



<p style="text-align: center;">REGION 11 CHICAGO EMS SYSTEM POLICY</p>	Title: SEMSV EMS Bus Program
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: August 15, 2024

SEMSV (SPECIALIZED EMS VEHICLE) EMS BUS PROGRAM

I. PURPOSE

- A. To describe a SEMSV (Specialized EMS Vehicle) Program for an EMS Bus serving the City of Chicago and Region 11, as licensed under the University of Chicago - Chicago South EMS System, per IDPH regulations.
- B. To ensure proper medical oversight of patient care and transportation for a SEMSV (Specialized EMS Vehicle) Program.

II. DEFINITIONS

- A. SEMSV: A “Specialized Emergency Medical Services Vehicle” (SEMSV) is a vehicle or conveyance that is not an ambulance as defined in the EMS Act, but is primarily intended to provide emergency care and transportation to ill or injured patients by means of air, water, or ground transportation.
- B. SEMSV Program: A program operating within an EMS System, pursuant to a program plan, submitted to and certified by IDPH, using specialized emergency medical services vehicles to provide emergency care and transportation to ill or injured persons.
- C. SEMSV/EMS System Medical Director: The physician who has the responsibility and authority for total management of the SEMSV Program, subject to the requirements of the EMS System of which the SEMSV Program is a part of.
- D. EMS Bus: A vehicle with capacity to transport up to eleven patients secured supine on a litter or stretcher and six seats for accompanying EMS personnel, equipped with medication and supplies for patient care.

III. POLICY

- A. Per IDPH Administrative Code Section 515.920, [SEMSV Program Licensure Requirements for all Vehicles](#):
 - 1. The SEMSV should be available 24 hours per day, every day of the year except when service is committed to another medical response or unavailable due to maintenance requirements.
 - 2. The SEMSV Program shall provide prehospital emergency services within its service area on a per-need basis without regard to the patient’s ability to pay for the service.
 - 3. The SEMSV Program shall be supervised and managed by a Medical Director, who shall be a physician with appropriate experience in EMS.



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: SEMSV EMS Bus Program
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: August 15, 2024

B. SEMSV Resource Description

1. The SEMSV EMS Bus is a Chicago Fire Department resource named “8-8-12”.
2. The SEMSV EMS Bus is maintained and operated by the Division of EMS Logistics, who is responsible for daily inventory and restocking of the medication, equipment, and supplies.
3. The SEMSV EMS Bus will be dispatched through the Office of Emergency Management and Communication (OEMC) for any large incident at the level of an EMS Plan 2 or above, or as requested by the Chicago Fire Department Incident Commander.
4. The SEMSV EMS Bus will be driven to the incident or planned event by personnel from the Division of EMS Logistics and remain with the bus while deployed.
5. The EMS Bus shall be operated by personnel with a valid Illinois Class B non-CDL (Commercial Driving License).
6. The SEMSV EMS Bus is a resource under the Mutual Aid Box Alarm System (MABAS) agreement.

C. SEMSV Utilization

1. Primary Utilization

- a. The SEMSV EMS Bus will primarily be utilized as a staged resource for planned special events.
- b. The SEMSV EMS Bus may be used for patient care or warming and cooling of individuals.

2. Secondary Utilization

- a. The SEMSV EMS Bus will secondarily be utilized as an additional resource for large incidents.
- b. The SEMSV EMS Bus should be utilized as a stationary patient care area near a casualty collection point.
- c. In the event of an incident beyond an EMS Plan 3, the SEMSV EMS Bus may be used for appropriate patient transport, as defined in this policy.

IV. PRIMARY UTILIZATION – PLANNED SPECIAL EVENTS

A. Staffing

1. At a minimum, two paramedics will be assigned to the unit for patient care.
2. Additional EMS personnel may be assigned as needed.



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: SEMSV EMS Bus Program
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: August 15, 2024

B. Patient Flow

1. All individuals requesting or potentially needing medical evaluation or treatment are considered patients and require a full assessment and documentation on a patient care report.
2. If a patient that is initially evaluated on the SEMSV EMS Bus needs additional medical care or hospital transport, the EMS personnel on the SEMSV EMS Bus will request an ambulance and transfer patient care.

C. Medical Direction

1. The SEMSV shall be listed on the IDPH Special Event form for review by the EMS System.
2. Patient contacts should be assessed and treated, with the appropriate contact with Online Medical Control, per Region 11 Policy.

V. SECONDARY UTILIZATION – LARGE INCIDENT RESPONSE

A. Staffing

1. At a minimum, two paramedics will be assigned to the unit for patient care.
2. As the incident evolves, additional EMS personnel may be added to maintain adequate patient staffing.
3. There will be one paramedic for every two yellow patients and one paramedic for every four green patients. Patients that are triaged red should be prioritized for treatment and transport by ambulance.

B. Patient Flow

1. The SEMSV EMS Bus may be staged near a casualty collection point for stationary patient care.
2. All patients should receive a primary triage based on the Region 11 Modified START/JumpSTART Triage Algorithm. Triage is a dynamic process and the initially assigned triage category may change subsequent to additional patient assessment.
 - a. Red “Immediate”: Obvious threat to life or limb and requires immediate medical attention.
 - b. Yellow “Delayed”: Condition in need of definitive medical care, but is not likely to decompensate rapidly if care is delayed, these patients may not be ambulatory.
 - c. Green “Minimal”: Minor injuries and can tolerate extended delays in treatment without increasing the risk of mortality, these patients are ambulatory.
 - d. Black “Deceased”: No respirations following basic airway maneuvers.



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: SEMSV EMS Bus Program
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: August 15, 2024

3. SMART triage tags should be used for patient identification and tracking.
4. Patients that have a primary triage category of green or yellow may be moved from the Casualty Collection Point (CCP) to the SEMSV EMS Bus. Patients that have a primary triage category of red will move from the CCP to an ambulance for transport.
5. Patients that enter the SEMSV EMS Bus can be assessed in seats or supine in litters.
6. Each patient should have a secondary triage with a complete assessment in the SEMSV EMS Bus.
7. Patients should be assessed for any Trauma Field Triage Criteria (per Trauma Patient Destination Policy).
8. Patients that meet any of the Region 11 Trauma Field Triage Criteria or on reassessment require an upgrade in care should be transferred to an ambulance for transport to the hospital.
9. Documentation of the initial vital signs, assessment, and interventions should be on SMART triage tags or verbally provided to another equal or higher level EMS provider if there is a transfer of patient care.

C. Transport Considerations

1. Trauma Patients should have the Trauma Field Triage Criteria applied (per policy) to identify critical patients requiring transport to a Level 1 Trauma Center.
 - a. Patients that meet **Injury Pattern** or **Mental Status & Vital Signs** criteria should be triaged “Red” and be transported to the appropriate Level 1 Trauma Center.
 - b. Patients that meet **Mechanism of Injury** or **High-Risk Populations** criteria should be triaged “Yellow” and be transported to the appropriate Level 1 Trauma Center.
2. Patients that meet Region 11 Trauma Field Triage Criteria should be transported by ambulance to Level 1 Trauma Centers.
3. In the event of an EMS Plan 3, the SEMSV EMS Bus may be used as a transportation resource for yellow or green tag patients that are ambulatory and do not meet Region 11 Trauma Field Triage Criteria, and require transportation to the closest appropriate hospital.

D. Medical Direction

1. The ranking EMS Chief on scene will determine the need to use the SEMSV EMS Bus as a transportation resource as per this policy.



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: SEMSV EMS Bus Program
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: August 15, 2024

2. The Command Hospital for the incident will be notified on the use of the EMS Bus by the EMS Chief or the EMS Communications Officer on scene.
3. The EMS Communications Officer or highest-ranking paramedic on the EMS Bus will provide a brief report of individual patient information including assessment findings, treatment provided, and triage category to the Command Hospital.
4. The Command Hospital, in consultation with the EMS Communications Officer or highest-ranking paramedic on the EMS Bus and/or the Regional Hospital Coordinating Center (RHCC) as indicated, will determine transport destination.
5. Patient distribution from the EMS Bus will optimally be divided between the two most appropriate hospitals for low acuity patients to not overwhelm one hospital.
6. The Command Hospital will provide an initial notification to the receiving hospital(s) regarding the SEMSV EMS Bus transport, including patient information and estimated time of arrival.
7. The highest-ranking transporting paramedic will provide the receiving hospital with a brief, updated pre-notification report of the patients transported to that facility, stating that the patients are from an EMS Plan response.
8. The highest-ranking transporting paramedic will contact the Command Hospital as required for any changes in patient condition during transport.

VI. EQUIPMENT AND MEDICATIONS

A. Patient Stations: There are 11 individual patient stations which include:

1. Supine litter with two safety belts (10) or secured stretcher (1) with safety belts
2. Oxygen wall unit
3. Suction canister with tubing and catheters
4. Cardiac monitoring:
 - a. Each station has an AED Pro with 4 lead cables
 - b. Each unit with adult and pediatric pads
5. Vital sign assessment:
 - a. Blood pressure cuff
 - b. Stethoscope
 - c. Pulse oximeter



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: SEMSV EMS Bus Program
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: August 15, 2024

B. Patient Assessment Area: There are 2 seats near the rear of the EMS Bus used for patient assessment and monitoring only and not for transport which include:

1. Oxygen wall unit
2. Suction canister with tubing and catheters
3. Cardiac monitor/defibrillator
4. Vital sign assessment

C. Equipment/Supplies

1. Quick Response Bags (QRB):
 - a. Four adult bags
 - b. Two pediatric bags
2. Large Traumatic Injury (TTI) Bag
3. Cabinets with additional supplies:
 - a. Oxygen administration
 - b. Hemorrhage control
 - c. Splinting
 - d. Cervical collars

D. Medications

1. Six complete medication boxes, per Region 11 ALS list.
2. Three secured boxes for controlled substances.

E. Conveyance Devices

1. Each litter is removable from the wall brackets.
2. One stretcher is secured inside the bus for conveyance of patients inside and out of the EMS Bus.

VII. PATIENT TREATMENT PROTOCOLS AND POLICIES

A. Patient care on the SEMSV EMS Bus shall follow all Region 11 EMS Protocols, Policies, and Procedures as defined in this section.

B. Patient Age:

1. The SEMSV EMS Bus can treat patients of all ages.
2. Prior to transportation, all patients must be secured appropriately with safety belts.



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: SEMSV EMS Bus Program
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: August 15, 2024

C. Management of Multiple Patient Incidents (MPI) Policy

1. For large incidents, each patient should have a primary and secondary triage assessment performed and a triage tag applied.
2. **EMS Plan Response:** The number of patients exceeds routine operational capacity of a Multiple Patient Incident, wherein dispatch of additional resources is required to **provide normal levels of care and transportation**. This shall be used to prioritize the on-scene evaluation and treatment of multiple patients based on a primary triage category with the expectation that there is a subsequent complete assessment and patient care per Region 11 Protocols and Policies.
3. The SEMSV EMS Bus may be used as an additional transport vehicle resource for low acuity and ambulatory patients at an EMS Plan 3 or larger incident.
4. **Mass Casualty Incident:** The number of patients or type of situation has overwhelmed the operational ability of the provider, wherein the number of patients and nature of their injuries make the normal prehospital level of stabilization and care unachievable, and/or available resources are insufficient to manage the scene under normal operating procedures.

D. Trauma Patient Destination Policy

1. Patients shall have a full assessment performed prior to transport.
2. Patients transported on the SEMSV EMS Bus shall not meet any Region 11 Trauma Field Triage Criteria.

E. Conveyance of Patients Policy

1. Patients should be appropriately conveyed into the EMS Bus by stair chair or stretcher, up the ramp and into the rear door of the vehicle.
2. Patients should be carefully transferred to the litters, maintaining any spinal motion restriction as indicated.
3. Patients should be secured with safety belts prior to transport.
4. Paramedics should be seated with safety belts prior to transport.

F. Spinal Care Protocol and Spinal Motion Restriction (SMR) Procedure

1. Patients should be assessed for spinal injury as per Spinal Care Protocol.
2. Patients requiring spinal motion restriction should be secured to and transported to an ambulance stretcher or litter with cervical collar in place.



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: SEMSV EMS Bus Program
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: August 15, 2024

G. Controlled Substance Requirements Policy

1. Controlled substances will be stored at EMS Logistics.
2. On deployment of the SEMSV EMS Bus, the controlled substance box will be moved to a locked cabinet on the bus.
3. When the controlled substances are removed from the locked cabinet, the medications should always remain under the Paramedic's direct supervision.

H. Consent and Refusal of EMS Service Policy

1. Patients should be assessed for decision making capacity.
2. Refusals should be called into Online Medical Control, per regional policy.

I. Medical Records Documentation and Reporting Policy

- A. An individual patient care report shall be completed for each patient that receives medical care from EMS personnel on the SEMSV EMS bus.

VIII. TRAINING

- A. EMS personnel will receive training on this Region 11 Policy and any corresponding Chicago Fire Department policy on the SEMSV EMS Bus 8-8-12.
- B. Only personnel that have completed the training shall perform patient care on the SEMSV EMS Bus.

IX. QUALITY ASSURANCE

- A. Each deployment of the SEMSV EMS bus will be reviewed by the MARC Division, EMS Operations, and the SEMSV/EMS System Medical Director.
- B. For every time the SEMSV EMS Bus is deployed, a QA/QI report will be completed post deployment and submitted to the EMS System and IDPH. The report will include the number of patients, patient symptoms, treatment provided, disposition, issues and resolutions, and identified opportunities for improvement and training.