



**EMS
DIVISION**

Administrative Policy Manual

2003

JOINT HOSPITAL PLANNING COUNCIL – EMS Resources

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ADMINISTRATIVE POLICY MANUAL
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JHPC
ADMINISTRATIVE POLICY MANUAL
SECTION 1
GENERAL INFORMATION

Policy # 1.1	Introduction
Policy # 1.2	Manual Objectives
Policy # 1.3	Mission and Value Statement
Policy # 1.4	Joint Hospital Planning Council

POLICY#: 1.1

SUBJECT: INTRODUCTION

POLICY:

It is the responsibility of the Joint Hospital Planning Council (JHPC) to develop and maintain an Administrative Manual intended to serve as a formal statement of approved policies, procedures, and practices.

This manual will provide all members of the EMS System, both hospital and prehospital representatives, with guidance and uniform knowledge for purposes of consistency in policy application.

RESPONSIBILITIES:

The JHPC is responsible for interpretation of this manual and for its publication and distribution. In addition, it is also responsible for assuring its conformance to all applicable JHPC and state OEMS Regulations.

It is the responsibility of the JHPC to annually review the Administrative Manual to determine subject areas where policies and practices should be adopted and revised.

It is the responsibility of the hospital and prehospital representatives to recommend revisions to established policies and procedures whenever such revisions are recognized as being desirable or necessary.

The JHPC Administrative Council will give final approval of all material to be included in the Administrative Manual.

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POLICY#: 1.2

SUBJECT: MANUAL OBJECTIVES

POLICY:

The objectives of the JHPC Administrative Manual are:

- To ensure uniform application and interpretation of JHPC policy and practice.
- To identify authority and responsibility for policy and procedure administration.
- To standardize the handling of recurring and new, unprecedented JHPC administrative matters.
- To provide a working guide for use in advising JHPC program members or staff and to serve as an information resource for new member organizations.
- To provide an established point of reference for use in auditing and determining the need for improving existing policies, procedures and practices.

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POLICY#: 1.3

SUBJECT: JHPC MISSION AND VALUES STATEMENT

POLICY:

MISSION

The JHPC Mission is to support, enhance and assure the provision of the highest quality of prehospital patient care through education and on-line medical direction to prehospital providers.

VALUES

CUSTOMER:

The customer, whether it be the EMS Provider, patient, family, or community they serve, is the focus of our collective efforts and commitment.

TEAM:

Each member of the JHPC is recognized as an important and equally vital member of the Team. Our success is based on each EMS member working together to improve the system and ultimately, patient care.

EXCELLENCE:

The JHPC is committed to fostering an environment where innovation, open communication, and purposeful/meaningful change will take place in meeting current and future challenges. Excellence is realized when each member is committed to the highest quality of prehospital care and EMS system improvement.

Endorsed by: Administrative Council - Medical Resource Council Date: 05/01/03

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POLICY #: 1.4

SUBJECT: Joint Hospital Planning Council

POLICY:

The Joint Hospital Planning Council (JHPC) is a consortium consisting of Bridgeport Hospital and St. Vincent's Medical Center. The JHPC has agreed to serve as the prehospital medical resource for the EMS community serving the Greater Bridgeport area.

RESPONSIBILITIES:

The JHPC provides the following to the EMS community on a consistent basis:

- Medical Control (on line/off line)
- Continuing Medical Education
- Quality Assurance Programs
- Program Development and EMS System Design
- Participation in all ongoing programs within the EMS community.

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POLICY# 2.1

SUBJECT: JHPC ADMINISTRATIVE COUNCIL

POLICY:

The JHPC Administrative Council acts as the administrative and clinical policy making and approval body for the JHPC.

OBJECTIVE:

The Administrative Council is responsible for:

- Approving all committee/subcommittee recommendations
- Revision/approval of JHPC policies
- Implementation/compliance to JHPC policy

STRUCTURE:

The JHPC Administrative Council is composed of one Administrative representative from each of the two participating hospitals and the JHPC Medical Director. Members of the Medical Resource Committee may also attend the meetings, as they will usually be conducted in conjunction with that meeting.

RULES OF ORDER:

Robert's rules of order will be followed with the single exception being that the Chairperson may discuss, vote, and make motions.

MEETINGS:

Meetings will be held annually, or may be called by the Chairperson as deemed necessary.

REPORTS:

The Administrative Council chairperson reports annually to the CEOs of the two participating hospitals.

MINUTES:

Minutes will be taken at each meeting and reviewed at subsequent meetings of the JHPC Administrative Council.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY#: 2.2

SUBJECT: Administrative Chairperson

POLICY:

The Administrative Chairperson is the overall administrative supervisor of the Medical Director, and the committees and sub-committees of the JHPC.

RESPONSIBILITIES:

The Administrative Chairperson is responsible for the following:

- Establishes long and short range objectives of the JHPC
- Delegates responsibility for achieving objectives.
- Overall supervision of the Medical Director in regards to non-clinical issues.
- Receives feedback from the EMS Coordinators as it pertains to their Joint Hospital Planning Council roles and responsibilities

REPORTS TO:

The CEOs of both hospitals.

TERM OF OFFICE:

The term of office for the Administrative Chairperson is two (2) years beginning October 1.

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POLICY #: 2.3

SUBJECT: JHPC MEDICAL RESOURCE COUNCIL

POLICY:

The JHPC Medical Resource Council is the JHPC Authority responsible for all matters pertaining to Medical Standards of pre-hospital Care.

OBJECTIVE:

This council serves as a valuable resource to the JHPC. The committee's work process begins with the establishment of objectives by the council Chairperson staff, and Council members, which will culminate in the submission of recommendations for consideration to the JHPC Administrative Council.

STRUCTURE:

- Membership of the JHPC Medical Resource Council will consist of the ED Chairman of the two participating hospitals.
- The two EMS Coordinator(s).
- The JHPC Medical Director.
- Immediate past JHPC Medical Director or Physician designated from that respective institution.

Voting privileges will be limited to the ED Chairpersons and the JHPC Medical Director. A simple majority vote will carry a motion. The JHPC Medical Director shall chair the Medical Resource Council.

RULES OF ORDER:

Robert's rules of order will be followed with the single exception being that the Chairperson may discuss, vote, and make motions.

MEETINGS:

Meetings will be held quarterly or when deemed necessary by the JHPC Medical Director or a ED Chairperson.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY#: 2.3

REPORTS:

The Medical Director will present reports to the Administrative Council.

MINUTES:

Minutes will be taken at each meeting and distributed to Medical Resource committee membership and the Administrative Council. Other persons under JHPC sponsorship may receive minutes by written request.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY#: 2.4

SUBJECT: JHPC MEDICAL DIRECTOR

POLICY:

The JHPC Medical Director is the physician responsible for insuring compliance for all clinical aspects of the EMS Programs in the Greater Bridgeport area.

In accordance with the State of Connecticut EMS Policy and Procedures Manual, Reference 403, Medical Direction parts IIIa and IIIc-i, referencing American College of Emergency Physicians Policy 400192, "Medical Direction of Emergency Medical Services," September 1997 (cited verbatim in **bold**), CEMSMAC believes the following:

Preamble: Because of rapidly changing technology and advances in EMS research, all aspects of the organization and provision of basic (including first responder) and advanced life support EMS require the active involvement and participation of physicians. The primary role of the medical director is to ensure quality patient care in all aspects of the EMS system, defined as including public awareness/education and citizen-responder programs, public safety answering points and dispatch centers, first responder agencies and personnel, transport agencies and personnel, and emergency medical receiving facilities. Responsibilities include involvement with the ongoing design, operation, evaluation, and revision of the EMS system from initial patient access to definitive patient care. Each EMS system should ensure that the medical director has authority over patient care, authority to limit immediately the patient care activities of those who deviate from established standards or do not meet training standards, and the responsibility and authority to develop and implement medical policies and procedures. The EMS medical director's qualifications, responsibilities, and authority must be delineated in writing within each EMS system. The EMS system has an obligation to provide the EMS medical director with the resources and authority commensurate with these responsibilities.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY #: 2.4

Role of the Sponsor Hospital

Is to provide support for the ED director in order that he be able to accomplish his obligations to the EMS system (s) he is responsible for.

EMS services have contracted with licensed hospitals (traditionally in their operating area) for medical direction services and quality assurance. The hospitals in turn have supplied the personnel (emergency physician department director (and/or his designee as well as a coordinator and others) to accomplish this. This system should continue since it appears to function well in this state to ensure proper oversight and quality of the EMS system.

Role of the EMS Medical Director

The medical director should have authority over all clinical and patient care aspects of the EMS system or service. The job description should include, as a minimum, the following qualifications and responsibilities.

Qualifications

Essential:

1. License to practice medicine or osteopathy in Connecticut.
2. Familiarity with the design and operation of prehospital EMS systems.
3. Experience or training in the prehospital emergency care of the acutely ill or injured patient.
4. Experience or training in medical direction of prehospital emergency units.
5. Active participation in the ED management of the acutely ill or injured patient.
6. Experience or training in the instruction of prehospital personnel.
7. Experience or training in the EMS quality improvement process.
8. Knowledge of EMS laws and regulations.
9. Knowledge of EMS dispatch and communications.
10. Knowledge of local mass casualty and disaster plans.

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POLICY #: 2.4

Desirable

1. Board certification in emergency medicine.

Responsibilities

1. Serve as patient advocates in the EMS system.
2. Set and ensure compliance with patient care standards including communications standards and dispatch and medical protocols. This includes protocols for transport and non-transport, interactions with other responders and agencies, utilization of on-line medical direction, and determination of patient destination.
3. Develop and implement protocols and standing orders under which the prehospital care provider functions.
4. Develop and implement the process for the provision of concurrent medical direction. This includes on-scene direction as well as direction from the receiving ED.
5. Ensure the appropriateness of initial qualifications of prehospital personnel involved in patient care and dispatch. Initial training, certification/licensure, and practice credentialing should be based on recognized national standards.
6. Ensure the qualifications of prehospital personnel involved in patient care and dispatch are maintained on an ongoing basis through education, testing, and credentialing.

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POLICY #: 2.4

7. Develop and implement an effective quality improvement program for continuous system and patient care improvement. The medical director should ensure that:
 - a) Measurable standards are established that reflect the goals and expectations of the EMS system and the local community.
 - b) A mechanism for data collection is established.
 - c) There is compliance with patient care protocols and standard operating procedures for dispatch and clinical patient care.
 - d) The educational system relays appropriate feedback and stimulates necessary changes to accomplish common goals.
 - e) Both positive reinforcement and corrective instruction are provided.
 - f) System efficacy and cost-effectiveness are analyzed with respect to patient outcome.
8. Promote EMS research.
9. Maintain liaison with the medical community including, but not limited to, hospitals, emergency departments, physicians, prehospital providers, and nurses.
10. Interact with regional, state, and local EMS authorities to ensure that standards, needs, and requirements are met and resource utilization is optimized.
11. Arrange for coordination of activities such as mutual aid, disaster planning and management, and hazardous materials response.
12. Promulgate public education and information on the prevention of emergencies.
13. Maintain knowledge levels appropriate for an EMS medical director through continued education.

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POLICY #: 2.4

Authority for Medical Direction

The medical director must have authority over all clinical and patient care aspects of the EMS system including, but not limited to, the following:

1. Recommend certification, recertification, and decertification of non-physician prehospital personnel to the appropriate certifying agency.
2. Establish, implement, revise, and authorize system-wide protocols, policies, and procedures for all patient care activities from dispatch through triage, treatment, and transport.
3. Establish criteria for level of initial emergency response (e.g., first responder, Basic EMT, EMT-Intermediate, Paramedic).
4. Establish criteria for determining patient destination.
5. Ensure the competency of personnel who provide concurrent medical direction to prehospital personnel.
6. Establish the procedures or protocols under which non-transport of patients may occur.
7. Require education and testing to the level of proficiency approved for the following personnel within the EMS system:
 - a. First Responders
 - b. EMTs, all levels
 - c. Paramedics
 - d. Nurses involved in prehospital care
 - e. Dispatchers
 - f. Educational coordinators
 - g. On-line physicians
 - h. Off-line physicians

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POLICY #: 2.4

8. Implement and supervise an effective quality improvement program for prehospital personnel. The medical director shall have access to all relevant records needed to accomplish this task.
9. Withhold medical direction from a provider as indicated (ref State statutes).
10. Set or approve performance standards for personnel involved in patient care.
11. Set or approve standards for equipment used in patient care.

Obligations of the EMS System

- A. The EMS system has an obligation to provide the medical director with the resources and authority commensurate with the responsibilities outlined above, including: A written agreement that delineates the medical director's authority and responsibilities and the EMS system's obligations.
- B. On behalf of the overall state EMS system, the state has an obligation to provide the sponsor hospitals with adequate financial resources to ensure their continued viability. The current pattern by which the hospitals bear the full cost of the sponsor hospital's activities is not financially viable, as the hospitals generally have no means by which to recover these expenses. While some hospitals may be able to pass some of the costs along to the sponsored services, this does little to relieve the overall financial burden on the EMS system, since the services similarly have no means to recover these expenses.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY # : 2.5

SUBJECT: JHPC PROGRAM DIRECTOR

POLICY:

The JHPC Program Director is responsible for the day to day administration of the JHPC.

QUALIFICATIONS:

- Currently certified/licensed Paramedic (eligible for State of Connecticut Certification)
- 5 years of field experience in the delivery of prehospital emergency care.
- 3 years of management experience in Emergency Medical Service system designs, education, and Quality Assurance.
- Certification as an EMS-Instructor, ACLS/PALS Instructor, PHTLS Instructor.
- Have a thorough understanding of current concepts and appropriate regulations on the regional, state and national levels.

RESPONSIBILITIES:

- Revise and insure compliance for the Medical Control Contracts between the JHPC and affiliated EMS services.
- Prepare financial reports and analysis on all program activities monthly.
- Perform quality assurance analysis of EMS services' activities as directed by the JHPC Medical Director.
- Design and coordinate all educational programs for advanced life support EMS personnel on an ongoing basis.
- Act as liaison to all basic EMT educational programs in the greater Bridgeport area and facilitate in-hospital clinical rotations for their students.
- Represent the JHPC at appropriate regional and state meetings.
- Develop and administer appropriate testing procedures to ALS personnel.
- Develop and perform studies and data analysis of aspects of the delivery of prehospital care.
- Develop and implement policies and procedures for the JHPC.
- Act as JHPC liaison to the City of Bridgeport and surrounding towns for the purpose of disaster management.

Endorsed by: Administrative Council - Medical Resource Council

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POLICY #: 2.5

- Serve as the JHPC representative on the City of Bridgeport's Local Emergency Planning Committee.
- Maintain licensed skills and perform appropriate patient care under the direction of the JHPC Medical Director.
- Administers, follows and, at a minimum of annually seeks to update and if necessary revise, the JHPC Administrative Manual.

REPORTS TO:

The JHPC Program Director is supervised by the chairperson of the Administrative Council and reports to the JHPC Administrative Council for all matters.

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POLICY #: 2.6

SUBJECT: JHPC COMMITTEE/SUB COMMITTEE

POLICY:

Committees of the JHPC will be considered a body of two or more persons, elected or appointed by (or by the direction of) the Administrative Council. They are formed to investigate and/or take action on certain matters or subjects.

OBJECTIVE:

Standing committee/sub committees and task forces report their findings and recommendations to the Administrative Council. Committee/sub committees may be empowered to act for the JHPC only on specific instructions or it may be given standing powers by the JHPC.

STRUCTURE:

The members of the committee/sub committee will be chosen so as to provide the strongest possible group for handling any task that may arise within the province of the committee/sub committee. If no Chairperson is designated the committee/sub committee has the right to elect its own chair. The committee/sub committee may be chaired by any of the members other than the JHPC Medical Director and JHPC Program Director as they will function as staff support and consultants.

RULES OF ORDER:

Roberts's rules of order will be followed unless excepted by policy for specific committee/sub committee.

MEETINGS:

Meetings will be called by the Chairperson or may occur on a predetermined basis.

REPORTS:

The report of any committee/sub committees will be considered an official statement, and submitted in the name of the informing committee/sub committee. The report will be presented to the Administrative Council for recommendations, action or formal adoption.

MINUTES:

Minutes will be recorded for all committee/sub committee meetings. Advanced copies of the minutes will be available for examination by members as designated by policy for specific committee/sub committee.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY #: 2.7

SUBJECT: COMMITTEE / SUB COMMITTEE CHAIRPERSON

POLICY:

The Chairperson is appointed or selected by a consensus of the committee / sub committee for a two-year term with eligibility for the duration of the committee/sub committee activities as determined by the council which formed it. The chairpersons' term may not exceed two 2-year terms.

RESPONSIBILITIES:

ESTABLISH OBJECTIVES:

Develop objectives based on the mission and long-range plan of the JHPC Program Director and task force activities and propose them to the appropriate Council through the Program Director and/or Medical Director.

Identify members of the committee/sub committee, and task force that will be required to complete objectives.

COMMUNICATE:

- Assist the staff in developing quarterly committee/sub committee Reports.
- Review and submit for approval, the annual committee/sub committee reports to the appropriate council through the Program Director and/or the Medical Director.
- Assist staff with response to committee/sub committee related correspondence and inquires.
- Evaluate the performance of committee/sub committee, and task force members.
- Promote leadership development by assigning increased responsibility to members who demonstrate leadership potential.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY #: 2.8

SUBJECT: COMMITTEE/SUB COMMITTEE MEMBER RESPONSIBILITIES

POLICY:

Committee/sub committee members will be recommended by the Chairperson and approved by the JHPC Administrative Council. Membership may be limited to terms consistent with those of the Chairperson.

RESPONSIBILITIES:

- Work cooperatively with other committee/sub committee members as needed.
- Assist the Chairperson in the development of objectives.
- Participate, as requested by the Chairperson, on specific task forces or subcommittees.
- Attend meetings on a regular basis.
- Abide by the rules of order of the committee/sub committee on which they serve.

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POLICY #: 2.9

SUBJECT: REPORT STRUCTURE OF THE JHPC EMS DIVISION

POLICY: This Policy delineates the individual report structure of key personnel and committees within the JHPC.

ADMINISTRATIVE COUNCIL

The Administrative Council reports to the CEO's of the two participating hospitals.

MEDICAL RESOURCE COUNCIL

The Medical Resource Council reports to the Administrative Council.

MEDICAL DIRECTOR

The Medical Director is responsible to the Administrative Council and receives direction on medical issues from the Medical Resource Council

PROGRAM DIRECTOR

The Program Director reports to the Administrative chairperson and Council for administrative issues and for all clinical issue reports to the Medical Director.

EMS COORDINATORS

In the absence of the JHPC Program Director the EMS Coordinators will report to the Administrative chairperson and Council for administrative issues and for all clinical issues reports to the Medical Director.

QUALITY ASSURANCE COMMITTEE

The Quality Assurance Committee reports to the Medical Resource Council.

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POLICY#: 2.10

SUBJECT: TERMS OF OFFICE

POLICY:

The term of office for the following positions of the JHPC will be for a period of two years commencing October 1.

- Administrative Council Chairperson
- Medical Director

At the conclusion of the term, the chairperson's position will move to the next hospital in the rotation. At no time will the above positions be held by members/employees of the same Hospital.

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POLICY #: 2.11

SUBJECT: POLICY REVISION/ADDITION

POLICY:

It is the policy of the JHPC Administrative Council to develop and maintain an Administrative Manual, which is intended to serve as a formal statement of approved administrative and operational policies, procedures, and practices concerning the EMS program.

This Administrative Manual will provide all members of the Administrative Council, Medical Resource Council, JHPC staff, and the EMS services with guidance and uniform knowledge for purposes of consistency in policy application.

RESPONSIBILITIES:

The JHPC Administrative Council is responsible for developing and maintaining this manual and for its publication and distribution. In addition, the JHPC Administrative Council is also responsible for assuring its conformance to all applicable regional and state EMS statutes, and the JHPC medical control contract.

It is the responsibility of the JHPC Administrative Council to regularly audit the Administrative Manual and determine subject areas where policies and practices should be adopted or revised.

It is the responsibility of the Medical Director and hospital EMS Coordinators to recommend revisions to established policies and procedures whenever such revisions are recognized as being desirable or necessary.

The EMS Coordinators will be responsible for the preparation of new or revised policy material, which will then be submitted, to the Administrative Council for review and approval. Any material with direct patient care or clinical implications will first have approval of the Medical Resource Council.

The JHPC Administrative Council will give final approval of material to be included in the Administrative Manual.

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JHPC
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SECTION 3

EMS PROGRAM ADMINISTRATION

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Policy # 3.11	Diversion of Patients in the Greater Bridgeport Area

POLICY #: 3.1

SUBJECT: JHPC PROVISION OF CONTROLLED SUBSTANCES

POLICY: The JHPC, through the Bridgeport Hospital Department of Pharmacy will provide controlled substances for use by Ambulance Services sponsored by the JHPC.

PROCEDURE:

Bridgeport Hospital Department of Pharmacy Responsibilities

1. A written agreement for the exchange of controlled substances shall exist between Bridgeport Hospital Department of Pharmacy and JHPC sponsored Ambulance Services.
2. The controlled substances may be exchanged only at Bridgeport Hospital Department of Pharmacy, the designated agent of the Joint Hospital Planning Council, EMS Division.
3. Ambulance Services are required to submit to Bridgeport Hospital Department of Pharmacy a form with the signature of each paramedic who will administer controlled substances. This form will be used for signature verification and will be updated by the Ambulance Services every four months.
4. The JHPC Medical Director, utilizing accepted protocol of the Southwestern Regional Council, will order controlled substances at his/her discretion.

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POLICY # 3.1

5. Controlled substances will be stored in secured medication kits.
 - a. Each kit will contain
 - two 10mg/cc, 2 (one)cc vials Morphine
 - two 5mg/cc, 2(two)cc diazepam syringes
 - two 1 mg/cc 5(five)cc vials Versed (Midazolam)
 - b. Each kit will be a clear box sealed by Bridgeport Hospital Department of Pharmacy
 - c. Each kit will be sealed and labeled with the initials of the person sealing the kit, the date sealed, and the earliest drug expiration date.
6. Two kits will be assembled by Bridgeport Hospital Department of Pharmacy for each Paramedic vehicle requiring controlled substances and will be distributed as described below.
 - a. The kits are assembled by the vault technician.
 - controlled substances are signed out of regular inventory and signed into the EMS kit inventory
 - Controlled substances are distributed to the Ambulance Service using the same controls that are in place for the patient care areas.
 - b. Only one kit may be maintained on any paramedic vehicle.
 - c. Replacement kits will be stored in the Bridgeport Hospital Department of Pharmacy controlled substance vault. Access is limited to authorized pharmacy personnel.
7. The kits will be accompanied by appropriate proof of use sheets at all times.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY #: 3.1

PARAMEDIC RESPONSIBILITIES:

1. **Single** use open kits are to be returned to the Bridgeport Hospital Department of Pharmacy as soon as possible following usage, within a maximum time of 24 hours. Anytime a seal to a kit is broken, that kit shall be returned for exchange regardless of drug usage. Open kits shall remain available for treatment of other patients until a new kit is obtained.

A new kit will be issued to the paramedic upon receipt of an opened kit on a one-to-one basis. Unused controlled substances and completed paperwork (proof of use sheet) must accompany the kit.

2. The proof of use record shall include the following.
 - time of administration
 - Last name, First name of patient
 - patient's address
 - date
 - name of medication and dosage administered
 - physician's full name
 - physician's signature
 - physician's base hospital
 - paramedic's signature and title

The completed proof of use record is returned to the Bridgeport Hospital Department of Pharmacy when the kit is exchanged and is kept on file for at least three years.

3. Any unused portion of controlled substances must be destroyed in the presence of the emergency department registered nurse or the physician at the receiving facility. Waste must be documented on the proof of use record and requires the signature of the paramedic and the registered nurse or physician.

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POLICY: # 3.1

4. Controlled substances must be kept in a double locked container within the paramedic vehicle. The paramedic vehicle must be kept locked at all times when unattended. The keys for this box must be in the personal possession of the paramedic on duty at all times.
5. A controlled substance count sheet will be signed by the off-going and oncoming paramedic at shift change. This sheet will remain with the controlled substances. The sheet will verify the number of kits, that all seals are intact, and that no drugs have reached their expiration dates.
6. When the vehicle is placed off service the keys for the double locked container will be secured with the ambulance administrator. A controlled substance count sheet will be completed by the off going paramedic and the administrator. When the vehicle is placed back on service, a controlled substance count sheet will be completed by the administrator and the oncoming paramedic and the keys will be transferred to the paramedic's responsibility.
7. Paramedic vehicles that contain controlled substances will be inspected on a monthly basis by the JHPC Program Representative. The inspection will be documented and the documentation stored by Bridgeport Hospital Department of Pharmacy for at least three years.

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POLICY#: 3.2

**SUBJECT: QUALITY ASSURANCE REVIEW PROCESS FOR THE EMS
PROVIDER**

POLICY:

A Quality Assurance (QA) Review Process will be initiated by the Medical Director when, after reviewing the facts surrounding an incident, a determination is made by the Medical Director that such action is warranted.

I. NOTIFICATION:

The EMS provider and EMS service representative will be notified in writing by the Medical Director of a QA issue. All known written materials, documents, and reports upon which the QA issue is based will be provided to the EMS provider and EMS Service representative.

II. HEARING:

A date, time, and location will be established by the Medical Director for a review session. The review session will be held within ten (10) business days after notification is given pursuant to Section I hereof. The Review Sessions will be conducted by the Medical Director, and may be attended the EMS Coordinator from the involved hospital, the EMS provider (s) and EMS Service representative.

III. CORRECTIVE ACTION:

At the conclusion of the review session the Medical Director will determine what, if any, corrective action will be initiated. The EMS provider may be required to participate in a remedial educational and/or skills session(s). The format and content of these sessions will be determined by the Medical Director and will be provided in writing to the EMS provider.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY #: 3.2

IV. COMPLIANCE WITH CORRECTIVE ACTION:

Any remedial education and or skill session(s), as well as pertinent field activities, in which the EMS provider is required to participate in, will be audited by the JHPC for up to sixty (60) calendar days to assure successful compliance with the corrective action. The matter will be considered closed if the audit indicates compliance with the corrective action and provided the EMS provider certifies to the JHPC Medical Director compliance with the corrective action and completion of all requirements. The EMS provider and the EMS representative will be notified in writing of this decision within three (3) business days after the matter is deemed closed. If the audit indicates non-compliance with the corrective action or, if the EMS provider fails to certify such compliance, the audit period may be extended for such additional period(s) as deemed prudent by the Medical Director.

V. SUSPENSION OF MEDICAL AUTHORIZATION:

ALS

The Medical Director may suspend medical control authorization when there is evidence of misconduct, deviation from accepted clinical treatment guidelines or conduct that poses an imminent danger to the public good. In addition, suspension of medical control authorization may occur if there is refusal to participate in the QA review process and/or if an attempt to address the issue through corrective action fails. The EMS provider and EMS service representative will be notified in writing of the initiation date and the duration of the suspension. Included in this notice will be the specific grounds and particular facts on which the action is being taken. In addition to suspension, the Medical Director may require that a corrective action be imposed and successfully completed by the EMS provider before the suspension is terminated. In such a case restoration of medical control authorization will not take place until an audit by the Medical Director indicates compliance with the corrective action and provided the EMS provider certifies to the JHPC Medical Director compliance with the corrective action and completion of all requirements.

Endorsed by: Administrative Council - Medical Resource Council

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POLICY #: 3.2

BLS

The Medical Director may request that the State Department of Public Health (DPH), Office of Emergency Medical Services (OEMS) to initiate an investigation when there is evidence of misconduct, deviation from accepted clinical treatment guidelines or conduct that poses an imminent danger to the public good. In addition, such request may occur if there is refusal to participate in the QA review process and/or if attempts to address the issue through corrective action fail. The EMS provider and EMS service representative will be notified in writing of the intent to request an official DPH/OEMS investigation.

VI. APPEALS PROCESS:

The EMS provider has the following rights of appeal of a suspension of such EMS provider's medical control authorization. There is no right to appeal the imposition of a corrective action plan.

A. HEARING:

The EMS provider may request a hearing with the Medical Director and the physician members of the Medical Resource Council, to review the decision of the Medical Director to suspend medical control authorization. This request must be made in writing within three (3) business days after the EMS provider receives notice of suspension and shall be made to the JHPC Program Office. The hearing shall be held within ten (10) business days after the EMS provider files a request for hearing with the JHPC Program Office. The suspension shall not take effect until there is a final decision following any such hearing except suspension shall be immediate in cases where the Medical Director determines that public safety may be jeopardized by such delay.

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B. CORRECTIVE ACTION:

Following the hearing referred to in the preceding paragraph A and following consultation with the Medical Resource Council, the Medical Director will determine whether the suspension of medical control authorization will stand as previously determined and whether any alteration in the corrective action, if any, is appropriate. The EMS provider will be notified in writing of the decision of the Medical Director within five - (5) business after the hearing referred to in paragraph A.

C. COMPLIANCE WITH CORRECTIVE ACTION:

Any remedial education and skills session(s), as well as pertinent field activities, in which the EMS provider is required to participate, will be audited by the JHPC Representative for up to sixty (60) calendar days to assure successful compliance with the corrective action. The matter will be considered closed if the audit indicates compliance with the corrective action and provided the EMS provider certifies to the JHPC Medical Director, compliance with the corrective action and completion of all requirements. The EMS provider and the EMS representative will be notified in writing within three (3) business days after the matter is deemed closed. If the audit indicates non-compliance with the corrective action or if the EMS provider fails to certify such compliance, the audit period may be extended for such additional period(s) as deemed prudent by the Medical Director.

VII. REINSTATEMENT OF MEDICAL CONTROL AUTHORIZATION:

A. APPLICATION

An EMS provider whose medical control authorization has been suspended and who has successfully completed a corrective action plan may apply in writing for reinstatement of medical control authorization to the Medical Director and the Medical Resource Council. Such application shall be sent to the JHPC Program Office.

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B. HEARING:

A hearing to consider a request for reinstatement shall be held before the JHPC Medical Director and with the assistance of the Medical Resource Council. Such hearing shall be held within ten (10) business days after the JHPC Program Office Director receives a request. During the hearing process, consideration will be given to the EMS provider successful compliance with any corrective action plan imposed. The EMS provider will be notified in writing of the decision of the Medical Director within five (5) business days after the hearing.

C. REAPPLICATION

Should the effort of the EMS provider for reinstatement be denied, the EMS provider may reapply for reinstatement no sooner than thirty (30) calendar days following the reinstatement process set forth above.

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POLICY# 3.3

**SUBJECT: SUSPENSION OF MEDICAL CONTROL AUTHORIZATION
FOR AN EMS SERVICE**

POLICY:

This is a policy to identify a process for suspension of Medical Authorization for an EMS Service.

I. NOTIFICATION:

If an EMS Service is found to be in noncompliance with the JHPC Medical Control Contract, notification will be forwarded to the EMS Service and town/city representative in writing. The notification shall contain specific concerns particular to the issue. The EMS Service and Town/City representative will be provided with any known written materials, reports, or documents upon which the violation is based.

II. MANDATORY MEETING:

The EMS Service and town/city representative will be notified, in writing, that a meeting must be scheduled with the JHPC within five (5) business days of receipt of notification of noncompliance. This meeting will address the specific areas of noncompliance and determine corrective action plan or potential suspension of Medical Control Authorization

III. CORRECTIVE ACTION:

The JHPC will specify, in writing, any and all corrective action(s) that must be met by the EMS Service. The EMS Service will have a period of five (5) business days to initiate the corrective action plan that will ensure compliance with the medical control contract..

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IV. COMPLIANCE WITH CORRECTIVE ACTION:

The EMS Service will be audited to assure successful compliance with the corrective action plan. The period of audit shall be specified as thirty (30) days. The issue shall be considered closed once the EMS Service establishes successful compliance with the corrective action. The EMS Service and the town/city representative will be notified in writing of this decision within three (3) business days of the successful conclusion of the audit.

V. SUSPENSION OF MEDICAL AUTHORIZATION:

ALS

If the EMS Service is found to be in noncompliance with the corrective action plan, or, if all attempts to address the issue are unsuccessful, Medical Control Authorization will be suspended from the EMS Service. The EMS service and town/city representative will be notified, in writing, of the date of the suspension. The date will be determined to allow the Service/Town thirty (30) days to arrange coverage of the PSA at a level that meets or exceeds the level of care formerly provided by the EMS Service. The JHPC will make every effort to assist the town in assuring that this coverage is established.

BLS

If the EMS Service is found to be in noncompliance with the corrective action, or, if all attempts to address the issue are unsuccessful, the Medical Director may request that the State Department of Public Health (DPH), Office of Emergency Medical Services (OEMS) initiate an investigation. The EMS service and Town/City representative will be notified, in writing, of the request for DPH/OEMS investigation.

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POLICY #: 3.3

APPEALS PROCESS:

In the event that Medical Control Authorization is suspended the EMS Service has the following rights under the appeals process:

I. HEARING:

The EMS Service Chief or town/city representative may apply, in writing, for a hearing to appeal the suspension. The application for appeal may be made through the JHPC Program Office. Participants in the hearing will be the town/city representative, the EMS Service Chief, the JHPC Medical Director, the Chairperson of the Administrative Council, and the JHPC EMS Coordinators. This hearing will be scheduled within five (5) business days of receipt of application from the EMS Service. During the appeals process, prior to the initiation by the service of any corrective action, Medical Control Authorization will remain under suspension.

II. CORRECTIVE ACTION:

Once all of the information has been considered, the Chairperson of the Administrative Council, and the Medical Director will determine what corrective actions must be initiated by the EMS Service to restore Medical Control Authorization. The EMS service will have a period of five (5) business days to initiate compliance with the corrective action plan.

III. COMPLIANCE WITH CORRECTIVE ACTION:

An audit will be performed of the EMS Service to assure successful compliance with the corrective action plan. The period of audit shall be specified as thirty (30) days. The issue will be closed once the EMS Service has assured the JHPC office of successful compliance with the conditions of the corrective plan. The EMS Service and the town/city representative will be notified in writing of this decision within three (3) business days of the successful conclusion of the audit.

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POLICY #: 3.3

REINSTATEMENT OF MEDICAL CONTROL AUTHORIZATION:

Application for reinstatement of medical control authorization may be made to the Medical Director and Chairperson of the Administrative Council through the Program Director.

REINSTATEMENT PROCESS:

I. HEARING:

The EMS Service Chief or town/city representative may apply, in writing, for a hearing, to obtain reinstatement of Medical Control Authorization. Participants in the hearing will be the town/city representative, the EMS Service Chief, the JHPC Medical Director, the Chairperson of the Administrative Council, and the JHPC EMS Coordinators. This hearing will be scheduled within five (5) business days of receipt of request for reinstatement. During the reinstatement process, prior to the initiation by the service of any corrective action, Medical Control Authorization will remain under suspension. During the hearing process, consideration be given to the EMS Services successful compliance with any corrective action plan.

II. REAPPLICATION FOR REINSTATEMENT:

Should the effort of the EMS Service for reinstatement be unsuccessful the EMS Service or town/city representative may reapply after thirty (30) days via the reinstatement process defined in this policy.

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POLICY #: 3.4

**SUBJECT: MEDICAL AUTHORIZATION FOR EMT-P ON OEMS
WAIVER STATUS**

POLICY: This policy will outline all steps necessary for an out of state EMT-P to obtain Medical Authorization through the JHPC.

PROCEDURE:

To obtain Medical Authorization through the JHPC the EMT-P candidate will submit the following to the JHPC:

- 1) A letter of affiliation from a Service providing EMT-P level care in the JHPC Medical Control area.
- 2) A letter or valid EMT-P license from the state OEMS verifying EMT-P status.

In addition the EMT-P candidate must fulfill the following requirements:

- 1) Successful completion of a written examination administered by the JHPC.
- 2) Perform four (4) hours of observation time in the emergency departments of St.Vincent's Medical Center and Bridgeport Hospital.
- 3) Submission of documentation of at least ten (10) successful endotracheal intubations. In the absence of documentation, a clinical rotation will be arranged through the JHPC offices to accomplish this skill requirement in a supervised setting.
- 4) Personal interview with the JHPC Medical Director
- 5) Completion of all necessary applications for the Southwestern Regional Medical Authorization.

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POLICY #: 3.5

**SUBJECT: MEDICAL AUTHORIZATION FOR OUT OF REGION
EMT-P**

POLICY: This policy will outline all steps necessary for an out of Region EMT-P to obtain Medical Authorization through the JHPC.

PROCEDURE:

To obtain Medical Authorization through the JHPC the EMT-P candidate will submit the following to the JHPC:

- 1) A letter of affiliation from a Service providing EMT-P level care in the JHPC Medical Control area.
- 2) Submission of a copy of a valid license as an EMT-P in the State of Connecticut
- 3) Documentation of at least ten (10) successful endotracheal intubations. In the absence of documentation, a clinical rotation will be arranged through the JHPC.
- 4) Documentation of current CME accruals from the candidates former sponsor hospital program.

In addition the EMT-P candidate must fulfill the following requirements:

- 1) Successful completion of a written examination administered by the JHPC.
- 2) Perform four (4) hours of observation time in the emergency departments of St.Vincent's Medical Center and Bridgeport Hospital.
- 3) Personal interview with the JHPC Medical Director.
- 4) Completion of all necessary applications for Southwestern Regional Medical Authorization.

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POLICY #: 3.6

**SUBJECT: MEDICAL AUTHORIZATION FOR OUT OF REGION
EMT-I**

POLICY: This policy will outline all steps necessary for an out of Region EMT-I to obtain Medical Authorization through the JHPC.

PROCEDURE:

To obtain Medical Authorization through the JHPC the EMT-I candidate will submit the following to the JHPC:

- 1) A letter of affiliation from a Service providing EMT-1 level in the JHPC Medical Control area.
- 2) A copy of a valid certification as an EMT-I in the state of Connecticut.
- 3) Submission of documentation of at least 12 successful IV starts. In the absence of documentation a clinical rotation will be arranged through the JHPC.
- 4) Documentation of current CME accruals from the candidates former sponsor hospital program.

In addition the EMT-I candidate must fulfill the following requirements:

- 1) Successful completion of a written examination administered by the JHPC.
- 2) Perform four (4) hours of observation time in the emergency departments of St. Vincent's Medical Center and Bridgeport Hospital.
- 3) Personal interview with the JHPC Medical Director.
- 4) Completion of all necessary applications for Southwestern Regional Medical Authorization.

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POLICY #: 3.7

SUBJECT: REINSTATEMENT OF MEDICAL AUTHORIZATION FOR THE ALS PROVIDER < 120 DAYS

POLICY: This policy will outline all steps necessary for an ALS Provider to regain Medical Authorization through the JHPC after an inactive period of equal to or less than 120 days.

PROCEDURE:

To obtain reinstatement of Medical Authorization through the JHPC the ALS candidate will submit the following to the JHPC:

- 1) A letter of affiliation from a Service providing an advanced level of care in the JHPC Medical Control area.
- 2) Submission of a copy of a valid certification / license as an EMT-I or EMT-P in the state Connecticut.
- 3) Documentation of current CME accruals for the period of inactivity.

In addition the ALS candidate must fulfill the following requirements:

- 1) Personal interview with the JHPC Medical Director
- 2) Completion of all necessary applications for Southwestern Regional Medical Authorization.

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POLICY#: 3.8

SUBJECT: REINSTATEMENT OF MEDICAL AUTHORIZATION FOR THE ALS PROVIDER > 120 DAYS

POLICY: This policy will outline all steps necessary for an ALS Provider to regain Medical Authorization through the JHPC after an inactive period greater than 120 days or has an expired Medical Authorization card from the Southwestern Region.

PROCEDURE:

To obtain reinstatement of Medical Authorization through the JHPC the ALS provider candidate will submit the following to the JHPC:

- 1) A letter of affiliation from the Service that is providing an ALS level of care in the JHPC Medical Control area.
- 2) Submission of a copy of a valid license / certification as an ALS provider in the state of Connecticut.
- 3) Documentation of current CME accruals for the period of inactivity.

In addition the ALS provider candidate must fulfill the following requirements:

- 1) Successful completion of a written examination administered by the JHPC.
- 2) Interview with the JHPC Medical Director or his designee
- 3) Completion of all necessary applications for Southwestern Regional Medical Authorization.
- 4) A demonstration of skill proficiency may be required.

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POLICY # 3.9

SUBJECT: EMT-I RECERTIFICATION

POLICY: This policy will outline all the steps necessary for an EMT-I to recertify both state certification and Medical Authorization through the JHPC.

PROCEDURE:

To obtain State Recertification and Medical Authorization through the JHPC the EMT-I candidate must submit the following to the JHPC:

- 1) A letter of affiliation from a Service providing EMT-I level care in the JHPC Medical Control area.
- 2) A copy of a valid certification as an EMT-I in the state of Connecticut.
- 3) Documentation of current CME accruals (must meet state OEMS criteria).

In addition the EMT-I candidate must fulfill the following requirements:

- 1) Successful completion of a written examination administered by the JHPC.
- 2) A demonstration of skill proficiency in the following areas:
 - a) IV and Blood draw
 - b) MAST
 - c) Patient Assessment/treatment modalities
 - d) Airway adjuncts
- 3) Completion of all necessary applications for Southwestern Regional Medical Authorization.

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POLICY#: 3.10

SUBJECT: EMT-P RECERTIFICATION OF MEDICAL AUTHORIZATION

POLICY: This policy will outline the all steps necessary for an EMT-P to recertify both state certification and Medical Authorization through the JHPC.

PROCEDURE:

To obtain State Recertification and Medical Authorization through the JHPC the EMT-P candidate submit the following to the JHPC:

- 1) A letter of affiliation from a Service providing EMT-P level care in the JHPC Medical Control area.
- 2) Submission of a copy of a valid license / certification as an EMT-P in the state of Connecticut.
- 3) Documentation of current CME accruals for the period of inactivity.

In addition the EMT-P candidate must fulfill the following requirements:

- 1) Successful completion of a written examination administered by the JHPC.
- 2) A demonstration of skill proficiency in the following areas:
 - a) Endotracheal intubation
 - 1) Perform IV/IM/SQ medication administration.
 - c) PASG application
 - d) Perform Defibrillation/Cardioversion
- (3) Completion of all necessary applications for Southwestern Regional Medical Authorization.

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POLICY #: 3.11

SUBJECT: DIVERSIONS OF PATIENTS IN THE GREATER BRIDGEPORT AREA

POLICY:

When both St. Vincent's Medical Center and Bridgeport Hospital are on Diversion Status and they have determined that the demand for service exceeds their established criteria for safe patient management in any/all of the respective categories, Phase III Diversion Status will be implemented. The EMS services will transport Priority II and Priority III patients to Danbury Hospital, Milford Hospital (psychiatric and alcohol abuse patients will not be diverted to Milford Hospital), Griffin Hospital or Norwalk Hospital.

PROCEDURE:

These guidelines will enable the Emergency Departments of St. Vincent's Medical Center and Bridgeport Hospital to temporarily divert incoming ambulances for the following individual patient categories: **Cardiac, Trauma, Psychiatric, CT scan or General** (*all patient categories*).

In diversion situations there will be a designated contact person within St. Vincent's Medical Center and Bridgeport Hospital for clinical and administrative decisions. The Emergency Department Nurse Manager in concert with the Emergency Physician on duty will be responsible for contacting the appropriate person(s) at the prospective receiving hospital(s).

Operational Criteria

Phase I – Diversion Alert Status

This alert phase will be implemented when one hospital determines that the demand for service is **close** to exceeding their established criteria for safe patient management in any/all of the respective categories. During Diversion Alert Phase, each hospital, at intervals not to exceed four hours, will reconfirm bed availability and keep the other hospital apprised of its status. This function is the responsibility of the Nurse Manager or Nurse in-charge at each hospital.

(NOTE: During this phase, the hospital does not notify Southwest Regional Communications Center - C-Med).

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Phase II -- Diversion

Once St. Vincent's Medical Center or Bridgeport Hospital upgrades to Diversion, after determining that the demand for service **exceeds** their established criteria for safe patient management in any/all of the respective categories, the following procedure will be implemented:

1. The other Bridgeport area hospital shall be contacted to confirm their diversion status and bed availability.
2. The diverting hospital shall notify the Southwest Regional Communications Center (C-Med) of their diversion status.
3. The EMS crew will determine the patient's triage criteria based upon standard EMS policy and procedure.
4. A radio patch will be established with the medical control physician of the anticipated receiving hospital, via the C-Med radio prior to departure from the scene.
5. Diversion status will be re-evaluated by the diverting institution every four hours. Notification will be made to C-Med. at four-hour intervals. If notification is not received by C-Med., the diverting hospital will automatically be taken off diversion status and will receive all categories of patients.
6. If both St. Vincent's Medical Center and Bridgeport Hospital go on diversion under the same category in Phase II of diversion, and capacity or acuity exceeds the ability for both hospitals to provide safe care, one of the following must occur:
 - a. Both hospitals will come off of diversion and will work in conjunction with C-Med. to maintain a systematic distribution of patients to each hospital.
In general this will mean that a patient who has had previous care or is affiliated with a physician at a hospital and requests transport to that hospital the patient should be accommodated at that hospital. Unassigned patients, or those presenting with psychiatric or substance abuse issues should be assigned on an every other rotation basis.
 - b. Phase III, Regional Diversion of this plan will be implemented.

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Phase III—Regional Diversion

In the event that both St. Vincent's Medical Center and Bridgeport Hospital are on diversion and both are unable to accept any additional patients, **out of region diversion may be implemented once approval is granted by hospital administration.**

1. Both hospitals will work out a plan to contact Norwalk Hospital, Milford Hospital, Griffin Hospital and Danbury Hospitals to ascertain their ability to receive patients and inform them of the potential need to divert patients to their institutions. This information will then be communicated between both ED nurse managers or their designee.
2. The ED manager of both hospitals or their designee shall notify the Southwest Regional Communications Center (C-Med) of the need to regionally divert patients and what hospitals have agreed to accept diverted patients.
3. The EMS crew will determine the patient's triage criteria and category based on EMS policy and procedure.
4. **The Medical Control Physician will provide the EMS unit with the name of the hospital(s) which have agreed to accept diverted patients.** The EMS crew, in consultation with the patient, will decide the hospital destination.
5. The EMS crew will establish radio contact with the receiving hospital to inform them that they are coming to their facility and to communicate pertinent patient information. Medical Control will remain the responsibility of the JHPC.
6. In the event of radio/communication failure, the Medical Control Physician or his/her designee will be responsible for communicating all information to the receiving hospital.

NOTE: A hospital may elect to cancel diversion status at any time by re-contacting the other hospital(s) and advising them of their change in situation. Notification to the C-Med will be made by the hospital initiating the cancellation.

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Exceptions:

All patients who are designated Priority 1, as defined by the Southwest Regional Radio Traffic Category Guidelines, will be taken to the nearest hospital regardless of diversion status.

(Bridgeport Hospital does not divert pediatric or burn patients unless specified prior to upgrading to regional diversion status).

NO EMERGENCY DEPARTMENT WILL REFUSE TO TREAT ANY PATIENT WHO ARRIVES AT ITS FACILITY, REGARDLESS OF DIVERSION STATUS.

During Phase III Diversion Status the following procedure will be implemented:

1. Upon arrival at the scene the EMS crew will determine if the patient fits the diversion criteria (see attached). If so when the hospital on diversion is requested, or is the nearest facility, the EMS crew will establish a patch with Medical direction via EMCC radio contact. The patch should be made while on the scene, as soon as possible, for determination of patient destination.
2. The Medical Control Physician will provide the EMS unit with the name of the hospital(s) which have agreed to accept diverted patients. The EMS crew, in consultation with the patient, will decide the hospital destination.
3. The EMS crew will establish radio contact with the receiving hospital to inform them that they are coming to their facility and to communicate pertinent patient information. Medical Control will remain the responsibility of the JHPC.

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JHPC
ADMINISTRATIVE POLICY MANUAL

SECTION 4

EDUCATION

- Policy # 4.1 Clinical Rotation Policy for EMT Basic
- Policy # 4.2 Clinical Rotation Policy for EMT-Intermediate
- Policy # 4.3 Clinical Rotation Policy for EMT Paramedic

POLICY#: 4.1

SUBJECT: JHPC CLINICAL ROTATION POLICY FOR EMT BASIC

To provide the opportunity for the Emergency Medical Technician/Student to fulfill OEMS requirements for 10 hours of clinical experience in an Emergency Department, and to assure adequate supervision of the Emergency Medical Technician by hospital personnel.

OBJECTIVES:

1. To expose the student to the types of injury and disease commonly encountered by the EMT.
2. To provide a controlled environment through which students will be able to assess and when permitted to assist in the treatment of patients under the direct supervision of nurses, physicians and specified preceptors.

REQUIREMENTS:

1. Student must be enrolled in an EMT course within the JHPC sponsor hospital area or in a class previously approved by the JHPC EMS Division. The student must have completed the Basic Cardiac Life Support component of the EMT Program.
2. Age restriction: 18 or older (under 18 will be acceptable if already approved under the OEMS age waiver system).
3. Hospital time must be scheduled for students in advance with the EMS-I. The EMS-I will submit the completed JHPC rotation sheets to the JHPC office at least one week prior to start of rotations.
4. Only one EMT student from any EMS program will be permitted in the Emergency Department at any one time.

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5. Dress code will be adhered to as follows:

Students will provide their own white jackets and name tag.

- * Male -- Collared shirts and dress slacks
- * Female -- Skirt or Dress or Dress slacks
- * **NO high heeled shoes** * **NO jeans**
- * **NO sneakers** * **NO weapons in patient care area**

6. EMT must sign in and out in Logbook located in the nurses station at Bridgeport Hospital and with the Security Department at St Vincent's Medical Center

7. The student may be assigned to a preceptor for the duration of time in the Emergency Department.

8. Students arriving late or improperly dressed will be asked to leave. Students must contact the JHPC office prior to the start of their scheduled rotation to report absences. Rescheduling of rotations will be at the discretion of the JHPC.

STUDENT ORIENTATION:

1. A verbal introduction will be made to the Charge Nurse, Physician on duty, Staff Members and the EMS Coordinator/Director

2. The student will be given a tour of the Emergency Department.

OBSERVATION AND EXPERIENCE:

At the discretion and the direction of the Registered Nurse preceptor or physician on duty the EMT student may participate in the following:

- * Make up stretchers * Apply Ace bandages, slings and splints
- * Assist with CPR * Hold patients limb for casts, sutures,
- * Take vital signs * Help move patients
- * Apply cold packs * Administer oxygen
- * Listen to heart and lung sounds
- * Observe and assist in patient triage
- * Observe and/or assist Physician in taking patient history

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY#: 4.2

SUBJECT: JHPC CLINICAL ROTATION POLICY FOR EMT INTERMEDIATE

PURPOSE:

To provide the opportunity for the Emergency Medical Technician Intermediate/Student to fulfill the requirements of clinical experience in an Emergency Department, and to assure adequate supervision of the Emergency Medical Technician Intermediate by hospital personnel.

OBJECTIVES:

To provide a controlled environment through which students will be able to assess and, when permitted, to assist in the administration of IV therapy for patients under the direct supervision of nurses, physicians and specified preceptors.

REQUIREMENTS:

1. Student must be enrolled in the JHPC EMT-I course or in a class previously approved by the JHPC EMS Division. The student must have completed the Basic Cardiac Life Support component of the program.
2. Age restriction: 18 or older (under 18 will be acceptable if already approved under the OEMS age waiver system).
3. Hospital time must be scheduled for students in advance with the EMS-I. The EMS-I will submit the completed JHPC rotation sheets to the JHPC office at least one week prior to start of rotations.
4. Only one EMT-I student from any EMS program will be permitted in the Emergency Department at any one time.

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY#: 4.2

5. Dress code will be adhered to as follows:

Students will provide their own white jackets and name tag.

- * Male -- Collared shirts and dress slacks
- * Female -- Skirt or Dress or Dress slacks
- * **NO high heeled shoes** * **NO jeans**
- * **NO sneakers** * **NO weapons in patient care area**

6. EMT-I must sign in and out in Logbook located in the nurses station at Bridgeport Hospital and with the Security department at St Vincent's Medical Center

7. The student may be assigned to a preceptor for the duration of time in the Emergency Department.

8. Students arriving late or improperly dressed will be asked to leave. Students must contact the JHPC office prior to the start of their scheduled rotation to report absences. Rescheduling of rotations will be at the discretion of the JHPC.

STUDENT ORIENTATION:

1. A verbal introduction will be made to the Charge Nurse, Physician on duty, Staff Members and the EMS Coordinator/Director
2. The student will be given a tour of the Emergency Department.

OBSERVATION AND EXPERIENCE:

At the discretion and the direction of the Registered Nurse preceptor or physician on duty the EMT student may participate in the following:.

- * Administer IV therapy
- * Observe and/or assist Physician in taking patient history
- * Take vital signs
- * Listen to heart and lung sounds
- * Assist with CPR
- * Administer oxygen

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY #: 4.3

SUBJECT: JHPC CLINICAL ROTATION POLICY FOR EMT PARAMEDIC

PURPOSE: To provide the opportunity for the Emergency Medical Technician Paramedic/Student to fulfill the requirements of clinical experience in a multi departmental hospital setting, and to assure adequate supervision of the Emergency Medical Technician Paramedic by hospital personnel.

OBJECTIVES:

To provide a controlled environment through which students will be able to assess and to assist in the treatment of patients under the direct supervision of nurses, physicians and specified preceptors.

REQUIREMENTS:

1. Student must be enrolled in a course previously approved by the JHPC EMS Division. The student must have completed lecture and skill practice to prepare them for specific clinical activities.
2. Age restriction: 18 or older (under 18 will be acceptable if already approved under the OEMS age waiver system).
3. Hospital time must be scheduled for students in advance with EMS-I. The EMS-I will submit the completed JHPC rotation sheets to the JHPC office at least one week prior to start of rotations.
4. Only one EMT-P student from any EMS program will be permitted in any one clinical setting at any time.
5. Dress code will be adhered to as follows:
Students will provide their own white jackets and name tag.
 - * Male -- Collared shirts and dress slacks
 - * Female -- Skirt or Dress or Dress slacks
 - * **NO high heeled shoes** * **NO jeans**
 - * **NO sneakers** * **NO weapons in patient care area**

Endorsed by: Administrative Council - Medical Resource Council

Date: 05/01/03

POLICY # 4.3

6. The student may be assigned to a preceptor.
7. Students arriving late or improperly dressed will be asked to leave. Students must contact the JHPC office prior to the start of their scheduled rotation to report absences. Rescheduling of rotation will be at the discretion of the JHPC.

STUDENT ORIENTATION:

1. A verbal introduction will be made to the Charge Nurse, Physician on duty, Staff Members and the EMS Coordinator/Director.
2. The student will be given a tour of the clinical area.

OBSERVATION AND EXPERIENCE:

At the discretion and the direction of the Registered Nurse preceptor or physician on duty the EMT-P student may participate/perform skills in the following seven clinical areas:

I. EMERGENCY DEPARTMENT SPECIFIC ACTIVITIES

1. Participate in rounds and utilize the attending physician and house staff as an educational resource.
2. Perform patient assessment techniques under the direction of an attending physician.
3. Assist the Emergency Department nurse at the triage desk in history taking and vital signs.

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4. When possible the student will perform or assist in the following procedures
 - a) Airway management and ventilation, oxygen administration, suctioning and intubation (all invasive skills at the discretion of the Physician).
 - b) CPR
 - c) IV therapy inclusive of blood draws
 - d) Defibrillation/Cardioversion
 - e) Perform and analyze EKGs
 - e) External pacing
 - f) Medication administration

II. INTENSIVE CARE UNITS SPECIFIC ACTIVITIES

1. Participate in morning rounds and utilize the attending physician and house staff as an educational resource.
2. Review the charts of the unit patients with specific emphasis on history, physical findings, EKG and blood gas data and treatment modalities
3. Perform physical assessment procedures inclusive of neuro exams, breath and heart sounds, abdominal exam's under the supervision of the attending physician or house staff physicians.

III OB/GYN SPECIFIC ACTIVITIES

1. Utilize attending physicians, nurses, and house staff as an educational resource
2. Observe the various stages of labor.
3. Observe deliveries and post natal care
4. Participate in educational forum while on rotation

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IV. PEDIATRICS SPECIFIC ACTIVITIES

1. Utilize attending physicians, nurses, and house staff as an educational resource
2. Work under the direction of the attending physician, nurses and house staff in the assessment and treatment of pediatric patients.
3. Respond with the on call pediatric attending for emergency department calls when possible.
4. When deemed appropriate by the pediatric attending physician, draw blood and establish peripheral IVs on selected pediatric patients.

V. OPERATING ROOM SPECIFIC ACTIVITIES

1. Utilize attending physicians, nurses, and house staff as an educational resource
2. Assist ventilations, suction and intubate selected patients under the direction of an anesthesiologist
3. When possible observe the emergency surgical intervention procedures and be familiarized with the thoracic and abdominal cavities.

VI. PATHOLOGY SPECIFIC ACTIVITIES

1. Observe an autopsy under the supervision of a pathologist. The emphasis will be on gross anatomy and pathophysiology of organ systems
1. Observe the effects of trauma and/or disease on various organs

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POLICY # 4.3

VII: BURN UNIT SPECIFIC ACTIVITIES

1. Work under the direction of the attending physician and nurses in the assessment and treatment of burn patients.
2. Respond with the on call attending physician for emergency department calls when possible.
3. Observe the specific infection control procedures utilized by the burn unit.

VII. PSYCHIATRIC UNIT SPECIFIC ACTIVITIES

1. Observe patient interviews and utilize the psychiatric attending as an educational resource
2. When possible participate in patient rounds.
3. Attend continuing medical education on psychiatric topics.

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