

**STARK COUNTY
MEDICAL CONTROL
BOARD**

**EMS PROTOCOL &
PROCEDURES
MANUAL**

APPROVED
January 2007
Revised August 2008

STARK COUNTY MEDICAL CONTROL BOARD

**Affinity Medical Center
Alliance Community Hospital
Aultman Hospital
Mercy Medical Center**

PROTOCOL AND PROCEDURES MANUAL

INTRODUCTION

The following is an adaptation of the protocol for EMS approved by the Stark County Medical Control Board. This Pre-Hospital Patient Care Protocol and Procedures Manual establishes the recommended guidelines for patient care that should be provided by all Emergency Medical Services under the Medical Control Authority of Stark County Medical Control Board.

The procedures are to be used as guidelines for operation during EMS calls that require medical direction. They are also intended to be guidelines to ensure that personnel are trained in proper patient care. Procedures are not considered rigid rules, but rather established standards against which EMS practice can be measured.

Treatment protocols are specific orders directing the actions pertaining to techniques and/or medications used by EMS personnel who are required to practice under direct supervision of a physician and under the Medical Control authority of Stark County Medical Control Board. Treatment protocols may and should be initiated without prior direct Medical Control contact, especially when the patient's condition and/or situation is life threatening. As soon as the condition and/or situation permits, direct contact must be established with Medical Control for confirmation of medical care and further medical direction.

The protocols presented here are all encompassing, with authority over all affiliated Stark County Medical Control Board EMS services. However, Emergency Medical Services and their personnel who wish to operate under the Stark County Medical Control Authority may do so only with the express written and signed authorization of the Stark County Medical Control Board.

GENERAL REQUIREMENTS

Ohio Revised Code, Sections 4765.35, 4765.37, 4765.38 and 4765.39 require that all levels of EMS providers function under the verbal or written orders of a physician EMS Medical Director. Pursuant to Section 4765.40 the State Board of Medical Services shall adopt rules under Section 4765.11 of the ORC establishing written protocols for triage of adult and pediatric trauma victims.

- Standing orders and protocols shall be signed by the Medical Director and each EMS agency operating under these orders.

In order for an individual to operate at their level of certification, the following individual requirements must be met:

- Completion of the level-appropriate Self-Study Guide.
- Current AHA BLS Health Care Provider (CPR) certification.
- CE completion according to level of certification (state requirement).
- *Annual CE completion on-line will be limited. Annual completion must include 4 classroom hours for First Responder and EMT-Basic, 6 classroom hours for EMT-Intermediate and 8 classroom hours for EMT-Paramedic*

In addition to the above requirements:

- Paramedics will be required to maintain current AHA Advanced Cardiac Life Support (ACLS) certification.

Failure to meet these requirements will result in discipline being taken up to and possibly including the removal of approval to function under these Standing Orders.

STARK COUNTY MEDICAL CONTROL BOARD

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Issues that arise as a result of the implementation of these orders should be directed to the Medical Control Board.

Stark County EMS Services

Ambulance Associates

Beach City

Bethlehem Township

Brewster

CC&S Ambulance

Greentown

Lawrence Township

Louisville

Marlboro Township

City of Massillon

Navarre

North Canton

Osnaburg Township

Plain Township

Robertsville

Smith Ambulance of Stark-Summit

Washington Township

AMR

Beloit

Canton Township

City of Canton

Damascus

Jackson Township

Lexington Township

Maple Cotton Ambulance

Marlboro Police Dept.

North Georgetown

Nimishillen Township

North Lawrence

Perry Township

Quad Ambulance

Tri-Division Ambulance

Wilmot

STARK COUNTY MEDICAL DIRECTION

Structure

A. Medical Control Board

- 1. The Medical Control Board will be composed of a physician representative from each Emergency department of the area hospitals.**
- 2. Each physician shall have one (1) vote.**
- 3. The board shall decide on Protocols, Performance Improvement Programs and other issues relevant for pre-hospital care providers under its jurisdiction.**
- 4. There shall be a rotating chairperson among the physicians, with each term lasting two (2) years.**
- 5. The chairperson of council shall direct each meeting. If the chairperson is absent, the vice-chairperson shall direct the meeting.**
- 6. There shall be a rotating vice-chairperson among the physicians, with each term lasting two (2) years. After two years the vice-chairperson shall become the chairperson.**
- 7. Each physician will be assigned a group of EMS Providers/Services. The physician will be the main contact for the services under his/her direction.**
- 8. The Medical Control Board will meet every other month.**
- 9. Two (2) lectures will be provided each year by the physicians and Continuing Education will be awarded for these lectures.**

B. EMS Coordinator

- 1. Each hospital shall designate a coordinator to work with each physician representative.**
- 2. Responsibilities shall include: investigating any EMS (PI) Performance Improvement issues, collecting PI data from the services assigned to their hospital, handling day-to-day EMS questions or issues, and any other duties involving pre-hospital care so deemed by the physician representative.**
- 3. There shall be a lead coordinator responsible for collecting and handling all the PI data for Stark County. The lead coordinator will also maintain minutes from the Medical Control Board meetings and any information from PI issues.**
- 4. The term for the lead coordinator shall be for two (2) years. The lead coordinator will be from the hospital that the chairperson of the Medical Control Board represents and their terms will coincide.**

Stark County Medical Control Board

Standing Orders Policy

Purpose:

To ensure that all EMS providers have been in-serviced and understand the EMS protocols which have been established by the Stark County Medical Control Board.

New EMS Providers:

Any EMS service under the jurisdiction of the Stark County Medical Control Board shall be responsible to in-service, all new providers within their agency, on the protocols. Once the in-service has been completed, the new provider must take the Self-Study Guide for their level of certification and return the completed guide to their EMS liaison. The EMS liaison is responsible to verify the completion of the Self-Study Guide and forward the completed guide to their appropriate hospital EMS Coordinator. Once the process is complete the new provider shall be granted approval from the Stark County Medical Control Board to function at their level. While in the process of receiving standing orders, a new provider may function under the direction of another provider at the same level, who has their standing orders. The new provider will not count as part of the crew with regards to minimum staffing, (i.e. they are the third crew member), until they have received their standing orders.

Reinstatement:

Any provider who has lost his or her standing orders for any reason must complete the new EMS provider requirements to have their standing orders reinstated.

Failure to Comply:

Any provider, who fails to comply with this policy as established by the Stark County Medical Control Board, shall be held in suspension for a minimum of one calendar year from time of the suspension notice from the Stark County Medical Control Board.

Appeals:

Any provider who has failed to comply with this policy and has had their standing orders suspended may request an appeal to the Stark County Medical Control Board. This appeal must be made in writing and must be forwarded to their hospital EMS Coordinator. The chairperson of the Stark County Medical Control Board shall review the request and determine if the appeal will be heard at the next regularly scheduled Stark County Medical Control Board meeting.

Stark County Medical Control Board

Performance Improvement

The following outlines the specific components of the Performance Improvement Plan for all services under medical direction of the Stark County Medical Control Board (MCB).

The purpose of this plan is to have in place a method for evaluating the performance of EMS personnel and to assist in determining weaknesses or potential problems within the current EMS system. Issues that are discovered will be assessed, and a plan of action put in place to eliminate or reduce the likelihood of another occurrence or re-occurrence.

The Services and the Medical Control Board will have the following responsibilities.

Each Service will:

Designate at least one person to complete the review of runs and submit a report to their EMS Liaison. This will be accomplished on a quarterly basis, using the Performance Improvement Form, approved by the MCB.

Ensure that every effort will be made to comply with the educational / remediation / disciplinary action implemented by the Medical Control Board, in the event deficiencies are found in the local EMS system or within a specific service.

Cooperate fully with the MCB or its designate during the investigation phase of a concern or complaint involving documentation or patient care.

Agree to provide the MCB or its designate with information pertaining to all complaints or concerns involving patient care that are brought to the attention of said service and a report on how each complaint was resolved internally.

Medical Control Board will:

Determine the specific criterion that is to be monitored and reported to the MCB for a specific period of time.

Review the results of the reports and develop any necessary plan of action. This plan of action may include education, remediation, or discipline.

Provide results of the studies to each service under its jurisdiction. This report will identify system issues and will not focus on issues involving individual services. If the issue involves an individual service, the MCB will notify that service of the issue and of the expected resolution.

Make every effort to resolve patient care issues and have a plan in progress within ten (10) business days of knowledge of such issues.

Review of Patient Care Reports

Review Criteria:

The MCB will determine what type of runs and specific criteria that will be evaluated for the quarter. Services may elect to review additional criteria; however, the quarterly criteria determined by the MCB will be the service's priority. Notification of the quarterly criteria will be distributed by the assigned EMS Coordinator.

Documentation and Reporting:

The MCB will develop a Performance Improvement Form to be utilized by the services in the documentation and reporting of the quarterly run reviews. These reports will be submitted to the assigned EMS Coordinator by the deadline imposed by the MCB.

Review of the Reports:

The EMS Coordinator will review and tabulate the reports of their assigned services. This summary of reports will be presented to the MCB at designated meetings. If desired, the MCB will review any report of any specific service.

Follow Up:

After review of the reports, the MCB will determine if any action is necessary and what action is to be implemented.

Discrepancies, Complaints or Concerns Brought to the MCB

Receipt of any discrepancies/complaints/concerns:

The MCB may receive concerns of patient care through a variety of methods. These methods may include (but are not limited to)

- EMS Discrepancy Form

- Personal observation by hospital staff

- Direct contact with the MCB Liaison by an EMS service representative

- Complaints received by the EMS Coordinator

Additionally, any service receiving a complaint or concern shall investigate that complaint or concern and provide the MCB, through their EMS Coordinator, with the findings of that complaint or concern along with a report on any internal resolution.

Investigative Action:

Upon receipt of a patient care / documentation concern, the MCB will begin an effort to obtain as much information as possible about the event and concern. This may entail interviews and request for written documentation or justification of actions. The EMS Coordinator shall receive any documentation requested within ten (10) calendar days of the request. During this investigation phase, while direct and specific questions may need addressed in order to obtain the facts surrounding the complaint or concern, there is NO accusation or implication of wrong-doing.

Stark County Medical Control Board

Performance Improvement Non-Compliance Policy

The Stark County Medical Control Board has identified a unified performance improvement program that has met the requirements set forth by law; but more importantly has established a tool to measure and benchmark EMS activity.

As the Stark County Medical Control Board, it's imperative that medical oversight and performance improvement be paramount in our efforts to ensure quality care to our patients. This tool will be used to guide our decisions for the application of pre-hospital care. We will use this information and data to look for improvement not only with providers, but also our EMS system, training, education, protocols and equipment needs.

We have placed a high priority with the performance improvement program and data collection: Therefore as the Stark County Medical Control Board, we are requiring all EMS agencies under our medical direction to comply with the performance improvement program.

In order to better serve the EMS community and our patients, it is critical and responsible to participate in the program. Our ability to provide medical direction, progressive protocols and quality education will depend on the information received so that we can make informed decisions.

Because of the importance of this program, and the ability it will give us to make informed decisions, the following "Non-Compliance Policy" shall be initiated.

Non-Compliance first stage -	Letter of notification from Stark County Medical Control Board
Non-Compliance second stage -	Conference with Medical Director
Non-Compliance third stage -	Written reprimand with reporting timeline
Non-Compliance fourth stage -	Removal of standing orders and responsible person on drug license until compliant

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Jim Belleza, MD.

List names, addresses and phone numbers of witnesses or persons who have knowledge of the event or alleged inappropriate behavior and/or other relevant information:

- 1. _____

- 2. _____

- 3. _____

What remedy are you seeking from the Stark County Medical Control Board?

I affirm that the information contained in this report is true and accurate to the best of my knowledge.

(Signature of individual filing form) (Date)

(Reviewed by)(EMS Coordinator or Department Head) (Date)

(Acknowledged by) (Date)

Outcome of Findings:

Stark County Medical Control Board

Medication/Medical Error Reporting Policy

Purpose:

Stark County Medical Control Board is committed to improving patient safety through its performance improvement process. Performance improvement in patient safety will be reflected by the reduction in the number of medication and medical care errors committed that could result in harm to the patient.

Identification:

1. Identification of the errors that occur.
2. Analysis of each error to determine the underlying factors that, if eliminated, could reduce the risk of similar errors in the future.
3. Compilation of data about error frequency and the type and root cause of these errors.
4. Dissemination of information about these errors and their root causes to permit other EMS providers in the system, where appropriate, to redesign their systems and processes to reduce the risk of future errors
5. Periodic assessment of the effectiveness of the efforts taken to reduce the risk of errors.

Components:

1. Events to be reported to the system must be well defined and limited to serious or potentially serious adverse events.
2. Reports of serious adverse events must include the findings of the root cause analyses of these events.
3. All information reported to the system should be limited to the facts of the case, stripped of identifiers and must be legally protected from disclosure, (including subpoena, discovery, and introduction of evidence, testimony or any other form of disclosure in connection with a civil or administrative proceeding under federal or state law or under the Freedom of Information Act).

4. The Stark County Medical Control Board and other health care organizations having a legitimate “need to know” must have full and timely access to the data in the reporting system, on an EMS service provider-specific basis. This includes data about the adverse events, their root cause analyses and the actions taken to reduce future risk. Disclosure of this information to parties outside the system must not result in waiver of any protection against disclosure of the information provided by the state or federal law.
5. The Stark County Medical Control Board must play a central role in the evaluation of root cause analysis for the associated EMS service providers and in the dissemination of non-identifying information to the entire Stark County EMS System that facilitates learning about and implementing action to improve patient safety.

Occurrence:

1. Level one – Verbal reprimand with progressive discipline with repeated offenses.
2. Level two – Written reprimand with progressive discipline for repeated offenses. Remediation as directed by the Stark County Medical Control Board.
3. Level three – 72 hour suspension of standing orders, remediation as directed by the Stark County Medical Control Board.
4. Level four – Permanent revocation of standing orders, notification to local Prosecutors office.

STARK COUNTY MCB DRUG POLICY

LEVEL ONE OCCURRENCE

ERROR	RESULT
Clerical / Mechanical errors Incorrect documentation Errors recording seal numbers Errors recording dates on paperwork/log	Verbal reprimand with progressive discipline for repeated offenses

LEVEL TWO OCCURRENCE

ERROR	RESULT
Failure to administer a non-controlled drug called for by protocol <i>Administration of a non-controlled drug that was not indicated (Med. Director discretion)</i> <i>Inappropriate administration of a controlled drug (L-3 at Med. Director Discretion)</i>	Written reprimand with progressive discipline for repeated offenses. Consultation with and required actions of the Medical Director/MCB
Absence /Inadequate quantity of a non-controlled drug (not affecting patient care) Failure to perform or complete a required a required drug check Failure to pull expired drugs as per policy Failure to secure non-controlled drugs	

LEVEL THREE OCCURRENCE

ERROR	RESULT
Absence /Inadequate quantity of a controlled drug (regardless of effect on patient care) Absence /Inadequate quantity of a non-controlled drug (affecting patient care) Failure to secure controlled drugs	24 hour suspension and progressive discipline for repeated offenses Consultation with and required actions of the Medical Director/MCB

LEVEL FOUR OCCURRENCE

ERROR	RESULT
Willful or wanton misuse/or abuse of Medications Self-administration of medications Theft of medications Distribution of medications	Discipline commensurate with offense up to and including dismissal Possible legal action

These errors require mandatory reporting. They must be reported to the receiving facility, the Medical Director/MCB, and the department EMS Officer/Coordinator.

TABLE OF CONTENTS

INTRODUCTION

Introduction.....	i
General Requirements	ii
SCMCB Members.....	iii
Structure of SCMCB.....	iv
Standing Orders Policy.....	v
Performance Improvement.....	vi
Discrepancy Form.....	ix
Medication Error Reporting.....	xi

I. ADULT PROTOCOL

Abdominal Pain	1
Altered Level of Consciousness	4
Arrhythmias	7
Bradycardia	8
Tachycardia.....	8
PVC's	9
Burns	15
Cardiac Arrest.....	19
V-Fib/Pulseless V-Tach.....	21
Asystole/PEA	23
Near Drowning	28
Cardiac Chest Pain	30
Childbirth/Obstetrical Emergencies	34
Delivery Complications	36
Obstetrical Emergencies	39
Diabetic	42
Eye Injuries	44
Heat Exposure	47
Hypothermia / Frostbite	49
Poisoning	54
Psychiatric Emergencies	57
Renal Patient Protocol.....	59
Respiratory Distress	62
Seizures	76
Shock	79
Stroke	83
Trauma Emergencies	87
Trauma Arrest	93
Glasgow Coma Scale	95
Revised Trauma Score	95

Table of Contents Continued:

II. PEDIATRIC PROTOCOL

Altered Level of Consciousness 2
Arrhythmias 5
Cardiac Arrest 14
Child Abuse / Neglect 21
Fever 22
Fluid and Drug Administration 23
Multi-Trauma 25
Newborn Resuscitation 26
Pediatric Pain Control 30
Respiratory Distress 31
Seizures 38
Shock 41
Children with Special Needs..... 44
Pediatric Vital Signs 55
Pediatric Glasgow Scale 56
Pediatric Pre-hospital Medication List..... 57

III. ADMINISTRATIVE PROTOCOLS

Aeromedical Transport 1
Communications 3
Dead on Arrival 5
Do Not Resuscitate – Previous Protocol 7
Patient Refusal 9
 Patient Refusal Checklist 11
 Patient Refusal Information Sheet..... 12
Non-Transports 13
Invalid/Patient Assist 14
Heavy Patients 15
On-Scene EMT Intervener 16
Physician at the Scene 17
Restraint Policy 18
 Chemical Restraint 19
Transport to Free Standing Emergency/Urgent Care Clinics 20
Interfacility Transport 21
Termination of Resuscitation Efforts 23

IV. SPECIAL PROCEDURES

Endotracheal Intubation 1
EID 7
Combitube 8
Laryngeal Mask Airway 11
CPAP..... 12
12-Lead EKG..... 14
External Pacemaker 16
IV Procedures 17
Pediatric Intraosseous Infusion 20
Adult Intraosseous Infusion 22
Patient Assessment 23
Orthostatic Vital Signs 24
Pulse Oximetry 25
CO Protocol 29
Trauma Triage Protocol 30
Chest Decompression 35
Cricothyrotomy 37
Adult Crushing Trauma 38
Non-Cardiac Pain Management 39
Pneumatic Anti-Shock Garment 41
Avulsed Teeth Protocol 43
Selective Spinal Immobilization 44
Helmet Removal..... 45
Tasered Patient Protocol 47
Mass Casualty Incident 50
Hazardous Materials Incident 52

V. SUPPLEMENTAL PROTOCOLS

Cricothyrotomy Procedures
 Nu-Trake 1
 Pedia-Trake 2
 Per-Trach 3
 Quicktrach 4
Adult Intraosseous Procedures
 EZ - IO..... 5
 Bone Injection Gun..... 6
Quick Clot..... 7

VI. MEDICATION APPENDIX

Adenosine (Adenocard).....	6
Albuterol (Proventil / Ventolin)	7
Amiodarone (Cordarone).....	8
Aspirin	9
Atropine	10
Calcium Chloride.....	12
25% Dextrose	13
50% Dextrose	14
Diphenhydramine (Benadryl).....	15
Dopamine (Intropin).....	16
Epinephrine (Adrenalin).....	17
Furosemide (Lasix).....	19
Glucagon	20
Haloperidol (Haldol).....	21
Lidocaine (Xylocaine)	22
Lorazepam (Ativan)	23
Magnesium Sulfate	24
Midazolam (Versed)	25
Morphine	26
Naloxone (Narcan)	27
Nitroglycerin.....	29
Oxygen	30
Promethazine (Phenergan)	31
Sodium Bicarbonate	32
Tetracaine	34
Vasopressin (Pitressin)	35
Zofran.....	36

STARK COUNTY MEDICAL CONTROL BOARD

EMERGENCY MEDICAL SERVICES

PREHOSPITAL PATIENT CARE PROTOCOL AND PROCEDURES

All algorithms are color coded to denote procedures that may be performed by each level of certification. To perform procedure color-coded red Medical Control must be contacted for permission.

Higher levels of certification will perform lower level evaluations and procedures when interpreting the algorithms.

KEY TO ALGORITHMS

