

EMSOA
Emergency Medical Services
Oversight Authority

System Policies and Procedures

For Lincoln Fire & Rescue

Policy and Procedures approved by:

Jason Kruger, MD

Medical Director: (Signature) Jason Kruger, M.D.

Date: November 28th, 2011

Deb Schorr, Chair

Chairperson: (Signature) Ded Schorr

Date: November 28th, 2011

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Policy Statement

The policies contained in this document are strictly for use by Lincoln Fire & Rescue personnel, hereby referred to as LF&R in the rest of this document. The policies and procedures have been provided to LF&R Administration in the pdf. format for placement on the LF&R website in order to provide a clear method of communicating the medical direction and expectations of EMSOA. The policies must be reviewed by all LF&R personnel directly involved in EMS, and LF&R must have documentation proving such. The spirit of compliance and cooperation is necessary for the ultimate and unified goal of delivering the best possible patient care to every person who utilizes the Lincoln EMS system.

**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #1

Maintenance of Nebraska EMT, or Paramedic Certification

Every EMS care provider on LF&R will at a minimum be required to hold a current Nebraska certification for either EMT, or Paramedic. The LF&R administration will be responsible for assuring that all EMS medical care providers hold current certification and the re-certification training requirements meet or exceed those required by the State of Nebraska and EMSOA. A copy of each providers Nebraska certification(s) and their CPR card and ACLS card (if a medic) will be made available upon request by EMSOA.

In addition to maintaining current State certifications, all personnel will be required to take a annual test covering the Lincoln System Medical Treatment Guidelines. This will include treatment protocols, procedures and references annually. EMSOA will produce and or approve any test being given. LF&R training division will administer the test. The ALS test will be based on the Lincoln System Medical Treatment Guidelines for paramedics and a BLS test based on the BLS System Medical Treatment Guidelines for the EMT's. The passing score will be a minimum of 75%. EMSOA will make every effort to have a representative at the test site for review and feedback of the test results. If a provider does not pass the written test they will be given up to 2 weeks to study the medical treatment guidelines and then EMSOA and or LF&R through the LF&R Training Division will be contacted to schedule a test retake. This can be administered by either EMSOA or LF&R. If a provider fails the second review a meeting will be set up with the medical director to discuss further options.

EMT's should receive hands on training twice a year for the use of the AED.

Paramedics should receive hands on training at least annually for the following procedures: endotracheal intubation, RSI procedures, surgical cricothyroidotomy, needle cricothyroidotomy, tibial/EZ-IO intraosseous access, needle chest decompression, and King Airway.

Annual training for firefighter/paramedics will also include one four hour advanced airway classes which will be incorporated into the LF&R Emergency Medical Services Continuing Education Program (EMSCEP). The class should be as interactive as possible with a focus toward actual hands on instruction, performance and observation. One O.R. airway clinical will also be required annually where every effort should be made to experience at least 1 actual intubation. The aforementioned requirements will be in conjunction with the other required training necessary for re-certification.

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EMSOA: Board President

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**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
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Policy - #2

Staffing Requirements

Lincoln Fire Administration will be responsible for staffing each of their apparatus. However, EMSOA requires the following minimum system-certified providers per apparatus be met to insure that quality patient care is provided.

- All front-line engines and trucks will be staffed 24-hours per day with a minimum of 3 system-certified EMT'S and/or 2 system-certified EMTs and 1 system-certified paramedic.
- LF&R will staff all front-line ambulances 24-hours per day with a minimum of one system-certified EMT and one system-certified paramedic.

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**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #3

System Design and System Certification Process

Engine and/or Truck Company: The primary **goal** is to arrive at the patient's side within 4 minutes of dispatch 100% of the time for dispatches categorized as Delta or Echo. This response time is a **goal** and is **not** mandated by city ordinance. Engine and Truck companies can be ALS or BLS.

Medic Units: The primary goal is to provide a full compliment of Advanced Life Support (ALS) treatments and transportation of patients to the receiving medical facility. The Medic Unit should ideally arrive at the dispatched address within 8 minutes of dispatch 90% of the time, per city ordinance, for Delta or Echo calls. In the event of a Mass Casualty Incident (MCI) or other rare situations which overtax the EMS system, a Medic Unit at a minimum must consist of two Lincoln EMS system-certified EMT's. In the event that a BLS ambulance must respond to a medical emergency, every effort should be made to simultaneously dispatch the closest ALS equipped unit. It is always preferred to begin patient transport to the hospital, rather than delay transport for the arrival of a paramedic. EMS pre-hospital providers should ideally complete the patient care report and attach any additional paperwork and/or EKG strips before leaving the emergency department. If the system is busy and the medic unit needs to "jump" a call, they must assure that all the critical information for the patient they just transferred to the emergency department has been verbally imparted and the staff knows the hard copy or digital report will not be available at that time. The patient care report shall be completed as outlined in the medical treatment guidelines and will be completed prior to the end of that day's shift. *(The system-certified paramedic retaining patient care, transporting the patient and completing the patient care report will maintain ultimate authority and be held accountable for all issues regarding the treatment modalities, patient's care, and documentation.)*

EMT System Certification Process: It is understood that the goal of Lincoln Fire & Rescue is to make available, during the fire academy process, and administer to all newly hired fire suppression personnel, a 30 hour EMT-Basic refresher course. The course should meet or exceed the minimum Nebraska States requirements for an EMT-Basic refresher course.

The EMT will be required to take a Lincoln System Medical Treatment Guidelines test that will include system protocols, procedures and references. A minimum score of 75% will be considered passing. If the provider does not pass the test, they will be given up to 2 weeks to further study and take the test again. If the provider fails the second test, a meeting may be scheduled with the Medical Director for further options.

1. All EMT state licensing documentation will be on file with LF&R and made available for review by EMSOA
2. All EMT candidates must complete the EMSOA intern application form and forward it to the LF&R training division who will then forward it to the medical director for processing.
3. LF&R Training will notify the medical director when the candidate has met all requirements for system certification. All documentation will be made available for review by EMSOA if requested.
4. LF&R will forward all information to the Medical Director for final approval as a System Certified EMT.
5. The EMT will have knowledge of the EMSOA Policies and Procedures.

Note: If the 30 hour EMT refresher course is not made available for the newly hired firefighter, then it will be agreed upon by both LF&R and EMSOA as to what process will be followed for system certification as a BLS provider.

Paramedic System Certification Process: There is one level of advanced life support provider for LF&R in the Lincoln EMS pre-hospital system– Lincoln EMS System-Certified Paramedic. Every paramedic entering the paramedic orientation phase must first complete the EMSOA paramedic orientation application form, found under the EMSOA forms online, and submit it to LF&R administration, who will then forward it to the medical director for processing. This will include submitting copies of the providers CPR, ACLS and Nebraska State EMT-P license and cards. It will be the responsibility of LF&R to schedule a clinical O.R. hospital rotation, prior to the orientation phase, with an Anesthesiologist or Nurse Anesthetist for advanced airway training. At least one actual intubation will be required and the provider will have signed, the clinical assessment form prior to entering the field.

System Orientation Phase

1. This is the starting phase for all paramedics that are new to the Lincoln EMS system or paramedic certification process. LF&R will have control over the times, scheduling, curriculum and general makeup of the didactic and field orientation phase. During this phase the medic will be considered an Intern.
2. During the orientation phase the Intern will be authorized to carry out any treatments or procedures outlined in the medical treatment guidelines in the presence of a System Certified Paramedic Preceptor.
3. All paramedic Interns will be required to ride on an emergency

ambulance and successfully complete the paramedic intern process
All of the ALS transported calls must be evaluated and
documented by a system paramedic preceptor and kept in a file for
final review by the medical director prior to system certification.

4.

Paramedic interns will be required to study the EMSOA policies and procedures, the ALS protocols and other material as designated. The intern must successfully complete a protocol test with a 75% and successfully pass their oral boards with the Medical Director and the EMS Supervisor.

5. It is the goal for the paramedic Intern to work toward system certification under the mentoring of a system-certified paramedic preceptor and with the use of a Preceptor Task Book. The Preceptor Task Book is designed to identify areas of importance for the Intern to demonstrate, (actual or by training scenario) levels of competency to function within the Lincoln EMS system. The task book has been developed and will be updated and maintained by LF&R with approval from EMSOA. It is required that the task book be completed by the preceptor and intern, with all applicable signatures present prior to system certification. Scenario based entries will have an evaluation completed and available for review.

6. The preceptor will have authority over the Intern during all aspects of medic unit operations and patient care issues. The preceptor has the final word in all treatments and will be ultimately responsible for the care of the patient and the final documentation.

7. The Division Chief of EMS will contact the Medical Director to arrange a time for the paramedic interns oral boards after successful completion of the task book and the paramedic precepting process. All documentation of the process will be made available to the Medical Director at this time.

8. LF&R Administration in collaboration with the EMSOA Medical Director will validate completion of internship.

System-Certified Paramedic- System approved by EMSOA Medical Director in collaboration with EMS Supervisors and Division Chief of EMS to function independently as a paramedic in the Lincoln EMS system.

The Medical Director will credential selected providers to be credentialed to perform RSI in the Lincoln EMS system. Those providers will be required to complete a

RSI assessment center with the EMS Supervisor each quarter. The assessment center will consist of chart reviews from the previous quarter, hands on intubation of a mannequin, scenarios and a written quiz. The required passing score must be 75%. If a provider fails the quiz they will be retested during the next work set and must pass with an 80%. If the provider fails the second quiz they will be required to meet with the Medical Director who will decide what action to take.

Re-System Certification – If a previously system certified paramedic/EMT has not been functioning for a period of 6 months or greater and wishes to obtain system certification status again, they will be required to meet with the EMS Supervisor to review protocols and skills/procedures. This will include an ALS/BLS Protocol test . The provider will also be required to ride on a medic unit with a system certified preceptor for at least one work set. The provider will also be required to meet with the Medical Director before functioning as a system certified provider.

System-Certified Paramedic Preceptor- To become a Preceptor the following qualifications must be met. It must be kept in mind that being a preceptor is a large responsibility and when with a paramedic intern or student, the preceptor is responsible for patient care at all times. The preceptor must be a mentor, educator, and patient advocate. A preceptor does not have authority over any other system-certified paramedic. The system-certified paramedic retaining patient care, transporting the patient and completing the patient care report will maintain ultimate authority and be held accountable for all issues regarding the treatment modalities, patient's care, and documentation.

Eligibility criteria to become a Preceptor:

- 1.) Must have at least three years of paramedic experience. Must maintain the minimum skills proficiency.
- 2.) The preceptor application must be reviewed and approved by LF&R administration, then forwarded to Medical Director for review and approval.
- 3.) Must have taken and passed, the Lincoln ALS protocol test (with a minimum score of 80%) no longer than 45 days prior to approval as a system approved Preceptor.
- 4.) Must demonstrate a strong working knowledge in several critical skills areas and procedures performed in the Lincoln EMS System. These will include, airway procedures and medications knowledge. Skill levels in these areas will be evaluated with the use of EMSOA procedural work sheets.

LF&R Preceptor Expectations

One of the primary goals of the new precepting process for newly hired paramedics is to create a more concentrated training period that will increase LF&R's ability to add paramedics to the system in a timely fashion To accomplish that goal all preceptors must follow a similar training outline. Listed below are the expectations to help guide this process:

- The preceptor will be required to have a minimum passing score of (80%) on the annual system protocol test. If the test score falls below this level, the preceptor will, at that time,

temporarily lose approval as a system preceptor until a makeup test can be administered. This will take place no less than 1 week (7 days) and no more than 3 weeks (21 days) from the original test date. If the preceptor cannot pass the ALS protocol test after 2 attempts, they will no longer be approved as a system preceptor and would have to reapply at a later date.

Each individual preceptor is encouraged to be innovative and encourage the intern's learning process. Give as much positive reinforcement as possible and always provide constructive criticism when indicated. Notify the EMS Supervisor and the Division Chief of EMS if the preceptor feels the intern needs special assistance or if they have concerns about the intern's ability to successfully complete the internship.

(LF&R Preceptor Expectations Approved by Jason Kruger, MD – 11/2011)

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EMERGENCY MEDICAL SERVICES

**OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #4

Equipment and Inspection

All LF&R ambulances, engines, and trucks must meet the minimum State required standards for vehicles and equipment. In addition, each vehicle must carry all equipment necessary to implement the approved Lincoln EMS System medical treatment guidelines corresponding with the provider's level of care. LF&R will retain proof of the inspections of the engine, truck, and medic unit and all medical equipment.

EMSOA has the authority to inspect any LF&R vehicle and the inspection documentation at any time to assure the above standards are met. If a deficiency is noted, the vehicle may be taken out of service until the deficiency is corrected (Only after consulting with the Chief of LF&R and the Medical Director)

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**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)**

SYSTEM POLICIES AND PROCEDURES

Policy - #5

Minimum Requirement Medication List

LF&R is required to have available for patient use, the medications listed on the following page. The medications on the following page must be stored and secured as recommended by the Nebraska State Board of Pharmacy.

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Lincoln EMS
*Medications Inventory**

<u>Medication</u>	<u>Ambulance</u>	<u>Engine</u>
Amiodarone		
Adenosine		
Albuterol 2.5mg/3ml		

Aspirin		
Atropine		
50% Dextrose	(
Calcium Chloride		
Diazepam	(
Diphenhydramine		
Dopamine	(
Epinephrine 1:10,000	(
Epinephrine 1:1,000	(
Etomidate		
Fentanyl	(
Furosemide		
Glucagon	(
Lidocaine 2%	(
Magnesium Sulfate	(
Midazolam		
Morphine Sulfate		Oral Glucose
Naloxone		Nitroglycerin
Zofran		
Racemic Epinephrine		
Rocuronium		
Sodium Bicarbonate		
Succinylcholine		
Vecuronium		

LF&R will work collaboratively with EMSOA Medical Director regarding quantity of medications.

Note: Subject to manufacturer's availability.

**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #6

Skill Proficiency and EMS Definitions

IV, IO Access	Maintain proficiency over six months.
Advanced Airway Procedure	Maintain proficiency over six months.

The provider proficiency will be reviewed bi-annually in collaboration with LF&R Administration and EMSOA Medical Director and determine providers that will require remediation. The Medical Director may request an O.R. airway clinical to be scheduled if deemed necessary.

It is the goal of the the Lincoln EMS system to successfully intubate 100% of all patients requiring intubation. However, if that percentage drops to below 90%, then implementation of new training and maintenance methods may occur.

Definitions

ALS Patient Contact – Participate on an ALS call either by performing a skill (IV, ET or medication administered) or direct the ALS call until arrival at the hospital.

Intubation Attempt – Anytime the laryngoscope blade is placed in the patient’s mouth with the exception of removal of a FB.

Conclusion: If at any time the Medical Director feels that additional training is needed and/or the paramedic does not meet the proficiency standards, then additional training will be implemented. The system Medical Director will retain ultimate authority over individuals who operate under his or her license.

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**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #7

Chart Audits and Teleconferences

EMSOA is responsible for random reviews and audits of the EMS patient care reports, as well as periodic direct observation of the EMS System. The purpose of the review is to evaluate the quality, effectiveness, and compliance with the medical treatment guidelines. Emergency care providers will be notified of any deviation from the guidelines. Teleconferences may be used to review EMS runs, provide information regarding any EMS updates, and/or impart training on specific emergency care topics or issues in order to provide continuing education, and to assist the providers in delivering quality patient care.

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EMSOA: Board President

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EMERGENCY MEDICAL SERVICES OVERSIGHT AUTHORITY (EMSOA) SYSTEM POLICIES AND PROCEDURES

Policy - #8

Ride Along Experience for Non-Lincoln EMS System Interns

Any state certified training agency interested in using the Lincoln EMS System, as a field-training site must have a signed contract with LF&R that includes, at a minimum, the following information:

- Level of the students' certification or desired certification (EMT, Advanced EMT, Paramedic, or RN)
- Statement of liability coverage
- Name of the training agency's Medical Director
- 24-hour emergency contact number

A signed copy of each contract must be kept on file at LF&R. There are three EMS training agencies that have Medical Director Approval to utilize the Lincoln EMS system for the clinical experience needed by their students. The three institutions are Southeast Community College, Creighton University, and McCook Community College. A student from one of the three agencies can be observed and mentored by any LF&R system certified paramedic who is system certified and approved by the Medical Director. The paramedic students have permission to provide all ALS care as determined by the LF&R system certified paramedic, with the exclusion of endotracheal intubation, manual defibrillation/pacing/synchronized cardioversion, needle chest decompression, cricothyroidotomy, RSI and insertion of intraosseous needles. The student is only authorized to perform patient care when under the direct observation of a Lincoln EMS system certified paramedic. All other students not associated with the aforementioned agencies are limited to the following medical functions:

- Obtaining vital signs
- Obtaining pulse oximetry
- Applying ECG monitor
- Applying oxygen

All other assessments and treatments must be **observational only**, unless special written approval is received from the EMSOA Medical Director. The LF&R paramedics are encouraged to review each call with the student to make the learning experience as beneficial as possible. If any incident occurs involving the ride along, then it is mandatory that an EMS Quality Assurance Observation Form (see Appendix) be completed and given to the on duty EMS Supervisor (EMS-1) EMS-1 will then send the form, via e-mail, to the Medical Director per policy #13.

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**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #9

Law Enforcement Medical Request

In situations where a Lincoln Police Department officer determines that no medical emergency exists and that the patient requires transport for protective custody reasons only, the law enforcement agency will contact the 911 dispatch center directly via land line or 911 communication system radio.

- If determined through the screening process, as defined by the system approved EMD process, that a non-emergency response is appropriate, the dispatcher will deploy an ambulance staffed with at least one system-certified paramedic to the scene non-emergency.
- Should the EMD process indicate that a full medical response is necessary; the dispatcher will dispatch a full medical response and then notify the Law Enforcement officer at the scene.
- If a law enforcement request is made for medical evaluation of a patient that has been Tazered the patient should be transported to a medical facility to be evaluated by a physician.

Patients will be transported to the hospital designated by the law enforcement personnel on location and in accordance with destination criteria. Patients will not be transported to an alternative facility prior to medical evaluation by a Lincoln emergency room physician. If the desired hospital is on “Diversion” status, the patient will be transported per hospital diversion.

If an officer has a medical patient in custody and handcuffed, an officer must ride in the patient compartment of the medic unit and have the handcuff keys available if needed for patient care reasons.

Approved By: <u>Deb Schorr</u> EMSOA: Board President
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**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #10

Ambulance Only Medical Response

Health Care Facilities (hospitals, nursing homes, medical doctor's offices, medical transportation and Physicians) may request and receive an "Ambulance Only" response for their transportation needs. LF&R should not transport patients to an alternative facility prior to medical evaluation by a Lincoln emergency department physician. (Exception: Policy #17)

These healthcare facilities and physicians can request an emergency (lights and sirens) response "Ambulance Only" and avoid a full system response. These facilities and physicians must specifically ask for an "Ambulance Only" response. Otherwise a full system response will be sent.

Upon receipt by the 911 center of an ambulance only request, the dispatcher will utilize the EMD process to determine whether or not an ambulance only response is appropriate. Based upon the caller's information, those calls which are determined to be Alpha, Bravo or Charlie as indicated by EMD card #33, will receive an ambulance only response. Should the screening process determine that the patient requires a Delta or Echo response; the 911 center will dispatch the closest appropriate apparatus and a medic unit.

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**EMERGENCY MEDICAL SERVICES
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Policy - #11

Specialty Team Transfers

Specialty team transfers apply only to hospitalized patients requiring transport to another hospital within the Lincoln, NE city limits.

The specialty team members will be in charge of patient care during specialty team transports. LF&R personnel will be in charge of overall safety for all occupants being transported.

If LF&R is requested to transport a patient from a hospital to another hospital without a specialty team, the paramedic must assess the patient and determine if they can provide adequate medical care for the patient's acuity level. If the answer is "Yes" then the paramedic may transport the patient. If the answer is "No" then the paramedic shall express their concern to the sending physician and make a request for a specialty team transport. The provider may also contact EMS-1 for additional options.

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**EMERGENCY MEDICAL SERVICES
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SYSTEM POLICIES AND PROCEDURES**

Policy - #12

Response Requirements

- 1.) Anytime a LF&R ambulance is dispatched to an address within the city limits on an Alpha through Echo medical response that was processed through the 911 EMD system, the patient requires transport, and verbal or implied consent is applicable, LF&R must be the transporting agency. Exceptions to this rule include when the LF&R ambulance is performing an intercept for mutual aid, the patient is a resident of a facility approved to initiate an ambulance only response request, or during a multiple casualty incident which has burdened the system.
- 2.) Prior to taking the transfer, the paramedic must receive detailed information about any medication infusions or equipment being transferred with the patient. If the paramedic is not comfortable transporting the patient after receiving the information, they should contact EMS-1. They may request a nurse to ride with them. After completion of such a call, the medic unit personnel should complete and submit to EMS-1 the Quality Observation Form. This should be forwarded to the Medical Director for evaluation.
- 3.) No personnel shall drive a LF&R ambulance code three (lights and sirens), unless they have formally completed the approved LF&R emergency driving course.
- 4.) Additional resources may be dispatched at the discretion of the responding unit. This decision may be made based upon information provided by dispatch, the first responding unit, or actual patient assessment.

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**EMERGENCY MEDICAL SERVICES
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SYSTEM POLICIES AND PROCEDURES**

Policy - #13

EMS Quality Assurance Observation Form

The office of EMSOA and all EMS providers functioning under the EMSOA Medical Director will follow Nebraska State EMS Mandatory Reporting Regulation 172 NAC 5. The Medical Director must be notified immediately any time an EMS provider is submitting a mandatory report to the State.

The Medical Director must be notified on any out of the ordinary occurrence within 24 hours. The EMSOA form can be used to praise care providers for a job well done, or for giving constructive feedback. Medical calls in which the providers performed well under extreme conditions or went above and beyond the routine and expected level of care should be documented and sent in for possible provider recognition. For the situations listed below the form must be filled out and sent to EMS-1. EMS-1 will then forward to EMSOA for quality assurance review.

Equipment or mechanical failure- Any time there is any level of equipment or mechanical failure that affects patient care. A detailed description of the failure and the effect of the equipment failure on the overall efficiency of delivering patient care should be noted.

Medication errors- Any time a provider inadvertently administers the wrong dose or type of medication, they must immediately notify the receiving hospital nurse or doctor of the error and impart any pertinent information relating to patient care. The nurse or doctor must be requested to sign the EMS Quality Assurance Observation Form verifying they have received the verbal and/or written information at the time of the hospitals acceptance of patient care. The summary on the form should outline in detail the type of error, any drug dosages, and the patient outcome.

Medical care concerns- Any time a provider is a witness to incorrect or questionable patient care by another EMS provider.

Violation of patient care or dispatch guidelines- Any time a provider observes a violation of any of the authorized Lincoln EMS patient care guidelines.

Deviation from guidelines- Any time a provider deviates from patient care guidelines without a physician's order or performs a treatment not specified in the guidelines for the specific malady being treated. For example, medical base radio contact does not occur prior to utilizing the RSI procedure for a conscious patient.

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**EMERGENCY MEDICAL SERVICES
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Policy - #14

Problem Resolution

An individual or group of individuals identifying and wishing to forward a concern within the Lincoln EMS System must adhere to the following:

- Any provider with a problem or concern must first follow their agencies policies regarding problem resolution.
- Once the provider has followed their agencies policies and the problem has still not been resolved, they can schedule a meeting, through EMS-1 or the Division Chief of EMS, with the Medical Director.
- If the problem is still not resolved to the satisfaction of the provider, he/she can schedule a meeting with the EMSOA Board Chair.
- If the problem is still not resolved to the provider's satisfaction, he/she can schedule a meeting with the entire EMSOA Board.
- If any agencies under EMSOA medical direction need resolution assistance, a representative can ask to meet with the EMSOA Director, Medical Director and/or EMS Board President. The agency representatives can schedule to meet with all three individuals if they desire. If the problem is not resolved to the agency's satisfaction, the representatives can schedule to meet with the entire EMSOA Board.
- All scheduling will be completed by an EMSOA designee. Decisions of the EMS Board are final.

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**EMERGENCY MEDICAL SERVICES
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Policy - #15

Appeal Process

This policy shall provide a formal process for out-of-hospital care providers to seek review of actions taken by the Medical Director. This process shall be limited to decisions made by the Medical Director that revoke or restrict a provider's scope of practice. Appeals will also be limited to those situations in which a pre-hospital provider feels that the Medical Director has acted in an arbitrary and/or capricious manner. This appeal process does not apply to Medical Director Standards and/or the orientation/internship processes.

Applicability:

Any out-of-hospital provider that functions under the license of the Medical Director employed by EMSOA may utilize the appeal process.

Submission of appeal:

1. Prior to submitting a formal written appeal to EMSOA, the out-of-hospital provider must formally discuss the issue with the LF&R administration. The out-of-hospital provider may choose to submit an appeal regardless of recommendations made during this meeting.
2. Out-of-hospital providers, who feel that disciplinary actions taken by the Medical Director are not appropriate, should notify EMSOA within ten (10) days of said actions.
3. This notification must be in writing and include, but is not limited to the following:
 - a. The specific action of the Medical Director to be appealed.
 - b. The reason why such action is being appealed.
 - c. The specific remedy requested by the out-of-hospital care provider submitting the appeal.
4. Upon receipt of the written appeal, EMSOA will notify the administrator employing the out-of-hospital care provider that an appeal has been submitted. In addition, the EMSOA Board Chair will be contacted.
5. The EMSOA Board Chair will select three (3) board members to serve as appeal committee members. The Board Chair may choose to be one of the three members.

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OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #16

Request for EMS Board Action

A Lincoln EMS System agency, a Lincoln EMS System individual provider* or a member of the general public can initiate a Request for Action by the EMS Board. The request must be submitted in writing. Such notification must be delivered to EMSOA at least seven (7) days prior to the scheduled EMS Board Meeting. The “Request for Action” must include the reason for the request, the history of the request, and a desired recommended course of action. The request should include any supporting documentation. The requesting organization, individual provider, or the member of the public must be present at the meeting to present the request and answer questions.

After hearing and considering the request, the Board will make a decision regarding a course of action. The course of action will be in the best interests of the Lincoln EMS system and all patients which it serves.

In all cases, the decision of the EMS Board is final.

**Note: EMSOA will notify the primary EMS organization, when an individual provider is requesting EMSOA Board action.*

Approved By: Deb Schorr
EMSOA: Board President

Date Approved: November 28th, 2011
Revised:

**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #17

Physician Ordered Emergency Transfer to the Nebraska Heart Hospital

A physician ordered emergency transfer to the Nebraska Heart Hospital [NHH] applies to any patient under the direct care of a Nebraska Heart Institute [NHI] physician and in need of an emergency transfer from a local healthcare facility to NHH.

The *emergency* transfer request to NHH can be requested by calling 911 under the following conditions:

1. A NHI physician or mid level practitioner has performed the bedside assessment at the healthcare facility and determines a direct admit to NHH is appropriate and in the best interest of patient care.
2. A primary care physician has performed the bedside assessment at the healthcare facility and as a result of a consult with a NHI physician it is determined a direct admission to NHH is appropriate and in the best interest of patient care

If the physician must leave before the LF&R crew arrives, the healthcare provider caring for the patient must assume responsibility for reporting to the LF&R personnel the name of the physician who has conducted the exam and requested the transfer. This information must be included in the EMS patient care report comments.

All non-emergency transfers must continue to be routed through Midwest Medical Transport Company by calling 1-800-562-3396.

Approved By: Deb Schorr
EMSOA: Board President

Date Approved: November 28th, 2011
Revised:

**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

**Policy- #18
Hospital Destination Decision criteria**

Whenever possible the destination decision should be left up to the patient whether it is SERMC, (St. Elizabeth Regional Medical Center) or Bryan Health. The exception would be hospital diversion status or the patients' condition requires specialized services offered only by a specific hospital. It should be noted that, SERMC is able to handle all medical emergencies and traumatic injuries that do not meet the criteria of the CDC National Trauma Triage Protocol for Transport to a Trauma Center. Patients meeting these criteria should be transported to Bryan Health West Trauma Center. It should be noted that SERMC is the designated burn center in the Lincoln hospital system and all patients' with burns that meet the American Burn Association (ABA) burn unit referral criteria, without associated trauma mechanism, should be transported to the burn center at SERMC.

If it is decided that the destination hospital is Bryan Health facility then the following destination decision should be made due to specialized services between Bryan Health East and West campuses.

The following patients' should be transported to
West Campus

- **Trauma Patients'** meeting the CDC Trauma Criteria (See BLS Treatment Guideline 4.30.3)
- **Drowning and near Drowning Patients'** (consider closest hospital for full code or airway complications)
- **Patients' on Anticoagulation Medication** who have an injury from a fall or have traumatic mechanism.
- **Patients' with psychiatric issues**

The following patients' should be transported to
East Campus

- **Patients' with obvious or frank G.I. Bleeding**, without trauma mechanism.
- **O.B., Neonatal and Pediatric Patients'**
- **Cardiac Patients'** cardiac alert's (See ALS Treatment Guideline 4.4) and consideration for patients with general cardiac issues.

Patients' not following into the above criteria can be transported to any one of the Bryan Health campuses.

Note: Medical Control can always be contacted for guidance with a destination decision.

Appendix

Quality Assurance Observation Form- The form to provide vital feedback to EMSOA from any agency regularly in contact with EMS personnel. The form can be used for positive feedback or constructive feedback. The form has been sent to all EMS agencies, nursing facilities, and doctor offices.

EMSOA EMT Orientation Application- For all LF&R Firefighter(s)/EMT(s) newly hired and entering the Lincoln EMS system. The intent of the form is to provide a formal process for tracking the orientation, observation, and finally system certification for all EMT's new to the Lincoln EMS system. The form will be sent to EMSOA once the employee is hired by LF&R. EMSOA will review the form and once the provider receives system certification from the medical director, LF&R will receive a copy of the completed document to verify system certification.

EMSOA Paramedic Orientation Application- For all LF&R Firefighter(s)/Paramedic(s) newly hired and entering the Lincoln EMS system or system certified EMT's upgrading to paramedic and desiring to enter the paramedic system certification process. The intent of the form is to provide a formal process for tracking the orientation, observation, and finally system certification for all LF&R Firefighter/Paramedics new to the Lincoln EMS system. The form will be sent to EMSOA once the employee is hired or prior to entering the paramedic system certification process. EMSOA will review the form and once the provider receives system certification from the Medical Director, LF&R will receive a copy of the completed document to verify system-certification.

Lincoln EMS Guideline Revision Input Form- This form is to be utilized by associated EMS personnel to provide vital input for the Lincoln EMS treatment guidelines.