with same signs!**

**Causes**

- Hypertension (HTN)
- Medications (Coumadin, Heparin)
- Cerebrovascular disease
- Cardiac Arrhythmia (Atrial fibrillation & flutter)
- Congenital vascular malformations (Aneurysms)
- Diabetes (causes brittle blood vessels)
- Tobacco usage
- Sickle Cell Disease

**History**

- Specific complaint or signs & symptoms (onset & duration)
- Allergies
- Medications
- Past Medical History:
  - Cardiac
  - Hypertension
  - Diabetes
  - Recent surgery
  - HX CVA/TIA (Medical alert tags)
- Last Oral Intake
- Events leading up to the incident

**Treatment**

**LOC -AVPU**

**AIRWAY**

Establish and maintain open airway  
Place oral or nasal airway if unconscious

**POSITION**

Roll non-trauma patient on to side  
(Recovery position)

**OXYGEN**

Pulse oximetry reading  
Administer oxygen per guideline 4.9  
**OR** assist ventilations as needed

**VITAL SIGNS**

Assess respiratory rate, pulse, B/P, perfusion status & GCS

**ASSESS LOC/CMS**

Re-assess orientation, document GCS  
Obtain blood glucose level,  
Perform /Document Cincinnati Stroke Scale  
(assess facial droop, arm drift, abnormal speech)  
Obtain and document last known well time.

**ALS Intercept Considerations:**

- Significant HTN (SBP > 200 mmHg)
- ALS able to transport pt. to stroke center faster
- Airway not secure

**Reporting:**

Update dispatch with significant information to be relayed to ALS Crews.  
Notify receiving hospital utilizing "Stroke Alert" in radio report

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (if in scope)
- Transport

**Additional Considerations**

- Patients with onset of symptoms of less than 8 hours may be a candidate for specialized treatment. Contact Medical Control (receiving hospital) IMMEDIATELY.**
- Stroke may be so severe the person is unconscious and may have signs of swelling in the brain (e.g. unequal pupils, irregular breathing).
- Monitor and protect all paralyzed limbs when moving patients.
- These patients have difficulty protecting their own airways. Aggressively treat airway problems.
- When possible, transport to the most appropriate facility designated by the Minnesota Department of Health as an Acute Stroke Ready hospital, Primary Stroke Center, or Comprehensive Stroke Center. Consider diversion if the difference in transport times to the requested hospital versus the closest hospital is greater than 30 minutes

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.19 1/1/2025**  
**DIABETIC EMERGENCIES**

**Signs & Symptoms**

- Hypoglycemia (Low Blood Sugar):** rapid onset, pale sweaty skin, light headedness, confusion, unusual behavior, may appear intoxicated.
- Hyperglycemia (High Blood Sugar):** gradual onset, warm dry flushed skin, drowsy to comatose, deep rapid fruity (acetone) smelling breath.

**Causes**

- Hypoglycemia (Low Blood Sugar):** usually the patient has taken insulin but has not eaten, or is expending more energy than usual through exercise, fever, illness
- Hyperglycemia (High Blood Sugar):** has not taken insulin, fever, illness

**History**

- S&S** (skin moist pale or dry flushed)
- Allergies**
- Medications (Insulin) or Oral medications**
- Past Medical History:**  
Diabetes  
Drug Use  
Recent illness (Medical alert tags)
- Last Oral Intake, Last Insulin dose**
- Events leading up to the illness**

**Treatment**

**Airway**

Establish and maintain open airway

Place oral or nasal airway if unconscious

**Position**

Support unresponsive non-trauma patients in recovery position

**Oxygen**

Pulse oximetry reading

Administer oxygen per guideline 4.9

**OR** assist ventilations as needed

**LOC**

AVPU, orientation, GCS

**Vital Signs**

Respiratory rate, pulse, B/P & perfusion status, blood glucose level

**Medications**

If glucose is less than 80 mg/dL oral glucose **OR** Glucagon (if altered LOC)

**ALS Intercept Considerations:**

- Altered LOC & Glucose Level is High
- Unable to administer medication
- Failure to improve after medication administration

**Reporting**

Update dispatch with significant information to be relayed to ALS Crews.

**Assist BLS/ALS with:**

Airway Management  
Vital signs

IV set up/start (if in scope)

Variance Med Administration  
(if in scope)

Transport

**Additional Considerations**

- Patient may present combative, protect the patient from harm.
- NEVER** give oral glucose or any liquid source of sugar to a patient that is unable to protect their own airway. Patient **MUST** be able to speak and have an intact gag reflex.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 3.20 rev 10/1/2018**  
**HEAT EXHAUSTION / HEAT STROKE**

**Signs & Symptoms**

- Heat Exhaustion:** muscle cramps, weak, dizzy, rapid shallow breathing, weak pulse, heavy perspiration
- Heat Stroke:** rapid shallow breathing, full rapid pulse, 50% of patients will continue to perspire, dilated pupils, seizures, loss of consciousness or altered mental status

**Causes**

- Heat Exhaustion:** muscle cramps, weak, dizzy, rapid shallow breathing, weak pulse, heavy perspiration
- Heat Stroke:** rapid shallow breathing, full rapid pulse, 50% of patients will continue to perspire, dilated pupils, seizures, loss of consciousness or altered mental status

**History**

- Signs & Symptoms**  
Moist or Dry Skin  
Neurological Changes
- Allergies**
- Medications**
- Past Medical History:**  
Respiratory  
Cardiac Infections (OR)  
Alcohol or Drug Use  
Exertion  
Recent Illnesses (Medical alert tags)
- Last oral intake**
- Events leading up**

**Treatment**

**LOC**

AVPU

**AIRWAY**

Establish and maintain open airway  
Place oral or nasal airway if unconscious

**OXYGEN**

Pulse oximetry reading  
Administer oxygen per guideline 4.9  
**OR** assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, Pulse, B/P,  
Perfusion status & GCS

**REMOVE FROM ENVIRONMENT**

Remove the patient from the environment

**ACTIVE COOLING**

If the patient is confused or unconscious

begin active cooling

Remove clothing; apply cool packs  
to neck, groin and axilla

Keep the skin wet & cool air moving across it  
Give water only if patient can manage

his or her own airway

Do NOT allow the patient to chill or shiver

**ALS Intercept Considerations:**

- Airway management required
- Shock
- Not improved with initial therapy

**Reporting:**

Update dispatch with significant information to be relayed to ALS crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (if in scope)
- Transport

**Additional Considerations**

- Anticipate vomiting in the heat exhaustion patient; roll the patient to the side and clear airway.
- An increased body temperature or overheating associated with a change in level of consciousness, such as confusion or unconsciousness, indicates a life-threatening emergency.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.21** 1/1/2025  
**HYPOTHERMIA**

**Signs & Symptoms**

- (99F-96F) shivering
- (95F-91F) intense shivering, difficulty speaking
- (90F-86F) muscle rigidity, uncoordinated, think slow
- (85F-81F) decreased Level of consciousness, slow pulse & respiration
- (80F-78F) Loss of consciousness, few reflexes, heart rate erratic

**Causes**

- Conduction-direct transfer of heat from one material to another through direct contact
- Convection-currents of air or water pass over the body
- Radiation-is heat the body sends out in waves
- Evaporation-occurs when the body perspires or gets wet and vaporizes
- Respiration-warmth lost through exhaled air

**History**

- Signs & Symptoms  
Predisposing factors  
Length of exposure  
Type of heat loss
- Allergies
- Medications
- Past Medical History  
Alcohol Abuse  
Drug Use  
Circulatory Disorders
- Last Oral Intake
- Events leading up to incident

**Treatment**

**LOC**

**AVPU**

**AIRWAY**

Establish and maintain an open airway  
Place an oral or nasal airway if unconscious

**OXYGEN**

Pulse oximetry reading

Administer oxygen per guideline 4.9

**OR** assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, pulse, B/P,  
GCS and perfusion status

Do pulse check for 30-45 seconds

If no pulses start CPR attach AED

**REWARM PATIENT**

Remove wet garments and cover with  
blankets. Handle patient gently.

Apply warm packs to neck,  
armpits, and groin

**Frostbite**

Frozen limbs should be handled gently,  
**DO NOT** rub. **DO NOT** allow the patient  
to walk on frozen limb

Cover and immobilize the affected part

**ALS Intercept  
Considerations:**

- Cardiac Arrest
- Airway  
Management  
Required
- Fails to improve  
with initial therapy

**Reporting:**

Update dispatch with  
significant information  
to be relayed to ALS  
crews.

**Assist ALS with:**

- Airway  
Management
- Vital signs
- Splinting
- IV set up/start (if  
in scope)
- Transport

**Additional Considerations**

- See “Cardiac Arrest” protocols for Hypothermic Arrests, guideline 5.4
- Factors that contribute to hypothermia are alcohol ingestion, underlying illness, overdose or poisoning, trauma, environment - being outdoors and decreased ambient temperature.
- Hypothermia can develop in temperatures well above freezing.
- Perform CPR on ALL hypothermic cardiac arrests and continue until rewarming is complete. Patient outcome cannot be determined until rewarming is complete.
- Active rewarming of frozen parts is seldom recommended in the field.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number- 3.22 1/1/2025**  
**HYPOVOLEMIA / SHOCK**

**Signs & Symptoms**

- Pale
- Diaphoretic (sweaty)
- Rapid breathing
- May or may not have a fast heart rate
- Altered level of consciousness
- Hypotension (low blood pressure) \*late sign
- Confusion & anxiety

**Causes**

- Blood loss (external or internal)
- Severe dehydration

**History**

- Signs & Symptoms**
- Allergies**
- Medications**
- Past Medical History:**
  - Cardiac
  - Respiratory
  - Exposures
  - Drug Use
  - Vomiting
  - Fever
  - Recent Trauma
  - (Medical alert tags)
- Last Oral Intake**
- Events leading up to the illness or injury**

**Treatment**

**LOC**

**AVPU**

**SPINAL PRECAUTIONS**

Manually stabilize head to immobilize neck  
When moving the patient, keep spine aligned per Spinal Immobilization guidelines 5.91

**AIRWAY**

Establish and maintain open airway  
Place oral or nasal airway if unconscious

**OXYGEN**

Pulse oximetry reading  
Administer oxygen per guideline 4.9  
**OR** assist ventilations as needed

**CONTROL BLEEDING**

Expose injury sites and apply direct pressure If indicated, apply hemostatic agent (optional)  
Cover open wounds with sterile dressings If direct pressure does not control bleeding, use medical director approved tourniquet Per guidelines 5.11, 5.12

**VITAL SIGNS/LOC**

Respiratory rate, pulse, B/P, perfusion status & GCS

Re-assess AVPU, orientation, GCS

**POSITION**

Lie patient flat and elevate lower extremities  
Keep Patient Warm &  
Apply "PASG" Trousers (optional)

**Consider ALS Intercept**

- Greater than 30 minutes from definitive care
- Airway compromise
- No response to initial care

**Reporting:**

Update dispatch with significant information to be relayed to ALS crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (*if within scope*)
- Transport

**Additional Considerations**

- Remember a few of the earliest signs of shock are irritability, anxiety, restlessness, increase in heart rate and/or thirst.
- Low blood pressure is a late sign of shock.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number –3.23 1/1/2025**  
**OB PREGNANCY/LABOR/DELIVERY**

**Signs & Symptoms**

- Contractions
- Water Broke
- Crowning
- Urge to push or move bowels

**Causes**

- Pregnancy with labor
- Imminent Delivery

**History**

- Signs & Symptoms  
Prenatal care Due  
Date  
Contractions  
Meconium
- Allergies
- Medications
- Past Medical  
History: Previous  
Pregnancies  
Diabetes  
Hypertension  
Hypotension Pre-  
eclampsia Cardiac  
Problems  
Respiratory  
Problems  
Drug Use
- Last Oral Intake
- Event leading up  
to delivery

**Treatment**

**PREPARE FOR DELIVERY**

Reassure and comfort mother  
Provide a clean environment

**ASSIST DELIVERY**

Support baby's head during delivery  
Clear baby's mouth first  
then nose w/bulb syringe

**(See Care of the Newborn)**

**UMBILICAL CORD**

Place 2 clamps on cord  
8 – 10 inches from baby.  
Cut cord between clamps.

**CONTROL BLEEDING**

Gently message abdomen over uterus  
Place pad between legs

**VITAL SIGNS**

Assess respiratory rate, pulse,  
B/P and perfusion status

Monitor for signs & symptoms of shock

**ALS Intercept  
Consideration:**

- Premature (< 37 weeks) delivery
- Multiple births (twins, etc.)
- Cord Prolapse
- Breech presentation
- Limb presentation
- Shock

**Reporting:**

Update dispatch with significant information to be relayed to ALS crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (*if within scope*)
- Transport

**Additional Considerations**

**Do not delay transport for the delivery of the placenta.**

Placenta should deliver within 20 minutes. Save placenta and keep with patient. Allow placenta to deliver naturally -Do NOT pull on cord

- Some deliveries are abrupt. Do NOT squeeze the baby but DO provide adequate support. You can prevent an abrupt delivery by using one hand to maintain slight pressure on the baby's head, avoiding direct pressure on the infant's soft spot on the skull.
- Do NOT cut or clamp a cord that is still pulsating.
- After the delivery, dry and wrap the baby, if mother is interested in nursing place the baby to breast this will facilitate uterine contraction. If not, and baby is stable allow mother to hold child.
- For delivery complications (e.g. limb presentation, prolapsed cord, breech presentation, prolonged delivery, heavy bleeding) give **Oxygen** at 10 – 15 L/min by mask, **elevate hips**. Contact medical control and transport.
- Contact Medical Control if complications noted upon your arrival.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.24 1/1/2025**  
**POISONING – DRUG INGESTION**

**Signs & Symptoms**

- Presenting signs & symptoms will depend on the product, agent or drug the patient contacted, ingested, inhaled and/or injected.
- Environmental cues become extremely important (empty bottles, drug paraphernalia, product containers, lingering smells or odors, dead animals, vomit, pills, spray paint cans).

**Causes**

- Inhalation
- Ingestion
- Injection
- Skin contact

**Examples**

Drugs, medications, alcohol, carbon monoxide, household products, plants, or chemicals.

**History**

- Specific signs & symptoms, length of exposure, time of ingestion, vomiting
- Allergies
- Medications (Ipecac)
- Past Medical History: Cardiac Suicide Attempts Exposures Drug Abuse (Medical alert tags)
- Last Oral Intake
- Events leading up to the incident

**Treatment**

**LOC**

**AVPU**

**AIRWAY**

Establish and maintain open airway  
Place an oral or nasal airway if unconscious

**POSITION**

Place non-trauma patient in recovery position

**OXYGEN**

Pulse oximetry reading  
Administer oxygen per guideline 4.9  
**OR** assist ventilations as needed

**VITAL SIGNS**

Assess respiratory rate, pulse, B/P & perfusion status, document GCS

**ASSESS LOC**

Re-assess AVPU, GCS If altered level of consciousness Obtain a blood glucose level.

**CONTACT POISON CONTROL**

**ALS Intercept Considerations:**

- Airway compromise
- Shock

**Reporting:**

Update dispatch with significant information to be relayed to ALS crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (*if within scope*)
- Transport

**Additional Considerations**

- Anticipate vomiting
- Roll to side and clear airway
- Drug induced behavior is often unpredictable behavior. Always leave yourself an exit.
- Be suspicious of an MCI involving a number of patients complaining with the same complaints (shortness of breath, drooling, and pin-point pupils, tearing, unable to control bowel or bladder, seizures). If found, GET OUT!

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.25 1/1/2025**  
**RESPIRATORY DISTRESS - COPD**

**Signs & Symptoms**

- Difficulty breathing and speaking
- Cyanosis
- Anxiety, decreased LOC
- Abnormal respiratory rate (<12 or >20)
- Decreased respiratory depth
- Noisy or labored breathing

**Causes**

- Emphysema
- Tobacco Use
- Medical Non-compliance
- Infection (precipitates attack)

**History**

- Signs & symptoms:
- Allergies
- Medications
- Past Medical History:  
Respiratory problems Cardiac History  
Hypertension  
Recent delivery or pregnancy  
Alcohol, tobacco, or Drug use  
Recent surgery
- Last oral intake
- Events leading up to incident  
Exertion Bee sting Spider bites  
Exposures  
Eating Recent trauma

**Treatment**

**LOC**

**AVPU**

**AIRWAY**

Establish and maintain open airway

**POSITION**

Place patient at rest in position of comfort Sitting up if conscious Recovery position if vomiting or oral secretions

**OXYGEN**

Pulse oximetry reading

Administer oxygen per guideline 4.9

**OR** assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, pulse, B/P & perfusion status, GCS, blood glucose level

**MEDICATION**

For wheezing/bronchospasms administer inhaler or nebulizer; per guideline 4.5

CPAP administration per guideline 5.9

**ALS Intercept Considerations:**

- Unimproved or worsening condition after initial treatment.
- Decreased LOC
- Shock
- Persistent hypoxia

**Reporting:**

Update dispatch with significant information to be relayed to ALS crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (*if in scope*)
- Variance med administration (*if in scope*)
- Transport

**Additional Considerations**

- Ensure a good mask to face seal, no air should escape around the mask during BVM ventilations, have suction unit nearby, ensure oxygen is connected and monitor supply.
- Patients who become unconscious should be laid down
- Nasal cannula is reserved for patients with COPD who complain of only mild distress without symptoms

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.26 1/1/2025**  
**SEIZURES**

**Signs & Symptoms**

- Generalized (Full Body) Seizure:** uncoordinated muscular activity accompanied by LOC
- Partial or Complex Seizures:** abnormal behavior, convulsion of part of the body
- Status Seizure:** prolonged generalized (full body) seizure and/or no recovery from postictal state

**Causes**

- Epilepsy
- Diabetic Problems
- Head Injury
- Brain Tumor or Stroke
- Alcohol/Drug Overdose or Withdrawal
- Infections
- Chemical Exposures

**History**

- S&S (last seizure)**
- Allergies**
- Medications**  
Are they compliant with prescribed seizure medications?
- Past Medical History:**
  - Cardiac
  - Respiratory
  - Exposures
  - Ingestion
  - Recent trauma(Medical alert tags)
- Last Oral Intake**
- Events leading up to the seizure, witnesses, LOC, what seizure looked like, frequency and duration.**

**Treatment**

**LOC - AVPU**

**(During Seizure)**

**Oxygen**

Administer Oxygen (blow-by)

Protect patient from harm

**POSITION**

Support unresponsive non-trauma patient in recovery position

**(After Seizure)**

**Airway**

Position to maintain open clear airway  
Roll to side to allow secretions to drain

**Oxygen**

Pulse oximetry reading

Administer oxygen per guideline 4.9

**OR** assist ventilations as needed

**LOC**

Re-assess AVPU, orientation, GCS

**Vital Signs**

Respiratory rate, pulse, B/P,

Perfusion status & blood glucose level

**ALS Intercept Considerations:**

- Status Seizures
- Airway compromise
- Shock

**Reporting:**

Update dispatch with significant information to be relayed to ALS Crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (*if within scope*)
- Variance med administration(*if within scope*)
- Transport

**Additional Considerations**

- Be prepared for the possibility that the patient sustained a traumatic injury during the seizure or that the seizure is a result of trauma. When in doubt use spinal precautions.
- Assess the airway for tongue lacerations or obstructions such as gum. Suction the airway as needed or appropriate.
- As seizure patients awaken, anticipate spitting or spewing of oral secretions and use shielded facemask or safety glasses.
- Status Seizures exist when one seizure is followed by another without a postictal period or a continuous seizure lasting longer than 5 minutes

**Madelia Health EMS  
EMS STANDARD OPERATING PROCEDURES  
Patient Care Guidelines**

**Guideline Number – 3.5**

# **Adult “SPECIFIC”**

**Patient Care Guidelines**

**Trauma  
Emergencies**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.51 rev 10/1/2018**  
**BURNS - CHEMICAL (Contact)**

**Signs & Symptoms**

- Irritation or redness to the skin
- Burning to the eyes or other mucous membranes
- Choking or coughing
- Pain at burn site
- Vomiting
- Seizures
- Respiratory Distress/Burning
- SLUDGE Syndrome

**Causes**

- Acids:** Wash even after the burning has stopped.
- Dry Lime:** Brush lime off FIRST then flush with copious amounts of water.
- Carbolic Acid:** Do NOT mix with water.
- Sulfuric Acid:** Heat is produced when water is added, flush with copious amounts of water and continue to flush.
- Hydrofluoric Acid:** Flush with water, burns are delayed.

**History**

- Signs & Symptoms  
Mechanism of Injury  
Exposure duration  
Confined space  
Exposure type
- Allergies
- Medications
- Past Medical History:  
Respiratory  
Cardiac  
(Medical alert tags)
- Last oral intact
- Events leading up to incident

**Treatment**

**SCENE SAFETY**

Wear appropriate PPE.

**STOP BURNING PROCESS**

Remove clothing, brush off chemicals from skin  
Continuously irrigate eyes or skin with water  
Do NOT use neutralizers like vinegar or baking soda in eyes

**LOC - AVPU**

**AIRWAY**

Establish and maintain an open airway  
Place an oral airway if unconscious

**OXYGEN**

Pulse oximetry reading  
Administer Oxygen per guideline 4.9  
(OR) Assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, Pulse, B/P,  
Perfusion status & GCS

**COVER WOUNDS**

Cover with clean dressing or burn sheet  
After washing eyes, cover both eyes with moistened pads

**Refer to *Inhalation Injury Guideline* for Respiratory Symptoms**

**ALS Intercept Considerations:**

- Airway management required
- Respiratory Distress
- Shock

**Consider Air Medical direct to Burn Center for**

- All acid burns
- >10 BSA burns

**Reporting**

Update dispatch with significant information to be relayed to ALS crews.

**Assist ALS with:**

Airway Management  
Vital signs  
IV set up/start(if within scope)  
Transport

**Additional Considerations**

- Wear appropriate PPE to protect yourself from exposures and control the flushing process to avoid splashing.
- Do NOT contaminate skin that has not been in contact with the chemical.
- Be prepared to address airway concerns.
- Maintain patients body temperature if there is significant body surface area burn

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.52 1/1/2025**  
**BURNS - THERMAL**

**Signs & Symptoms**

- Superficial Burns:** involves the outer layer of skin, characterized by reddening of the skin and swelling (looks like a sunburn)
- Partial Thickness Burn:** involves the second layer of skin, there will be intense pain, noticeable reddening, blisters and mottled (spotted) appearance
- Full Thickness Burns:** all layers of the skin damaged, charred black or brown or dry and white, may have severe pain or no pain at all

**Causes**

- Flame
- Radiation
- Excessive heat from fire
- Steam
- Hot liquids
- Hot objects

**History**

- Signs & Symptoms
- Mechanism of Injury
- How long exposed
- Confined space
- Facial burns
- Sooty sputum
- Stridor or SOB
- Burn Process Stopped
- Change in Voice
- Allergies
- Medications
- Past Medical History
- Respiratory
- Cardiac
- Immune
- Vascular
- (Medical alert tags)
- Last oral intact
- Events leading up to incident

**Treatment**

**SCENE SAFETY**

**STOP BURNING PROCESS**

Flame: Wet down, smother,

Then remove clothing/jewelry

Semi-solid (grease, tar, wax): Cool with water - do NOT remove from skin.

**LOC - AVPU**

**AIRWAY**

Establish and maintain an open airway

Place an oral airway if unconscious

**OXYGEN**

Pulse oximetry reading

Administer Oxygen per guideline 4.9  
(OR) Assist ventilations as needed

**VITAL SIGNS**

Assess Respiratory rate, Pulse, B/P & Perfusion status

**COVER WOUNDS**

Estimate burn area using "rule of palm"  
(patient palm = 1%)

Place moist cool clean dressings on burns <20%  
Dry, clean dressings on burns >20% to prevent  
hypothermia. Maintain patient's body temp.

**ALS Intercept Considerations:**

- Airway Compromise

**Air Medical Directory to Burn Center if:**

- Greater than 10% BSA 2<sup>nd</sup> degree burns if < 10 or > 50 y/o
- 2<sup>nd</sup> degree greater than 20% BSA
- 3<sup>rd</sup> degree greater than 5% BSA

**Reporting**

Update dispatch with significant information to be relayed to ALS Crews.

**Assist ALS with:**

Airway Management  
Vital signs  
IV set up/start(if within scope)  
Transport

**Additional Considerations**

- Always consider the possibility of an inhalation injury with facial burns, sooty sputum, respiratory distress, voice change and singed facial hair. **BE PREPARED FOR AIRWAY compromise.**
- For burns to hands and feet, be sure to remove rings and jewelry so that swelling does not constrict blood flow. Separate fingers and toes with sterile gauze.
- For burns to eyes, do NOT open eyelids if burned. Apply sterile pad to both eyes to prevent sympathetic movement.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.53 1/1/2025**  
**ELECTROCUTION**

**Signs & Symptoms**

- Burns where energy enters & exits the body
- Restlessness, irritability, or disorientation
- Muscle tenderness or twitching
- Respiratory difficulties or arrest
- Irregular heart beat or cardiac arrest
- Elevated or low blood pressure (shock)
- Fractures
- Seizures
- Visual disturbances

**Causes**

- Alternating current
- Direct current
- Lightning

**History**

- Signs & Symptoms  
Mechanism of Injury  
Exposure duration  
Current & voltage  
Location of wounds  
Points of contact  
Power source off  
Trauma
- Allergies
- Medications
- Past Medical History:
  - Respiratory
  - Cardiac
  - (Medical alert tags)
- Last oral intact
- Events leading up to incident

**Treatment**

**SCENE SAFETY**

Before entering the scene, ensure the electrical hazard has been eliminated.

**STOP BURNING PROCESS** Ensure the power source has been turned off **SPINAL PRECAUTIONS**

Manually stabilize head to immobilize neck  
When moving patient keep the spine aligned

**LOC - AVPU**

**AIRWAY**

Establish and maintain an open airway  
Place an oral airway if unconscious

**OXYGEN**

Pulse oximetry reading  
Administer oxygen per guideline 4.9  
**OR** assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, pulse, B/P & perfusion status & GCS & ECG Monitor

**COVER WOUNDS**

Cover with sterile dressing or burn sheet

**SPINT FRACTURES**

Splint above & below fracture site  
**(See "Fractures" Protocol 3.56)**

**ALS Intercept Considerations:**

- Cardiac Arrest
- Respiratory Arrest
- Shock
- Irregular pulse
- Multiple Trauma

**Reporting**

Update dispatch with significant information to be relayed to ALS Crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (*if within scope*)
- Transport

**Additional Considerations**

- Make certain that you and the patient are in a SAFE ZONE.
- Electricity may cause severe injuries with little visible damage.
- Direct attention to monitoring pulse, treating shock and stabilizing injuries.
- All unconscious, apneic, pulse less patients should be treated according to the "Cardiac Arrest/AED Protocol"

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.54 1/1/2025**  
**HEAD and SPINE INJURIES**

**Signs & Symptoms**

- May have few signs or symptoms, just mechanism of injury alone
- Head Injuries:** may be unconscious, unequal pupils, irregular breathing, drainage from ears or nose, posturing with arms flexed inward or outward
- Spinal Injuries:** numbness & tingling arms/legs, inability to feel or move extremities, pain, difficulty regulating temperature, abnormal response to pain, urinating on self, sustained penile erection

**Causes**

- Trauma

**History**

- Signs & symptoms: Mechanism of Injury CMS, GCS, Vomiting/LOC DCAP-BTLS
- Allergies
- Medications
- Past Medical History: Seizures Cardiac/CVA Brain Injuries Paralysis Cancer Arthritis Osteoporosis Trauma (Medical Alert tags)
- Last oral intake
- Events leading up to incident.

**Treatment**

**SPINAL PRECAUTIONS**

Manually stabilize cervical spine  
When moving patient keep spine aligned

**LOC**

**AVPU**

**AIRWAY**

Establish and maintain open airway  
Place oral or nasal airway if unconscious

**OXYGEN**

Pulse Oximetry reading

Administer oxygen per guideline 4.9

**OR** assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, pulse, B/P,  
Perfusion status & Glasgow Coma Scale

**ASSESS CMS**

Check Circulation, Motion & Sensation  
(CMS) in extremities before and after back  
boarding the patient

**ALS Intercept Considerations:**

- Neurological Deficit
- Airway compromised
- Shock

**Reporting:**

Update dispatch with significant information to be relayed to ALS crews.

**Assist ALS with:**

- Airway Management
- Vital signs
- IV set up/start (*if within scope*)
- Transport

**Additional Considerations**

- Anticipate vomiting. If vomiting occurs protect the spine while rolling the immobilized patient as a unit to the side.
- Serious head injuries may result in combativeness or unconsciousness as a result of brain swelling. Other signs and symptoms include: unequal pupils, irregular respirations, posturing, and fluid in ears or nose. Treat with oxygen, assist respirations as needed.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.55 rev 1/23/2023**  
**INHALATION INJURY (Toxic Gas)**

**Signs & Symptoms**

- Respiratory Distress/Burning
- Choking or coughing
- Irritation or redness to the skin
- Burning to the eyes or other mucous membranes
- Vomiting
- Seizures
- SLUDGE Syndrome

**Causes**

- Toxic Gas Exposure (Chlorine, Sarin, Mustard Gas)

**History**

- Signs & Symptoms  
Mechanism of Injury  
Exposure duration  
Confined space  
Exposure type
- Allergies
- Medications
- Past Medical History:  
Respiratory  
Cardiac  
(Medical alert tags)
- Last oral intact
- Events leading up to incident

**Treatment**

**SCENE SAFETY**

Wear appropriate PPE.

**LOC**

**AVPU**

**AIRWAY**

Establish and maintain an open airway

Place an oral airway if unconscious

**OXYGEN**

Pulse oximetry (treat regardless of reading)

Administer oxygen at 10 – 15 L/min by mask per guideline 4.9

**OR**

Assist ventilations as needed

**VITAL SIGNS**

Respiratory rate, pulse, B/P,  
Perfusion status & GCS

**SECONDARY INJURY**

Treat chemical skin exposure per the

**Burns – Chemical Guideline 3.51**

**ALS Intercept Considerations:**

- Airway management required
- Respiratory Distress
- Shock

**Reporting**

Update dispatch with significant information to be relayed to ALS crews.

**Assist ALS with:**

Airway management  
Vital signs  
IV set up/start (*if within scope*)  
Transport

**Additional Considerations**

- Wear appropriate PPE to protect yourself from exposures.
- Be prepared to address airway concerns.
- Notify Hospital early if concerns of Organophosphate/Nerve Agent exposure.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 3.56** 1/1/2025

## **Traumatic Injury - Fractures, Dislocations & Sprains**

### **Signs & Symptoms**

- Deformity
- Pain
- Swelling
- Discoloration

### **Causes**

- Trauma
- Disease States (osteoporosis, cancers)

### **History**

- Signs & Symptoms  
Mechanism of Injury  
CMS, DCAP-BTLS
- Allergies
- Medications (Aspirin or Coumadin)
- Past Medical History:  
Arthritis  
Cancer  
Osteoporosis  
Paralysis  
Trauma  
(Medical alert tags)
- Last Oral Intake
- Events leading up to the injury

### **Treatment**

#### **SPINAL PRECAUTIONS**

##### **LOC**

##### **AVPU**

#### **AIRWAY, BREATHING, CIRCULATION**

##### **STABILIZE INJURY**

Stabilize in position found until ready to splint

##### **EXPOSE INJURY SITE**

##### **CONTROL BLEEDING**

Apply direct pressure; if uncontrolled use medical director approved tourniquet per guideline 5.11

Apply sterile dressings to open wounds

##### **ASSESS CMS**

Assess Circulation, Motion & Sensation before and after splinting, if pulseless or cold do NOT splint

##### **SPLINT FRACTURES**

Immobilize joint above/below fracture site

Splint joints in position found

Straighten midshaft fractures before splinting

Apply splint, ice packs and elevate extremity.

##### **VITAL SIGNS**

Respiratory rate, pulse, B/P, perfusion status & GCS

### **ALS Intercept Considerations:**

- Pain Management required
- Prolonged Extrication
- Multiple Trauma
- CMS compromise
- Shock

### **Reporting:**

Update dispatch with significant information to be relayed to ALS crews.

### **Assist ALS with:**

- Airway management
- Vital signs
- Splinting
- IV set up/start(if within scope)
- Transport

### **Additional Considerations**

- If there is a possible cervical spine injury DO NOT tie a sling around the patient's neck.
- Consider traction splint for isolated mid-shaft femur fractures only.
- If there is a pulse, motor or sensory problem with an injured limb, you should make one (1) attempt to regain pulses.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 3.57 1/1/2025**  
**Traumatic Injuries – Wound Care**

### Signs & Symptoms

- Closed Wounds** (contusion, edema, discoloration, deformity, pain, decreased sensation, hematoma)
- Open Wounds** (bleeding, abrasion, laceration, puncture or penetration, avulsion, amputation)

### Causes

- Closed Wounds** (blunt trauma or crushing injuries)
- Open Wounds** (any sharp object, penetration via impaled objects, knives or firearms, spontaneous rupture of blood vessels)

### History

- Signs & Symptoms DCAP-BTLS
- Allergies
- Medications Blood Thinners Blood Pressure
- Past Medical History: Bleeding disorders Hypertension Cardiac Problems Respiratory Last Tetanus Shot
- Last Oral Intake
- Events leading up to injury or incident

### Treatment

**Priorities:** Spinal Precautions, LOC, Airway, Breathing, Circulation, Control of Bleeding and Oxygen Administration.

#### WOUNDS

1. **EXPOSE** injury site  
2. **COVER** open wounds w/dressings  
3. **CONTROL BLEEDING** w/direct pressure. *If bleeding persists, continue direct pressure, consider pressure dressing and medical director approved tourniquet per guideline 5.11*

#### AMPUTATIONS

1. **CONTROL BLEEDING**
2. **COVER STUMP** with saline soaked dressing
3. **WRAP AMPUTATED PART** in gauze
4. **MOISTEN GAUZE** with saline
5. Place amputated part in plastic BAG
6. Place ON ICE, keep cool but do NOT freeze

#### IMPALED OBJECTS

1. **IMMOBILIZE OBJECT** in place, do NOT remove  
Exception: objects impaled in cheek may be removed to ensure a patent airway. Be ready for bleeding inside mouth.

#### CHEST INJURIES

Sucking Chest Wound: (look & feel for subcutaneous air under skin)

1. **COVER w/OCCLUSIVE** dressing
2. **MONITOR** signs of increased respiratory distress
3. If present **LIFT** one side of dressing
4. Allow AIR TO ESCAPE

Flail Chest:

1. Manually **STABILIZE** flail segment

#### **ALS Intercept Considerations:**

- Uncontrolled Bleeding
- Amputations
- Flail Chest
- Shock
- Airway Compromise
- Penetrating trauma to chest/back/abdomen

#### **Reporting:**

Update dispatch with significant information to be relayed to ALS crews.

#### **Assist ALS with:**

- Airway Management
- Vital signs
- Bandaging
- IV set up/start(*if within scope*)
- Transport

### Additional Considerations

- Manual stabilization of flail chest might include the palm of a hand, a folded towel or the use of pillow.
- Signs of increased respiratory distress include decreased LOC, cyanosis, and tracheal deviation, diminished or absent breath sounds.
- Monitor for signs and symptoms of shock.

**Madelia Health EMS  
EMS STANDARD OPERATING PROCEDURES  
Patient Care Guidelines**

**Guideline Number – 4.00**

# **MEDICATION ADMINISTRATION**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number- 4.1** 1/1/2025  
**Aspirin**

**Medication name:**

- Aspirin, ASA, Ecotrin, Acetylsalicylic acid

**Actions:**

- Impedes clotting by blocking prostaglandin synthesis, which prevents formation of the platelet-aggregating substance thromboxane A2

**Indications:**

- Provider Impression Chest Pain/ Discomfort of suspected Cardiac origin.

**Contraindications:** (do **NOT** give if)

- Hypersensitivity to drug. Patients with active ulcer disease

**Dose:**

- Give 324 mg of chewable ASA give within minutes of arrival.

**Side Effects:**

- Use with caution in patients with GI lesions, impaired renal function, hypoprothrombinemia, vitamin K deficiency, thrombocytopenia, or severe hepatic impairment.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 4.11** 1/1/2025

**Naloxone (Narcan®)**

*(OPTIONAL) Requires EMSRB Variance Approval per Minnesota Rules  
4690.8300 SPECIFIC VARIANCES Subpart 7*

**Medication Name:** Naloxone, Narcan

**Actions:** Prevents or reverses the effects of opioids including respiratory depression, sedation, and hypotension.

**Indications:**

**Provider Impression:**

- Patient who is not alert, but does respond to verbal or painful stimuli, or is unresponsive
- Respiratory depression induced by opioid overdose or overmedication. Opioids include heroin, morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Norco), fentanyl (Duragesic, Fentora), hydromorphone (Dilaudid, Exalgo), and buprenorphine (Subutex, Suboxone)
- Signs of overdose include diaphoresis, cyanosis in fingernails and/or lips, vomiting and/or gurgling noises, respirations less than 12 breaths/minute, bradycardia
- Signs of overmedication include unusual sleepiness or drowsiness, confusion, slurred speech, dyspnea, pinpoint pupils, bradycardia, and hypotension

**Contraindications:**

- Known hypersensitivity to naloxone

**Precautions:**

- Maintain caution in narcotic-dependent patients who may experience withdrawal syndrome as they may become agitated or combative.
- If patient respirations are depressed, or if the patient is showing signs of respiratory distress, assist with ventilations per Guideline 3.25 (Respiratory Distress)
  - Adult- less than 12 breaths/min
  - Child (1-13 years old)- less than 20 breaths/min
  - Infant (less than 1 year old)- less than 30 breaths/min
- Utilize Guideline 3.13 (Behavioral or Psychiatric Emergencies) as needed for combative or uncooperative patients

**(Continued on next page)**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 4.11** 1/1/2025

**Naloxone (Narcan®)**  
**(Continued)**

- If able, obtain patient's blood glucose reading prior to administering Narcan. If blood glucose level is less than 80 mg/dL, utilize Guideline 3.19 (Diabetic Emergencies). If blood glucose level is greater than 80 mg/dL, proceed with Narcan administration.

**Dose:**

- Infant (less than 1 year old): 1mg (.5 mg per nostril)
- Greater than 1 year old: 2mg/ml (1mg per nostril)

**Narcan Administration**

**(2 mg single dose w/MAD)**

1. Administer naloxone (Narcan) via Mucosal Atomizer Device (MAD)
2. Insert MAD into patient's left nostril, aim slightly upward and toward the left ear, and inject 1mg/ml (.5mg/ml in infants)
3. Insert MAD into patient's right nostril, aim slightly upward and toward the right ear, and inject 1mg/ml (.5mg/ml in infants)
4. Prepare for transport
5. After 30 secs, if patient's respiratory rate is not greater than the age appropriate minimum, administer a 2nd does of naloxone (Narcan) following the same procedure as steps 2-3  
**Note: The purpose of naloxone therapy is to restore adequate spontaneous breathing, not complete arousal.**
6. Effects of naloxone therapy should last between 30 and 90 minutes. Monitor patient for return of overdose symptoms.
7. Consider ALS intercept

**(Continued on next page)**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 4.11 1/1/2025**  
**Naloxone (Narcan®)**  
**(Continued)**

**Side Effects:**

- Runny nose
- Sweating
- Tachycardia
- Hypertension
- Vomiting
- Shaking

**Ongoing Assessment:**

- Monitor airway, breathing, circulation and level of consciousness
- Take vital signs every 5 minutes
- Observe for deterioration and be prepared to assist with manual ventilations

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number- 4.2 1/1/2025**  
**NITROGLYCERIN**

*(OPTIONAL) Requires EMSRB Variance Approval per Minnesota Rules 4690.8300 SPECIFIC  
VARIANCES Subpart 7*

**Medication Name:** Nitroglycerin, Nitrostat, Nitrolingual, Nitrodur

**Actions:** Relaxes or dilates blood vessels and decrease the workload of the heart.

**Indications:**

**Provider Impression:**

- Chest Pain/Discomfort of Suspected Cardiac Origin
- CHF/ Pulmonary Edema

**Contraindications:**

- Patient's systolic blood pressure is less than 100mm/Hg.
- The patient has taken sexual enhancement medication (i.e. Viagra, Levitra, Extenz) within the past 24 hours. Note that this applies to male **AND** female patients.
- Hypersensitivity to Nitroglycerin.

**Dose: (Ages 18 and over)**

- One tablet or spray Sublingual every 5 minutes until symptoms relieved.
- Stop if systolic blood pressure drops below 100mm/Hg.

**NOTE: Contact Medical Control if not improved after 3 doses.**

**Contact Medical Control for administration for CHF.**

**Nitroglycerin Administration:**

1. Make sure Nitroglycerin is indicated and the patient has no contraindications.
2. Take blood pressure.
3. Ask patient to lift tongue and place one tablet or spray dose under tongue (while wearing gloves) or have patient place tablet or spray under tongue.
4. Have patient keep mouth closed with tablet under tongue (ask them not to swallow) until the tablet or spray is dissolved.
5. Repeat a blood pressure and reassess the patient's symptoms.

**Side Effects:** Hypotension (low blood pressure), headache, pulse rate change.

**Ongoing Assessment:** Continue to assess and monitor airway, breathing, and circulation. Continue high-flow oxygen; take frequent vital signs (pulse, respirations, and blood pressure).

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 4.4 rev 1/23/2023**

**EPINEPHRINE AUTO INJECTOR**

(OPTIONAL) Requires EMSRB Variance Approval per Minnesota Rules 4690.8300 SPECIFIC  
VARIANCES Subpart 7

**Medication Name:**

Epinephrine, Adrenaline, EpiPen or EpiPen Jr.

**Actions:**

Dilates the bronchioles and constricts blood vessels.

**Indications:**

Provider Impression Anaphylaxis

**Contraindications:**

None when used in life threatening situation.

**Dose:**

Adult- 60lbs and Greater - One auto-injector (0.3 mg) repeat in 5 minutes if not improved

Infant & Children One Junior auto-injector (0.15 mg) repeat in 5 minutes if not improved. If no Epi-Jr dose available, adult dose may be administered

**Epi-Pen Administration:**

- \* Remove cap from auto-injector.
- \* Place tip of auto-injector against patient's thigh:  
Lateral (side) portion of thigh midway between waist and knee.
- \* Push the injector firmly against the thigh until the injector activates.
- \* Hold the injector in place until the medication is injected (at least 10 sec.)
- \* Dispose of used auto-injector in the biohazard "sharps" box inside the ambulance.

**Side Effects:** Increased heart rate, pallor, dizziness, chest pain, headache, nausea, vomiting, excitability, and/or anxiety.

**Ongoing Assessment:**

1. Assess and monitor airway, breathing, and circulation
2. ***If patient's airway becomes patent, and patient is not suffering an altered level of consciousness, administer Benadryl orally (per Guideline 4.3)***
3. Continue high flow oxygen

**Madelia Health EMS  
EMS STANDARD OPERATING PROCEDURES  
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**Guideline Number – 4.4 rev 1/23/2023  
EPINEPHRINE AUTO INJECTOR (continued)**

4. Take vital signs every 5 minutes (pulse, respirations, and blood pressure)
5. Treat for shock
6. Be prepared to provide life supporting measures, such as BVM, CPR, AED, and advanced airways

**Consider ALS intercept**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 4.5**

# **Beta- Agonist Medications**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 4.52 1/1/2025**  
**Beta-Agonist Medication / Nebulizer**

**(OPTIONAL) Requires EMSRB Variance Approval per Minnesota Rules 4690.8300**  
**SPECIFIC VARIANCES Subpart7**

**Medication Name:** Albuterol, Proventil, Ventolin, Metaproterenol, Alupent, Metaprel, Xopenex

**Actions:** dilates bronchioles

**Indications:**

Provider Impression:

- Asthma
- Respiratory Distress - COPD
- Allergic Reaction
- CHF/Pulmonary Edema

**Contraindications:**

- Patient is unable to use the device (not alert or unable to be coached)
- Hypersensitivity to Albuterol, Proventil, Ventolin, Metaproterenol, Alupent, Metaprel, Xopenex

**Dose:**

**Ages 1 and up** - 1 unit dose every 15 minutes from the completion of previous dose as needed.  
**CONTACT MEDICAL CONTROL if not improved after second administration.**

**Using a nebulizer**

- Put the liquid medication in the chamber.
- Attach oxygen tubing to the chamber and set the flow rate at 6 – 8 lpm.
- Observe the medication mist coming from the device.
- Have the patient seal their lips around the mouthpiece and breathe deeply or attach the face mask to the chamber and administer via the mask.
- Instruct the patient to hold their breath for a few seconds after breathing if possible.
- Continue until the medication is gone from the chamber.
- Reassess the patient's level of distress and vital signs.
- Document the patient's response to the medication.

**Pediatric Considerations:**

- May be administered via Blow By method if child is too young to hold in mouth.
- For ages less than 1 year of age, **Contact Medical Control**.

**Ongoing Assessment:**

- Continue to assess and monitor airway, breathing, circulation and level of consciousness.  
Continue high-flow oxygen.
- Take frequent vital signs (pulse, respirations, and blood pressure).
- Observe for deterioration and assist patient with additional puffs of inhaler and/or be prepared to assist ventilations.
- Monitor the patients level on consciousness closely as decreasing level of consciousness is often the first sign of impending respiratory failure.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 4.6 1/1/2025**  
**Dextrose –Oral (Glutose)**

**Medication name:**

- Dextrose – Oral, Glutose, Glucosa – Oral, Insta-Glucose

**Indications:**

- Provider Impression Hypoglycemia
- Provider Impression Altered Level of Consciousness (Blood Glucose Level not obtainable)

**Contraindications: (do NOT give if)**

- Any patient who cannot control their own airway.

**Dose:**

- Give 1 tube orally

**PRECAUTION:**

1. Airway must be carefully maintained.
2. Contact responding ambulance immediately after 1<sup>st</sup> dose is administered

**ADMINISTRATION:**

1. Perform blood glucose measurement.
2. Administer 1 tube (Glutose = 25 gm per tube, Insta-Glucose = 31 gm per tube) in downside cheek of log-rolled patient.
3. Administer slowly, monitoring absorption. Maintain adequate airway.
4. Repeat blood glucose measurement.
5. Notify responding ambulance that oral glucose has been given.

**PEDIATRIC CONSIDERATIONS:**

1. The initial dosage is usually one half of the adult dose.

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 4.7 1/1/2025**  
**Glucagon, IM**

**(OPTIONAL) Requires EMSRB Variance Approval per Minnesota Rules 4690.8300**  
**SPECIFIC VARIANCES Subpart7**

**Medication Name:** Glucagon, GlucaGen

**Actions:**

Raises blood glucose level by promoting catalytic depolymerization of hepatic glycogen to glucose. Induces liver glycogen breakdown, releasing glucose from the liver.

**Indications:**

Provider Impression:

- Diabetic Hypoglycemia
  - Blood Glucose Level or 80 mg/dL with Symptoms
- Altered Level of Consciousness
  - Suspected Hypoglycemia in the absence of a blood glucose reading.

**Contraindications:**

- Known hypersensitivity to drug, and in patients with pheochromocytoma or with insulinoma (tumor of pancreas).

**Dosage:** 1 mg IM for patient s over 22 lbs.

**Glucagon Administration:**

1. Dissolve the lyophilized glucagon in the accompanying diluent
2. Glucagon should not be used at concentrations greater than 1 mg/mL (1 unit / mL).
3. Glucagon solutions should not be used unless they are clear and of a water-like consistency.
4. For Adults and children weighting more than 22 lbs give 1 mg (1 unit) by Intra-muscular injection.
5. Notify responding ambulance
6. Contact medical control for additional dosing.

**Side Effects:** Hyperglycemia (excessive dosage), nausea and vomiting hypersensitivity reactions (anaphylaxis, dyspnea, hypotension, rash), increased blood pressure, and pulse; this may be greater in patients taking beta-blocker medications.

**Precautions:** Give with caution to patients that have low levels of releasable glucose (e.g., adrenal insufficiency, chronic hypoglycemia, and prolonged fasting).

**Madelia Health EMS**  
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**Guideline Number- 4.9** 1/1/2025  
**OXYGEN**

**ACTION:** Increases arterial oxygen tension (saO<sub>2</sub>) and hemoglobin saturation

**INDICATIONS:**

1. Shock
2. Shortness of breath
3. Respiratory distress
4. Inhalation injury (include CO exposure, smoke inhalation, and chemical inhalation)
5. Suspected or known stroke or seizure
6. Chest pain
7. Suspected or known trauma
8. Acute change in level of consciousness
9. Patient whose condition seems serious during initial assessment
10. Patients who normally receive oxygen as part of their usual medical care

**CONTRAINDICATIONS:**

1. None in the prehospital setting.

**PRECAUTIONS:**

1. This guideline refers to spontaneously breathing and adequately ventilating patients only.
2. High concentration oxygen in some cases (emphysema and asthma) may depress the respiratory drive; be prepared to assist ventilations, but don't allow patients to become severely hypoxic for fear of respiratory arrest.
3. Agitation or restlessness can be a sign of hypoxia.
4. Do not use in the presence of open flames.
5. In the treatment for anxiety; hyperventilation should be treated with reassurance and coaching to slow breathing. If the possibility of another underlying cause exists (i.e. pulmonary embolus, asthma, heart attack) then the patient should be treated with oxygen. DO NOT treat any patient by having them breathe into a paper bag or oxygen mask that is not supplied with oxygen.
6. Patients with ischemic conditions (ST-Elevation, suspected stroke, and ROSC following cardiac arrest) may be harmed by high oxygen concentrations. Avoid routine delivery of oxygen via NRB in these patients.
  - a. Unless indicated by other complications, apply oxygen only if room air SpO<sub>2</sub> is <95% and titrate oxygen to attain SpO<sub>2</sub> in range of 95-99

**ADVERSE REACTIONS/SIDE EFFECTS:**

1. Non-humidified oxygen can dry mucous membranes, but humidified Oxygen is not indicated in the prehospital setting.

**ADMINISTRATION**

1. Administer oxygen by nasal cannula if high concentration is not required.
2. Deliver low concentrations via nasal cannula @ 2-6 lpm
3. Deliver high concentrations via non-rebreather mask @ 10-15 lpm
4. Attempt to obtain and document pulse Oximetry readings before and during Oxygen therapy.

**SPECIAL NOTES: Always treat your patient based on signs and symptoms. Do not rely on the pulse oximetry reading to determine appropriate care.** If oximetry is unavailable, patients should receive oxygen based on assessment indications.

**Madelia Health EMS  
EMS STANDARD OPERATING PROCEDURES  
Patient Care Guidelines**

**Guideline Number – 5.00**

# **EQUIPMENT & PROCEDURES**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 5.1 1/1/2025**  
**PULSE OXIMETRY**

***Pulse Oximetry Readings***

>95%	Normal
90-95%	Evaluate patient: begin oxygen
85-90%	Evaluate patient: Begin 100% oxygen & treat aggressively
<85%	Major crisis: evaluate, begin 100% oxygen & treat aggressively

**INDICATIONS:**

1. Respiratory distress/complaints
2. Cardiac problems
3. Multiple system trauma
4. Poor color
5. Patients requiring use of airway adjuncts and/or assisted ventilation's
6. Suspected shock
7. Altered level of consciousness

**NOTE: Never withhold oxygen from a symptomatic patient regardless of the pulse oximetry reading.**

**PRECAUTIONS:**

1. Patients with hemoglobin disorders such as CO poisoning, anemia, and methemoglobinemia may give artificially high saO<sub>2</sub> readings. Readings in such patients should be interpreted with extreme caution
2. Pulse oximetry readings may be difficult to obtain in states of low perfusion

**PROCEDURE FOR PATIENTS WITH SaO<sub>2</sub> <90% OR FALLING SaO<sub>2</sub>:**

1. Check airway and manage as indicated
2. Increase oxygen delivery (increase liter flow) and/or assist ventilation
3. Check pulse oximetry device placement. Possible causes of inaccurate readings include:
  - Excessive movement, ambient light or temperature
  - Moisture in the sensor or sensor not at heart level.
  - Cold, blue fingertips (do NOT use thumbs)
  - Sensor placed on same arm blood pressure is being obtained on
  - Improperly attached sensor (look for consistent flashing green light)
  - Incorrect sensor for patient (do NOT use on neonates or infants)
  - Poor patient perfusion (light should blink green and heart rate digital reading should be the same as the patients radial pulse when taken)
  - Anemia, low or misleading hemoglobin concentrations (CO poisoning, ingested fingernail polish)

**(Continued next page)**

**Dr Wilcox Agencies**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 5.1 1/1/2025**  
**PULSE OXIMETRY**  
**(Continued)**

**PEDIATRIC CONSIDERATIONS:**

1. Special probes may be required to obtain readings in pediatric patients

**SPECIAL NOTES:**

1. Patients with ischemic conditions may be harmed by high oxygen concentrations.
2. Best probe site in adults is usually the middle fingertip with nail polish removed
3. Attempt to obtain and document pulse Oximetry readings before and during oxygen therapy
4. The use of pulse oximetry as a vital sign is encouraged, as the oximeter may be helpful in detecting hypoxia not evidenced by signs or symptoms
5. Sensor sites (fingertips) must be checked periodically to determine sensor positioning, skin sensitivity and circulation (pink, warm, warm, capillary refill less than 2 seconds).
6. Clean oximeter with disinfectant

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 5.11 1/1/2025**  
**Tourniquet**

**Definition**

For protocol purposes, a tourniquet is defined as a constricting or compressing device (approved by the agency's medical director) used to control venous and arterial circulation to an extremity for an extended period of time.

**Indications**

1. Uncontrollable bleeding
2. Mass casualty situation with limited personnel and/or resources

**Precautions**

1. Do not apply tourniquet directly over a joint. Apply the tourniquet as close to the injury site as possible
2. Do not apply tourniquet over suspect extremity fracture.
3. Do not cover tourniquet with a bandage. Ensure it is open and in full view

**Procedures**

1. Assess the patient and provide initial care, including oxygen and IV access (if within scope) as per guideline 2.1 (General patient care guideline)
2. If bleeding is present, provide care as per guideline 3.22 (Hypovolemia and shock)
3. If an extremity has major bleeding which is uncontrolled by direct pressure, apply the tourniquet
4. Place tourniquet approximately 1 inch proximal to the site of the bleeding. If unable to do so due to a contraindication, place the tourniquet on the next proximal bone from the bleeding site.
5. Obtain a distal pulse in the affected extremity. Once pulse is obtained, begin to tighten tourniquet.
6. Tighten tourniquet until either the bleeding stops or the distal pulse is lost, whichever happens first.
7. **Note the time at which tourniquet was applied**
8. If applicable, notify responding ambulance of tourniquet placement

**Documentation Key Points**

1. Measures taken to control bleeding
2. Time tourniquet was applied and it's effectiveness in controlling bleeding
3. Fluids given prior to arrival and transport

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 5.3** 1/1/2025

# **Glucometer**

**Definition:**

For protocol purposes, a glucometer is a medical device for determining the approximate concentration of glucose in the blood.

**Indications:**

Use glucometer when needing to assess blood sugar

**Precautions:**

Put lancets in sharps container and use gloves with this procedure due to blood. Use caution when using lancet on patient not to stick yourself.

**Procedures:**

1. Grab glucometer
2. Clean the site with alcohol prep where you will get blood from. Primarily use the pad of one finger. Let it dry.
3. Attach glucometer strip to glucometer. Meter will turn on. Meter should show flashing blood drop on screen.
4. Use lancet to get blood drop.
5. Grab glucometer with strip while holding horizontally get blood on strip. Do not scoop up blood let the blood absorb into strip.
6. Wait for meter to show blood glucose level.

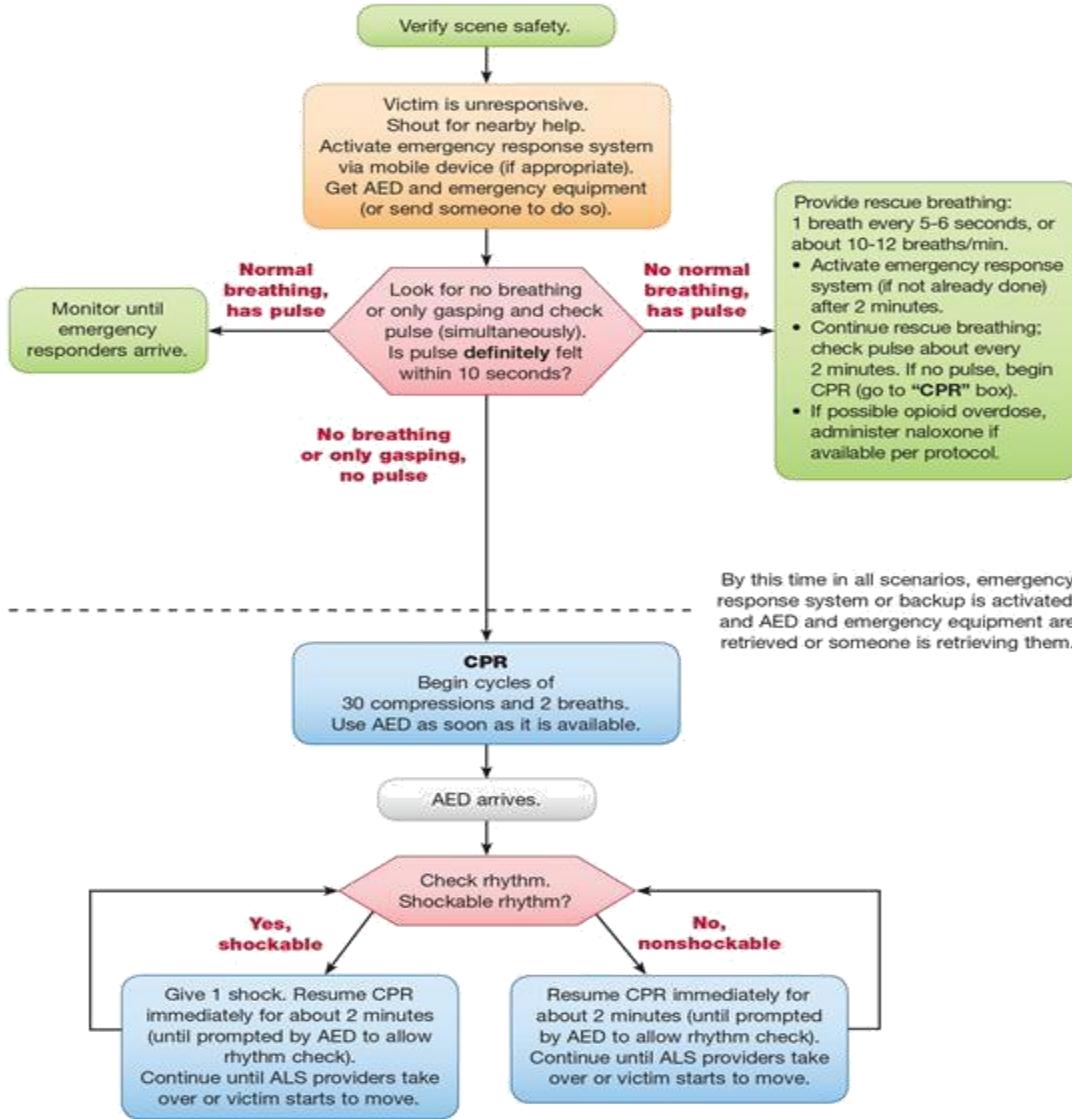
**Documentation Key Points**

Make sure you document blood sugar prior to interventions and after.

**Madelia Health EMS**  
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**Guideline Number – 5.4 1/1/2025**  
**CPR/Automatic External Defibrillator (AED)**

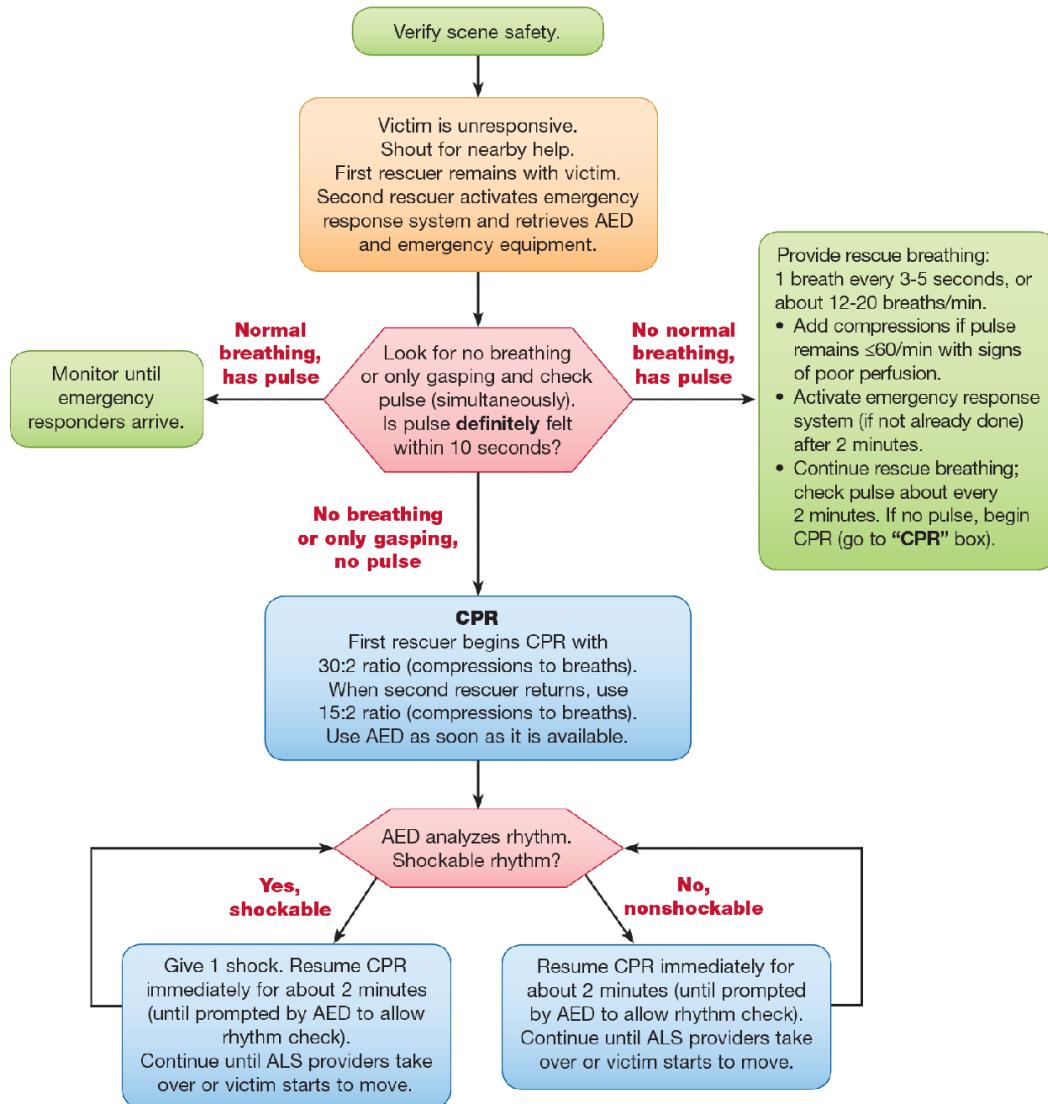
**BLS Healthcare Provider**  
**Adult Cardiac Arrest Algorithm—2015 Update**



**Madelia Health EMS**  
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**Guideline Number – 5.4 1/1/2025**  
**CPR/Automatic External Defibrillator (AED)**

**BLS Healthcare Provider**  
**Pediatric Cardiac Arrest Algorithm for 2 or More Rescuers – 2015 Update**



**Madelia Health EMS**  
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**Guideline Number – 5.4** 1/1/2025

**CPR/Automatic External Defibrillator (AED)**

**General Considerations**

1. **CPR comes first.** Determine unresponsiveness, and if necessary, begin CPR.
2. Chest compressions at least 100/minute, allowing complete chest recoil by not resting any weight of the rescuer on the patient's chest.
3. Do not interrupt CPR except when absolutely necessary
4. OP or NP airway required during BVM ventilation
5. Do not give breaths without barrier device
6. Ventilate at no more than 10 breaths per minute
7. 1 cycle of CPR is 30 compressions and 2 breaths until **Non-visualized airway (I-gel)** inserted or patient intubated THEN deliver 1 breath every 8 seconds but do not stop compressions for breath to be delivered.
8. A pulse check may be taken during rhythm analysis as long as it does not interfere with the analysis.
9. All contact with patient must be avoided during delivery of shock(s).
10. Automated external defibrillation **CAN** be used with pediatric cardiac arrest in children less than 1 year of age. In children less than 1 year of age, an AED with pediatric attenuation is desirable; however if one is unavailable, an AED without a dose attenuator may be used.
11. Preferred placement of AED pads is right upper chest and left lower chest wall
12. Call for ALS intercept immediately.
13. Preparation for transport of patient should begin when staffing allows
14. Assuming no on-scene ALS, the preparation for patient transport can be initiated when one of the following occurs:
  - a. The patient regains a pulse
  - b. Three shocks are delivered
  - c. The machine gives analysis advising no shock

**Operational Steps- Multiple Rescuers**

1. Stop CPR if in progress
2. Verify pulselessness and apnea
3. **If no by-stander CPR:** Have partner begin CPR, apply AED as soon as possible.
4. Turn on defibrillator power and attach device
5. Stop CPR

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**Guideline Number – 5.4 1/1/2025**  
**CPR/Automatic External Defibrillator (AED)**  
**(Continued)**

6. Clear patient
7. Initiate analysis of rhythm. If AED advises shock:
  - a. Deliver shock
  - b. Apply mechanical CPR device (if available). If not, rotate compressor then perform 2 minutes of CPR
  - c. Insert **Non-visualized airway (I-gel)**
  - d. Analyze rhythm
  - e. If machine advises shock, deliver second shock
  - f. Rotate compressor then perform 2 minutes of CPR
  - g. Analyze rhythm
  - h. If machine advises shock, deliver third shock
  - i. Rotate compressor (if performing manual compressions) then perform 2 minutes of CPR
  - j. Analyze rhythm
8. If patient begins to show signs of life, initiate post-arrest care (detailed below)
9. If no pulse:
  - a. Rotate compressor then resume CPR for two minutes
10. Repeat steps 6 - 8.
11. If, after any rhythm analysis, the machine advises no shock, check pulse.
  - a. If pulse is present, check breathing, and ensure adequate ventilation.
  - b. If no pulse, resume CPR for two minutes and repeat rhythm analysis. If AED advises shock, repeat steps 6 - 8.
  - c. If no shock continues to be advised, resume CPR for additional 2 minutes and analyze rhythm again.

**(Continued on next page)**

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**Guideline Number – 5.4 1/1/2025  
CPR/Automatic External Defibrillator (AED)  
(Continued)**

**Post Arrest Care**

If return of spontaneous circulation occurs the initial objectives of post-resuscitation care are to

- Optimize cardiopulmonary function and systemic perfusion, especially perfusion to the brain
- Coordinate rapid transport for the victim of out-of-hospital cardiac arrest to nearest hospital emergency department (ED)
- Try to identify the precipitating causes of the arrest.
  - If available, perform a 12 Lead EKG
- Institute measures to prevent recurrence
- Institute measures that may improve long-term, neurologically intact survival

**(Continued on next page)**

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**CPR/Automatic External Defibrillator (AED)**  
**(Continued)**

Airway

- Ensure Non-visualized Airway/ET is properly secured and patient is easy to ventilate
- Assess pulse oximetry continuously

Circulation

- Assess presence of pulses and attempt to obtain blood pressure
- If unsure or unable to determine pulse presence, begin compressions
- If hypertensive monitor frequently

Neurological

- Assess AVPU
- Document

GCS

Metabolic

- Obtain blood glucose and administer **Glucagon/Glucagen** if less than 80

Temperature Control

- Do not attempt to warm patient unless hypothermia is the suspected cause of the arrest
- Apply Ice Packs to axial, groin, and neck

Transport

- Arrange for transport to nearest facility with post arrest hypothermia capability if one is available**

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**Guideline -5.42 1/23/2023**  
**12- Lead ECG Monitoring**

**Indications**

The 12-lead electrocardiogram is used to identify, diagnose, and treat patients with cardiac disorders and is useful in the early detection and prompt treatment of patients with acute STelevation myocardial infarction (STEMI)

**Contraindications**

None

**Precautions**

1. Using previously unpackaged or out of date electrodes might impair ECG signal quality. Ensure that only electrodes that are removed from a sealed package immediately before use are utilized.
2. Use of the 12-lead ECG should not unduly prolong field times or delay implementation of chest pain/discomfort protocol (guideline 3.16)

**Notes**

The lead wires and electrode snaps are coded according to the American Heart Association (AHA) or International Electrotechnical Commission (IEC) standards. Both standards are listed in these procedures.

**Procedures**

1. Turn the ECG "On"
2. Attached the ECG cable to the connector on the monitor
3. Identify the appropriate electrode sites on the patient as shown below
4. Prepare the patient's skin for electrode application
  - a. Shave excessive hair at electrode sites
  - b. For oily skin, clean skin with an alcohol pad
  - c. Gently scrape skin to remove surface layer of dead cells and improve conduction of electrical signals
  - d. Avoid locating electrodes over tendons and major muscle masses
  - e. Clean and dry the skin
5. Prepare to apply electrodes
  - a. Confirm that the package is sealed and not expired
  - b. Attach an electrode to each of the lead wires
  - c. Grasp electrode tab and peel electrode from carrier
  - d. Ensure electrode gel is intact

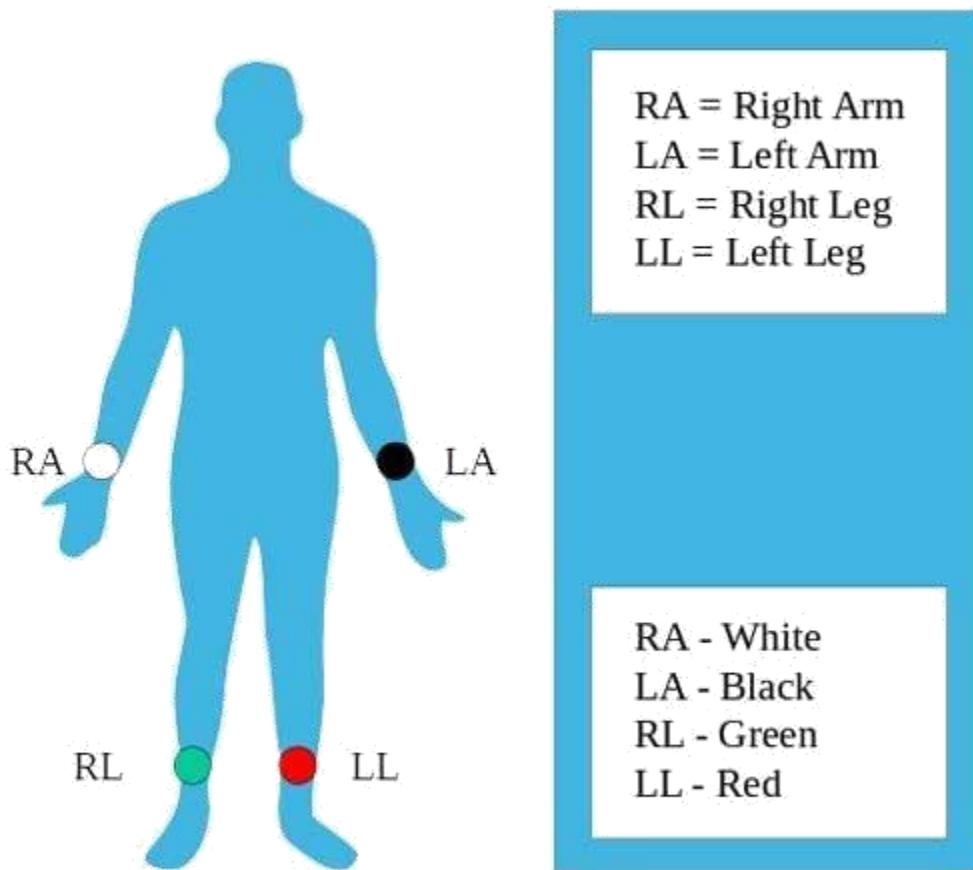
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**12- Lead ECG Monitoring**  
**(continued)**

To obtain a 12-lead ECG, place the electrodes on the limbs and chest (precordium) as described below:

1. Limb Lead Electrode Sites- When acquiring a 12-lead ECG, limb lead electrodes are typically placed on the wrists and ankles. The limb lead electrodes can be placed anywhere along the limbs. Do not place the limb lead electrodes on the torso when acquiring a 12-lead ECG (refer to the diagram below)

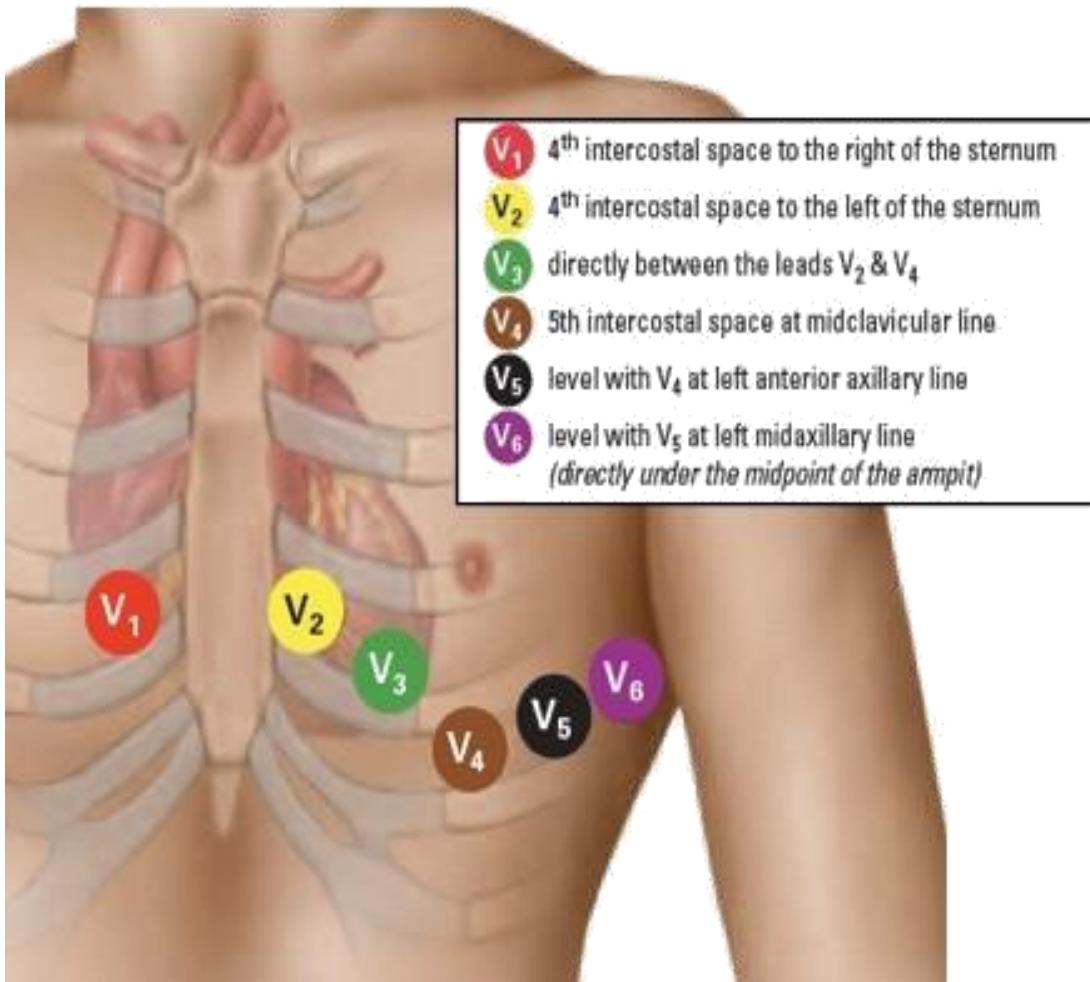


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**12- Lead ECG Monitoring**  
**(continued)**

2. The 6 precordial (chest) leads are placed on specific locations as shown in the diagram below. Proper placement is important for accurate diagnosis and should be identified as follows



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**Guideline -5.43** 1/23/2023  
**LUCAS Device**

**Indications**

The LUCAS will be used for all patients 12 years of age and older in non-traumatic cardiac arrest, where CPR would otherwise be used. Place Lucas on patient per Protocol. DO NOT delay manual CPR for LUCAS. Limit chest compression interruptions to 10 seconds or less. In case of mechanical malfunction of the LUCAS, the EMS responder will resort back to manual CPR for patient care.

**Contraindications**

1. Traumatic cardiac arrest.
2. Patients under the age of 12.
3. Patients who do not fit within the Lucas device – too large to fit in Lucas or too small where the pressure pad does not contact the chest when fully pulled down.

**Procedure**

1. Remove clothing from chest if not already done to ensure skin contact with pressure pad.
2. Open Lucas pack and peel back sides of case.
3. Turn the LUCAS device “on” by pressing the power button for 1 second.
4. Place yellow back plate under patient, back plate should be just below the patient’s armpits and centered on the patient’s nipples.
5. Continue manual CPR while attaching Lucas to the yellow back plate. Limit manual chest compressions to 10 seconds or less.
6. Attach the claw hook to the back plate, first on the side opposite the responder performing manual CPR, then place across patient and connect the other side.
7. Press the “1” button and adjust the suction pad. Align lower edge of suction of suction cup with xiphoid process.
8. Press the pause “2” button to lock the start position.
9. Press the active “3” button and ensure correct placement of suction cup. Choose either continuous or 30:2 based on your treatment.
10. Lucas device will now deliver compressions.
11. Ventilate patient per ResQPod timing light prompt. 1 hand squeeze of BVM for 1 second.
12. Utilize the pause “2” button upon ROSC or during rhythm checks to pause the LUCAS device.
13. Defibrillation pads – be sure that defib pads cables DO NOT go under the pressure pad.
14. If disruption or malfunction of LUCAS device, revert to manual CPR

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**Guideline Number – 5.5 1/1/2025**  
**BAG-VALVE MASK**

**Bag-Valve-Mask (BVM)**-consists of a self-inflating bag, one-way valve, face mask, and oxygen reservoir. It should always be connected to 15 liters of oxygen, allowing for the oxygen reservoir to fill first and then when squeezed capable of delivering 100% oxygen. The most difficult part of delivering BVM ventilation's is obtaining an adequate face mask seal. Therefore, it is strongly recommended that BVM artificial ventilation be performed by two rescuers.

- 1. Two-person BVM ventilation-NO Trauma Suspected:**
  - a. Open the patient's airway using the HEAD-TILT, CHIN-LIFT TECHNIQUE. Suction and insert an airway adjunct (oral or nasal).
  - b. Select the correct bag size.
  - c. Kneel at the patient's head. Position thumbs over the top half of the mask, index and middle fingers over the bottom half.
  - d. Place the apex or top of the triangular mask over the bridge of the patient's nose, then lower the mask over the mouth and upper chin. If the mask has a large, round cuff surrounding a ventilation port, center the port over the patient's mouth.
  - e. Use ring and little fingers to bring the patient's jaw up to the mask and maintain the head-tilt, chin-lift.
  - f. With the other hand apply slight pressure over the cricoid cartilage to prevent air entering the stomach (Sellick Maneuver) Avoid pressure on the carotid artery.
  - g. The second rescuer should connect bag to mask, if not already done. While you maintain the mask seal, the second rescuer should squeeze the bag with two hands until the patient's chest rises. If using a BVM with manometer do not exceed 30 cmH20 of pressure.
  - h. The second rescuer should release pressure on the bag and let the patient exhale passively. While this occurs, the bag is refilling from the oxygen source.
- 2. Two-person BVM ventilation: Trauma Suspected:**
  - a. Open the patient's airway USING THE JAW-THRUST TECHNIQUE. Suction and insert an oral airway. (May utilize the Head tilt chin lift if the airway cannot be opened by the jaw-thrust technique.)
  - b. Select the correct BVM size.
  - c. Kneel at the patient's head. Place thumbs over the nose portion of the mask and place your index and middle fingers over the portion of the mask that covers the mouth.
  - d. Use your ring and little fingers to bring the jaw upward, toward the mask, WITHOUT TILTING THE HEAD OR NECK.

**(Continued)**

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**BAG-VALVE MASK**  
**(Continued)**

**2. Two-person BVM ventilation: Trauma Suspected (continued):**

- e. With the other hand apply slight pressure over the cricoid cartilage to prevent air entering the stomach (Sellick Maneuver) Avoid pressure on the carotid artery.
- f. The second rescuer should squeeze the bag to ventilate the patient as described above for the non-trauma patient.

***NOTE: If the airway cannot be opened by the Jaw thrust technique, revert to the Head tilt chin lift technique as a last resort.***

**3. One-person BVM ventilation:**

- a. Position yourself at the patient's head and establish an open airway. Suction and insert an airway adjunct as necessary.
- b. Select the correct BVM size. Position the mask on the face as described above.
- c. Form a "C" around the ventilation port with thumb and index fingers. Use the middle, ring and little fingers under the patient's jaw to hold the jaw to the mask.
- d. With your other hand, squeeze the bag. The squeeze should be to the point at which you see the chest rise. If using a BVM with manometer do not exceed 30 cmH20 of pressure.
- e. Release pressure on the bag and let the patient exhale passively. While this occurs, the bag is refilling from the oxygen source.

**4. If the chest does not rise and fall during BVM ventilation:**

- a. Reposition the head.
- b. Check for escape of air around the mask and reposition fingers and mask.
- c. Check for airway obstruction or obstruction in the BVM system.
- d. Re-suction the patient if necessary. Insert an airway adjunct if not already done.
- e. If none of the above methods work, use a pocket mask with a one-way valve.
- f. When ventilating squeeze slowly and gently until you get chest rise.

**5. Artificial Ventilation of a Stoma Breather:**

- a. Clear any mucous plugs or secretions from the stoma.
- b. Leave the head and neck in a neutral position, as it is unnecessary to position the airway prior to ventilation's in a stoma breather.
- c. Use a pediatric size mask to establish a seal around the stoma.
- d. Ventilate at the appropriate rate for the patient's age.
- e. If unable to artificially ventilate through the stoma, consider sealing the stoma and attempting artificial ventilation through the mouth and nose.

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**Guideline Number – 5.7** rev. 1/1/10

# **Non Visualized Airways**

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**Guideline Number 5.73** 1/1/2025

**i-gel Airway**  
**(Non-visualized airway)**

**Indications:**

Patient is unconscious and unable to protect own airway

**Contraindications:**

1. Patient with an intact gag reflex
2. Ingestion of a caustic substance

**Procedure:**

1. Don protective eyewear, mask, and gloves
2. Ventilate patient with oral/nasal airways and BVM with 100% supplemental oxygen during preparation of i-gel.
3. Select appropriate size
  - a. #1 – for patients 2-5kg (4-11lbs)
  - b. #1.5 – for patients 5-12kg (11-26lbs)
  - c. #2 – for patients 10-25kg (22-55lbs)
  - d. #2.5 – for patients 25-35kg (55-77lbs)
  - e. #3 – for patients 30-60kg (60-132lbs)
  - f. #4 – for patients 50-90kg (110-198lbs)
  - g. #5 – for patients 90+kg (198 + lbs.)
4. Open the i-gel package, and on a flat surface take out the protective cradle containing the device.
5. Remove the i-gel and transfer it to the palm of the same hand that is holding the protective cradle, supporting the device between the thumb and index finger.
6. Place a small bolus of a water based lubricant, such as K-Y Jelly, onto the middle of the smooth surface of the protective cradle in preparation for lubrication.
7. Grasp the i-gel with the opposite (free) hand along the integral bite block and lubricate the back, sides and front of the cuff with a thin layer of lubricant.
8. Grasp the lubricated i-gel firmly along the integral bite block. Position the device so that the i-gel cuff outlet is facing towards the chin of the patient. The patient should be in the 'sniffing' position with head extended and neck flexed unless you suspect c-spine injury, then place in a neutral inline position. The chin should be gently pressed down before proceeding.
9. Introduce the leading soft tip into the mouth of the patient in a direction towards the hard palate.

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**I-gel Airway**  
**(Non-visualized airway)**

**Procedure (continued):**

10. Glide the device downwards and backwards along the hard palate with a continuous but gentle push until a definitive resistance is felt .
11. The tip of the airway should be located into the upper esophageal opening and the cuff should be located against the laryngeal framework. The incisors should be resting on the integral bite-block.
12. Attach the manual resuscitator bag to the i-gel Airway device.
13. Confirm correct placement by listening for breath sounds, observing the chest rise and fall
14. Secure the i-gel Airway device with tape or with the supplied head strap. Consider use of C-collar to restrict head movement
15. If using i-gel Airway device, decompress the stomach by inserting a nasogastric tube though the gastric outlet on the airway.

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**Guideline Number – 5.8** 1/1/2025

## **Intravenous/Intraosseous Access**

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**Guideline Number – 5.82 1/1/2025**

**Peripheral Intravenous Access**

**(OPTIONAL) Requires MD approval see Minnesota Statutes 144E.101 Subd. 6(d)**

Assess indications and explain procedure to patient/family.

**Indications:**

Administration of medication, fluids or nutrition.

**Contraindications:**

1. Thrombosis (blood clot in extremity be accessed)
2. Phlebitis (vein infection) or skin infection in extremity
3. Arm on side of mastectomy, dialysis shunt or distal to area of trauma

**Equipment:**

1. Alcohol swab
2. Tourniquet
3. Appropriate size catheter
4. Tape or occlusive dressing
5. IV fluids and IV tubing or saline lock

**Procedure:**

1. Site selection will depend on many factors including: Patient comfort, accessibility, urgency of IV access, intended use and patient age. In general, more distal sites should be selected first. This allows use of a more proximal site if initial attempt is unsuccessful. Acceptable sites include: dorsal hand, forearm, antecubital (higher likelihood of position related flow obstruction), foot, lower leg and scalp in children.
2. Apply a tourniquet proximal under tension.
3. Consider venous dilation; active or passive pumping of an extremity, or gravity.
4. Clean skin with alcohol swab.
5. Stabilize skin by taught traction distally with the non-dominant hand.
6. Puncture skin at a 30° angle, bevel up, just over or parallel to the vein. Once blood is seen in the flash chamber, the catheter is advanced over the needle.
7. Remove needle, dispose of in sharps container.
8. Connect IV tubing or saline lock.
9. Open IV flow to ensure that IV is patent and that no infiltration has occurred.
10. Adjust flow rate as appropriate.
11. Apply tape or dressing. Additional dressing or tape may be used to prevent accidental removal.

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**Peripheral Intravenous Access**  
**(Continued)**

## **Complications: Prevention and Management**

<b>Complication:</b>	<b>Prevention:</b>	<b>Management:</b>
Bruising and hematoma:	Appropriate technique and catheter size.	Apply direct pressure.
Infection:	Aseptic technique.	(No acute)
Fluid extravasation:	Assure appropriate catheter function with saline prior to administering medications.	Removal of catheter.
Thrombosis:	Adequate fluid administration	Remove catheter.
Obstructed IV lines:	Adequate fluid administration	Aspirate blood if possible, discard, and flush with saline. If unable to aspirate remove catheter.
Embolism:	Prevent air mixture with fluids; do not allow IV bags to run dry.	Disconnect catheter and allow fluid to fill tubing or aspirate air from a nearby port

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**Guideline Number – 5.9** 1/1/2025

## **CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)**

Continuous Positive Airway Pressure has been shown to rapidly improve vital signs, gas exchange, and the work of breathing, decrease the sense of dyspnea, and decrease the need for endotracheal intubation in patients who suffer respiratory distress from asthma, COPD, pulmonary edema, CHF, and pneumonia. In patients with CHF, CPAP improves hemodynamics by reducing preload and afterload.

### **INDICATIONS:**

Any patient who is complaining of shortness of breath for reasons other than trauma and:

- Is awake and able to follow commands
- Is over 12 years old and is able to fit the CPAP mask
- Has the ability to maintain an open airway.
- A respiratory rate greater than 25 breaths per minute
- Has a systolic blood pressure above 100mmHg
- Uses accessory muscles during respiration's
- Signs and Symptoms consistent with asthma, COPD, pulmonary edema, CHF, or pneumonia

### **CONTRAINDICATIONS:**

- Patient is in respiratory or cardiac arrest.
- Patients suspected of having a pneumothorax (unequal breath sounds)
- Patients at risk for vomiting.
- Patient has a tracheostomy.

### **PRECAUTIONS:**

#### **□ Use care if patient:**

- Has impaired mental status and is not able to cooperate with the procedure*
- Has failed at past attempts at noninvasive ventilation*
- Has active upper GI bleeding or history of recent gastric surgery*
- Complains of nausea or vomiting*

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**Guideline Number – 5.9** 1/1/2025

**CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)**  
**(Continued)**

**PRECAUTIONS (continued):**

- Has inadequate respiratory effort
- Has excessive secretions
- Has a facial deformity that prevents the use of CPAP

If utilizing CPAP with a portable O2 tank, pay particular attention to oxygen levels as small tanks can deplete quickly. When in the ambulance it is preferable to utilize the on-board oxygen.

**PROCEDURE:**

1. EXPLAIN THE PROCEDURE TO THE PATIENT
2. Ensure adequate oxygen supply to ventilation device (100%)
3. Place the patient on continuous pulse Oximetry.
4. Place the delivery device over the mouth and nose
5. Secure the mask with provided straps or other provided devices
6. Use 5 cm H20 PEEP, If using device with adjustable CPAP do not exceed 10 cmH20 PEEP.
7. Check for air leaks
8. Monitor and document the patient's respiratory response to treatment
9. Monitor vital signs at least every 5 minutes. CPAP can cause BP to drop.
10. Monitor LOC closely. Worsening LOC indicates impending respiratory arrest. Be prepared to discontinue CPAP and assist ventilations.
11. Monitor and document the patient's respiratory response to treatment
12. Continue to coach patient to keep mask in place and readjust as needed
13. If respiratory status deteriorates, remove device and assist ventilations as needed.

**(Continued next page)**

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**CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)**

**(Continued)**

**REMOVAL PROCEDURE:**

1. CPAP therapy needs to be continuous and should not be removed unless the patient can not tolerate the mask or experiences continued or worsening respiratory failure.
2. Consider assisting ventilations manually if the patient is removed from CPAP therapy.
3. CPAP may be discontinued if patient improves dramatically but be prepared to reinstitute CPAP if needed.

**PEDIATRIC CONSIDERATIONS:**

- CPAP should not be used in children under 12 years of age

**SPECIAL NOTES:**

- Bronchodilator nebulization may be placed in-line with CPAP circuit.
- Do not remove CPAP until hospital therapy is ready to be placed on patient.
- Most patients will improve in 5-10 minutes. If no improvement within this time, consider assisting ventilations manually.
- Watch patient for gastric distention. Be prepared for vomiting.
- CPAP does not violate DNR Order
- Notify responding ambulance of CPAP placement immediately

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**Guideline Number – 5.91** 1/1/2025

## **Adult Spinal Motion Restriction (Immobilization)**

### **Indications**

Adult spinal motion restriction guidelines apply for all adult patients, any patient age fifteen (15) or older who may be at risk for a spine injury. Motion restriction (new term for spinal immobilization), is the use of a stiff cervical collar and maintenance of a straight neutral position using a long back board with head blocks and a minimum of 5 straps.

### **Contraindications**

None

### **Procedure**

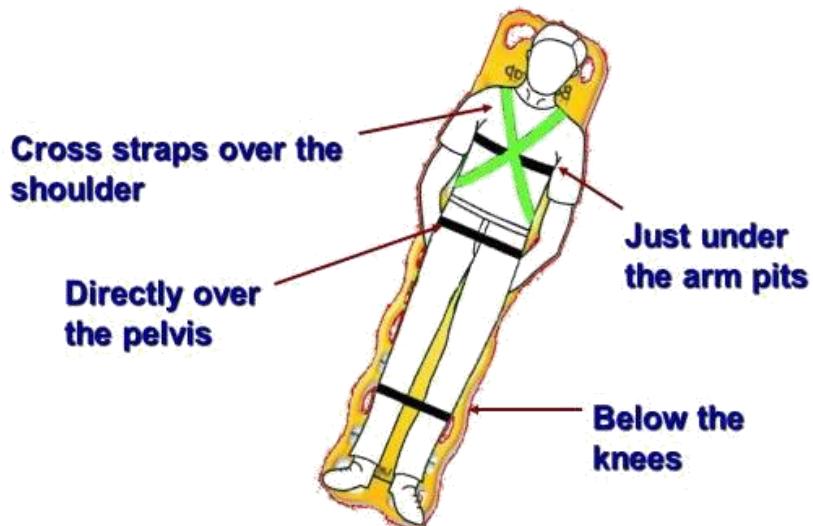
1. Attempt to rule out the need for backboard use. If patients meet all six exclusion criteria, they may not need to be placed on a backboard. The exclusion criteria are:
  - a. No pain, stiffness, soreness, or tenderness in the neck or back
  - b. No generalized or focal neurological deficit such as:
    - i. Paresthesia (tingling in fingers/toes)
    - ii. Loss of sensation to pain or light touch
    - iii. Paralysis
  - c. No alteration in level of conscious or finding that suggests the patient may be unreliable:
    - i. Verbal or less on the AVPU scale
    - ii. Acute stress reaction
    - iii. Inability to communicate clearly
  - d. Pediatric patients must be able to reliably communicate pain response
  - e. No intoxication with drugs/alcohol
  - f. No painful or distracting condition which may interfere with the patient's perception of spinal injury symptoms
2. Provide manual stabilization and motion restriction to the head, neck, torso, pelvis, and extremities.
3. General application
  - a. Start manual in-line motion restriction
  - b. Assess pulses, motor sensory function in all extremities.

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- c. Apply a cervical motion restriction device.
- d. Position the long back board.
- e. Move the patient onto the long back board by log roll, suitable lift/device or slide, or scoop stretcher.
- f. Pad voids between the patient and the long board
- g. Restrict movement of the torso by applying straps across the chest and pelvis and adjust as needed
- h. Restrict motion of the patient's head and align on the board utilizing head blocks.
- i. Fasten legs, proximal and distal to the knees
- j. Reassess airway, pulses, motor, and sensation

4. Ensure a minimum of 5 backboard straps are used when securing a patient to a backboard, as illustrated below

***Five Strap Configuration.***



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**Guideline Number – 6.00**

**APPENDIX**

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**Guideline Number – 6.1** 1/1/2025

**ACCEPTED ABBREVIATIONS**

↑	increase(d)
Ø	None
↓	decrease(d)
≈	approximately
#	pound
Change	Change
♂	Male
♀	Female
(L)	Left
@	At
(R)	Right
a	Before
1°, 2°, 3°	first degree, second degree, third degree
2x, 3x	2 times, 3 times, etc.
AAA	abdominal aortic aneurysm

<b>A-fib</b>	atrial fibrillation
<b>A-flut</b>	atrial flutter
<b>A-tach</b>	atrial tachycardia
<b>AB</b>	abortion, miscarriage
<b>ABCs</b>	airway, breathing, and circulation
<b>ABD</b>	Abdomen
<b>AED</b>	automatic external defibrillator
<b>AMA</b>	against medical advice
<b>AMI</b>	acute myocardial infarction
<b>Amb</b>	ambulance
<b>amt.</b>	Amount
<b>ant.</b>	Anterior
<b>approx.</b>	approximately
<b>ASA</b>	acetylsalicylic acid (aspirin)
<b>ASAP</b>	as soon as possible
<b>ASHD</b>	arteriosclerotic heart disease
<b>ATV</b>	automatic transport ventilator
<b>AV</b>	atrioventricular
<b>BBB</b>	bundle branch block
<b>Bicarb</b>	Bicarbonate
<b>bilat.</b>	Bilateral
<b>BM</b>	bowel movement
<b>BP</b>	blood pressure
<b>brady</b>	bradycardia
<b>BS</b>	blood sugar, breath sounds

(Continued next page)

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 6.1** 1/1/2025  
**Accepted Abbreviations**  
**(Continued)**

<b>BSI</b>	body substance isolation
<b>BVM</b>	bag-valve mask
<b>c</b>	With
<b>C-1, etc.</b>	first cervical vertebrae
<b>C/O</b>	complaining of
<b>Ca</b>	Cancer
<b>CC</b>	chief complaint
<b>cc</b>	cubic centimeter
<b>CHF</b>	congestive heart failure
<b>CHI</b>	closed head injury
<b>CMS</b>	Circulation, movement, sensation
<b>CNS</b>	central nervous system
<b>CO</b>	carbon monoxide
<b>c/o</b>	complains of
<b>CO2</b>	carbon dioxide
<b>COPD</b>	chronic obstructive pulmonary disease
<b>CPAP</b>	Continuous positive airway pressure
<b>CPR</b>	cardiopulmonary resuscitation
<b>CSF</b>	cerebrospinal fluid
<b>CVA</b>	cerebrovascular accident (stroke)
<b>D50W</b>	50% dextrose in water
<b>D5W</b>	5% dextrose in water
<b>DC</b>	Discontinue
<b>DNR</b>	do not resuscitate
<b>DOA</b>	dead on arrival
<b>DOB</b>	date of birth
<b>DTs</b>	delirium tremens
<b>Dx</b>	Diagnosis
<b>ECG</b>	electrocardiogram
<b>ED</b>	emergency department
<b>eg</b>	for example
<b>ENT</b>	ear, nose and throat
<b>ETT</b>	endotracheal tube
<b>ETOH</b>	ethyl alcohol
<b>exp.</b>	Expiratory
<b>extr.</b>	Extremities
<b>FBAO</b>	foreign body airway obstruction
<b>Fx</b>	Fracture
<b>G</b>	gravida
<b>GCS</b>	Glasgow coma scale

**(Continued next page)**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 6.1 1/1/2025**  
**Accepted Abbreviations**  
**(Continued)**

<b>GI</b>	gastrointestinal
<b>GSW</b>	gunshot wound
<b>gtt</b>	drops
<b>Gyn</b>	Gynecology
<b>h/o</b>	history of
<b>H&amp;P</b>	history physical
<b>HA</b>	headache
<b>HEENT</b>	head, eyes, ears, nose and throat
<b>Hep A</b>	hepatitis A
<b>Hep B</b>	hepatitis B
<b>Hep C</b>	hepatitis C
<b>HIV</b>	human immunodeficiency virus
<b>HPI</b>	history of present illness/injury
<b>HR</b>	heart rate
<b>HTN</b>	Hypertension
<b>Hx</b>	History
<b>IM</b>	Intramuscular
<b>ICD</b>	intracardiac defibrillator
<b>IM</b>	intramuscular
<b>IO</b>	Intraosseous
<b>IV</b>	Intravenous
<b>JVD</b>	jugular vein distention
<b>L-1, etc.</b>	first lumbar vertebrae
<b>Lac</b>	Laceration
<b>LLQ</b>	left lower quadrant
<b>LMP</b>	last menstrual period
<b>LOC</b>	loss/level of consciousness
<b>LS</b>	lung sounds
<b>LUQ</b>	left upper quadrant
<b>MAE</b>	moves all extremities
<b>MCA</b>	motorcycle accident
<b>Mcg</b>	Microgram
<b>MDI</b>	metered dose inhaler
<b>Meq</b>	Milliequivalent
<b>Mg</b>	Milligram
<b>MI</b>	myocardial infarction
<b>Mid</b>	Middle
<b>mg</b>	1 mg (no trailing 0) 0.1 mg
<b>ml</b>	Milliliter
<b>mm</b>	Millimeter
<b>mod</b>	Moderate

(Continued next page)

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 6.1** 1/1/2025  
**Accepted Abbreviations**  
**(Continued)**

<b>MgSO4</b>	Do not use – write Magnesium Sulfate
<b>MS/MSO4</b>	Do not use- write morphine sulfate
<b>MVC</b>	motor vehicle crash
<b>N &amp; V</b>	nausea and vomiting
<b>NAD</b>	no acute distress
<b>NaHCO3</b>	sodium bicarbonate
<b>neg.-/-</b>	Negative
<b>NGT</b>	Nasogastric tube
<b>NKA</b>	no known allergies
<b>NRB</b>	non-rebreather mask
<b>NS</b>	normal saline
<b>NSR</b>	normal sinus rhythm
<b>Ntg</b>	Nitroglycerin
<b>O2</b>	Oxygen
<b>O2 sat</b>	oxygen saturation
<b>OB</b>	obstetrical
<b>occ.</b>	occasional
<b>OD</b>	overdose
<b>p</b>	after
<b>P</b>	pulse
<b>p.o.</b>	by mouth, orally
<b>p.r.n.</b>	as needed
<b>PAC</b>	premature atrial contraction
<b>palp.</b>	palpated, palpation
<b>PCT</b>	pneumatic compression trousers
<b>PAT</b>	paroxysmal atrial tachycardia
<b>PE</b>	physical exam, pulmonary embolism
<b>ped.</b>	pediatric
<b>PEEP</b>	positive end expiratory pressure
<b>PERRL</b>	pupils equal, round, react to light
<b>PG</b>	pregnant, pregnancy
<b>PID</b>	pelvic inflammatory disease
<b>PMH</b>	past medical history
<b>PNB</b>	pulseless, not breathing
<b>pos./+</b>	Positive
<b>post.</b>	Posterior
<b>PSVT</b>	paroxysmal supraventricular tachycardia
<b>Pt.</b>	Patient
<b>PTCA</b>	percutaneous transvenous coronary angioplasty
<b>PVC</b>	premature ventricular contraction
<b>q.</b>	Every

(Continued next page)

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 6.1** 1/1/2025  
**Accepted Abbreviations**  
**(Continued)**

<b>R</b>	Respirations
<b>R/O</b>	rule out
<b>RLQ</b>	right lower quadrant
<b>RLS</b>	red lights and siren
<b>ROM</b>	range of motion
<b>RR</b>	respiratory rate
<b>RSI</b>	rapid sequence induction
<b>RUQ</b>	right upper quadrant
<b>Rx</b>	Treatment
<b>s</b>	Without
<b>SBP</b>	systolic blood pressure
<b>SC</b>	subcutaneous
<b>S-brady</b>	sinus bradycardia
<b>S-tach</b>	sinus tachycardia
<b>SIDS</b>	sudden infant death syndrome
<b>SL</b>	Sublingual
<b>SO</b>	standing order
<b>SOB</b>	shortness of breath
<b>SPO2</b>	oxygen saturation via pulse oximeter
<b>SVT</b>	supraventricular tachycardia
<b>Sx</b>	Symptoms
<b>T</b>	temperature
<b>tach.</b>	Tachycardia
<b>TB</b>	Tuberculosis
<b>TBSA</b>	total body surface area
<b>TIA</b>	transient ischemic attack
<b>TKO</b>	to keep open
<b>TTA</b>	trauma team activation
<b>Tx</b>	treatment
<b>URI</b>	upper respiratory infection
<b>UTI</b>	urinary tract infection
<b>V-fib</b>	ventricular fibrillation
<b>V-tach</b>	ventricular tachycardia
<b>VO</b>	verbal order
<b>VS</b>	vital signs
<b>w/c</b>	wheelchair
<b>WNL</b>	within normal limits
<b>Y/O</b>	year old

**Madelia Health EMS  
EMS STANDARD OPERATING PROCEDURES  
Patient Care Guidelines**

**Guideline Number – 7.0**

# **REFERENCE CHARTS**

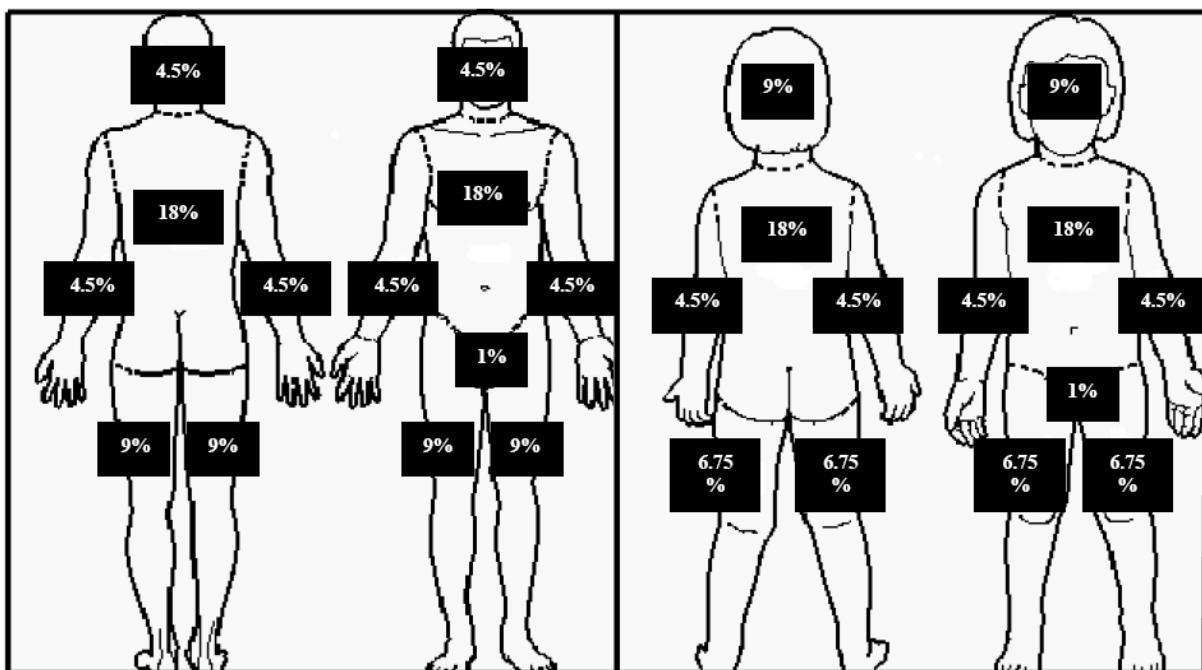
**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 7.1 1/1/2025**  
**Burn Charts**

**BURN CHART**

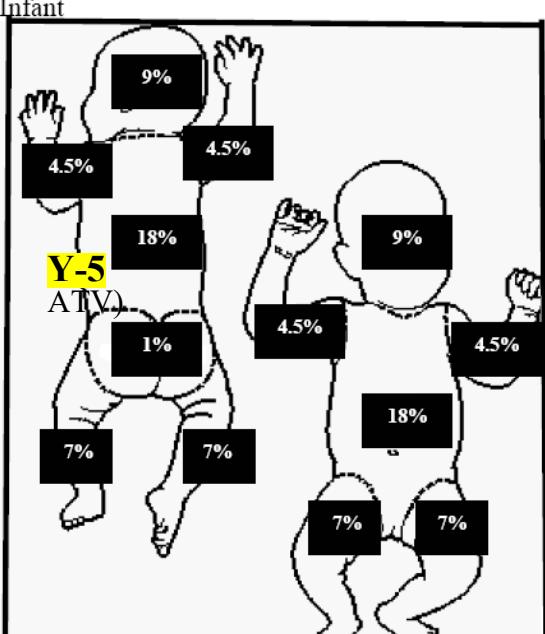
(Note: only 2° & 3° burns are counted)

Adult



Child

Infant



**PARKLAND FORMULA\***  
(IV fluids for first 8 hours)

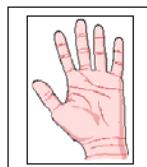
$$\frac{\% \text{ Burn Area} \times \text{Pt Wt. in Kg}}{4} = \text{cc/hr}$$

Example: 20% TBSA; patient weight - 70 kg:

$$\frac{20 \times 70}{4} = \frac{1400}{4} = 350 \text{ cc/hr NS}$$

*This formula does not apply to patients in shock. The patient in shock needs more aggressive IV fluid replacement.*

THE PATIENT'S PALM EQUALS APPROXIMATELY 1% OF THEIR TOTAL BODY SURFACE AREA.



**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 7.2 rev 1/23/2023**  
**Prehospital Stroke Assessment Scales**

**TABLE 1. The Cincinnati Prehospital Stroke Scale**

**Facial Droop (have patient show teeth or smile):**

- Normal—both sides of face move equally
- Abnormal—one side of face does not move as well as the other side

Left: normal. Right: stroke patient with facial droop (right side of face).

Kothari R, et al. *Acad Emerg Med*. 1997;4:986–990.



**Arm Drift (patient closes eyes and holds both arms straight out for 10 seconds):**

- Normal—both arms move the same or both arms do not move at all (other findings, such as pronator drift, may be helpful)
- Abnormal—one arm does not move or one arm drifts down compared with the other

**Abnormal Speech (have the patient say "you can't teach an old dog new tricks"):**

- Normal—patient uses correct words with no slurring
- Abnormal—patient slurs words, uses the wrong words, or is unable to speak

**Interpretation:** If any 1 of these 3 signs is abnormal, the probability of a stroke is 72%.

(continued)

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 7.2 rev 1/23/2023**  
**Prehospital Stroke Assessment Scales**  
**(continued)**

**Los Angeles Motor Scale (LAMS)<sup>22</sup>**

<b>Face</b>	0	Both sides move normally
	1	One side is weak or flaccid
<b>Arm</b>	0	Both sides move normally
	1	One side is weak
	2	One side is flaccid/doesn't move
<b>Grip</b>	0	Both sides move normally
	1	One side is weak
	2	One side is flaccid/doesn't move
<b>Total</b>	0–5	

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 7.3 1/1/2025**  
**GLASGOW COMA SCALE**

<b>GLASGOW COMA SCALE</b>	
<b>Eye Opening Response</b>	<b>Score</b>
Spontaneous - Already open with blinking	4
To Speech - Not necessary to request eye opening	3
To Pain - Stimulus should not be to the face	2
None - Make note if eyes are swollen shut	1
<b>Verbal Response</b>	
Oriented - Knows name, age, etc.	5
Confused conversation - Still answers all questions	4
Inappropriate Words - Speech is either exclamatory or at random	3
Incomprehensible sounds - Do not confuse with partial respiratory obstruction	2
None - Make note if patient is intubated	1
<b>Best Upper Limb Motor Response (Pain applied to nailbed)</b>	
Obeys - Moves limb to command; Pain is not required	6
Localizes - Changing the location of the painful stimulus causes the limb to follow	5
Withdraws - Pulls away from painful stimulus	4
Abnormal flexion - Decorticate posturing	3
Extensor response - Decerebrate posturing	2
No response	1

**Madelia Health EMS  
EMS STANDARD OPERATING PROCEDURES  
Patient Care Guidelines**

**Guideline Number – 7.4** 1/1/2025

# **Do Not Resuscitate**

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number- 7.41 1/1/2025**  
**POLST**

**HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT**

MINNESOTA

**Provider Orders for Life-Sustaining Treatment (POLST)**

Print these orders with orders change. These medical orders are based on the patient's current medical condition and preferences. Any action on a medical order must consider the patient's wishes. Self-advocacy for the patient. With significant change of condition or preference, every adult has a right to have these orders changed to reflect dignity and respect.

LAST NAME	FIRST NAME	MIDDLE NAME
DALE CEE KIRK		

MINNESOTA POLST FORM REVISED 10/2019  
MINNESOTA POLST FORM REVISED 10/2019

**A**

CHECK  
ONE

**CARDIOPULMONARY RESUSCITATION (CPR)** Patient has pulse and is not breathing.

Attempt Resuscitation / CPR (Note: selecting this requires selecting "Full Treatment" in Section B).  
 Do Not Attempt Resuscitation / DNAR (Allow Natural Death).

If not on cardiopulmonary arrest, follow orders in B.

**B**

CHECK  
ONE  
DO NOT  
RESUSCITATE

**MEDICAL TREATMENTS** Patient has pulse and is breathing.

**Full Treatment:** Use intubation, advanced airway interventions, and mechanical ventilation as indicated. Transfer to hospital and/or intensive care unit if indicated. All patients will receive comfort-focused treatments.  
**TREATMENT PLAN:** Full treatment including life support measures in the intensive care unit.

**Selective Treatment:** Use medical treatment, antibiotics, IV fluids and cardiac monitor as indicated. No intubation, advanced airway interventions, or mechanical ventilation. May consider less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Generally avoid the intensive care unit. All patients will receive comfort-focused treatments.  
**TREATMENT PLAN:** Provide basic medical treatments as needed to relieve pain or reversible effects.

**Comfort-Focused Treatment (Allow Natural Death):** It is my primary suffering through the use of my medication by any route, pain killing, visual aids and other measures. Use oxygen, suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no transfer to hospital for life-sustaining treatments. Transfer if comfort needs cannot be met in current location.  
**TREATMENT PLAN:** Maintain comfort through symptom management.

**C**

CHECK  
ONE  
THAT  
APPLY

**DOCUMENTATION OF DISCUSSION**

Patient (Refuse for autopsy)     Court-Appointed Guardian     Other Surrogate  
 Parent of Minor     Health Care Agent     Health Care Directive

**SIGNATURE OF PATIENT OR SURROGATE**

STATE IF PATIENT IS STRONGLY RECOMMENDED      DATE: 10/10/2019

STATE HOW TO REACH PATIENT: 651-450-1234      DATE: 10/10/2019

Signature acknowledges that these orders reflect the patient's own wishes. A copy of signature document may be given to the patient.

**D**

**SIGNATURE OF PHYSICIAN / APRN / PA**

My signature below indicates that I acknowledge that these orders are consistent with the patient's current medical condition and prognosis.

NAME (PRINT OR SIGNATURE)      DATE (SIGNATURE)      PHONE (SIGNATURE)

NAME (PRINT OR SIGNATURE)      DATE (SIGNATURE)      PHONE (SIGNATURE)

**SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. SEE POLST STATEMENT OF POLICY FOR MORE INFORMATION.**

Minnesota Provider Orders for Life-Sustaining Treatment (POLST). [www.mnpolst.org](http://www.mnpolst.org) PAGE 1 OF 2

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number- 7.41 rev1/23/2023**  
**POLST (Cont'd)**

**INFORMATION FOR**

PATIENT NAMED ON THIS FORM

**HIPAA PERMITS DISCLOSURE TO HEALTH CARE PROVIDERS AS NECESSARY FOR TREATMENT**

**E**

CHECK  
ONE  
FROM  
EACH  
SECTION

**ADDITIONAL PATIENT PREFERENCES (OPTIONAL)**

**ARTIFICIALLY ADMINISTERED NUTRITION** *Offer food by mouth if feasible.*

- Long-term artificial nutrition by tube.
- Defined trial period of artificial nutrition by tube.
- No artificial nutrition by tube.

**ANTIBIOTICS**

- Use IV/IM antibiotic treatment.
- Oral antibiotics only (no IV/IM).
- No antibiotics. Use other methods to relieve symptoms when possible.

**ADDITIONAL PATIENT PREFERENCES** (e.g. dialysis, duration of intubation).

**HEALTH CARE PROVIDER WHO PREPARED DOCUMENT**

PREPARER NAME **(REQUIRED)**

PREPARER TITLE **(REQUIRED)**

PREPARER PHONE (WITH AREA CODE) **(REQUIRED)**

DATE PREPARED **(REQUIRED)**

**NOTE TO PATIENTS AND SURROGATES**

The **POLST form is always voluntary** and is for persons with advanced illness or frailty. POLST records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, no form

can address all the medical treatment decisions that may need to be made. A Health Care Directive is recommended for all capable adults, regardless of their health status. A Health Care Directive allows you to document in detail your future health care instructions and/or name a Health Care Agent to speak for you if you are unable to speak for yourself.

**DIRECTIONS FOR HEALTH CARE PROVIDERS**

**Completing POLST**

- Completing a POLST is always voluntary and cannot be mandated for a patient.
- POLST should reflect current preferences of persons with advanced illness or frailty. Also, encourage completion of a Health Care Directive.
- Verbal / phone orders are acceptable with follow-up signature by physician/APRN/PA in accordance with facility/community policy.
- A surrogate may include a court appointed guardian, Health Care Agent designated in a Health Care Directive, or a person whom the patient's health care provider believes best knows what is in the patient's best interest and will make decisions in accordance with the patient's expressed wishes and values to the extent known, such as a verbally designated surrogate, spouse, registered domestic partner, parent of a minor, or closest available relative.

**Reviewing POLST**

This POLST should be reviewed periodically, and if:

- The patient is transferred from one care setting or care level to another, or
- There is a substantial change in the patient's health status, or
- The patient's treatment preferences change, or
- The patient's Primary Medical Care Provider changes.

**Voiding POLST**

- A person with capacity, or the valid surrogate of a person without capacity, can void the form and request alternative treatment.
- Draw line through sections A through E and write "VOID" in large letters if POLST is replaced or becomes invalid.
- If included in an electronic medical record, follow voiding procedures of facility/community.

**SEND FORM WITH PATIENT WHENEVER TRANSFERRED OR DISCHARGED. FAXED, PHOTOCOPIED OR ELECTRONIC VERSIONS OF THIS FORM ARE VALID.**

Minnesota Provider Orders for Life-Sustaining Treatment (POLST). [www.mnpolst.org](http://www.mnpolst.org) PAGE 2 OF 2

REVISED: FEBRUARY 2017

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**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

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Guideline Number – 7.5 rev. 1/23/2023  
**Medical Director Skill Assessment Verification**

Minnesota Statutes, section 144E.265, subpart 3: Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statements shall be maintained in the ambulance service licensee's files.

I, as medical director for \_\_\_\_\_ Ambulance Service verify that each of the following ambulance service personnel has been assessed for practical skill proficiency by me or my designee and is approved to provide care in accordance with the protocol/guidelines established for the ambulance service.

Certification Name	Date of Training	Certification Level	MN Certification #	Exp. Date
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Medical Director \_\_\_\_\_  
(Print Name)

### MN Physician License #

Signature \_\_\_\_\_  
(Original Signature)

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
**Patient Care Guidelines**

**Guideline Number – 7.6 rev1/23/2023**  
**Medical Director Variance Medication Annual Skill Verification**

Minnesota Rules, section 4690.8300, subpart 8: In order to maintain a variance granted under subpart 7 (Variance for certain drugs.), the licensee's medical director shall, by the annual anniversary date of the approved variance: a) provide a list of the licensee's attendants; b) certify in writing that each attendant has satisfactorily completed the required training and retained skill proficiency; and c) certify in writing that, prior to allowing an attendant who was hired after the variance was granted to administer a drug specified in subpart 7, the attendant satisfactorily completed the required training. Documentation of items a) through c) shall be retained in the licensee's files.

### Variance Medications Granted:

Beta Agonist by Metered Dose Inhalation \_\_\_\_\_ Beta Agonist by Nebulization \_\_\_\_\_  
Premeasured Subcutaneous Epinephrine \_\_\_\_\_ Sublingual Nitroglycerine \_\_\_\_\_  
Premeasured Intramuscular or Subcutaneous Glucagon \_\_\_\_\_  
Premeasured intranasal Narcan \_\_\_\_\_

I, as medical director for \_\_\_\_\_ Ambulance Service, verify that each of the following ambulance service personnel has completed continuing education training and showed skill proficiency for the above listed variance medications in accordance with the protocols/ guidelines I have established and approved.

**Medical Director** \_\_\_\_\_ **MN Physician License #** \_\_\_\_\_  
(Print Name)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 7.8 1/1/2025**  
**Medical Director Skill Assessment Verification - Designee**

Minnesota Statutes, section 144E.265, subpart 3: Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statements shall be maintained in the ambulance service licensee's files.

I, \_\_\_\_\_, as medical director for \_\_\_\_\_ Ambulance Service authorize the following person(s) to act as my designee(s) for the purpose of annual skill verification. This list may include but is not limited to:

\_\_\_\_\_  
Authorized Designee #1 (signature)

\_\_\_\_\_  
Authorized Designee #2 (signature)

\_\_\_\_\_  
Authorized Designee #1 (print)

\_\_\_\_\_  
Authorized Designee #2 (print)

\_\_\_\_\_  
Authorized Designee #3 (signature)

\_\_\_\_\_  
Authorized Designee #4 (signature)

\_\_\_\_\_  
Authorized Designee #3 (print)

\_\_\_\_\_  
Authorized Designee #4 (print)

Medical Director \_\_\_\_\_  
(Print Name)

MN Physician License # \_\_\_\_\_

Signature \_\_\_\_\_  
(Original Signature)

Date \_\_\_\_\_

**Madelia Health EMS**  
**EMS STANDARD OPERATING PROCEDURES**  
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**Guideline Number – 7.9** rev.1/23/2023

**MEDICAL DIRECTION STATEMENT**

I \_\_\_\_\_ M.D. being a licensed physician in Minnesota, having experience in, and knowledge of, emergency care of acutely ill or traumatized patients, and being familiar with the design and operation of local, regional, and state emergency medical services systems agree to provide medical direction to the \_\_\_\_\_ Ambulance Service. This will be in accordance with Minnesota Statutes, sections 144E.001 to 144E.33 and Minnesota Rules, Chapter 4690. I accept responsibility for the following as stated in Minnesota Statutes, section 144.265, Subdivisions 2 & 3.

My responsibilities as medical director shall include, but are not limited to:

1. Approving standards for training and orientation of personnel that impact patient care.
2. Approving standards for purchasing equipment and supplies that impact patient care.
3. Establishing standing orders for pre-hospital care.
4. Approving triage, treatment, and transportation guidelines for adult and pediatric patients.
5. Participating in the development and operation of continuous quality improvement programs, including, but not limited to, case review and resolution of patient complaints.
6. Establishing procedures for the administration of drugs.
7. Maintaining the quality of care according to the above standards and procedures established.

Annually, I or my designee shall assess the practical skills of each person on the ambulance service roster and will sign a statement verifying the proficiency of each person. The statements will be maintained in the ambulance services files.

Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original signature)

License Number: \_\_\_\_\_

### MEDICAL DIRECTION STATEMENT

I Sarah Dryden M.D. being a licensed physician in Minnesota, having experience in, and knowledge of, emergency care of acutely ill or traumatized patients, and being familiar with the design and operation of local, regional, and state emergency medical services systems agree to provide medical direction to the Madelia Health Ambulance Service. This will be in accordance with Minnesota Statutes, sections 144E.001 to 144E.33 and Minnesota Rules, Chapter 4690. I accept responsibility for the following as stated in Minnesota Statutes, section 144.265, Subdivisions 2 & 3.

My responsibilities as medical director shall include, but are not limited to:

1. Approving standards for training and orientation of personnel that impact patient care.
2. Approving standards for purchasing equipment and supplies that impact patient care.
3. Establishing standing orders for pre-hospital care.
4. Approving triage, treatment, and transportation guidelines for adult and pediatric patients.
5. Participating in the development and operation of continuous quality improvement programs, including, but not limited to, case review and resolution of patient complaints.
6. Establishing procedures for the administration of drugs.
7. Maintaining the quality of care according to the above standards and procedures established.

Annually, I or my designee shall assess the practical skills of each person on the ambulance service roster and will sign a statement verifying the proficiency of each person. The statements will be maintained in the ambulance services files.

Medical Director: Sarah Dryden  
(Original signature)

Date: 6/30/2023

License Number: 61443



## Medical Director Skill Assessment Verification Designee

Ambulance Service Name: Madeline Health EMS OEMS License No: 2056

**Minnesota Statutes 144E. Subd. 3. Medical Requirements.** Annually, the medical director or the medical director's designee shall assess the practical skills of each person on the ambulance service roster and sign a statement verifying the proficiency of each person. The statement shall be maintained in the licensee's files.

I, Sarah Dryden, as medical director for Madeline Health EMS Ambulance Service authorize the following person(s) to act as my designee(s) for the purpose of annual skill verification. This may include, but is not limited to:

Ryan Marti EMS Manager Paramedic

Chris Burban Ambulance Captain EMT

Josh Schoener CEVO Instructor EMT

### Signature

Medical Director: Sarah Dryden

MN Physician License #: 61443

(Print Name)

Medical Director Signature: Sarah Dryden

Date: 10/26/25

(Original Signature)

**ALS Medical Control Agreement**

Ambulance Service: Madelia Health EMS OEMS License No: 2056

**Minnesota Statutes 144E.101 Subd. 7(d). Ambulance Service Requirements.** An ambulance service providing advanced life support shall have a written agreement with its medical director to ensure medical control for patient care 24 hours a day, seven days a week. The terms of the agreement shall include a written policy on the administration of medical control for the service. The policy shall address the following issues:

- (1) two-way communication for physician direction of the ambulance service personnel;
- (2) patient triage, treatment, and transport;
- (3) use of standing orders; and
- (4) the means by which medical control will be provided 24 hours a day.

As medical director for Madelia Health EMS ambulance service the ambulance personnel will operate primarily under standing orders. Included are triage, treatment, and transport guidelines for patients of all age groups. Twenty-four-hour medical control will be available through Madelia Health Emergency Department seven days a week. The means of contact will be primarily via cellular phone with VHF radio capabilities utilizing the Statewide EMS frequency as a backup.

Signature



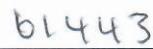
Medical Director Signature



Date



Medical Director printed name



MD License #

Name	Positions	Number	Level	Issued Date	Expiration Date	Status
Leonard, sarah Anne	Volunteer	1022038	EMR - Emergency Medical Responder	1/11/2023	10/31/2025	Expired
Meyer MM, Matthew Timothy James	Volunteer	1028166	EMT - Emergency Medical Technician	8/3/2024	3/31/2027	Active
TRUMAN-INGEBRITSON, RHONDA LYNN	Primary Contact, Service Director	969860	Emergency Medical Technician	3/29/2024	3/31/2026	Active
ANDERSON, JEREMY Jon	Volunteer	981220	Emergency Medical Responder	1/17/2024	10/31/2026	Active
GRIFFIN, CAITLIN MARIE	Full Time	958051	Emergency Medical Technician	1/29/2025	3/31/2027	Active
Kuduk, Joseph Christopher	Volunteer	1002524	Emergency Medical Responder	10/7/2024	10/31/2026	Active
CARLSON, DAVID LEE	Volunteer	201756	Emergency Medical Responder	10/4/2024	10/31/2026	Active
Schultz, Kelly Marie	Volunteer	1006675	Emergency Medical Technician	1/23/2025	3/31/2027	Active
GILES, MICHAEL ALLEN	Volunteer	993377	Emergency Medical Technician	3/26/2024	3/31/2026	Active
Eckert, Tyler Alvin	Volunteer	1014567	Emergency Medical Responder	1/24/2025	10/31/2027	Active
Bauman Zbauman, Zach Tyler	Volunteer	1021884	Emergency Medical Technician	5/30/2025	3/31/2027	Active
Nilson, Justin Jay	Volunteer	1014650	Emergency Medical Responder	10/16/2025	10/31/2027	Active
MUMFORD, AARON EARL	Volunteer	979987	Emergency Medical Technician	2/9/2024	3/31/2026	Active
Pietka, Alexandra NMN	Volunteer	1024948	EMT - Emergency Medical Technician	9/7/2023	3/31/2026	Active
Volk, Chad Douglas	Volunteer	1014571	Emergency Medical Responder	1/21/2023	10/31/2025	Expired
WILCOX MD, MICHAEL R	Medical Director (On-Line), Medical Director (Off-Line)	100462	Medical Director			
Fahey, Justin James	Volunteer	1022733	EMR - Emergency Medical Responder	3/3/2023	10/31/2025	Expired
PAUL, DAVID George	volunteer	975038	Emergency Medical Responder	1/24/2025	10/31/2027	Active

QUADE, JACOB Bruce	Volunteer	955256	Emergency Medical Responder	1/24/2025	10/31/2027	Active
Bauer, Travis James Dale	Volunteer	1030359	EMT - Emergency Medical Technician	11/13/2024	3/31/2026	Active
SNOW, JAMIE GERMAY	Volunteer	955398	Emergency Medical Technician	1/22/2024	3/31/2026	Active
GREVE, ANTHONY PAUL	Volunteer	501139	Emergency Medical Technician	2/15/2024	3/31/2026	Active
Anderson, Macy Elizabeth	Volunteer	1031074	EMT - Emergency Medical Technician	1/11/2025	3/31/2027	Active
Kuznia, Ethan Scott	Volunteer	1025906	Emergency Medical Technician	2/17/2025	3/31/2027	Active
WELSCH, JEREMY junior	Volunteer	979891	Emergency Medical Responder	1/17/2024	10/31/2026	Active
Cink, Ashten Douglas	Volunteer	1032692	Emergency Medical Technician	5/21/2025	5/21/2025	Active
Foley, Shannon Michele	Volunteer	1030981	EMT - Emergency Medical Technician	1/9/2025	3/31/2027	Active
Becker, Jeffrey Jerome	Volunteer	527016	Emergency Medical Responder	1/29/2025	10/31/2026	Active
Harazin, Ryan Keith	Volunteer	1016657	PARA-Paramedic	6/20/2024	3/31/2026	Active
Conterato MD, Marc nmn	Medical Director (On-Line), Medical Director (Off-Line)	996723	Medical Director			Active

# **LAKE CRYSTAL AREA AMBULANCE SERVICE**

**100 E. ROBINSON ST. PO BOX 86**

**LAKE CRYSTAL, MN. 56055**

**PHONE: 507-726-2440 FAX: 507-726-2012 MOBILE: 507-381-4106**

**Rhonda Truman-Ingebritson**

**Ambulance Director**

**Lake Crystal Area Ambulance**

**100 E. Robinson St. P.O. Box 86 Lake**

**Crystal, MN. 56055**

**[lcambulance@lakecrystalmn.org](mailto:lcambulance@lakecrystalmn.org)**

**507-381-4106**

**Date: Monday, October 13, 2025**

**To Whom It May Concern,**

**I am writing this letter in strong support of the proposal to add a new part-time Advanced Life Support (ALS) ambulance to serve the Vernon Center region.**

As an EMT with Lake Crystal Area Ambulance Service, I have witnessed firsthand the increasing demand for high-quality, timely prehospital care in our community. Response times have become a growing concern, particularly during peak hours, weekends, and special events. The addition of a part-time ALS unit would provide much-needed relief to our existing EMS resources, ensuring improved patient outcomes through faster access to critical interventions.

A part-time ALS ambulance would also enhance our community's preparedness for mass casualty incidents, assist with interfacility transfers when needed, and reduce the strain on mutual aid systems that are frequently stretched thin. The flexibility of a part-time schedule allows us to target specific windows of high demand without incurring the full costs of a 24/7 unit, making it a fiscally responsible step forward.

I fully support this initiative and urge decision-makers to recognize the value and necessity of this proposed service. Our residents deserve responsive, high-quality emergency care, and this addition will move us closer to that goal.

If you have any questions or would like further insight into the needs of our region, please don't hesitate to contact me.

**Sincerely,**

**Rhonda Truman-Ingebritson**

**Ambulance Director**

**Lake Crystal Area Ambulance Service**

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100 E. ROBINSON ST. PO BOX 86

LAKE CRYSTAL, MN. 56055

PHONE: 50-726-2440 FAX: 507-726-2012 MOBILE: 507-381-4106

## Operational benefits for the service

- **Operational flexibility:** Ambulances in a part time service can respond with either an Advanced Life Support (ALS) or Basic Life Support (BLS) crew. This ensures an ambulance can still respond to all calls even if a paramedic is not available.
- **Cost-effective staffing:** A hybrid part time ALS model is the most fiscally sustainable option for our communities. Paid positions reduces the demand on volunteers. Our call volume has grown rapidly putting a great strain on our dedicated volunteers.
- **Increased volunteer retention:** In combination with volunteer systems, offering paid shifts can help with recruitment and retention. It provides financial compensation to experienced volunteers, which can help prevent burnout and turnover.

## Community benefits

- **Access to a higher level of care:** In communities without a fixed medical facility, a part-time ALS service can provide access to advanced medical interventions.
- **Faster response times:** A hybrid part-time ALS presence can improve response times for serious emergencies like strokes or cardiac arrests compared to waiting for an ambulance from a distant town.
- **Improved patient outcomes:** For time-sensitive calls, the ability to provide advanced care on the scene and during transport can improve patient survival and recovery.

## Benefits for EMS providers

- **Flexible scheduling:** Paid part time positions offer flexibility, this is ideal for EMTs and paramedics who need to accommodate family obligations, other jobs, or school.
- **Career advancement and skill maintenance:** A part-time ALS service allows our providers to gain valuable experience or maintain their EMS skills. It can be a great option for those building a career in the medical field or transitioning from a volunteer role.
- **Competitive compensation:** Paid-on-call or part-time work provides EMTs and paramedics with competitive wages allowing us to compete in the current job market.

Please indicate your support and return this letter as soon as possible

I support the addition of a Part Time ALS ambulance in Lake Crystal

I DO NOT support the addition of a Part Time ALS ambulance in Lake Crystal

X

*Will Luis*

November 20, 2025

Vernon Center Township Clerk/treasurer

Title and Date

# LAKE CRYSTAL AREA AMBULANCE SERVICE

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Cambria Town Board

X Howard Jones, Jr. President

Title and Date

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I support the addition of a Part Time ALS ambulance in Lake Crystal

I DO NOT support the addition of a Part Time ALS ambulance in Lake Crystal

X Kelly Yeming Treasurer 11-11-25

Title and Date

**From:** [Jacobs, Holly \(EMSRB\)](#)  
**To:** [Lake Crystal Ambulance](#)  
**Cc:** [Loomis, Nicole \(EMSRB\)](#)  
**Subject:** RE: ALS Ambulance  
**Date:** Monday, December 8, 2025 9:16:54 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)

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Rhonda:

Yes, it will. I have cc'd my Co-Worker, Nicole Loomis on this, as she is assisting in review of the application to expedite things for you.

**Holly Jacobs**

EMS Specialist | Ambulance Services Division

**Office of Emergency Medical Services**

335 Randolph Ave

St. Paul, MN, 55102

O: 651-201-2810

C: 507-272-7700

[mn.gov/oems](http://mn.gov/oems)



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**From:** Lake Crystal Ambulance <[lcambulance@lakecrystalmn.org](mailto:lcambulance@lakecrystalmn.org)>

**Sent:** Monday, December 8, 2025 9:14 AM

**To:** Jacobs, Holly (EMSRB) <[holly.jacobs@state.mn.us](mailto:holly.jacobs@state.mn.us)>

**Subject:** FW: ALS Ambulance

**This message may be from an external email source.**

Do not select links or open attachments unless verified. Report all suspicious emails to Minnesota IT Services Security Operations Center.

Holly,

Would this qualify as support for the part time ALS ?

Rhonda

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**From:** Adam Jones <[jone0602@gmail.com](mailto:jone0602@gmail.com)>

**Sent:** Sunday, December 7, 2025 4:04 PM

**To:** Lake Crystal Ambulance <[lcambulance@lakecrystalmn.org](mailto:lcambulance@lakecrystalmn.org)>

**Subject:** ALS Ambulance

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Rhonda,

I just wanted to follow up in regards to the letter you sent to our township back in October about the ALS ambulance and our support for it. I'm sorry I didn't get a chance to email you back after you called, but I wanted to reach out to let you know that we do support the ambulance service for this service. The Rural Fire meeting cleared things up for us. Our main questions were: how did this come about with the city? What financial commitment are we looking at, if any? Things of that nature.

I hope you didn't take away that we were upset or anything - we were caught off guard that there was a committee formed and the city didn't reach out to us.

Thanks for all you do!

Adam Jones

Butternut Valley Township

# LAKE CRYSTAL AREA AMBULANCE SERVICE

100 E. ROBINSON ST. PO BOX 86

LAKE CRYSTAL, MN. 56055

PHONE: 50-726-2440 FAX: 507-726-2012 MOBILE: 507-381-4106

## Operational benefits for the service

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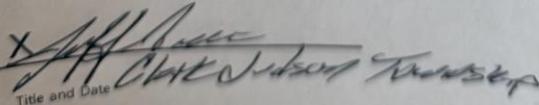
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I support the addition of a Part Time ALS ambulance in Lake Crystal

I DO NOT support the addition of a Part Time ALS ambulance in Lake Crystal

  
Title and Date

# LAKE CRYSTAL AMBULANCE SERVICE

## Effect on Public Health Statement

The proposed part-time Advanced Life Support (ALS) licensure for Lake Crystal Ambulance Service, in partnership with Madelia Health, will have a substantial positive effect on public health within the Primary Service Area (PSA). Based on review of the PSA map, the region currently has overlapping coverage from one ALS service, one part-time ALS service, and one BLS service. Enhancing Lake Crystal Ambulance Service to part-time ALS will directly strengthen patient care access, reduce service gaps, and improve outcomes for time-sensitive emergencies.

### 1. Increased Access to Advanced Clinical Interventions

Transitioning to part-time ALS will ensure that more residents have timely access to higher-level prehospital care. Earlier availability of interventions such as cardiac monitoring, advanced airway procedures, and medication administration will significantly improve survival and recovery rates for cardiac arrest, stroke, trauma, respiratory compromise, and other critical conditions. This improvement directly supports public health goals of reducing morbidity and mortality across the PSA.

### 2. Reduced Delays Caused by ALS Intercepts

Currently, many advanced interventions require ALS intercepts from neighboring services. These intercepts introduce delays in treatment and transport, especially in rural settings where travel distance is a barrier. By adding PTALS capability, Lake Crystal Ambulance can begin ALS-level care immediately on scene, decreasing dependence on intercepts and improving the continuity and timeliness of patient care. Faster initiation of treatment is directly correlated with better health outcomes for high-acuity patients.

### 3. Improved Response Times and Regional System Capacity

The presence of additional ALS resources enhances the overall capacity of the region's EMS system. Overlapping PSAs ensure that during simultaneous 911 calls, severe weather, or periods of high demand, multiple agencies can respond efficiently. This redundancy decreases public wait times for emergency medical care and ensures that no single service becomes a bottleneck in delivering lifesaving interventions. Improving response reliability directly benefits community health and safety.

### 4. Increased System Resilience and Disaster Preparedness

By adding another ALS-capable unit into the regional system, the PSA becomes more resilient during large-scale incidents, mass casualty events, or unexpected service interruptions. Increased ALS availability strengthens community preparedness and aligns with best practices in rural emergency response planning. A more resilient EMS framework enhances the community's ability to withstand and respond effectively to public health emergencies.

## LAKE CRYSTAL AMBULANCE SERVICE

### 5. Strengthened Regional Collaboration and Standardization of Care

The PTALS partnership between Lake Crystal Ambulance and Madelia Health promotes coordinated patient care, shared protocols, and consistent clinical standards across agencies. Unified training, communication, and operational practices improve the overall quality of prehospital services available to the public. This interconnected system reduces fragmentation, ensures equitable access to care, and supports a more coherent regional public health infrastructure.

### 6. Enhanced Community Confidence in Emergency Medical Services

Residents will benefit from knowing that advanced care is more readily accessible within their own service area. Improved access to ALS care increases community trust, supports health equity, and ensures that residents receive timely, high-quality prehospital treatment. A public EMS system that is reliable, coordinated, and clinically capable contributes significantly to overall community health and well-being.

### Conclusion

The addition of part-time ALS capabilities for Lake Crystal Ambulance Service will provide measurable, positive effects on public health by increasing access to advanced care, reducing treatment delays, strengthening system resilience, and improving regional emergency response capacity. This enhancement is expected to reduce reliance on ALS intercepts, improve patient outcomes, and create a more efficient and dependable EMS system for all residents within the PSA.

Respectfully Submitted,

Rhonda Truman-Ingebritson  
Ambulance Director  
Lake Crystal, MN. 56055  
[Lcambulance@lakecrystalmn.org](mailto:Lcambulance@lakecrystalmn.org)  
507-381-4106

# LAKE CRYSTAL AMBULANCE SERVICE

## Proposed Statement Regarding PSA Overlap and Positive Impact of Duplication of Services

In looking at the PSA map, there is overlap with other services in the region, including 1 ALS service, 1 part-time ALS (PTALS) service, and 1 BLS service. Because of this existing configuration, transitioning Lake Crystal Ambulance Service to part-time ALS would enhance the overall level of care available within the PSA and reduce the number of ALS intercepts required from neighboring agencies.

The proposed Primary Service Area (PSA) for Lake Crystal Ambulance Service overlaps with the state-designated PSAs of the following neighboring ambulance service providers:

- Mayo Ambulance Service
- Madelia Health Ambulance Service
- New Ulm Medical Center / Allina Ambulance

Lake Crystal Ambulance Service is seeking approval for a part-time Advanced Life Support (ALS) license in partnership with Madelia Health, who will provide ALS staffing and clinical oversight to support elevated levels of patient care within the region.

### Positive Benefits of Duplication of Services

#### 1. Improved Response Times and Geographic Coverage

The overlapping PSAs ensure that multiple agencies can respond promptly during high-demand periods, large-scale incidents, or when one service is unavailable due to call volume, staffing limitations, or adverse weather conditions. Duplication allows for seamless mutual aid, reducing wait times for critical patients. Rural areas benefit significantly from having additional ALS-capable resources during simultaneous emergencies.

#### 2. Enhanced Continuity and Level of Care (BLS + Part-Time ALS Coverage)

## LAKE CRYSTAL AMBULANCE SERVICE

By partnering with Madelia Health to provide part-time ALS staffing, Lake Crystal Ambulance Service can elevate care capabilities within the PSA without displacing or duplicating full-time ALS operations already provided by other agencies. This partnership strengthens regional medical coverage by adding ALS availability during peak hours or high-risk timeframes. Earlier ALS interventions improve outcomes for cardiac, trauma, and respiratory patients. The shift to PTALS also reduces the need for ALS intercepts with neighboring agencies, improving efficiency and minimizing delays.

### 3. Increased System Resilience and Redundancy

Duplication of services ensures that if one provider experiences delays or a temporary interruption, another qualified agency can immediately fill the gap. This redundancy enhances regional disaster preparedness and prevents care from depending on a single point of failure. Overlapping PSAs allow flexibility in managing surges in call volume and supporting neighboring communities during large-scale events.

### 4. Strengthened Collaboration Between Neighboring Services

Overlapping boundaries encourage continued inter-agency cooperation, shared training opportunities, and consistent medical protocols across the region. The Lake Crystal-Madelia Health ALS partnership strengthens communication, resource sharing, and coordinated patient care. Collaboration reduces fragmentation and fosters a unified emergency response system.

### 5. Better Patient Outcomes and Increased Consumer Confidence

Residents within the PSA benefit from faster access to higher-level care, broader EMS resource availability, reduced transport delays, and improved on-scene clinical capability. Consumers are best served when the closest, most appropriate unit responds—regardless of provider.

## Conclusion

The proposed part-time ALS license for Lake Crystal Ambulance Service—supported through a clinical partnership with Madelia Health—will not create unnecessary duplication of services. Instead, it will strengthen the emergency medical system, enhance collaboration among neighboring providers (Mayo, Madelia Health, and New Ulm/Allina), and provide clear and measurable benefits to both patients and providers within the overlapping PSAs. Increasing to PTALS will raise the clinical capabilities available locally while decreasing the

## LAKE CRYSTAL AMBULANCE SERVICE

reliance on ALS intercepts from neighboring services. Duplication of resources increases reliability, improves patient outcomes, and ensures high-quality prehospital care for all residents within the service area.

Respectfully submitted 12/10/2025

Rhonda Truman-Ingebritson

Ambulance Director  
Lake Crystal Ambulance  
[lcambulance@lakecrystalmn.org](mailto:lcambulance@lakecrystalmn.org)  
507-381-4106

**From:** [Loomis, Nicole \(EMSRB\)](#)  
**To:** [Loomis, Nicole \(EMSRB\)](#)  
**Subject:** FW: PTALS Application  
**Date:** Thursday, December 18, 2025 3:02:56 PM

---

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**From:** Ryan Marti <RMarti@madeliahealth.org>  
**Sent:** Wednesday, December 17, 2025 2:50 PM  
**To:** Loomis, Nicole (EMSRB) <nicole.loomis@state.mn.us>  
**Cc:** Lake Crystal Ambulance Director <lambulance@lakecrystalmn.org>  
**Subject:** RE: PTALS Application

For ALS expenditures we budgeted to spend up to \$51,531.

Currently we have spent \$41,295.64 on durable equipment specifically to meet ASL requirements.

Zoll X series ALS Cardiac monitor; \$37388.91  
Narcotics Vault; \$2779.58  
Zoll batteries; \$897.82  
ALS cardiac arrest/oxygen bag \$229.33

We have no plans to spend additional funds specifically for ALS upgrades in 2025, the remaining \$10,235.36 will be set aside for expendable supplies/medications that we will be filling through our existing supply chain. I have no concern about not including them on the initial set up cost, or future reports.

So our total ALS expenditure I would like to report is \$41,295.64.

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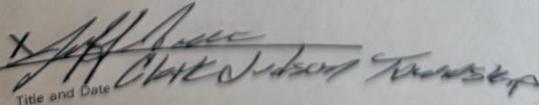
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Please indicate your support and return this letter as soon as possible

I support the addition of a Part Time ALS ambulance in Lake Crystal

I DO NOT support the addition of a Part Time ALS ambulance in Lake Crystal

  
Title and Date

# LAKE CRYSTAL AREA AMBULANCE SERVICE

100 E. ROBINSON ST. PO BOX 86

LAKE CRYSTAL, MN. 56055

PHONE: 50-726-2440 FAX: 507-726-2012 MOBILE: 507-381-4106

## Operational benefits for the service

- **Operational flexibility:** Ambulances in a part time service can respond with either an Advanced Life Support (ALS) or Basic Life Support (BLS) crew. This ensures an ambulance can still respond to all calls even if a paramedic is not available.
- **Cost-effective staffing:** A hybrid part time ALS model is the most fiscally sustainable option for our communities. Paid positions reduces the demand on volunteers. Our call volume has grown rapidly putting a great strain on our dedicated volunteers.
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Cambria Town Board

X Howard Jones, Jr. President

Title and Date

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100 E. ROBINSON ST. PO BOX 86

LAKE CRYSTAL, MN. 56055

PHONE: 507-726-2440 FAX: 507-726-2012 MOBILE: 507-381-4106

Rhonda Truman-Ingebritson  
Ambulance Director  
Lake Crystal Area Ambulance  
100 E. Robinson St. P.O. Box 86 Lake  
Crystal, MN. 56055  
[lcambulance@lakecrystalmn.org](mailto:lcambulance@lakecrystalmn.org)  
507-381-4106

**Date:** Monday, October 13, 2025

To Whom It May Concern,

I am writing this letter in strong support of the proposal to add a **new part-time Advanced Life Support (ALS) ambulance** to serve the Vernon Center region.

As an EMT with Lake Crystal Area Ambulance Service, I have witnessed firsthand the increasing demand for high-quality, timely prehospital care in our community. Response times have become a growing concern, particularly during peak hours, weekends, and special events. The addition of a part-time ALS unit would provide much-needed relief to our existing EMS resources, ensuring improved patient outcomes through faster access to critical interventions.

A part-time ALS ambulance would also enhance our community's preparedness for mass casualty incidents, assist with interfacility transfers when needed, and reduce the strain on mutual aid systems that are frequently stretched thin. The flexibility of a part-time schedule allows us to target specific windows of high demand without incurring the full costs of a 24/7 unit, making it a fiscally responsible step forward.

I fully support this initiative and urge decision-makers to recognize the value and necessity of this proposed service. Our residents deserve responsive, high-quality emergency care, and this addition will move us closer to that goal.

If you have any questions or would like further insight into the needs of our region, please don't hesitate to contact me.

Sincerely,

Rhonda Truman-Ingebritson  
Ambulance Director  
Lake Crystal Area Ambulance Service

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100 E. ROBINSON ST. PO BOX 86

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X Kelly Yeming Treasurer 11-11-25

Title and Date

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**PHONE: 507-726-2440 FAX: 507-726-2012 MOBILE: 507-381-4106**

**Rhonda Truman-Ingebritson**

**Ambulance Director**

**Lake Crystal Area Ambulance**

**100 E. Robinson St. P.O. Box 86 Lake**

**Crystal, MN. 56055**

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X

*Will Luis*

November 20, 2025

Vernon Center Township Clerk/treasurer

Title and Date

**From:** [Jacobs, Holly \(EMSRB\)](#)  
**To:** [Lake Crystal Ambulance](#)  
**Cc:** [Loomis, Nicole \(EMSRB\)](#)  
**Subject:** RE: ALS Ambulance  
**Date:** Monday, December 8, 2025 9:16:54 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)

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Rhonda:

Yes, it will. I have cc'd my Co-Worker, Nicole Loomis on this, as she is assisting in review of the application to expedite things for you.

**Holly Jacobs**

EMS Specialist | Ambulance Services Division

**Office of Emergency Medical Services**

335 Randolph Ave

St. Paul, MN, 55102

O: 651-201-2810

C: 507-272-7700

[mn.gov/oems](http://mn.gov/oems)



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**From:** Lake Crystal Ambulance <[lcambulance@lakecrystalmn.org](mailto:lcambulance@lakecrystalmn.org)>

**Sent:** Monday, December 8, 2025 9:14 AM

**To:** Jacobs, Holly (EMSRB) <[holly.jacobs@state.mn.us](mailto:holly.jacobs@state.mn.us)>

**Subject:** FW: ALS Ambulance

**This message may be from an external email source.**

Do not select links or open attachments unless verified. Report all suspicious emails to Minnesota IT Services Security Operations Center.

Holly,

Would this qualify as support for the part time ALS ?

Rhonda

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**From:** Adam Jones <[jone0602@gmail.com](mailto:jone0602@gmail.com)>

**Sent:** Sunday, December 7, 2025 4:04 PM

**To:** Lake Crystal Ambulance <[lcambulance@lakecrystalmn.org](mailto:lcambulance@lakecrystalmn.org)>

**Subject:** ALS Ambulance

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Rhonda,

I just wanted to follow up in regards to the letter you sent to our township back in October about the ALS ambulance and our support for it. I'm sorry I didn't get a chance to email you back after you called, but I wanted to reach out to let you know that we do support the ambulance service for this service. The Rural Fire meeting cleared things up for us. Our main questions were: how did this come about with the city? What financial commitment are we looking at, if any? Things of that nature.

I hope you didn't take away that we were upset or anything - we were caught off guard that there was a committee formed and the city didn't reach out to us.

Thanks for all you do!

Adam Jones

Butternut Valley Township