

APPLICATION GUIDELINES
FOR
INDIVIDUAL PROTOCOLS

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INTRODUCTION AND PURPOSE

The Individual Protocol (IP) program began in 1984, upon a recommendation from the Technical Medical Direction Committee (TMDC), and the subsequent approval of the Commissioner of Health. The success of the Individual Protocol program has led to requirements being included in the EMS Rules and Regulations.

The original IP program was to allow Intermediates and Paramedics to render their respective level of care, in locations where the ambulance service is licensed at a lower level of care (i.e. either Intermediate or Paramedic on an EMT Basic ambulance service; a Paramedic on an EMT Intermediate ambulance service).

In 2002, and again in 2005, a recommendation to include certified First Response Agencies in this valuable Individual Protocol program was included in the Oklahoma Rules and Regulations. This addition allows, for the first time, EMT Basic, EMT Intermediate and EMT Paramedic to apply for Individual Protocol approval while working at their certified First Response Agency.

We realize that not all ambulance services can qualify for licensure for advanced life support (ALS). The most common reason for this is that the ambulance service cannot maintain enough personnel to meet the minimum staffing requirements. The IP program allows the flexibility to provide ALS on a temporary or intermittent basis.

Many communities that have upgraded to ALS began by utilizing the IP program. Hopefully this approval will allow you to achieve the same results.

GENERAL INSTRUCTIONS

Patient Care Protocols: Medical control, the ambulance service administration, first response agencies and the individual(s) performing basic & advanced life support should work cooperatively to develop a set of patient care protocols. This document should be specific in nature and shall refer to the appropriate EMT level of license. The Oklahoma Emergency Medical Service Advisory Council has developed a set of state protocols which, if requested, will be forwarded as guidelines. Protocols shall specify the types of IV fluids, drip rates, drugs, airway adjuncts, monitor/defibrillation, etc for the advanced level EMTs. The document should also include the medical conditions for which each protocol is utilized.

Upon completion of the protocols, their acceptance by the medical director will be authenticated by a cover letter to this effect or an initial on each page (or protocol) or an acceptance statement on the final page of the document. A combination of the above will be acceptable. The complete protocol document needs to be submitted only once for the ambulance service and/or first response agency.

Approved protocols will remain in effect as long as the submitted physician remains as the medical director. Protocols may also be modified, or upgraded, but before implementation, the EMS Division must also approve each separate change.

The EMS Division will review each submitted protocol to verify that they meet an acceptable standard within the EMS community. Examples include ACLS, AHA, DOT, EMS Rules and Regulations, PHTLS, BTLS, PALS, APLS, etc. A letter of approval will be forwarded to the physician and ambulance service, from the EMS Division. In situations where the EMS Division finds departure from standards, the provider will be notified and the protocols will be returned for correction.

Approval of Personnel: Initially, the IP personnel Application may be submitted with the protocols, or after the protocols are approved. Please complete an 'Application for Individual Protocols' for EACH

emergency medical technician. A provider who desires to add personnel may do so by submitting the same Application at later dates. In either case, a copy of approval will be forwarded to the physician, ambulance service or first response agency from the EMS Division.

Reminder: The individual EMT is not to begin providing care until they are approved and written notification is received from the EMS Division. The submission of an Application does not guarantee an approval, nor does it constitute an approval.

MISCELLANEOUS INFORMATION

Protocol Revisions: All protocol revisions must be approved by the EMS Division before being placed into effect. In order to apply for approval to implement revision, please submit the following:

- An electronic copy of revised protocol(s), and
- a cover letter, signed by the physician, requesting a change in the itemized protocol(s) topic.

Upon receipt of the above, the EMS Division will evaluate the change and notify the physician and provider of approval or rejection.

Medical Director Changes: The EMS Division is to be notified any time an ambulance provider or first response agency changes, or intends to change, the medical control. State law requires all ambulance services and first response agencies to be under supervision of a licensed physician. NO Individual Protocol care may be conducted without current local medical direction. If a medical control physician resigns before a replacement is found, the ambulance service or first response agency must cease all IP activities. This can be avoided by obtaining replacement medical direction in advance of pending changes. To avoid this lapse of individual protocols, please submit the following to re-initiate your IP program:

- An electronic copy of patient care protocols with a cover letter from the new physician stating approval of the pre-existing protocols. If the new physician does not approve of the pre-existing protocols, a new set will need to be submitted, which meet with the medical philosophy of your new doctor.
- Submit new applications for each technician the new physician desires to work under his/her medical direction.
- A specific date that the change will take effect.

Allow lead-time for the EMS Division to review your changes. A letter will be forwarded to the new physician and ambulance service of our findings.

Advertising: Individual protocols are for a specific individual emergency medical technician. They DO NOT cover the entire ambulance service or first responder agency, so this does not change the ambulance service level of license or certified first response agency. Therefore, IP approval does not meet the criteria of

state law, which allows the advertising of a level of care above which it is licensed or certified. Be cautious with advertising and do not advertise your service or FRA as something for which you are not licensed to provide.

Protocol Deviation: The EMS Division is to be notified in writing [within one (1) month of the occurrence] of protocol deviations. Please document all findings, applicable circumstances and any action taken, signed by the physician.

Quality Control Audits: All approved IPs are required to participate in a monthly audit with their approved medical director. The audit process should be identified in the EMS QI plan. The audit should review all ambulance and first responder calls in which IP level care is given. The plan should identify the number and type of calls the physician will review: (e.g.: at least ten percent (10%) of the calls per approved IP technician). This audit, or a copy, will be maintained at the agency or service, in order to remain in good standing. Please utilize the audit in a format as included within this packet for this purpose.

Medical Control Qualifications: The minimum qualifications for medical director are as follows:

- Fully licensed in good standing and have appropriate training and experience in adult and pediatric emergency medical services. This may include appropriate board certification or successful completion of training programs such as Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) or equivalent training.;
- Be familiar with the design and operation of pre-hospital emergency medical service systems, and thoroughly knowledgeable of the capabilities of the different levels of licensed personnel and of the established protocols;
- Have experience in the emergency department management of the acutely ill or injured patient(s), in the urban setting. In the rural setting, the physician shall routinely and actively participate in the care for acutely ill or injured patient(s);
- Be knowledgeable and actively involved in quality assurance and the educational activities of the emergency medical technician, by either direct involvement or appropriate designation and surveillance of his responsible designee;
- Have knowledge and a relationship with the licensed ambulance service(s) and/or first response agency(ies) have primary service area coverage. A physician may be the medical director for more than one licensed ambulance service and/or first responder agency;
- Provide a written statement, to the Department, which includes consent to be the medical director, address, an Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) number or appropriate

state equivalent, medical license and a curriculum vitae, and be actively involved in pre-hospital care;

- Develop medical protocols for patient care techniques, both on-line and off-line, and present written EMT Basic, EMT Intermediate, and EMT Paramedic life support protocols to the Department for approval, before utilization. Protocols shall include medications to be utilized, treatment modalities for patient care procedures, and appropriate security procedures for controlled and dangerous drugs;
- Supervise a quality assurance (QA) program. The QA program, or policy, shall be submitted with treatment protocols, for approval by the Department. Quality assurance documentation may be requested by the Department;
- List all medications with quantities to be carried on each emergency vehicle.
- Participate in the statewide emergency medical service system.

Condition of Approval: The individual emergency medical technician, medical director, ambulance service administration, and first response agency administration is responsible for adherence to the conditions of approval. These are listed on the reverse side of the Individual Protocol Application (ODH 679), and are as follows:

- No changes shall be made in the Oklahoma State Department of Health, Emergency Medical Service Division (OSDH-EMS) approved protocols, without prior OSDH-EMS written approval;
- If a call terminates at the hospital, the emergency medical technician shall leave a copy of the patient run report form at the receiving facility. First Response Agencies shall give a written or verbal report to the transporting service personnel;
- The IP approved emergency medical technician shall participate in a monthly audit with their approved medical director. This audit shall include a review of all calls for the preceding month. A report signed by the medical director containing the results of this audit shall be maintained at the service or agency, on a monthly basis;
- In any deviation from approved protocols, a full and complete written report shall be filed with OSDH-EMS. This report will be signed by the medical director and will list all findings, applicable circumstances and any action taken;
- Changes in medical control shall require prior OSDH-EMS approval;
- Deletions and additions of emergency medical technicians must be forwarded to OSDH-EMS. Utilization of personnel without approval from OSDH-EMS is prohibited, and;
- Each individual emergency medical technician approved under Individual Protocol shall be responsible for maintaining current EMT licensure applicable to their respective level of protocol.

Failure to adhere to the above conditions will render an individual approval to practice under individual protocols invalid and/or may result in revocation, suspension, fines or other administrative action available to the Department of Health.