

Out of Hospital Care Provider Policy

Title: Medical Direction PAD, EMT-D, ILS & ALS

Effective Date: September 1, 2000

Revised Date: January 23, 2001

DEFINITIONS: (as used in this document)

Advanced Life Support (ALS): Advanced patient care skills encompassing IV therapy, advanced airway management, advanced cardiac life support including defibrillation and the administration of medications.

Continuing Medical Education (CME): An ongoing educational process which may include in house training sessions, conferences, clinical rotations, etc..

Emergency Medical Technician Defibrillation (EMT-D): Patient care provided at the basic EMT level with the additional skill of utilizing a semi-automatic defibrillator.

Intermediate Life Support (ILS): Advanced patient care skills encompassing IV therapy (including 10% dextrose administration), advanced airway management and defibrillation. Medication administration is **not** a component of ILS care.

Public Access Defibrillation (PAD): Public Access Defibrillation (PAD) is designed to encourage greater acquisition, deployment and use of automatic external defibrillators (AED) in communities around the state in an effort to reduce the numbers of deaths associated with sudden cardiac arrest.

Quality Assurance/Quality Improvement (QA/QI): A program designed to evaluate all aspects of emergency medical care. Through analysis, feedback and training, and other system modifications deficient areas of patient care can be identified and corrected leading to an improvement in the delivery of patient care. Equally important, positive actions are reinforced.

POLICY:

Recognizing that Medical Direction is an integral component of any Emergency Medical Services System, the Erie County Medical Center in conjunction with the Erie County, Division of Emergency Medical Services agrees to provide medical direction (i.e., both on-line and off-line) to Public Access Defibrillation (i.e. Police, banks other public areas), to any basic life support (i.e., CRF, EMT, CFR-D or EMT-D), intermediate life support (i.e., EMT-I) or advanced life support (i.e., EMT-CC or EMT-P) agency which satisfy all E.C.M.C., Erie County E.M.S., W.R.E.M.S. and N.Y.S. policies, procedures, rules, regulations and other requirements. Any agency receiving medical direction for CFR-D, EMT-D, ILS or ALS providers will be required to have E.C.M.C. provide medical direction for the agency's BLS providers as well.

It is the position of the Office of Prehospital Care at the Erie County Medical Center that all agencies providing prehospital care be encouraged to and assisted with providing the highest level of care possible. All prehospital agencies are encouraged to incorporate defibrillation as a first line treatment for ventricular fibrillation and pulseless ventricular tachycardia.

It is the contention of the Office of Prehospital Care and Erie County Division of Emergency Services that “good” BLS is essential to the success of an ILS/ALS program. Therefore agencies desiring to deliver ILS/ALS care must have a solid BLS program in place prior to application. A “good” BLS program includes solid record keeping, proper training, continuing medical education and a quality improvement/quality assurance program.

PROCEDURE:

- 1.) An EMS agency desiring medical direction from E.C.M.C. shall submit a written request to the Office of Prehospital Care outlining the level of direction requested and state who the program coordinator will be. All requests must be submitted on agency letterhead and be signed by a chief officer or director.
- 2.) Once the Office of Prehospital Care has agreed to give medical direction to the requesting agency, the agency shall contact Western Regional EMS to request a “Medical Direction Packet” which contains the necessary materials to comply with regional guidelines.
- 3.) All agencies requesting medical direction will be required to have in place or develop the following:
 - I.) A quality assurance/quality improvement program that includes routine PCR review and a remediation process for correcting care provider deficiencies when discovered.
 - II.) A location to lock up ILS/ALS supplies as well as a written policy governing the availability/accessibility of ILS/ALS supplies (specifically needles & medications).
 - III.) A policy mandating compliance with WREMS CME requirements.
 - IV.) A plan for maintaining training, CME and QA/QI records.
- 4.) All agencies must comply with applicable New York State Department of Health laws. It is the responsibility of the applying agency to obtain proper certifications as required by the New York State Department of Health.