



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

BUMEDINST 6700.42
BUMED-311
13 Feb 95

BUMED INSTRUCTION 6700.42

From: Chief, Bureau of Medicine and Surgery
To: Stations Having Medical Personnel

Subj: AMBULANCE SUPPORT

Ref: (a) Department of Transportation (DOT) Training Program
for the Operation of Emergency Vehicles (NOTAL)
(b) OPNAVINST 5100.12F
(c) Department of Transportation National Standard
Training Curriculum for Emergency Medical Technicians
(NOTAL)
(d) National Registry of Emergency Medical Technicians
Operational Policy and Procedures Manual (NOTAL)
(e) Committee on Trauma, American College of Surgeons,
Essential Equipment for Ambulances (NOTAL)
(f) NAVFAC P-300, Management of Transportation Equipment
(NOTAL)
(g) BUMEDINST 6320.80
(h) NAVMEDCOMINST 7000.1B (NOTAL)
(i) BUMEDINST 6010.13
(j) DPSINST 5215.1B

Encl: (1) Essential Equipment for Ambulances, EMT-Basic Level
(2) Emergency Medical Technician Training Program
Checklist

1. Purpose. To provide guidance to medical treatment facilities (MTF) concerning use, staffing, and qualifications of personnel assigned for the proper operation of ambulance support services. To provide guidance for MTFs to assess the need for ambulance support instead of patient transport services.

2. Cancellation. NAVMEDCOMINST 6700.9.

3. Definition. An ambulance is a vehicle used for emergency care or transport which has a driver compartment and a patient compartment. The patient compartment shall be large enough to accommodate an emergency medical technician (EMT) and have the ability to provide at least one patient with basic life support during transit. The ambulance shall carry equipment and supplies for emergency medical care, to be rendered at the scene and during transport, as well as for two-way radio communication equipment. An ambulance shall be designed and constructed to afford maximum safety and comfort, avoid aggravation of the patient's condition, exposure to complications, and threat to survival.



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4. Policy

a. Ambulance Services

(1) Supervision. The emergency medical systems (EMS) department head or commanding officer's designated representative directs and supervises the overall operations of the ambulance service, including development, review, and revision of policies and procedures governing ambulance support, transport, and routine reviews of care provided.

(2) Priorities. Provide ambulance support recognizing the following priorities:

(a) First Priority. Primary response to on-scene medical emergencies under command jurisdiction. At least one ambulance shall remain onboard to perform emergency primary response. In the event the only remaining ambulance is dispatched, a bypass system must be established to notify a community emergency medical system to respond to subsequent medical emergencies.

(b) Second Priority. Emergency transfer of patients with immediate life or limb threatening conditions between MTFs.

(c) Third Priority. Support for operational exercises.

(d) Fourth Priority. Response to a specific emergency on non-Federal property. Such support may be authorized by the commanding officer if it does not reduce the command's ability to support operational requirements.

(e) Fifth Priority. Support provided in conjunction with local civilian disaster relief programs. Such support may be authorized by the commanding officer if it does not reduce the command's ability to support operational requirements. A memorandum of understanding (MOU) shall be obtained.

(f) Last Priority. When the use of an ambulance is medically indicated, routine transfer of inpatients between MTFs, or as part of a medical evacuation.

b. Transportation Services

(1) Supervision. Routine transport of patients using transportation services shall be under the direction and supervision of the MTF director for administration.

(2) Vehicles. When the use of an ambulance vehicle and presence of an EMT is not medically indicated, patients shall be transported in other suitable vehicles. Such vehicles shall meet local, State, and Federal standards for safety, habitability, and operation. A licensed driver is required. If the patient is litter-bound or for any other reason requires supervision, a health care attendant shall accompany the patient.

c. Standard Driver Operating Procedures. MTFs shall develop a local ambulance support services instruction which will include standard driver operating procedures. These procedures shall incorporate local, State, and Federal standards and local operational mission requirements.

d. Emergency Vehicle Operator (Ambulance Driver)

(1) Staffing

(a) All ambulances shall be driven by an individual who has successfully completed the requirements of reference (a) or the equivalent.

(b) Duty times of ambulance drivers are limited by the restrictions in reference (b).

(c) Whenever possible, a permanently assigned pool of individuals should serve as ambulance drivers unless waived in writing by the commanding officer.

(2) Training

(a) Reference (a) is the approved Bureau of Medicine and Surgery (BUMED) training course standard.

(b) MTFs are encouraged to use alternative programs which meet or exceed the standards of reference (a). Local courses, regional courses, cooperative courses with other governmental agencies, courses adapted to meet local and State requirements, and abridged courses based on recent previous training are all acceptable options. Documentation that the course meets or exceeds reference (a) standards shall be maintained, including course outlines and lesson plans.

(c) Emergency vehicle operator course instructors shall meet the following minimum prerequisites: (1) no judicial or nonjudicial punishment in the past 6 months; (2) 6 months of emergency vehicle driving experience after the successful completion of reference (a) or equivalent; (3) valid State and Federal Government drivers licenses; and (4) a letter of recommendation from the commanding officer, officer in charge, or senior medical officer.

e. Emergency Medical Technician-Basic

(1) Staffing. Each ambulance dispatched shall have at least one attendant who is certified as an emergency medical technician-basic (EMT-Basic) by the National Registry of Emergency Medical Technicians (NREMT). Whenever possible, a permanently assigned pool of individuals should serve as ambulance attendants unless waived in writing by the commanding officer.

(2) Training

(a) Reference (c) is the approved BUMED training course standard.

(b) MTFs are encouraged to use alternative programs which meet or exceed the standards of reference (c). Local courses, regional courses, cooperative courses with other governmental agencies, courses adapted to meet local and State government requirements, and abridged courses based on recent previous training are all acceptable options. Documentation that the alternative course meets or exceeds the standards of reference (c) shall be maintained, including course outlines and lesson plans.

(c) MTFs shall ensure a sufficient number of certified EMT-Basic personnel are available to meet the MTFs ambulance support requirements. Continuing education and appropriate clinical experiences shall be arranged by the chairman or head of emergency medical services, or the commanding officer's designated representative, to maintain compliance with reference (c) or with the appropriate national certifying agency, reference (d).

(d) MTFs will fund all training and certification costs for ambulance attendants.

(e) General duty hospital corpsmen E-5 and below ordered to outside continental United States (OCONUS) locations that do not have an approved EMT-Basic training program shall have taken the NREMT certification examination before detaching continental United States (CONUS).

(f) All civilian hire agreements should include a pre-employment clause stating "if the employee cannot be certified by the NREMT, their employment is terminated."

f. Equipment and Supplies

(1) Medical. All ambulances shall be equipped with the items listed in paragraphs 1 through 7 of enclosure (1), adapted from reference (e). MTFs are also responsible for obtaining any additional medical equipment and supplies required by local or State law or by operational requirements. Additional items may be added to the inventory of ambulance equipment and supplies provided the items are approved by the chairman or head of EMS, or the commanding officer's designated representative, and adequate training is provided to ensure familiarization of use.

(2) Communications

(a) All ambulances shall be equipped with a communications system equivalent to the standards listed in paragraph 7 of enclosure (1), adapted from reference (e). MTFs are responsible for obtaining any additional communication equipment and supplies required by local and State law or by operational requirements.

(b) A communications system between the MTF and civilian emergency medical service agencies shall be established and maintained.

(3) Procedures and Risk Management

(a) A recall system for EMT and ambulance driver personnel shall be established and kept current.

(b) Specific responsibility for the maintenance and availability of ambulances, equipment, and supplies shall be assigned by the commanding officer. The patient compartment and EMT-related issues should be the responsibility of the EMS department head or the commanding officer's designated representative. Maintenance and availability of the actual vehicle should be the responsibility of the director for administration. The road worthiness of the vehicle shall be monitored, per reference (f), by the emergency vehicle operator.

(c) Ambulance usage shall be documented per reference (f).

(d) Inventory procedures for equipment and supplies shall be established and monitored to maintain a constant state of readiness. Documentation shall include a mechanism to note the date and time and identify the person conducting the check.

(e) Equipment aboard ambulances shall be tested and documented daily. This requirement shall be incorporated into the MTF ambulance daily routines.

(f) Routine and special preventive maintenance on each ambulance shall be performed in conformance with local, State, and Federal directives.

(g) Vehicles shall be inspected per reference (b).

(h) Procedures for the security of the ambulance, medical equipment, and supplies shall be established and monitored.

g. Quality Assessment and Improvement

(1) The chairman or head of EMS or the commanding officer's designated representative shall ensure that an ambulance services quality of care review program is implemented.

(2) A dispatch log to document vehicle use and patient services shall be implemented by both ambulance services and transportation services. The log documenting vehicle use and patient services should include all requests for services, including requests that are denied. The documentation must comply with local, State, and Federal statutes.

5. Action

a. Commanding Officers of MTFs shall:

(1) Establish the level of ambulance service and patient transport to be provided. Commit the appropriate resources, including manpower, funds, and equipment, to comply with this instruction.

(2) Maintain documentation to show compliance with this instruction. Enclosure (2) shall be used to document EMT-Basic training programs.

(3) Provide for Emergency Vehicle Operator Course (EVOC) and EMT-Basic training and encourage the use of alternative programs which meet or exceed the standards of references (a) and (g).

(4) Ensure educational and training opportunities are sufficient and adequate to meet recertification for EMT-Basic and emergency vehicle operators.

b. Health Sciences Education and Training Command (HSETC)

(1) Monitor MTF compliance with the DOT EMT certification and recertification curricula in reference (c).

(2) Monitor the certification and recertification process in reference (d).

(3) Act as liaison between the NREMT, DOT, and Navy EMT course providers.

6. Reporting Requirements

a. Actual number of patient transportation hours of service by receiving work center account shall be reported quarterly in the Medical Expense and Performance Reporting System (MEPRS) per paragraph (5) of reference (h). This report shall be attributed to the EMS department Uniform Chart of Accounts (UCA).

b. Reports arising from the quality of care reviews involving potential compensable events shall be forwarded to the appropriate chain consistent with reference (i).

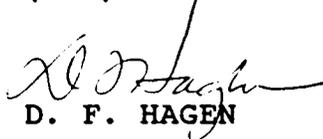
7. Reference Procurement

a. Department of Transportation Training Programs. Obtain references (a) and (c) from the Superintendent of Documents, Government Printing Office, Washington, DC 20402; (202) 366-5440 or (202) 366-9794.

b. Essential Equipment for Ambulances. Obtain reference (e) from the American College of Surgeons, Committee on Trauma, 55 East Erie Street, Chicago, IL 60611; (312) 664-4050.

c. NAVFAC P-300. Obtain reference (f) from the Navy Aviation Supply Office, Physical Distribution Division, Code 103, 5801 Tabor Avenue, Philadelphia, PA 19120-5099. Ordering instructions are provided in reference (j).

d. National Registry of Emergency Medical Technicians Operational Policy and Procedures Manual (reference (d)). Obtain reference (f) from Commanding Officer, Naval Health Sciences Education and Training Command (HSETC) (Code-261), 8901 Wisconsin Ave., Bethesda, MD 20889-5600; (301)-295-2289 or DSN 295-2289.


D. F. HAGEN

ESSENTIAL EQUIPMENT FOR AMBULANCES
EMT-BASIC LEVEL

1. Ventilation and Airway Equipment

a. Portable Suction Apparatus. Wide-bore tubing, rigid pharyngeal curved suction tip.

b. Portable and Fixed Oxygen Equipment. Variable flow regulator, humidifier (on fixed equipment).

c. Oxygen Administration Equipment. Adequate length tubing, masks (adult, child, and infant sizes; transparent, non-rebreathing, ventura and valveless nasal prongs).

d. Bag-Valve Mask. Hand-operated, self-reexpanding bag (adult and infant sizes, equal to or greater than 0.85), accumulator (FiO₂, 0.9), clear mask (adult, child, and infant sizes), valve (clear, easily cleanable, operable in cold weather).

e. Respirator (Optional). Volume-cycled valve, on-off operation, 100 percent oxygen, 40-50 psi pressure.

f. Airways. Nasopharyngeal, oropharyngeal (adult, child, and infant sizes).

2. Immobilization Devices (Splints)

a. Traction (Adult and Pediatric Sizes). Lower extremity, limb-support slings, padded ankle hitch, padded pelvic support, traction strap.

b. Extremity Immobilization Devices. Joint above and joint below fracture, rigid support, appropriate material (cardboard, metal, pneumatic, wood, plastic, etc.).

c. Backboards (Long, Short, and Clamshell). Joint above and point below fracture site. Chin strap (should not use for head immobilization), hand holds for moving patient, short (extrication - head to pelvis length), long (transport - head to feet).

3. Bandages

a. Burn Sheets. Two clean (not sterile).

b. Triangle Bandages. Eight, three safety pins each.

c. Dressings. Sterile, large and small.

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- d. Roller (Soft). Sterile, 4 inches or larger.
 - e. Roller (Elastic). Non-sterile, 4 inches or larger.
 - f. Vaseline Gauze. Sterile, 3 inches by 8 inches or larger.
 - g. Adhesive Tape. Two inches or larger.
4. Pneumatic Antishock Garment (MAST). Compartmentalized (legs and abdomen separate), control valves (closed/open), inflation pump, lower leg to lower rib cage (does not include chest).
5. Obstetrical (Separate Sterile Kit)
- a. Kit. Towels, 4-inch by 4-inch dressing, umbilical tape type, bulb syringe, clamps for cords, sterile gloves, blanket.
 - b. Aluminum Foil Roll. Enough to cover a newborn
6. Miscellaneous
- a. Sphygmomanometer.
 - b. Stethoscope.
 - c. Heavy bandage scissors for cutting clothing, belts, boots, etc.
 - d. Mouth gags (commercial or tongue blades covered with gauze).
 - e. C-collar.
 - f. Flashlight.
7. Radio Communication. Two-way communication, EMT to physician, ultra high frequency (UHF), or very high frequency (VHF).

EMERGENCY MEDICAL TECHNICIAN TRAINING PROGRAM CHECKLIST

	YES	NO
1. Are there appointment letters for the following personnel?		
a. Clinical director.	_____	_____
b. Course director.	_____	_____
2. Are curriculum vitae on file for the following personnel?		
a. Clinical director.	_____	_____
b. Course director.	_____	_____
c. Course instructors.	_____	_____
3. Are the following instructions on file?		
a. DoD Directive 6000.10.	_____	_____
b. BUMEDINST 6320.80.	_____	_____
c. BUMEDINST 6700.42.	_____	_____
d. Local instructions.	_____	_____
(1) _____	_____	_____
(2) _____	_____	_____
4. Is there a current approved standard operating procedure (SOP) in place?	_____	_____
5. Does the SOP contain the following information:		
a. Current program approval letter from HSETC?	_____	_____
b. Outline of clinical director's duties and responsibilities?	_____	_____
c. Outline of course director's duties and responsibilities?	_____	_____
d. Is there a step-by-step timetable to prepare for future EMT courses?	_____	_____

- e. Are class quota requirements identified? _____
- f. Is there a listing of current registered EMTs and their certification expiration dates? _____
- g. Are EMTs notified of recertification requirements? _____
- h. Are EMTs notified of refresher training requirements? _____
- i. While onboard, are EMTs required to attend refresher training? _____
- j. Are samples of EMT correspondence (i.e. signup sheets, course notification sheets, etc.) displayed? _____
- k. Is there a copy of the EMT course schedule? _____
- l. Are there copies of handouts? _____
- m. Are the handouts current? _____
- n. Are there copies of examinations? _____
- o. Are the examinations current? _____
- p. Are course critiques provided after each course? _____
- q. Is there a quality control mechanism to identify weak areas?
 - (1) Database. _____
 - (2) Spreadsheet program. _____
 - (3) Files. _____
 - (4) Other _____.
- r. Is there documentation of instructor training? _____
- s. Have guidelines been established to determine qualifications to become an EMT instructor? _____

- t. Are course prerequisites identified? _____
- u. Are examination security measures outlined and followed? _____
- v. Is there a practical examination format? _____
- w. Are National Registry application completion instructions provided? _____
6. Are the basic lesson plans available to the instructors and are they current? _____
7. Is there a list of audio-visual resources available to students and instructors for continuing education units (CEUs) (i.e., (Visual Information Performance Enhancement Resource (VIPER) system), films, etc)? _____
8. Is training equipment (i.e. splints, manikins, etc.) in good working order? _____
9. Are National Registry examination results kept on file for reference (3-year period)? _____
10. Are students provided with textbooks before class convening date? _____
11. Is there a screening method to identify students who are having problems with the course? _____
12. Is remedial study offered? _____
13. According to established criteria, are instructors evaluated for effectiveness? _____
- How often? _____
14. Does the command budget for CEUs for off-site education? _____
15. Are reference materials (Journal of Emergency Medical Services(JEMS)), EMS periodicals available to EMS personnel? _____

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16. Are turnover procedures for
course director and clinical director
outlined? _____

GRADE:

Outstanding ()

Excellent ()

Good ()

Fair ()

Poor ()

Recommendations:

Reviewer:

(Name) (Grade or Rate) (Date)