



South Texas Project Electric Generating Station P.O. Box 289 Wadsworth, Texas 77483

October 12, 2016
NOC-AE- 16003416
10 CFR 50.4(b)(5)
10 CFR 50.54(q)(3)

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555-0001

South Texas Project
Units 1 and 2
Docket No. STN 50-498 and STN 50-499
Change to STP Emergency Plan Implementing Procedure

In accordance with 10 CFR 50.4(b)(5) and 10 CFR 50.54(q)(3), STP Nuclear Operating Company (STPNOC) hereby submits the attached STP Emergency Plan Implementing Procedure revision.

The revision to the attached Emergency Medical Response Plan, reassigns the responsibility for oversight of the Emergency Medical Technicians.

These changes do not represent a reduction in effectiveness and do not require NRC approval prior to implementation in accordance with the provisions of 10 CFR 50.54(q).

There are no commitments in this letter.

A description of changes/summary of analysis and a copy of OPGP03-ZA-0106, Emergency Medical Response Plan, Revision 9 are attached to this letter. If there are any questions please contact Scott Korenek at (361) 972-7152 or me at (361) 972-4001.

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Mk
Attachments:

1. Description of Changes/ Summary of Analysis
2. Procedure: OPGP03-ZA-0106, Emergency Medical Response Plan, Revision 9

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Attachment 1

Description of Changes/ Summary of Analysis

Description of Changes / Summary of Analysis
Emergency Response Implementing Procedure 0PGP03-ZA-0106, Revision 9
Emergency Medical Response Plan

Change	Reason
<p>Revised 0PGP03-ZA-0106, Emergency Medical Response Plan, to reflect a change in ownership for the responsibility of maintaining Emergency Medical Technicians onsite. The Plant Protection Organization will remain responsible for the overall Emergency Medical Response Plan.</p>	<p>The current STP Emergency Plan Table C-1 specifies 2 individuals from Plant Protection maintain responsibility for the Major Functional Area of Rescue Operations and First Aid. The position has the following note: These positions may be covered by on-shift personnel assigned other functions.</p> <p>Prior to this change, the Plant Protection Organization was required to maintain at least one officer trained to provide emergency medical care on each crew. This change will require a trained Emergency Medical Technician (EMT) to be onsite at all times. The EMT will report to the Safety Organization for routine duties and to the Security Force Supervisor if the Emergency Medical Response Plan is entered. This relieves the Plant Protection Organization of the responsibility for maintaining EMT qualified officers on shift.</p>

Description of Changes / Summary of Analysis
Emergency Response Implementing Procedure OPGP03-ZA-0106, Revision 9
Emergency Medical Response Plan

10 CFR 50.54(q) Summary of Analysis Evaluation

Changes have been evaluated and the determination made that:

- The changes do not affect the licensing basis. A review of the Technical Specifications, UFSAR and Emergency Plan for requirements related to onsite emergency pre-hospital care was completed. The review of these documents did not indicate any requirement that would be affected by implementing this change.
- The changes do not affect any function or element of a Planning Standard and do not affect an Emergency Preparedness commitment. This change does not alter the station process for satisfying requirements contained in NUREG-0654/FEMA-REP-1 Planning Standards. The method of satisfying these standards are unchanged and continue to be met. The emergency functional area of Rescue Operations and First-Aid in Table B-1 of NUREG-0654/FEMA-REP-1 remains satisfied. The review for this change did not identify Station Commitments related to onsite emergency pre-hospital care.
- The changes do not affect the meaning or intent of the Emergency Plan, facilities, equipment, or any processes. This change will not alter the current process governing station facilities or medical supplies used for emergency first aid treatment. The station will continue to maintain medical service providers qualified to handle radiological emergencies onsite.
- This Emergency Plan continues to comply with regulations. This change does not alter the station process for satisfying requirements contained in NUREG-0654/FEMA-REP-1, Rev. 1 and Appendix E to 10CFR Part 50. On-shift staffing numbers are not impacted. The emergency functional area of Rescue Operations and First-Aid in Table B-1 of NUREG-0654/FEMA-REP-1 remains satisfied.

Based upon the evaluation, the changes do not represent a Reduction in Effectiveness of the Emergency Plan.

Attachment 2

0PGP03-ZA-0106, Emergency Medical Response Plan, Revision 9

STI 34345681	OPGP03-ZA-0106		Rev. 9	Page 1 of 34
Emergency Medical Response Plan				
Quality	Non Safety-Related	Usage: Available	Effective Date: 09/14/2016	
C. Wire	N. Cashion	N/A	Plant Protection	
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION	

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Emergency Medical Response Plan**1.0 Purpose and Scope**

- 1.1 This procedure establishes the onsite Emergency Medical Response Plan (EMRP) for the South Texas Project Electric Generating Station (STPEGS).
- 1.2 This procedure describes the roles, responsibilities and staffing requirements for the various organizations that support emergency medical response for onsite emergency pre-hospital care.
- 1.3 Non-emergency medical treatment should be provided by Health Services when staffed during normal business hours. Emergency Medical Technicians (EMT) may provide non-emergency medical treatment during backshifts and other periods Health Services is not staffed.
- 1.4 This procedure implements the STP Emergency Plan. (CAQ-D CR 12-5821)

2.0 Definitions

- 2.1 **EMERGENCY MEDICAL RESPONSE TEAM (EMRT):** The EMRT is comprised, at a minimum, of one qualified Emergency Medical Technician (EMT) and one qualified ambulance driver.
- 2.2 **EMERGENCY MEDICAL SERVICES (EMS) COORDINATOR:** Individual designated by the Personnel Safety group that has overall responsibility for implementation of the pre-hospital care process.
- 2.3 **MEDICAL EMERGENCY:** Pre-hospital emergency care is required to stabilize an injured or ill individual for transport to an off site medical facility for further medical evaluation and/or treatment.
- 2.4 **MEDICAL NON-EMERGENCY:** Pre-hospital emergency care is NOT required to stabilize an injured or ill individual. An EMT may provide medical non-emergency care during backshifts and weekends. The individual is NOT transported to an off site medical facility by emergency medical response personnel for further medical evaluation and/or treatment.
- 2.5 **OFF SITE:** As applied to this procedure, off site is areas beyond the Owner Controlled Area boundary.
- 2.6 **ONSITE:** As applied to this procedure, onsite is areas within the Owner Controlled Area boundary.
- 2.7 **SOUTH TEXAS PROJECT (STP) EMERGENCY MEDICAL SERVICE (EMS) PROTOCOLS:** Protocols and clinical policies that reflect the standard of out-of-hospital care rendered by Emergency Medical Services personnel during Medical Emergencies at the South Texas Project. These protocols and policies are approved by the Matagorda County EMS Medical Director for STP.

Emergency Medical Response Plan**3.0** Responsibilities**3.1** Plant Protection responsibilities include:

- Implementation of onsite pre-hospital emergency medical response.
- Provide a qualified ambulance driver to support onsite pre-hospital emergency medical response.

3.2 Personnel Safety group responsibilities include:

- Provide a qualified EMT for onsite pre-hospital emergency medical care.
- Ensure contract EMT understands medical and radiological procedural requirements.
- Provide an ambulance onsite, and arrange for alternate coverage when the onsite ambulance is out of service.
- Ensure the ambulance is maintained in a functional condition.
- Provide emergency medical supplies and equipment.
- Provide documentation to the site Health Services personnel, as required.
- Provide oversight of the Emergency Medical Response Program.
- Scheduling of EMT's.
- Budget of EMT program.

3.3 Control Room responsibilities include:

- Implement OPOP04-ZO-0004, Personnel Emergencies, in parallel with this procedure for onsite emergency medical response.
- Coordinate the response to the onsite medical emergency.
- Contact Health Physics, Fire Brigade, Maintenance, Spill Response Team, Security, or other site or off site departments or agencies if additional assistance is requested by the EMRT.
- Maintain communications with personnel on the scene.

Emergency Medical Response Plan

3.4 Health Physics responsibilities include:

- Control radiological contamination during an emergency medical response.
- Issue required dosimetry to off site agency responders, as required.
- Provide support during emergency medical response per OPRP11-ZR-0010, Radiation Protection Support of Medical Emergency Response.

3.5 Security Force Supervisor (SFS) responsibilities include:

- Provide support to the Emergency Medical Response Team (EMRT) during an onsite emergency medical response.
- Ensure an EMT is on site.
- Ensure ambulance drivers are qualified prior to assuming duty. (CAQ-D CR 09-16764)

3.6 Security Supervisor responsibilities include:

- Enter the Emergency Medical Response Plan (EMRP) when notified of a Medical Emergency.
- Direct EMRT members to the location of the medical emergency.
- Document in the Shift Log Data information associated with off site emergency response personnel and/or vehicles that enter the Protected Area.

3.7 Emergency Medical Services (EMS) Coordinator responsibilities include:

- Maintain and monitor the Emergency Medical Response Program.
- Communicate EMS needs to the Personnel Safety group Supervisor.
- Ensure the department budget includes EMS needs.
- Ensure EMT's are qualified prior to assuming duty. (CAQ-D CR 09-16764)

Emergency Medical Response Plan

3.8 Emergency Medical Technician (EMT) responsibilities include:

- Enter the Emergency Medical Response Plan (EMRP) when notified of a Medical Emergency.
- Maintain EMT qualifications AND ensure qualified prior to assuming duty. (CAQ-D CR 09-16764)
- Contact SFS via Channel 8 or extension 8991 when reporting for shift.
- Ensure the ambulance or similar licensed vehicle and equipment is maintained in a clean and operable condition.
- Ensure the scene is safe prior to beginning assessment and treatment.
- Provide emergency medical care using approved medical protocols as guidelines.
- Coordinate patient care with the Control Room and off site medical resources.
- Ensure the Control Room is notified of patient status, transport status, contamination status, destination and when the ambulance is back onsite AND in service.
- Perform inventories of medical equipment and supplies using Form 3, Ambulance Inventory and Form 4, Medical Bag Inventory.

3.9 Ambulance Driver responsibilities include:

- Maintain qualifications as an ambulance driver.
- Remain familiar with the ambulance operation, equipment and transportation routes.
- Safely operating the ambulance or other similar licensed vehicle, when required.
- Ensure the scene is safe for response and provide assistance to the EMT, as needed.
- Remain with the operating ambulance, while inside the Protected Area, or transfer control of the ambulance to another security individual during a medical emergency.
- Assist the EMT in maintaining the ambulance in a clean and operable condition.
- Complete Form 5, Ambulance Activity Log each time the company ambulance is operated.

Emergency Medical Response Plan

3.10 Security Officer responsibilities include:

- Ensure off site emergency vehicles and personnel are authorized access prior to Protected Area entry by contacting the Security Force Supervisor.
- Maintain observation and positive control of escorted off site emergency personnel and vehicles that enter the Protected Area for the medical emergency.
- Assist the Emergency Medical Technician, as needed.

3.11 EMS Medical Director responsibilities include:

- Provide oversight of the STP EMS medical program (from an off site physician).
- Approve the South Texas Project (STP) Emergency Medical Services (EMS) Protocols.

4.0 Notes and Precautions

4.1 Due to equipment in the ambulance requiring continuous power the ambulance should remain running during a medical emergency.

4.2 Emergency Medical Response Team personnel's weapons, ammunition, pepper spray and other required equipment is to be stored in an authorized storage facility OR turned over to an Armed Security Officer prior to STP Emergency Medical Service (EMS) personnel going off site.

4.3 Medical emergencies take precedence over radiological assessment and controls.

4.4 Revisions to this procedure are to follow the requirements of OPGP05-ZV-0010, Emergency Plan Change. (CAQ-D CR 12-5821)

4.4.1 OPGP05-ZV-0010 requires Emergency Plan Implementing procedure revisions be 50.54(q) screened to determine whether an effectiveness evaluation is required.

5.0 Prerequisites

5.1 The Plant Protection Department: (Reference 7.2)

- Ensures that an EMT is on site on a 24-hour / 7-day per week basis
- Providing a qualified ambulance driver
- Contacting the Duty Safety Specialist to satisfy EMT staffing Requirements.

Emergency Medical Response Plan

5.2 Ambulance Drivers are:

- Badged for STPNOC unescorted access
- Have a valid Texas Class < C > driver's license (on person)
- Trained on ambulance operation (certification FAT012)
- Qualified in first aid, Cardiopulmonary Resuscitation (CPR) and on the Automatic External Defibrillator (AED) (certification FAT016)

5.3 Emergency Medical Technicians (EMT) are:

- Badged for STPNOC unescorted access
- Have a valid Texas Class < C > driver's license (on person)
- Trained on ambulance operation (certification FAT012)
- Qualified by the National Registry of Emergency Medical Technicians (NREMT) and/or Texas Department of State Health Services (DSHS) (certification 4600)
- Qualified as prescribed in 0PGP03-ZT-0139, Emergency Preparedness Training Program

5.4 Contract Emergency Medical Technician (CEMT) (CAQ-D CR 09-16764)

- Used to staff, at a minimum, an EMT position when additional resources are needed.
- Badged for STPNOC unescorted access.
- Have a valid Texas Class <C> driver's license (on person).
- Qualified by the National Registry of Emergency Medical Technicians (NREMT) and/or Texas Department of State Health Services (DSHS) (certification 4600).
- Qualified as prescribed in 0PGP03-ZT-0139, Emergency Preparedness Training Program.

Emergency Medical Response Plan6.0 Procedure

6.1 Activation of the Emergency Medical Response Plan

- 6.1.1 An onsite medical emergency is reported to the Control Room, as outlined in OPOP04-ZO-0004, by calling extension 911.
- 6.1.2 The Control Room Staff ACTIVATES and COORDINATES the Emergency Medical Response Plan (EMRP) per OPOP04-ZO-0004, Personnel Emergencies, when a medical emergency has been reported to the Control Room.
- 6.1.3 The Control Room Staff notifies of the medical emergency per OPOP04-ZO-0004.
- 6.1.4 Upon notification of a medical emergency, a Security Supervisor directs the Emergency Medical Response Team (EMRT) to respond to the scene of the medical emergency AND other personnel to support the EMRT.
- 6.1.4.1 The following announcement or other similar message will be communicated over the security radio network by an alarm station.

Attention all posts and patrols, attention all posts and patrols; a medical emergency has been reported at (specify location).

Emergency Medical Response Team personnel responding to the medical emergency change the radio frequency to the alternate security channel.

- 6.1.4.2 A brief summary of the medical emergency should be provided to the EMRT.
- 6.1.4.3 The EMRT, upon notification, is to promptly respond to the location of the medical emergency.
- 6.1.4.4 Security officers responsible for OR as assigned gatehouse vehicle entry/exit are directed to stand by the applicable Vehicle Entrapment Area (VEA).
- 6.1.4.5 Pick up required dosimetry, e.g. EPDs, etc., including for off site agency responders.

Emergency Medical Response Plan

6.2 Assessment and Treatment

- 6.2.1 EMTs, including contract EMTs, are to assess AND treat patients per the approved South Texas Project (STP) Emergency Medical Services (EMS) Protocols.
- 6.2.2 IF the EMT's assessment of the patient determines the event is NOT a Medical Emergency AND NO immediate medical treatment is required, THEN perform the following:
- 6.2.2.1 Refer the patient to Health Services for non-medical emergency treatment during normal business hours.
- OR
- 6.2.2.2 Provide the patient non-emergency medical treatment (typically during business off hours, i.e. nights, weekends and holidays).
- 6.2.2.3 IF the patient refuses non-emergency medical treatment, THEN have the patient sign Form 1, Waiver of Medical Attention.
- Provide a copy of Addendum 1, Waiver of Medical Attention to the patient.
- 6.2.2.4 IF providing non-emergency medical treatment, THEN utilize Form 2, Emergency Medical Response Report.
- 6.2.2.5 GO TO section 6.5 for exiting from the Emergency Medical Response Plan.

NOTE

Steps in section 6.2.3 may be performed in the order necessary to support the patient's treatment.

- 6.2.3 IF the EMT's assessment of the patient determines the event is a Medical Emergency, THEN perform the following:
- 6.2.3.1 Administer medical treatment per the approved STP EMS Protocols.
- Utilize Form 2, Emergency Medical Response Report, to record patient assessment and treatment information.

Emergency Medical Response PlanNOTE

- Specific information about the medical condition and patient is confidential.
- The EMT's priority is with the patient. Notifications by the EMT to the Control Room or ERO Security Manager will occur after patient stabilization and may be via radio or telephone.

6.2.3.2 Provide updates, when possible, to the affected Control Room and ERO Security Manager (if the Technical Support Center (TSC) is activated). Utilize a telephone OR the following Control Room radio channels.

- Unit 1 channel 7
- Unit 2 channel 10
- a. Provide OR ensure the Shift Manager, Security Force Supervisor and the Technical Support Center (TSC) Security Manager (if the TSC is activated) is provided the following information, as applicable.
 - Arrival time at location of medical emergency
 - Contamination status of patient
 - Patient's badge number AND status (unrestricted information)
 - Time patient departed the site
 - Time patient was transferred to an off site EMS organization
 - Time the patient arrived at the receiving medical facility
 - With the approval of the attending physician AND patient, the general condition of the patient.
 - Arrival time back on site
 - When the ambulance is in service

Emergency Medical Response Plan

- b. Request assistance through the Shift Manager of the affected Control Room. Assistance may include (list is not inclusive):

- Health Physics
- Spill Response Team
- Fire Brigade
- Maintenance
- High angle/confined space rescue
- Life Flight

GO TO OPGP03-ZS-0001, Vehicle, Material and Personnel Access Control for access requirements for emergency response personnel and vehicles.

- 6.2.3.3 IF off site emergency response personnel and/or vehicles enter the protected area after authorization, THEN a Security Supervisor documents the following in the Shift Log Data.

- Enter the date and time of entry AND exit of emergency response personnel and/or vehicles.
- Enter the Shift Manager name authorizing entry of emergency response personnel and/or vehicles.
- Enter the Security Manager OR Security Force Supervisor name authorizing entry of emergency response personnel and/or vehicles.

- 6.2.3.4 The EMT is to direct the ambulance driver to transport the patient, as required, to the appropriate medical facility based upon the patient assessment. Medical facilities include but are not limited to:

- Health Services
- Pre-designated area for transfer of patient care to an off site EMS organization
- Off site medical facility

Emergency Medical Response PlanNOTE

- Matagorda County Regional Medical Center is the preferred medical facility for receiving contaminated patients other than those transported by life flight.
- Memorial Herman Hospital (Texas Medical Center campus) is the preferred medical facility for receiving contaminated patients transported by life flight.

6.2.3.5 IF the patient is determined to be contaminated, THEN notify the receiving medical facility that the patient is contaminated.

IF the contaminated patient is to be transported to Matagorda County Regional Medical Center, THEN consider transporting the patient to avoid contaminating other personnel, vehicles and equipment.

6.2.3.6 Contact the receiving medical facility AND provide the following information:

- Clearly make identification as a STP EMS unit
- Patient's age and gender
- Patient's chief complaint and brief history of present illness or injury
- Mechanism of Injury, if known, e.g. falls, vehicle accident, etc.
- Pertinent significant past medical illness or injury history
- Patient's mental status
- Pertinent findings of medical exam
- Treatment and/or interventions
- Baseline vital signs
- Patient's response to treatment
- Estimated Time of Arrival (ETA)

6.2.3.7 IF advanced life support is required during STP EMS transport of a patient, THEN it is permissible that a qualified higher level EMT board the STP ambulance to provide advanced life support.

Emergency Medical Response Plan

- 6.2.3.8 IF the STP EMS transports the patient to a pre-designated area to transfer patient care, THEN the normal transfer point is the east entrance to the Nuclear Training Facility (NTF).

NOTE

Changes in receiving medical facility are typically determined by the Shift Manager and/or Security Force Supervisor.

- 6.2.3.9 IF the STP EMS transports the patient to an off site medical facility, THEN the normal travel route is via FM 521, to FM 1468 (Buckeye Road), THEN to HWY 35.

A Security Supervisor is to notify the ambulance driver and/or EMT of changes in the receiving medical facility.

6.3 Response to Off Site Medical Emergencies

- 6.3.1 IF requested to respond off site, THEN the Security Force Supervisor performs the following prior to response.
- 6.3.1.1 Verify another EMT AND ambulance driver are on site AND available to respond to a medical emergency at STP.
- IF there is NOT another EMT and ambulance driver, THEN do NOT respond off site.
- 6.3.1.2 Verify security staffing allows for another EMT and ambulance driver to be removed from the security shift schedule.
- IF security staffing is insufficient to allow a second EMT and ambulance driver to depart the site, THEN do NOT respond off site.
- 6.3.1.3 Consider circumstances leading to the request for off site medical assistance.
- 6.3.1.4 Establish an estimated time of return, if possible.
- 6.3.2 Obtain approval from the Unit 1 Shift Manager.
- 6.3.3 IF the conditions listed in sections 6.3.1 and 6.3.2 are met, THEN the Security Force Supervisor may allow the off site medical response.

Emergency Medical Response Plan

6.4' Medical Response Equipment and Waste

- 6.4.1 IF the ambulance is used to transfer a patient to a medical facility, THEN clean and disinfect the vehicle and equipment used.
- 6.4.1.1 Utilize Form 3, Ambulance Inventory, to account and restock the ambulance after medical emergencies AND during (calendar) weekly inventories.
- 6.4.1.2 Utilize Form 4, Medical Bag Inventory to account and restock the medical bag(s) after medical emergencies AND during (calendar) weekly medical bag inventories.
- 6.4.1.3 IF reusable equipment is used, THEN place the equipment in a red plastic bag (separate from biohazardous waste), labeled and taken to the Site Medical Facility for cleaning and disinfecting.
- 6.4.2 Biohazardous waste shall be collected and placed in red plastic bags and labeled for appropriate disposal.
- 6.4.2.1 Non-radioactive contaminated waste may be discarded in an appropriate receptacle at the off site or Site Medical Facility.
- 6.4.2.2 Coordinate with Health Physics for the proper handling and disposition/disposal of radioactive material.

Emergency Medical Response Plan

6.5 Exit from the Emergency Medical Response Plan

6.5.1 IF after assessment of the patient the EMT determines the situation is NOT a medical emergency, THEN request the Shift Manager exit from the EMRP.

OR

6.5.2 IF after assessment of the patient the EMT determines medical transport to a medical facility is NOT required, THEN request the Shift Manager exit from the EMRP.

OR

6.5.3 After return to the site AND the ambulance is in service, notify the Shift Manager and request exit from the EMRP.

6.5.4 Upon return to the site OR after exiting from the EMRP, as applicable, the EMT and ambulance driver are to return to the primary security radio channel.

6.5.5 A Security Supervisor is to perform a radio check on the primary radio channel with the EMT and ambulance driver after returning to site OR after exiting from the EMRP.

6.5.6 Complete Form 2, Emergency Medical Response Report.

Emergency Medical Response Plan

6.6 Medical Emergency Response Tracking

6.6.1 A tracking Condition Report should be used to track responses to onsite and off site medical emergencies.

6.6.2 For each medical emergency, document the following in the current year's medical response Condition Report.

- Date and time the Emergency Medical Response Plan was entered
- Date and time of notification of a medical emergency
- Date and time the EMT departed to the location of the medical emergency
- Location of the medical emergency
- Date and time the EMT arrived at the location of the medical emergency
- Contamination status of the patient
- Date and time the patient was transported to a medical facility OR the time the patient was transferred to an off site EMS organization
- Destination, including redirection of medical facilities
- Date and time the EMT was back onsite AND in service
- Date and time the ambulance was back onsite AND in service
- Date and time the Emergency Medical Response Plan was exited

6.6.3 Utilize Form 5, Ambulance Activity Log to record each time the ambulance is used, e.g. medical emergencies, fuel, run engine, etc.

Emergency Medical Response Plan

6.7 Documentation

6.7.1 Instructions for completing Form 1, Waiver of Medical Attention

- 6.7.1.1 IF the patient refuses assessment, treatment, or transport, THEN this form is required to be completed.
- 6.7.1.2 IF data fields are Not Applicable, THEN enter N/A.
- 6.7.1.3 Enter information in the applicable data fields in Section A.
- 6.7.1.4 Enter information in the applicable data fields in Section B.
- 6.7.1.5 Enter information in the applicable data fields in Section C.
- 6.7.1.6 The patient, a witness and the primary EMT prints and signs their name and enters the current date in Section D.
- 6.7.1.7 Enter information in the applicable data fields in Section E.
- 6.7.1.8 Enter information in the applicable fields for Medical Control.
- 6.7.1.9 The ambulance driver, primary EMT and secondary EMT, if needed, prints and signs their name and enters the current date in the Medical Control section.
- 6.7.1.10 Provide a copy of Addendum 1, Waiver of Medical Attention, if the patient refuses assessment, treatment, or transport.
- 6.7.1.11 Forward the completed form to the EMS Coordinator.

6.7.2 Instructions for completing Form 2, Emergency Medical Response Report

- 6.7.2.1 IF the patient does NOT refuse assessment, treatment, or transport, THEN this form is required to be used.
- 6.7.2.2 IF data fields are Not Applicable, THEN enter N/A.
- 6.7.2.3 Enter information in the applicable data fields in Section A.
- 6.7.2.4 Enter information in the applicable data fields in Section B.
- 6.7.2.5 Enter information in the applicable data fields in Section C.
- 6.7.2.6 Enter the name of the individual requesting EMS support AND the name of the individual receiving the EMS request for support in Section C.

Emergency Medical Response Plan

- 6.7.2.7 Enter the name of the organization the patient was transferred to AND the name of the organization transferring patient responsibility in Section C.
- 6.7.2.8 Enter the name of the medical facility the patient was transported to and the name of the external EMS individual boarding the STP ambulance, if any, in Section C.
- 6.7.2.9 The ambulance driver, primary EMT and secondary EMT, if needed, prints and signs their name and enters the current date in Section C.
- 6.7.3 Instructions for completing Form 3, Ambulance Inventory
- 6.7.3.1 IF data fields are Not Applicable, THEN enter N/A.
- 6.7.3.2 Enter the expiration date OR shelf life date, as applicable and as necessary.
- 6.7.3.3 Enter the quantity of the item accounted during the inventory.
- 6.7.3.4 Enter the difference between what should be in the ambulance compared with what actually is in the ambulance.
IF there is no difference, THEN enter <0> or <N/A>.
- 6.7.3.5 Check the <Yes> or <No> box indicating if the item(s) were restocked.
- Items should be restocked as soon as practical.
 - Notify the EMS coordinator if any item(s) cannot be restocked due to shortfalls in supply, etc.
- 6.7.3.6 The individual performing the inventory prints and signs their name and enters the date the inventory was completed.
- 6.7.3.7 The Security Force Supervisor conducts a review of the form to ensure the form is accurate and complete, and then prints and signs their name and enters the date the review was completed.
- 6.7.3.8 Forward the completed form to the EMS Coordinator.

Emergency Medical Response Plan

- 6.7.4 Instructions for completing Form 4, Medical Bag Inventory
- 6.7.4.1 IF data fields are Not Applicable, THEN enter N/A.
- 6.7.4.2 Check the applicable box indicating whether the medical bag is located in the ambulance or carried by the 915 patrol.
- 6.7.4.3 Enter the expiration date OR shelf life date, as applicable and as necessary.
- 6.7.4.4 Enter the quantity of the item accounted during the inventory.
- 6.7.4.5 Enter the difference between what should be in the ambulance compared with what actually is in the ambulance.
- IF there is no difference, THEN enter <0> or <N/A>.
- 6.7.4.6 Check the <Yes> or <No> box indicating if the item(s) were restocked.
- Items should be restocked as soon as practical.
 - Notify the EMS coordinator if any item(s) cannot be restocked due to shortfalls in supply, etc.
- 6.7.4.7 The Security Force Supervisor conducts a review of the form to ensure the form is accurate and complete, and then prints and signs their name and enters the date the review was completed.
- 6.7.4.8 Forward the completed form to the EMS Coordinator.
- 6.7.5 Instructions for completing Form 5, Ambulance Activity Log
- 6.7.5.1 IF data fields are Not Applicable, THEN enter N/A.
- 6.7.5.2 Enter the current date.
- 6.7.5.3 Enter the current time.
- 6.7.5.4 Enter the name of the ambulance driver.
- 6.7.5.5 Enter the reason for operating the site ambulance.
- 6.7.5.6 Enter any comments relevant to the operation of the site ambulance.
- 6.7.5.7 WHEN all rows of the form is completed, THEN forward the completed form to the EMS Coordinator.
- The retention period begins from the last date on the form.

Emergency Medical Response Plan**7.0** References

- 7.1 Physical Security Plan
- 7.2 STPEGS Emergency Plan Table C-1
- 7.3 SPR 920054 - ESF Power Availability Documentation Not Completed within Required Time Period
- 7.4 OPGP03-ZS-0001, Vehicle, Material and Personnel Access Control
- 7.5 OPGP03-ZT-0139, Emergency Preparedness Training Program
- 7.6 OPOP04-ZO-0004, Personnel Emergencies
- 7.7 OSDP02-ZS-0042, Rope Rescue Program
- 7.8 OPRP11-ZR-0010, Radiation Protection Support of Medical Emergency Response
- 7.9 OPGP05-ZV-0010, Emergency Plan Change
- 7.10 CAQ-D CR 09-16764, Contract EMT not qualified to perform ERO (EMT) position
- 7.11 CAQ-D CR 12-5821, Procedure not revised per OPGP05-ZV-0010
- 7.12 South Texas Project (STP) Emergency Medical Services (EMS) Protocols

8.0 Documentation

Upon completion, the Ambulance Report and the Waiver of Medical Attention will be retained for seven (7) years. Security will maintain these documents.

9.0 Support Documents

- 9.1 Addendum 1, Waiver of Medical Attention
- 9.2 Form 1, Waiver of Medical Attention
- 9.3 Form 2, Emergency Medical Response Report
- 9.4 Form 3, Ambulance Inventory
- 9.5 Form 4, Medical Bag Inventory
- 9.6 Form 5, Ambulance Activity Log

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Emergency Medical Response Plan			
Addendum 1	Waiver of Medical Attention		Page 1 of 1

**** PATIENT COPY ****

Refusal of Care Information Sheet

1. The evaluation and/or treatment(s) provided to you by this EMS unit are not a substitute for medical evaluation and treatment by a physician. We advise you to get medical treatment by a physician.
2. Your condition may not seem as bad to you as it actually is. Without treatment your condition or problem could become worse. If you are planning to get medical treatment, a decision to refuse treatment or transport by the EMS unit may result in delay that could make your condition or problem worse.
3. Medical evaluation and/or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital emergency department in this area, all of which are staffed 24 hours a day by emergency physicians. You may be seen at these emergency departments without an appointment.
4. If you change your mind or your condition becomes worse and you decide to accept treatment and/or transport by the EMS unit, please do not hesitate to call us back. We will do our best to help you.
5. Don't wait! When medical attention is needed it is usually better to get it right away.

CALL 911 FOR MEDICAL EMERGENCIES HERE AT STP AND OFF SITE

**** PATIENT COPY ****

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Emergency Medical Response Plan			
Form 1 (Rev. 0)	Waiver of Medical Attention		Page 1 of 2

SECTION A – NOTIFICATIONS

Incident Date	Incident Time	EMT Time Notified	EMT Time En Route	EMT Time on Scene	EMT/Amb. In Service	Control Room Notified Time

SECTION B – EMPLOYEE INFORMATION

Last Name	First Name	M.I.	Badge No.	CR No.	
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Employer	Department	Supervisor

SECTION C – PATIENT INFORMATION

Advised	Description	Disposition	Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	EMS assessment needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refused EMS assessment
<input type="checkbox"/> Yes <input type="checkbox"/> No	EMS treatment needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refused EMS treatment
<input type="checkbox"/> Yes <input type="checkbox"/> No	EMS transport needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Refused EMS transport
<input type="checkbox"/> Yes <input type="checkbox"/> No	Harm may occur if EMS care is refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	Released to self
<input type="checkbox"/> Yes <input type="checkbox"/> No	Refusal of care is against EMS advise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Released to supervisor
<input type="checkbox"/> Yes <input type="checkbox"/> No	Transport by other means may result in harm	<input type="checkbox"/> Yes <input type="checkbox"/> No	Released to relative or friend
Supervisor's Name (Print):			
Relative's or Friend's Name (Print):			
Relative's or Friend's Contact Number(s):			

SECTION D – REFUSAL OF CARE

1. The evaluation and/or treatment(s) provided to you by this EMS unit are not a substitute for medical evaluation and treatment by a physician. We advise you to get medical treatment by a physician.
2. Your condition may not seem as bad to you as it actually is. Without treatment your condition or problem could become worse. If you are planning to get medical treatment, a decision to refuse treatment or transport by the EMS unit may result in delay that could make your condition or problem worse.
3. Medical evaluation and/or treatment may be obtained by calling your doctor, if you have one, or by going to any hospital emergency department in this area, all of which are staffed 24 hours a day by emergency physicians. You may be seen at these emergency departments without an appointment.
4. If you change our mind or your condition becomes worse and you decide to accept treatment and/or transport by the EMS unit, please do not hesitate to call us back. We will do our best to help you.
5. Don't wait! When medical attention is needed it is usually better to get it right away.

I have declined assessment, treatment and/or transportation officered to me by an EMS unit. I have received and understand the instructions given to me (Addendum 1, Waiver of Medical Attention) by EMS personnel.

Patient:			
	Print Name	Signature	Date
Witness:			
	Print Name	Signature	Date
Primary EMT:			
	Print Name	Signature	Date

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Emergency Medical Response Plan			
Form 1 (Rev. 0)	Waiver of Medical Attention		Page 2 of 2

SECTION E – EMS INFORMATION

Name requesting EMS services		Name taking EMS service request	
------------------------------	--	---------------------------------	--

MEDICAL CONTROL

Contacted by phone at (Extension):		
Contacted by radio at (Time):		

Unable to Contact (Reason):

<input type="checkbox"/> Yes <input type="checkbox"/> No	Provided copy of Addendum 1, Waiver of Medical Attention to the patient.
--	--

<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Control Contact or Orders Necessary. <u>IF</u> yes, <u>THEN</u> list the medical control orders below.
--	--

MEDICAL CONTROL ORDERS

NARRATIVE

Ambulance Fueled
 Ambulance Cleaned and Disinfected
 Ambulance/Medical Bag restocked

Ambulance Driver	_____	_____	_____
	Print Name	Signature	Date
Primary EMT	_____	_____	_____
	Print Name	Signature	Date
Secondary EMT (if needed)	_____	_____	_____
	Print Name	Signature	Date

Emergency Medical Response Plan

SECTION A – NOTIFICATIONS

Yes
 No

Incident Date	Incident Time	EMT Time Notified	EMT Time En Route	EMT Time on Scene	Contamination Status
EMT Departed Site Time	Patient Transfer Time	Patient Arrived at Med. Fac. Time	EMT/Amb. In Service	Control Room Notified Time	

SECTION B – EMPLOYEE INFORMATION

Last Name		First Name		M.I.	Badge No.	CR No.
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Employer	Department	Supervisor	

SECTION C – PATIENT INFORMATION

Location of Incident: _____

MOI Chief Complaint (CC): _____

History (HX): _____ Yes No Prior Aid

Signs & Symptoms (SS): _____

Last Meal (what & when): _____

Allergies: _____

Event(s): _____

Medications:	Time:	Route:	Dosage:
	Time:	Route:	Dosage:

Basic Life Support (Check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Bandaging | <input type="checkbox"/> 2. Splinting | <input type="checkbox"/> 3. Neck/Spine Immobilization |
| <input type="checkbox"/> 4. Minor Bleeding Control | <input type="checkbox"/> 5. Major Bleeding Control | <input type="checkbox"/> 6. Shock Management |
| <input type="checkbox"/> 7. Suction | <input type="checkbox"/> 8. Airway Maintenance | <input type="checkbox"/> 9. Assist Ventilation |
| <input type="checkbox"/> 10. Oxygen | <input type="checkbox"/> 11. CPR | <input type="checkbox"/> 12. Psych Assist |
| <input type="checkbox"/> 13. Burn Management | <input type="checkbox"/> 14. Traction | <input type="checkbox"/> 15. Emergency Child Birth |
| <input type="checkbox"/> 16. Restraints | <input type="checkbox"/> 17. Defibrillation (AED) | <input type="checkbox"/> 18. M.A.S.T. |

Defibrillation:	Time:	Attempts:							
Time	BP	AUSC	Reg	Thready	Resp.	Reg	Full	02/SAT	NUERO (AVPU)
		PALP	Irreg	Strong		Irreg	Shallow		
Time	BP	AUSC	Reg	Thready	Resp.	Reg	Full	02/SAT	NUERO (AVPU)
		PALP	Irreg	Strong		Irreg	Shallow		
Time	BP	AUSC	Reg	Thready	Resp.	Reg	Full	02/SAT	NUERO (AVPU)
		PALP	Irreg	Strong		Irreg	Shallow		
Time	BP	AUSC	Reg	Thready	Resp.	Reg	Full	02/SAT	NUERO (AVPU)
		PALP	Irreg	Strong		Irreg	Shallow		

Emergency Medical Response Plan

SECTION C – PATIENT INFORMATION (Cont.)

Glasco Coma Scale / Revised Trauma Scale:		1) /	2) /	3) /		
No.	Best Motor Response	Best Verbal Response	Eye Opening	Coma Scale	Respiratory Rate	Systolic BP
0.				3	0	0
1.	None	None	None	4-5	1-5	1-49
2.	Exterior Posturing	Incomprehensible Words	To Pain	6-8	6-9	50-75
3.	Flexion	Inappropriate Words	To Voice	9-12	>29	76-89
4.	Withdraws from Pain	Confused	Spontaneous	13-15	10-29	>89
5.	Localizes Pain	Oriented				
6.	Follow Commands					

Head and Face	Eyes and Pupils	Chest
<input type="checkbox"/> Unresponsive <input type="checkbox"/> Crepitus <input type="checkbox"/> Tenderness <input type="checkbox"/> Deformity <input type="checkbox"/> Bleeding <input type="checkbox"/> Asymmetry <input type="checkbox"/> Wounds <input type="checkbox"/> N G-Tube <input type="checkbox"/> Absent Gag Reflex <input type="checkbox"/> Other	<input type="checkbox"/> PERL <input type="checkbox"/> Unequal: <input type="checkbox"/> Dilated: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Pinpoint: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Cataracts: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Responsive: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Unresponsive: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Prosthesis: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Other	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Chest Pain <input type="checkbox"/> Pacemaker <input type="checkbox"/> Central Line: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Chest Tube: <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> Wounds <input type="checkbox"/> Unstable <input type="checkbox"/> Crepitus <input type="checkbox"/> Scars <input type="checkbox"/> Tenderness <input type="checkbox"/> Asymmetry <input type="checkbox"/> Air leaking from wounds <input type="checkbox"/> Other

ABD	Pelvis	Back
<input type="checkbox"/> Unremarkable <input type="checkbox"/> Distension <input type="checkbox"/> Bruising <input type="checkbox"/> Wounds <input type="checkbox"/> Rigidity <input type="checkbox"/> Tenderness <input type="checkbox"/> Scars <input type="checkbox"/> G-Tube <input type="checkbox"/> Colostomy <input type="checkbox"/> Nausea/Vomiting <input type="checkbox"/> Other	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Bruising <input type="checkbox"/> Wounds <input type="checkbox"/> Deformity <input type="checkbox"/> Lateral pelvis rims tender / unstable <input type="checkbox"/> Symphysis pubis tender or unstable <input type="checkbox"/> Foley <input type="checkbox"/> Other	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Decubitus <input type="checkbox"/> Deformity <input type="checkbox"/> Unstable <input type="checkbox"/> Tenderness <input type="checkbox"/> Bruising <input type="checkbox"/> Sensation Absent <input type="checkbox"/> Loss of Function <input type="checkbox"/> Other

EXT:

Emergency Medical Response Plan

Form 2 (Rev. 0)

Emergency Medical Response Report

Page 3 of 3

NARRATIVE

Ambulance Fueled Ambulance Cleaned and Disinfected Ambulance/Medical Bag restocked

EMS Requested By: _____ Print Name EMS Request Received By: _____ Print Name

Patient Transferred To: _____ Print Organization Name Patient Transported By: _____ Print Organization Name

Patient transported To: _____ Print Facility Name EMT Board STP Ambulance: _____ Print Name

Ambulance Driver _____ Print Name _____ Signature _____ Date

Primary EMT _____ Print Name _____ Signature _____ Date

Secondary EMT (if needed) _____ Print Name _____ Signature _____ Date

Emergency Medical Response Plan

Form 3 (Rev. 0)

Ambulance Inventory

Page 1 of 4

Item Description	Expiration Date	On-Hand Quantity (Minimum)	Quantity Present	Difference (Minus)	Restocked
Outside Miscellaneous					
Spider straps or webbing		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Long Boards (Back Boards)		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Short Board		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Stretcher		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Stair Chair		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
KED with Pillow and Head Straps		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Traction Splint		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Traction Splint		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
15" Padded Board Splint		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
48" Padded Board Splint		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Frac Pack		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Reflective Triangle Road Signs		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguisher with Current Inspection		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cervical Collar Bag					
Infant C-Collar		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pediatric C-Collar		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
*No-Neck C-Collar		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
*Regular C-Collar		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
*Tall C-Collar		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
OR					
*Adjustable C-Collars may replace adult sizes		6			<input type="checkbox"/> Yes <input type="checkbox"/> No
Headbeds		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Roll of 2" Tape		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Roll of Duct Tape		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Linens					
Pillow (Spare)		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pillow Cases		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Blankets		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sheets		3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Towels		3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Wash Clothes		3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Inside Miscellaneous					
Clip Board		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Blank) Form 1, Waiver of Medical Attention		5			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Blank) Addendum 1, Waiver of Medical Attention		5			<input type="checkbox"/> Yes <input type="checkbox"/> No
Blank Form 2, Emergency Medical Response Report		5			<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Medical Response Plan

Form 3 (Rev. 0)

Ambulance Inventory

Page 2 of 4

Item Description	Expiration Date	On-Hand Quantity (Minimum)	Quantity Present	Difference (Minus)	Restocked
Inside Miscellaneous (Cont.)					
EMS current Protocol Book		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
DOT Emergency Response Guidebook		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
No Smoking Sign		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Flashlight (Working)		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Portable Radio Unit Charger		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Suction Unit with Canister, Tubing and Yanker		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Stretcher with Pillow and Linens		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Oxygen Equipment					
Spare O2 Cylinder (Sealed)		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
BVM Adult		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
BVM Pediatric		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
BVM Neonate		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Re-breather Mask (NRB)		5			<input type="checkbox"/> Yes <input type="checkbox"/> No
Nasal Canulas (NC)		3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Nebulizers		3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pedi Simple Face Mask		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Infant Mask		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral Airway (Set 0-6)		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pulse-ox		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary O2 Level:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Portable O2 Level:					<input type="checkbox"/> Yes <input type="checkbox"/> No
AED Equipment/Glucometer					
AED		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
AED Spare Battery		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Pads		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Glucometer		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Lancets		25			<input type="checkbox"/> Yes <input type="checkbox"/> No
Test Strips		5			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bandage Equipment					
Burn Sheets		6			<input type="checkbox"/> Yes <input type="checkbox"/> No
Multi Trauma Dressing		6			<input type="checkbox"/> Yes <input type="checkbox"/> No
5x9" Bandages		12			<input type="checkbox"/> Yes <input type="checkbox"/> No
4x4" Bandages		60			<input type="checkbox"/> Yes <input type="checkbox"/> No
Roller Bandages		12			<input type="checkbox"/> Yes <input type="checkbox"/> No
Occlusive Dressings		12			<input type="checkbox"/> Yes <input type="checkbox"/> No
Rolls of Tape		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Medications					
Activated Charcoal (25 g)		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Albuterol (2.5 mg)		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Aspirin (81 mg)		8			<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Medical Response Plan

Form 3 (Rev. 0)

Ambulance Inventory

Page 3 of 4

Item Description	Expiration Date	On-Hand Quantity (Minimum)	Quantity Present	Difference (Minus)	Restocked
Medications (Cont.)					
Epi Pen		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Nitro Tablets		8			<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral Glucos		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Syrup of Ipacac (Bottle)		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Ammonia Inhalants		6			<input type="checkbox"/> Yes <input type="checkbox"/> No
Peroxide (Bottle)		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sterile Water (Liter)		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye Wash		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cold Packs		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Inside Wall Miscellaneous					
System 5 BP Cuff set (5)		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Stethoscope		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pen Lights		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bite Sticks		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma Shears		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bandage Shears		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Ring Cutter		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Waterless Hand Cleaner		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sharps Container		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Spare Suction Canisters		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Suction Tubing		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Yankers		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Assorted Soft Suction (French Caths)		5			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bed Pans		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Urinals		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Emesis Basins		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Isolation Gear		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye Protection		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Paper Face Mask		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sealed OB Kits		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Silver Swaddlers		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bulb Syringes		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Disinfectant Spray		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Roll of Trash Bags		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Biohazard Bags		5			<input type="checkbox"/> Yes <input type="checkbox"/> No
Triage Kit		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Diapers		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Small Gloves		10			<input type="checkbox"/> Yes <input type="checkbox"/> No
Medium Gloves		10			<input type="checkbox"/> Yes <input type="checkbox"/> No
Large Gloves		10			<input type="checkbox"/> Yes <input type="checkbox"/> No
X-Large Gloves		10			<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Description	Expiration Date	On-Hand Quantity (Minimum)	Quantity Present	Difference (Minus)	Restocked
Pediatric Kit					
Broselow		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pedi Drug Chart		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bulb Syringe		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Delee Suction		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Meconium Aspirator		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sealed OB Kit		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Silver Swaddler		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
4x4" Bandages		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Roller Bandage		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Neonate BVM		1			<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks

Inventoried By:	_____	_____	_____
	Print Name	Signature	Date
Safety Review:	_____	_____	_____
	Print Name	Signature	Date

This form shall be retained for seven (7) years

Emergency Medical Response Plan

Form 4 (Rev. 0)

Medical Bag Inventory

Page 1 of 2

- Ambulance Jump Bag
- EMT Response Bag(s)

Item Description	Expiration Date	On-Hand Quantity (Minimum)	Quantity Present	Difference (Minus)	Restocked
Body Substance Isolation					
Eye Protection		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Gloves (Large) (Pair)		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgical Filter Mask		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vitals Equipment					
Blood Pressure Cuff/sphygmomanometer		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Stethoscope		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pen Light		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Airway Equipment					
Oxygen Bottle in Bag with Regulator		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-re-breather Mask		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Nasal Cannula		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral Airway Set		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Bag Valve Mask		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Suction Equipment					
V- Vac Suction with Canister		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
V- Vac Suction Extra Canister		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing					
4x4" Sterile Dressing		6			<input type="checkbox"/> Yes <input type="checkbox"/> No
5x9" Sterile Dressing		6			<input type="checkbox"/> Yes <input type="checkbox"/> No
8x10" Dressing		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Occlusive Dressing		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Burn Sheets		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Multi-Trauma Dressing		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bandaging					
4" Roll Bandage		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Triangle Bandages		6			<input type="checkbox"/> Yes <input type="checkbox"/> No
2" Plastic Tape		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Roller Gauze		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Flex Gauze		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
2x2" Gauze		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Immobilization					
Adjustable C Collars		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Sam Splint		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Head Beads		1			<input type="checkbox"/> Yes <input type="checkbox"/> No

Item Description	Expiration Date	On-Hand Quantity (Minimum)	Quantity Present	Difference (Minus)	Restocked
Medications					
Sterile Water 250 ml		2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral Glucose		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Eye Wash		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Ipicac Syrup		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Activated Charcoal		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
ASA (Baby Aspirin)		10			<input type="checkbox"/> Yes <input type="checkbox"/> No
Nitro		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Albuteral		3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Miscellaneous					
Scissors		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trauma Sheers		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Triage Tags		4			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bite Stick		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Emesis Bag		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Bio Bags		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Cold Packs		3			<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Cleaner		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Peroxide		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Writing Pad		1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Pen		1			<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks

Inventoried By:	_____	_____	_____
	Print Name	Signature	Date
Safety Review:	_____	_____	_____
	Print Name	Signature	Date

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Emergency Medical Response Plan			
Form 5 (Rev. 0)	Ambulance Activity Log		Page 1 of 1

Complete this form when the ambulance is utilized, e.g. medical emergencies, getting fuel, running engine, etc.

Date	Time	Ambulance Driver	Activity (Reason)	Comments