DISCLAIMER

Every attempt has been made to reflect sound medical guidelines and protocols based on currently accepted standards of care for out of hospital emergency medicine. It is the reader’s responsibility to stay informed of any new changes or recommendations made at the state or service level. Despite our best efforts, these guidelines may contain typographical errors or omissions.

Activities of EMS personnel must be in compliance with all applicable federal, state, county and local laws and regulations including Section 4765.09 of the Ohio Revised Code.

This document was developed specifically for Summit County, Medina County, and the immediate surrounding area. As such, these protocols may need to be modified if used in other EMS systems. It should be stated that with protocols of this progressive nature comes the increased responsibility for a comprehensive education and CQI program.
The following Pre-hospital Patient Care Protocol and Procedures Manual is in effect and operational for ____________________________, their EMT-B, EMT-Intermediate, EMT-Paramedic, and ancillary personnel who operate under the Medical Control Authority and Direction of Jay E. Carter, MSEE, M.D., FACEP.

All personnel recognized as active members, in good standing, may operate according to the limits of their individual State of Ohio EMT certification level, and in strict compliance with the following Pre-hospital Patient Care Protocol and Procedures Manual.

All previous versions of this Protocol and Procedures Manual are considered void.

I, Jay E. Carter, MSEE, M.D., FACEP authorize this agency, and it’s official, State of Ohio, EMT certified personnel to operate as an Emergency Medical Service under my direction in accordance with the Wadsworth Rittman Hospital Pre-hospital Patient Care Protocol and Procedures Manual.

_____________________________________________                    ______________
Signature                                                                                               Date
INTRODUCTION

PREFACE

This EMS guideline and protocol manual was established to provide an opportunity for optimal patient care coupled with multiple agencies and multiple levels of EMS providers functioning within this region.

Personnel functioning for the above services, may only function as an EMS provider under the authority of the Medical Director.

Errors in pre-hospital care are generally errors of omission. The EMS provider will be proactive in the implementation of these protocols, and should not withhold or delay any indicated intervention. **Providers should remember to “FIRST DO NO HARM”**

Periodic revision will be made in order to reflect the best possible care rendered to our patients consistent with currently acceptable medical practices. These revisions shall be made with the established EMS leadership of each service in conjunction with local medical community involvement.

DEDICATION

This document is dedicated to our most important concern, the patient.

This document is further dedicated to the volunteer and paid EMS professionals at all levels who have committed their time and energy to helping others.

Every patient will be afforded the best care available, in accordance with these protocols and the EMS provider’s best judgement, without regard to their sex, mental status, national origin, religion, creed, color, race, diagnosis or prognosis, complaint, lifestyle preference, ability to pay for services rendered. There is a zero tolerance policy for discrimination bases on any of the above.
CONTINUOUS QUALITY IMPROVEMENT

To maximize the quality of care in EMS, it is necessary to continually review all EMS activity in order to identify areas of excellence and topics for improvement. This method allows optimal and continuous improvement. CQI is defined as a proactive involvement in issues and applications to constantly assess the value and direction of the EMS system. Components of CQI include: active communications, documentation, case presentations, protocol review and refinement, medical direction involvement, medical community involvement, continuing education, and reassessment of expected goals and outcomes. Participation in the CQI process is mandatory in order to function within the system.

The primary focus of CQI is on “system performance”. Specifically CQI focuses on the bigger picture of our system, including protocols, guidelines, equipment, training and standard operating procedures.

The EMS Medical Director may request additional documentation, for the purpose of gathering information about a particular call, event or procedure in question. Failure to cooperate with the CQI or quality assurance process may result in withdrawal of Medical Direction.

GUIDELINES AND PROTOCOLS

This document contains both general guidelines and specific EMS protocols for use by EMS responders. This document will be made available to any interested EMS Medical Director. Inactive members may not utilize these protocols without being cleared by their respective EMS department/service and service Medical Director.

Volunteer or career, emergency medicine demands a strong commitment to the profession. It is the responsibility of each EMS provider to remain current in the lifelong process of EMS education. EMS providers are heavily encouraged to attend any available continuing education opportunities. We trust and hope that this document is both informative and helpful.

Emergency medicine continues to evolve at a rapid pace. Accordingly, this document is subject to change as new information becomes available and accepted by the medical community.
KEY TO ALGORITHMS

All algorithms are color coded to denote procedures that may be performed by each level of certification. Medical Control must be contacted for permission to perform a procedure color-coded in RED.

Higher levels of certification will perform lower level evaluations and procedures when interpreting the algorithms.

- EMT-BASIC (B)
- EMT-INTERMEDIATE (I)
- EMT-INTERMEDIATE TRANSITIONAL*
- EMT PARAMEDIC (P)
- ON-LINE MEDICAL CONTROL

- Denotes skills that may be performed by EMT-I that have successfully completed an EMT-I transition course and local requirements set forth by the Medical Director.
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