1. **PURPOSE**
   a. To outline the role of EMS personnel operating at the scene of structure fires or other fire-related emergencies.

2. **DISPATCH**
   a. The dispatch of EMS units to potential or confirmed structure fires is done by ECC over the primary EMS dispatch channel. Situations in which an ambulance is dispatched include:
      i. Report of fire in a structure
      ii. Report of smoke coming from a structure (including chimney fires)
      iii. Report of smoke or the smell of smoke in a structure
      iv. Electrical malfunctions in a structure
      v. Gas leaks in a structure.

3. **RESPONSE**
   a. The response of an ambulance to a fire stand-by shall be emergent, unless otherwise instructed by the Duty Officer.
   b. The response of an ambulance to a fire stand-by shall be automatic. The crew should not wait for confirmation from the Duty Officer to respond, nor should they cancel their response unless instructed by the Duty Officer.
   c. An “Ambulance” level unit shall be dispatched to all fire stand-bys, unless there are reports of persons trapped. If persons are reported trapped, a “Medic” level unit shall be dispatched along with the Duty Officer.
      i. If a second alarm is struck, the heavy squad shall also be dispatched.
         1. Squad 133 shall be the primary unit for structure fires unless one of the two conditions below are present:
            a. Squad 135 shall be the primary unit for fires in high-rise structures.
            b. Squad 135 shall be the primary unit fire fires in remote or rural areas.
      ii. If a third or greater alarm is struck, the Duty Officer has the discretion to dispatch additional heavy squads.

4. **ARRIVAL/POSITIONING**
   a. Communications:
      i. Upon arrival, the unit shall mark on scene with the EMS dispatcher. After marking on scene, the crew should switch to the tactical channel being utilized for the incident.
   b. Apparatus Positioning:
      i. Upon arrival, the ambulance should stage 1-2 blocks away from the scene until the first-alarm companies have arrived on scene and positioned their apparatus. This is to prevent the ambulance from being blocked in by apparatus, hose, equipment, etc. The unit should then back down as close as possible to the scene without interfering with on scene operations or the arrival of additional apparatus. The ambulance operator should also position the apparatus in a location not likely to be blocked by additional arriving apparatus.
         1. The ambulance operator should periodically reevaluate the position of the unit, ensuring that a ready path of egress remains available.

5. **INITIAL OPERATIONS**
a. Personal Protective Equipment (PPE)
   i. Upon arrival, all crew members shall don a vest, gloves, and helmet from in the PPE kit located on each ambulance. Eye protection may also be donned if desired or is necessary based on conditions.

b. Equipment
   i. The crew shall load the cot with a minimum of the following equipment:
      1. Jump Bag
      2. Oxygen Caddy
      3. Cardiac Monitor
      4. Portable Radio (Tuned to the appropriate tactical channel)
   ii. If there are multiple reported or confirmed victims, the following should also bring:
      1. Triage Bag
      2. MCI Kit

c. Positioning
   i. Once assembling the required equipment, the crew shall bring the cot and report to Side Alpha (or the side where primary entry/egress from the structure is occurring). [i.e. the front yard of a residential structure]
      1. The crew shall remain a minimum of 50 feet from the structure; further if the structure is greater than 2.5 stories.
      2. If a fire department RIT (Rapid Intervention Team) crew has been established, the EMS crew shall stage as close to the RIT crew as practical (maintaining the above minimum distance from the structure).
      3. If the command post is not visible from the location of the EMS crew, the AIC from the ambulance shall report to the incident commander and inform them of the location of the EMS crew.

6. RESPONSIBILITIES
   a. The EMS stand-by crew shall remain at the designated location until:
      i. An injured firefighter or other emergency worker is reported
      ii. An injured civilian is located and removed from the structure
      iii. Released by the incident commander or Duty Officer
      iv. Relieved by another crew
   b. ON SCENE INJURIES
      i. If a report of an injured person is received, radio traffic should be carefully monitored in an attempt determine where the patient will be removed from the structure.
      ii. Once the patient is located, BLS interventions should be initiated. Unless the distance/time to the ambulance is excessive, ALS interventions should be delayed.
      iii. Efforts should be made to move the patient away from the danger zone and to the ambulance as quickly as possible.
   c. MEDICAL EVALUATION
      i. IT IS NOT THE RESPONSIBILITY OF EMS PERSONNEL TO PROVIDE REHAB SERVICES.
      ii. At incidents of significant duration, a rehab sector is often established by the incident commander. The purpose of the rehab sector is to provide rest, re-hydration, nourishment, and medical evaluation to personnel operating at the incident. Fire department personnel (or their associated Auxiliaries) are responsible for providing rehab services. EMS personnel are only responsible for providing medical evaluation services at the rehab location.
         1. If sufficient EMS personnel are available, the crew may be split: part of the crew remaining near the structure for potential patients; and the others providing medical evaluations to those in the rehab location.
2. If there are not sufficient EMS personnel available, a second ambulance, a zone car, or the Duty Officer should be requested.
   iii. The EMS personnel providing medical evaluations at the rehab location should retrieve the “Medical Evaluation Kit” from the ambulance.
   iv. The personnel shall position themselves at the entrance to the rehab area. All firefighters entering the rehab area shall have a baseline set of vital signs taken and a EMS-Rehab tag (located in the Medical Evaluation Kit) applied. Criteria for treatment/transport/release from the rehab location are outlined on the EMS-Rehab tag.

d. TRANSPORT
   i. If transport of a patient from the scene (either an injured patient or a firefighter from the rehab location based on established criteria) is required, another ambulance should be requested. At the discretion of the Duty Officer, a zone car or another resource may be substituted. Every effort should be made to have an EMS unit on scene while personnel are operating in a dangerous and/or IDLH environment.