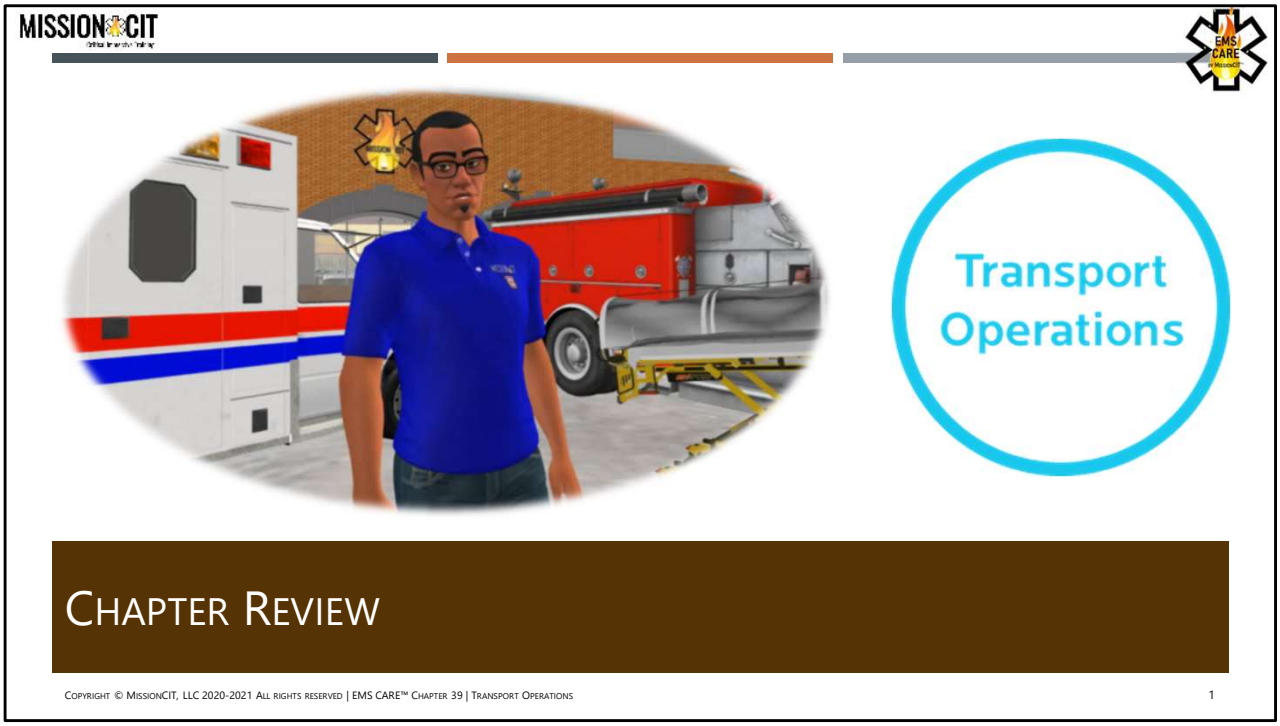
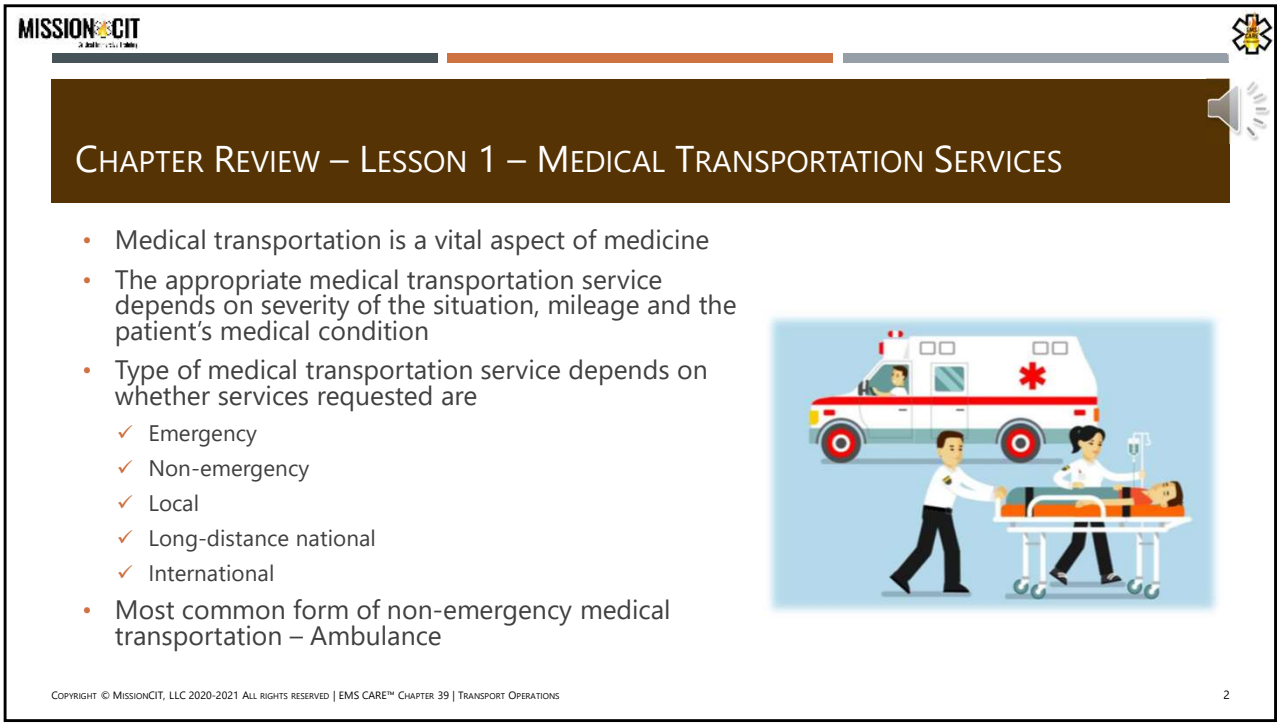


Thanks Missah. Welcome to the Transport Operations chapter review. We recap all seven lessons, including:

- Lesson 1: Medical Transportation Services,
- Lesson 2: The History of the Ambulance,
- Lesson 3: The Ambulance Call | Part A,
- Lesson 4: The Ambulance Call | Part B,
- Lesson 5: Ground Ambulance Crashes,
- Lesson 6: Air Medical Transport, and
- Lesson 7: Special Considerations

Good Studying



In Lesson 1, we discussed various types of Medical Transportation. The appropriate medical transportation service generally depends on the severity of the situation, mileage, and the patient's medical condition.

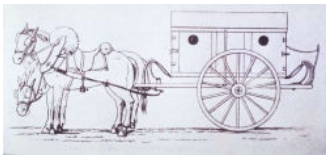
We explained that the type of service needed depends on whether services requested are emergency or non-emergency, and whether the service is needed for local, long-distance national, or international.

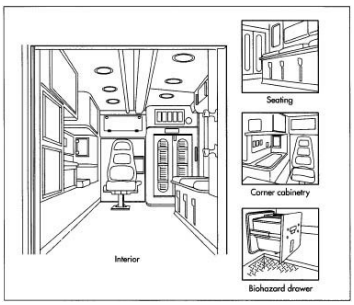
Unsurprisingly, the most common form of non-emergency medical transportation is the ground ambulance. And door to door, curb to curb, stretcher,

and wheelchair transports are some common types of non-emergency transport.

Chapter Review – Lesson 2 – The History of the Ambulance

- Types of ambulances in history
  - ✓ Hammocks, chariots, wagon with hammocks and innovative horse litter
- Modern ambulance – Dr. Dominique Jean Larrey
- Rapid advancements – Late 1950s to 1960s
- Types of ambulances – Type I, II and III
- Components of an ambulance
  - ✓ A driver's compartment
  - ✓ A patient compartment
  - ✓ The equipment and supplies for medical care
  - ✓ A two-way radio communication





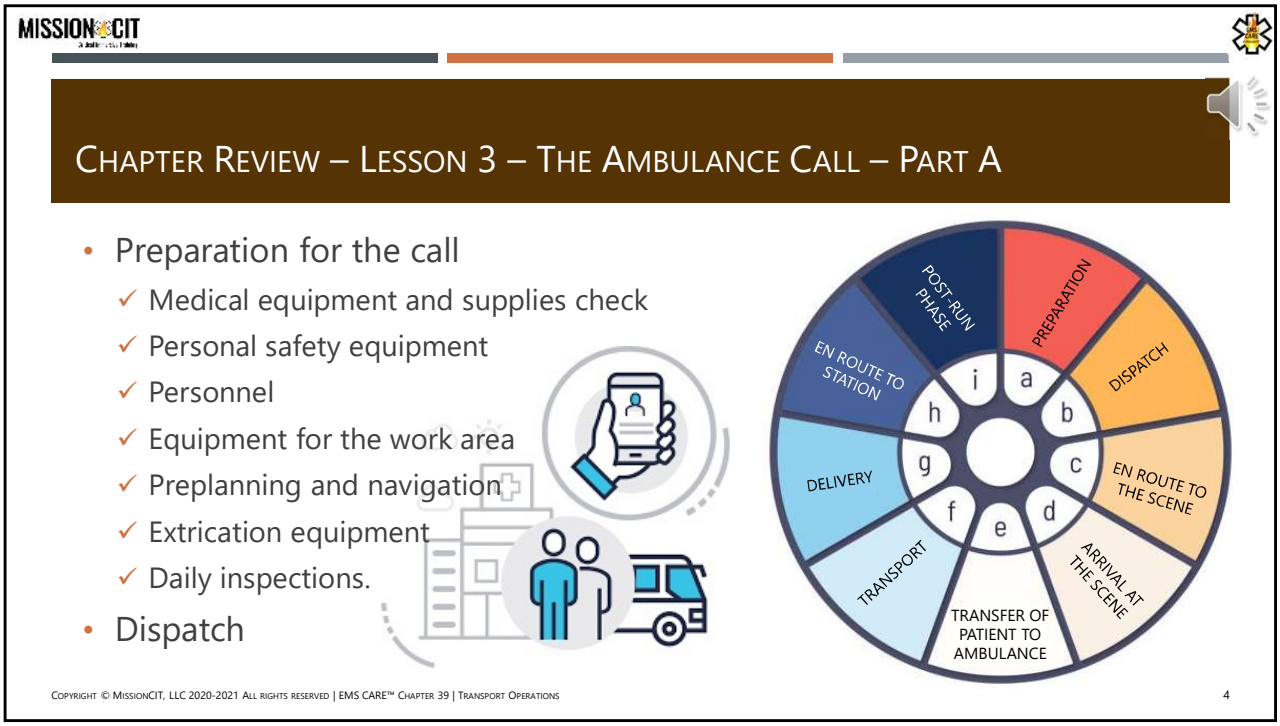
Copyright © MissionCIT, LLC 2020-2021 All rights reserved | EMS CARE™ Chapter 39 | Transport Operations

The second lesson was about the History of ambulances, where we saw the different types during ancient times, namely, hammocks, chariots, a wagon with hammocks, and innovative horse litter.

While the first motorized ambulance appeared in 1899, rapid advancements took place in the late 1950s to 1960s allowing for primary patient care by an attendant during transportation to the hospital.
We also elaborated on what an ambulance is, types of ambulances, and the modern ambulance components.

There are three types of ambulances in the United States:
Type One is a small truck with a modular compartment.
Type Two is a van body with a raised roof, and
Type Three is a van chassis with a modular compartment.

The modern ambulance's key components are a driver's compartment and a patient compartment big enough for two EMTs, with two supine patients. Plus the equipment and supplies to provide emergency medical care at the scene and during transport, and a two-way radio communication.



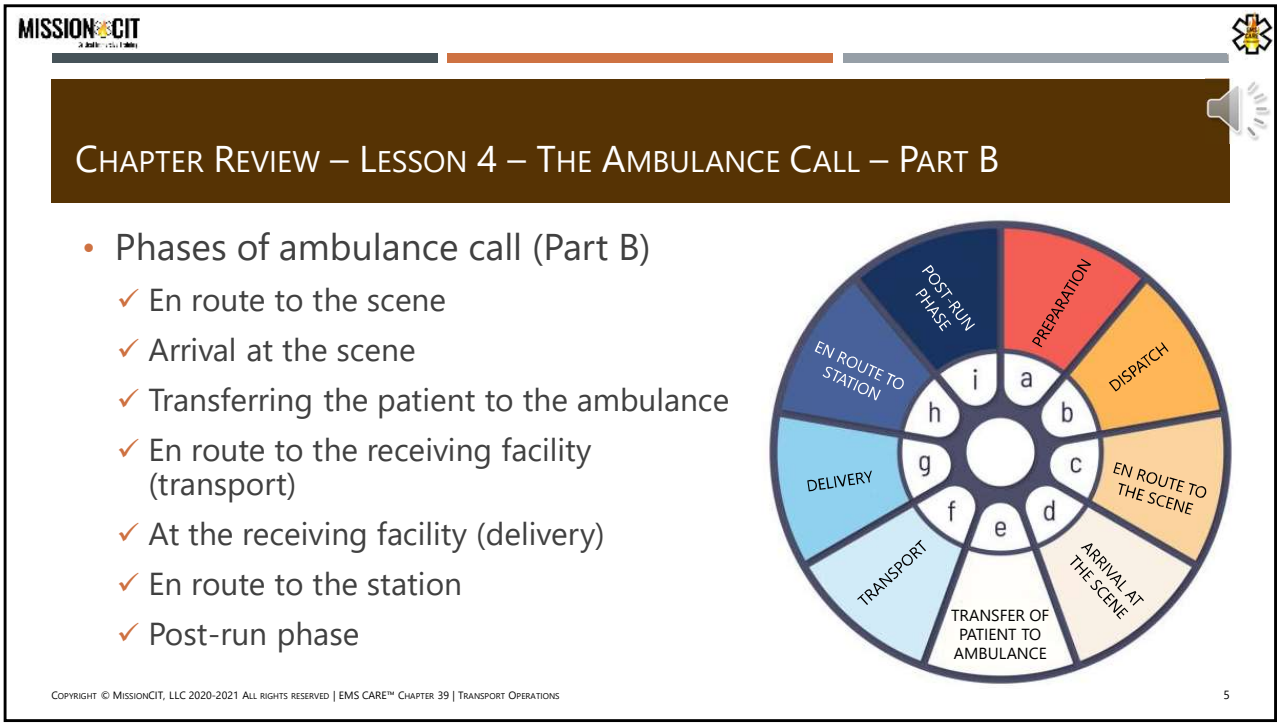
Lesson three covered the first two phases of the ambulance call. The first phase, preparation, includes making sure supplies are restocked, and all equipment is in working order, properly stored and batteries recharged. Be sure to use your local checklists.

Preparation covers:

- Medical equipment and supplies check
- Personal safety equipment
- Personnel
- Equipment for the work area
- Preplanning and navigation

- Extrication equipment, and
- Daily inspections

In the second phase, when dispatch calls, be sure to obtain the name, location, and call-back number of the incident. If available, get basic information regarding the nature of the emergency, the number of patients, an idea of the severity of their conditions, special problems, or other pertinent information. Dispatch will do their best to assist but may become distracted at times, so get the information while you can



We continue with the remaining seven phases of the ambulance call.

Phase three is the en-route phase. Now, the crew faces the danger of an accident, and seat belts and restraints should always be worn. Information known about the call should be reviewed and clarified with Dispatch as necessary.

Arrival at the scene is phase four, beginning with the initial scene sizeup. Identify hazards, assess scene safety,

and the need for more resources based on the number of patients. If dealing with traffic, crowds, or other personal safety risks, call for police backup. If necessary, return to your vehicle until assistance arrives. The emergency vehicle needs to be parked safely while considering patient access and traffic.

The first part of phase 5 is treating and stabilizing the patient for transfer to the ambulance. If you are dealing with the need for specialized equipment such as a backboard or devices for bariatric transport, be sure you and your colleagues are prepared for the specialized movement.

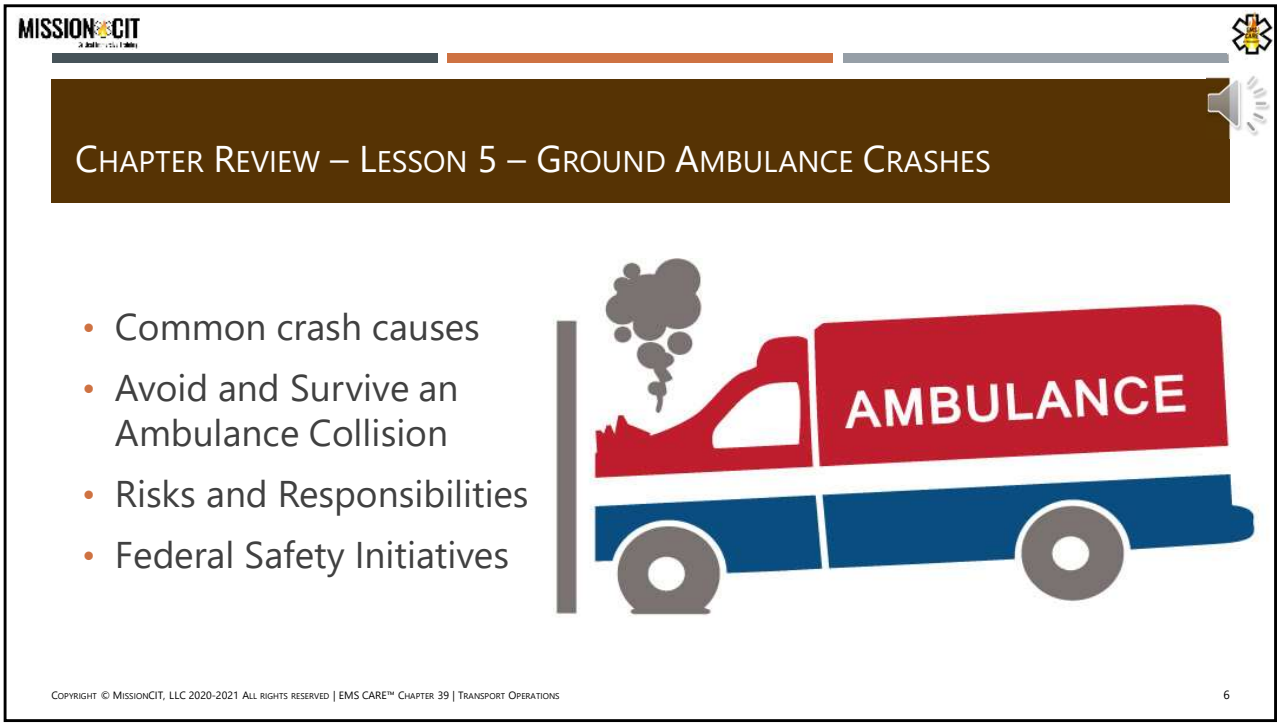
Afterward, phase 6, or the transport phase, begins with informing Dispatch of the intended destination and what time transport begins.

During phase seven, the delivery phase, be ready to follow your local hospital processes, and prep accordingly during transport. You want the clinicians to trust your observations, so do your homework, be prepared and use precise medical terminology.

Phase eight is going back to the station. Inform Dispatch of your status upon leaving the hospital, and depending

on the local protocol, when arriving at the station or post.

In the final post-run phase, begin the process to return the ambulance to its pre-run status. If any of your medical equipment malfunctioned or did not perform to the manufacturer's specifications, obtain spare units or get the necessary help to put the equipment and vehicle back in service.



There are several factors when considering the causes of an ambulance accident. In some cases, injuries result because a patient is improperly secured, or objects within the ambulance cab are inappropriately stored. Some common causes of accidents include unnecessary excessive speeding, driving through intersections without making sure that other cars are not approaching, and failure to yield to other vehicles. Another common cause, Siren syndrome or sirencide is the tendency to drive faster and aggressively when operating under emergency conditions with the siren

activated.

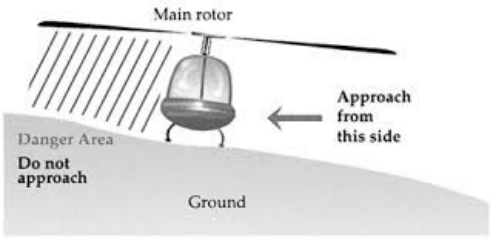
So, avoiding and surviving an ambulance collision begins with using your rig's available tools, coupled with common sense. Drive defensively, do your job as you have been taught, and practice fundamentals.

Transport with due regard means driving in a manner to avoid any predictable collision. It is the responsibility of the Ambulance crew, to always observe safety protocols.

And finally, we discussed some initiatives from NHTSA's Office of EMS to improve safety.

Chapter Review – Lesson 6 – Air Medical Transport

- History
- Indications for air transport
- Types of air ambulances
- Landing zone approach and safety guidelines
- Key information for air medical emergency



Copyright © MissionCIT, LLC 2020-2021 All rights reserved | EMS CARE™ Chapter 39 | Transport Operations

We began the lesson by sharing some insights on the History of air medical transport.

We then investigated when to consider Air transport. First, ask yourself, will air transport reduce the travel time to the trauma center, and is it worth the risk? If yes, consider calling for air support with vehicle rollovers with unrestrained passengers, vehicle-pedestrian collisions, falls greater than 15 feet, and riders thrown from a motorcycle accident.

When calling in air transport, be very specific on location and the nature of the situation. Note both the location of the incident and the proposed landing zone.

Finally, understand landing zone safety protocols.

Chapter Review – Lesson 7 – Special Considerations

- Medevacs at HazMat incidents
- 7 Safety considerations for pediatric transport
- Newborn transport
- Triage and their categories
- Care for trauma patients
- Case Study



Copyright © MissionCIT, LLC 2020-2021 All rights reserved | EMS CARE™ Chapter 39 | Transport Operations

The last lesson for this Chapter on transport operations discusses special cases and considerations.

We began with the need for air transport coupled with a hazardous materials incident. Be sure to notify the aircrew and coordinate with incident command on an appropriate landing zone. And before starting a patient transfer to the vehicle, work with fire to decontaminate or isolate the patient to keep the aircrew and vehicle safe.

With pediatric transport, we reviewed the protocols for restraint, dealing with children who are not patients, and properly securing patients and equipment. Newborn transport, however, focuses on keeping the baby warm along with appropriate restraint.

When arriving at a mass-casualty incident, understand the Triage protocol being used by incident command, such as START.

Finally, we discussed the EMT's transport ops role in a trauma incident includes prevention of additional injury, rapid transport to the hospital, advance notification to the destination, initiation of treatment, and triage.

With this, we come to the end of the chapter review. The 15 question quiz is next, for which you need to score 70% or greater. You have up to four tries.

Good Testing!