

Patient Transport by Fire Engine and Liabilities Therein

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[Interesting issue discussed yesterday](#) on FireGeezer by blogger Mike Ward. What are the implications when an engine company transports a patient instead of waiting for an ambulance. He opens with a thought exercise. Engine arrives at infant cardiac arrest. Paramedic ambulance is 20 minutes out. Engine can get to hospital in eight minutes. They proceed. That the best choice? What are the implications in general for such actions? [Read his thoughts](#), and discuss therein.

They did the right thing. Improvise, adapt, and overcome. They had the patient's best interest in mind and caused no harm.

ncff - 01/04/11 - 09:36

Its one of those things that if it works out then great and it was an excellent call, but OH LAWD if it doesn't. Not only will the civil suits come but the eng is not licensed by the state to transport patients. You hear about it a lot with transporting injured firefighters. The most recent one that comes to mind is when Detroit had a couple of firefighters injured and I believe at least 1 killed in maybe Nov of last year. They had a squad company transport one firefigter and the cops transported at least one because there were no EMS units available.

Mike - 01/04/11 - 10:44

Preface; I have not yet read the article and am basing my opinions strictly on Mike's scenario of the ambulance being 20 minutes out and Wake county.

The negatives of transport greatly outweigh the positives. The biggest negative is the "What if...". If something did happen not only would the city be sued but each firefighter would be sued as well. How would the firefighters be able to afford a civil suit after they've been fired from the department for trying to do the right thing. Do you really think the city will have your back in this type of situation?

Besides the liability factor, is leaving the scene actually the best thing for the patient? The fact that Wake county is #1 in the nation with a 52% resuscitation rate proves Dr. Myers might just know what he's doing. Based on the new protocols that recently came out Wake county is requiring longer scene times on cardiac patients for patient stability. I understand a patient in cardiac arrest needs hospital care. The Wake county Paramedics are providing that on scene. What would be worse? Keeping a patient stable on scene for 20 minutes where you can provide the general necessities such as oxygen and circulation or getting the patient to the hospital in 8 minutes while during those 8 minutes the patient has received mediocre at best care? Can you adequately perform compressions in the back of a moving fire engine?

RescueRanger - 01/04/11 - 11:13

Liability issues will unfortunately out way patient care issues. While R.R. is correct this scenerio was an infant patient, we know that a majority of peds codes are respiratory induced. If you are bagging the infant and doing cpr....not difficult in a moving vehicle then I totally agree the firefighters did the right thing.

Ricky rescue - 01/04/11 - 11:32

Lets see Ambulance 20 mins out, ER approx 8 mins away- cpr and transp or stay an addn'l 12 mins waiting.... at least getting to the ER and Dr. you have gained 12 mins in getting meds onboard and hopefully a turn around..... Maybe thoughts of ALS Engine Co's with medics that can do this while waiting for a transport unit..... Just a thought.... Fire Rescue When A Life Depends on It...

J.Kay - 01/04/11 - 12:45

As a european the obvious question is, why are you sending fire trucks in the first place? Fund/staff more ambulances then this won't be a problem.

(for reference, my simple european viewpoint is – ambulances go to medical calls. Fire trucks go to burning buildings, not calls for a broken leg)

My expat experience in the US tells me that Mike is probably correct. If it works, great. If anything happens, the guy who made the decision is in deep s—t. Whatever the intention, rules & regs will (rightly or wrong) always win over moral arguments in today's litigious environment.

Paul - 01/04/11 - 17:26

RescueRanger: Your 52% is from TRANSPORTED patients, not all codes in Wake County. Yes Dr. Myers knows alot about this, but can you

really call it 52%. I can pick patients out for the next three months and decide who goes to the ER and who WC-7 gets and post a pretty good set of numbers. Other than a king airway and Epi with a few other drugs that will usually produce a "drug" pulse, a crew of 4 or 5 firefighter/EMTs will be able to do the same as two EMS units, an APP and District Chief. I'm not saying that this was the best thing to happen since sliced bread, but sometimes you have to do what you have to do. I don't know who ran this call, but I think they would have make the right call for this call and I think EMS does a great job too (nothing bad to you guys, I love having you around, even the great help that you are on a fire, Hydrants, lines, rehab, etc.)

JCF011687 - 01/04/11 - 19:46

Watch out, JCFO – the Wake County data isn't cherry-picked – it is honest Utstein criteria evaluation. And the truth is that the transport doesn't help unless the patient is resuscitated first (we do EVERYTHING in the field that can be done in the hospital). Near zero survival from patients transported with CPR in progress – the interruptions to move them are fatal.

Let's keep this in perspective. This whole thing happened in the midst of a huge disaster – the NYC EMS system was overwhelmed – FDNY-EMS, hospital 911 ambulances, commercial companies, everybody. In a disaster, you gotta do what you gotta do. This is way different than the nonsense that has happened elsewhere, where FD and EMS don't play nice together, and patients were being transported in an engine when an ambulance was not yet there (but not unreasonably delayed, either). In our system, engines are SUPPOSED to get there first – that's how the system is designed, and what state law allows (and why they are called "first responders"). If we're 2,000 calls behind, use engines, ladders, taxis, panel trucks, whatever – but it's not about a few minutes here or there. And make sure that the solution isn't more fatal than the problem you're trying to solve!

SkipK - 01/04/11 - 19:57

Hi guys,

SkipK made a point on the original blog that:

"Medical literature implies that on-scene ALS care results in poorer outcomes for patients that have a very low survival rate. I'm not sure that I can swallow that statement. It's a sweeping generality made out of some very narrow data. That being said – extraordinary times require extraordinary measures."

Excellent observation. Here is the bonus story-behind-the-question. The GWU EHS course that uses this question includes a six week project where the students are learning about evidence-based medicine and how it applies to EMS operations.

I pose a situation every week that (hopefully) makes them consider the very point SkipK made. Very few students make the connection for this situation.

Thanks, Mike, for the post.

this link provides more information on the evidence based medicine project:

http://home.gwu.edu/~mikeward/Ward_Breat..

Mike Ward ([Email](#)) ([Web Site](#)) - 01/04/11 - 22:04

Name: (real name preferred)

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