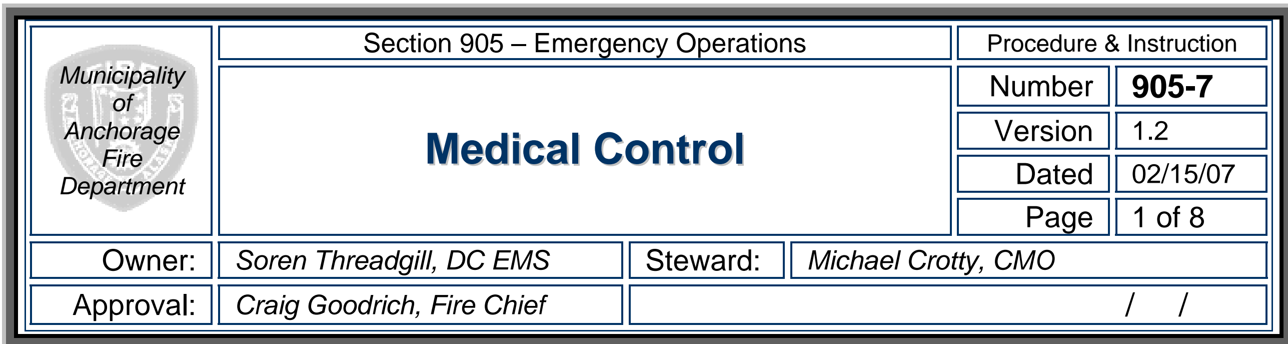

Municipality of Anchorage Fire Department	Section 905 – Emergency Operations	Procedure & Instruction	
	Medical Control	Number	**905-7**
		Version	1.2
		Dated	02/15/07
		Page	1 of 8
Owner:	*Soren Threadgill, DC EMS*	Steward:	*Michael Crotty, CMO*
Approval:	*Craig Goodrich, Fire Chief*		/ /

Purpose

To establish the authority of the Emergency Medical Services Board (EMSB) concerning AFD EMS issues

To provide rules and guidelines for EMT and Paramedic certification, medical performance and proficiency.

To establish hierarchal medical authority for patient care issues within the department

Policy

The Anchorage Fire Department shall provide for professional guidance and oversight of its Emergency Medical Services.

The Emergency Medical Services Board (EMSB) is given authority (in conjunction with the DC of EMS and the AFD Medical Director) in the area of medical practice by AFD members as described herein.

It is the policy of the Anchorage Fire Department to provide professional and compassionate emergency medical care to our community

Contents

1.0 Authority to Practice 2
2.0 Sponsorship 2
3.0 EMT Training and Certification 3
4.0 MICP Training and Certification 3
5.0 Medical Proficiency and Performance 4
6.0 Standing Medication Orders and Treatment Protocols 6
7.0 Lines of Medical Authority 7
8.0 Version History 8

Procedure & Instruction

1.0 Authority to Practice

1.1 Emergency Medical Service takes place by authority of the Fire Chief, and under the supervision of the Anchorage Fire Department Deputy Chief of EMS.

1.2 The authority of the EMS Board (through their agent, the Medical Director of the AFD) applies to any response-related medical activity in fire suppression, communications, and other operations of the AFD (AMC 16.95).

1.3 EMS Board authority over EMS practice is directly reflected in three forms:

1) Provision of sponsorship, under State of Alaska medical licensing and certification regulations, for each:
    a) Mobile Intensive Care Paramedic (MICP)
    b) Emergency Medical Technician (EMT)
    c) Emergency Trauma Technician (ETT)
2) Certification of medical training.
3) Oversight of written standing medication orders and treatment protocols.

2.0 Sponsorship

2.1 Sponsorship and medical control supervision is formally provided on a day to day basis under the physician license of the Anchorage Fire Department Medical Director. In practice, however, sponsorship policy and procedures are a function of the EMSB as a whole.

2.2 The sponsorship role of the EMS Board includes the authority and responsibility to investigate any suspected problem brought before them by the Medical Director that could compromise medical care.

2.2.1 Examples of issues subject to investigation include, but are not limited to: medical proficiency or performance, medical ethics, and substance abuse.

2.3 Such an investigation may result in limitation of practice or suspension of sponsorship.

2.3.1 Suspension of sponsorship or limitation of practice may be initiated by the Medical Director. Any such suspension or limitation may be adjudicated by the EMS Board at their next full meeting.

2.3.2 Job suspension, limitation of practice, or disciplinary action may be initiated by the Department, and must be consistent with department policies, the IAFF contract and MOA personnel rules.

2.4 The Medical Director is obligated to report any suspension (or other action related to an issue that could potentially affect MICP license status) to the State Medical Board, or, in situations involving EMT or ETT certification, to the State Community Health and Emergency Medical Services Section.

2.5 Present EMS Board policy is that sponsorship of both Anchorage Municipal certification and State of Alaska licensure or certification cease when a MICP, EMT, or ETT leaves the Department.

3.0 EMT Training and Certification

3.1 An EMT or ETT who is employed by the Department and sponsored by the EMS Board is granted municipal certification. Renewal of municipal certification involves four elements:

1) Current State of Alaska certification
2) Completion of annual training hour requirements
3) Satisfactory participation in a multi-faceted on-going education and testing process conducted under supervision of the Board.
4) The EMS Board's continuing satisfaction that the technician meets proficiency standards.

4.0 MICP Training and Certification

4.1 A MICP who is employed by the Department, successfully completes an AFD Paramedic Internship, and is sponsored by the EMS Board is granted municipal paramedic certification. Renewal of municipal paramedic certification involves five elements:

1) Current State of Alaska licensure
2) Completion of annual training hour requirements.
3) Satisfactory participation in a multi-faceted on-going education and testing process conducted under supervision of the EMS Board.
4) The EMS Board's continuing satisfaction that the paramedic meets proficiency standards.
5) Satisfactory completion and documentation of biannual (every six (6) months) Patient Contact requirements for MICP's that meet the applicability standard in section 4.2

4.2 Patient Contacts are an element of the certification and credentialing process that applies to MOA certified AFD MICP's as follows:

1) FF rank MICP's who hold a PM II or PM III incentive and *are* assigned to an MICU/ALS Engine rotation are exempt from Patient Contact documentation requirements.
2) FF rank MICP's who hold a PM I incentive and *are not* assigned to an MICU/ALS Engine rotation shall document and submit a biannual requirement of Patient Contacts.
3) A biannual requirement to document and submit Patient Contacts shall apply to:
    a) Alternate Rank MICP's (Engineer, Captain and Senior Captain)
    b) Chief Medical Officers

4.3 Patient Contact requirements shall be the responsibility of the employee and:

1) Be defined and specified by current EMS Memo (type and number required, for example)
2) Be documented by the MICP on an approved AFD form.
3) Be submitted biannually on May 1st and November 1st to the shift CMO(s) for review, and approval by the DC/EMS and/or the AFD Medical Director
4) Be forwarded by the EMS Division to the Training Center for record keeping.

4.4 Biannual submission requirements

4.4.1 MOA Certified AFD MICP's who do not properly submit Patient Contact requirements in a single biannual period may have that period's requirement added to the following period's requirement at the discretion of the shift CMO(s).

4.4.2 Patient Contact requirements beyond one year out of currency will require counseling and may result in a specific work plan, suspension and/or revocation of MOA MICP certification. In all such instances, CMO(s) shall review the circumstances, and forward recommendations to the DC/EMS.

4.5 Patient Contact requirements and MICU ride time assignments

4.5.1 It is expected that MICP's shall fulfill their patient contact requirements within their assigned station and/or assignment by:

1) ARP's and FF rank MICP I personnel assigned to an Engine Company may assume responsibility for patient care when corresponding with an MICU with the concurrence of the MICP assigned to the MICU and accompanying the patient to the hospital
2) FF rank MICP I personnel may also assume responsibility for patient care when routinely assigned to an MICU in the EMT role.

4.5.2 MOA certified AFD MICP's who are unable to document Patient Contact requirements may be temporarily assigned to an MICU to accumulate the necessary Patient Contacts:

1) Firefighter ranked MICP's that are not in an MICU/ALS Engine Co. rotation may be assigned to any MICU, and may be assigned as the second or third person at the discretion of the shift CMO(s)
2) Alternate ranked MICP's may be assigned as a third person to an MICU

4.5.3 MICU ride time shall be scheduled as necessary to accomplish Patient Contact requirements

4.5.4 MICP's assigned to an MICU solely to accomplish Patient Contact requirements will not routinely be evaluated

5.0 Medical Proficiency and Performance

5.1 MICP's, EMTs and ETTs are expected to demonstrate an acceptable level of medical proficiency and performance at all times.

5.2 Medical proficiency and/or performance deficiencies by Paramedic, EMT or ETT providers may be identified by several methods:

1) Peer, public or medical community complaints
2) Quality Improvement activities:
    a) PCR reviews
    b) EMS Data analysis
    c) Field observation by Chief Medical Officers and/or Medical Director

5.3 Medical performance and/or proficiency deficiencies will be reported to Chief Medical Officers who shall gather information, make determinations in consultation with Deputy Chief of EMS and/or the AFD Medical Director, and initiate appropriate action.

5.3.1 Chief Medical Officers shall thoroughly document all medical performance and/or proficiency issues

5.3.2 In any instance of an assertion of deficient performance that is determined to be unfounded, the circumstances and determination shall be thoroughly documented by a Chief Medical Officer

5.4 Medical proficiency and/or performance deficiencies may be divided into three (3) categories:

1) Minor
2) Moderate
3) Significant

5.5 Minor medical performance and/or proficiency deficiencies:

1) Shall be characterized by examples such as (but not limited to):
    a) Unfamiliarity on a single patient encounter or incident of proper procedure and/or protocol
    b) Isolated example of underperformance in procedural, examination or assessment skill(s)
    c) Isolated documentation issues
2) Have minimal or no impact on patient outcome(s)
3) May typically be addressed by one or more of the following:
    a) Discussion and/or feedback
    b) Counseling
    c) Monitoring of performance

5.6 Moderate medical performance and/or proficiency deficiencies:

1) Shall be characterized by examples such as (but not limited to):
    a) Unfamiliarity on a single patient encounter or incident of proper procedure and/or protocol
    b) Isolated example of underperformance in procedural, examination or assessment skill(s)
    c) Isolated documentation issues
    d) Habitual or repetitive protocol and/or documentation issues
    e) An observed pattern of underperformance in procedural, examination or assessment skill(s)
2) Have a potential negative impact on patient outcome(s)
3) May typically be addressed by one or more of the following:
    a) Discussion and/or feedback

b) Counseling

c) Monitoring of performance

d) Assignment of specific training or didactic review to remediate issue(s)

e) Monitored and evaluated demonstration of procedural skill(s) in either lab or field environment

f) Assignment to an MICU with a Paramedic preceptor or mentor for evaluation

5.7 Significant medical performance and/or proficiency deficiencies:

1) Shall be characterized by examples such as (but not limited to):

a) Willful and/or repetitive disregard of protocol and/or documentation issues

b) A failure to respond and/or demonstrate improvement in identified minor or moderate issues

c) Significant performance, procedural or medical judgment errors on a single patient encounter or incident

d) Involvement of negative behavioral issues in a patient care setting

2) Have a probable or actual negative impact on patient outcome(s)

3) May typically be addressed by one or more of the following:

a) Discussion and/or feedback

b) Counseling

c) Monitoring of performance

d) Assignment of specific training or didactic review to remediate issue(s)

e) Monitored and evaluated demonstration of procedural skill(s) in either lab or field environment

f) Assignment to an MICU with a Paramedic preceptor or mentor for evaluation

g) A formalized work plan targeted to address specific issues

h) A recommendation of disciplinary action to be taken in conjunction with the employees Company Officer and/or Battalion Chief

i) Job suspension, limitation of practice, suspension of sponsorship or revocation of license or certification in accordance with department policies.

6.0 Standing Medication Orders and Treatment Protocols

6.1 MICP personnel are at all times responsible for complying with all current written standing medication orders and protocols in the Medical Operations Manual.

6.2 EMT and ETT personnel are at all times responsible for complying with those sections of the Medical Operations Manual pertinent to their respective level of certification, and for following those orders and protocols.

6.3 Substantial deviation from the orders and protocols requires contact with the receiving physician. A special medical report shall be submitted immediately after any deviation of treatment protocols or medication standing orders. The special medical report will be sent through the shift CMO(s) to the DC of EMS, with a copy to the Medical Director. All

special medical reports will be reviewed by the above recipients to determine if further action is required.

6.4 EMS numbered memos may qualify or supercede protocols, policies or Standing Medication Orders as written in the Medical Operations Manual.

6.5 Knowledge of standing medication orders and treatment protocols is mandatory and is subject to periodic written testing during the term of Anchorage Municipal certification.

6.5.1 Unsatisfactory test results will lead to counseling and re-testing. Unsatisfactory re-test results may serve as cause for loss of certification and sponsorship. Multiple test failures are also cause for such action.

7.0 Lines of Medical Authority

7.1 While it is recognized that the emergency medical care provided by the AFD is generally carried out by more than one individual, a clear delineation of medical authority is a vital aspect of the EMS system. This is necessary, both to alleviate conflicts in opinion concerning appropriate medical care, and to maintain a high quality of medical care by providing a mechanism for establishing accountability in patient care decisions.

7.2 Medical authority is established in the following order:

1) Medical Director for patient care issues, and DC of EMS concerning EMS program standards or administrative issues.
2) Chief Medical Officer
3) FF/PM III
4) FF/PM II, FF/PM I, Senior Captain PM I, Captain/PM I, Engineer PM I
5) Paramedic Intern
6) EMT III
7) EMT II
8) EMT I
9) ETT

7.3 The MICP that will complete the PCR, either directly or in supervision of the emergency care provider (for example an EMT or FF/PM Intern), is the Provider of Record and retains authority and responsibility regarding the treatment of the patient.

7.3.1 In instances where a patient is encountered and a PCR is written by an EMT or ETT that is not under the direct oversight of an MICP, the EMT or ETT shall be the Provider of Record. Examples may include an EMT I operating on a BLS Engine Company, or an EMT operating on a BLS ambulance.

7.4 The first EMS provider to make contact with a patient shall be the Provider of Record until:

1) The initially arriving EMS provider turns control of a patient over to an EMS provider who will provide care during transport.
2) An EMS Provider with a higher degree of medical authority elects to assume control and responsibility for the patient. In this instance, the EMS provider assuming control of patient care becomes the Provider of Record.

7.5 In instances of conflict between two EMS providers of equal medical authority, the EMS provider that initially made contact with the patient shall be the Provider of Record. The Provider of Record may retain medical authority over the patient by accompanying the patient during transport and completing the PCR.

8.0 Version History

Supersedes:		
PPI		
P&I	905-7 dated 5/30/00, 4/14/03	
Memo		
Revisions:		
Date:	Version #	Changes
4/14/03	1.0 (proposal draft)	➢ Format updated throughout ➢ Removed all references to AED Technicians ➢ New Language: Section 5.0 Lines of Medical Authority ➢ Imported language verbatim from existing AFD Policy: Section 1.0: Authority to Practice, through line 2.1 ➢ Changed “BC of EMS Training” to “FTS of EMS Training”
5/10/05	1.1	➢ Steward is now CMO Crotty ➢ Changed “EMS BC” to CMO throughout ➢ 2.3 Added “limitation of practice” ➢ Struck old 2.5.1-2.5.3 (language unnecessary) ➢ 4.1 & 4.2 changed “committed to memory” to “complying with” ➢ 4.3 Updated report routing (replaces old 4.2.1) ➢ 4.4 New language ➢ 5.2 Struck MSO (obsolete) ➢ 5.3 Altered to define “Provider of Record”
1/31/07	1.2	➢ Updated Purpose and Policy statements ➢ 2.3.2 added “department policies” ➢ Section 3.0: 3.1 added item 1) to EMT/ETT elements; moved old MICP info into new Section 4; old line 3.3 deleted, concepts into new Section 5 ➢ 4.1 added “successfully completes an AFD Paramedic Internship”; added items 1) and 5) to MICP elements 4.2 – 4.5 New ➢ Section 5.0: New ➢ 6.3 clarified “*shift* CMO(s)” 6.5.1 deleted “disciplinary action and/or” ➢ 7.2 1) changed “operational issues” to “EMS program standards or administrative issues 4) changed all “PM I” and “PM II” to “PM” 7.3 Moved old second sentence to new line 7.5; 7.3.1 New 7.4 New 7.5 changed “MICPs” to “EMS Providers”, clarified “equal *medical* authority”; clarified definition of Provider of Record