

Clark Memorial Hospital
Department of Emergency Services
EMS Policy and Procedure Manual

Table of Contents

Introduction:

Section 1	Patient Care Report Availability Signature of Receiving Facility Report Content
Section 2	Admission of Patient
Section 3	Professional Appearance
Section 4	Linen Exchange / Cleaning Supplies
Section 5	Photos for Documentation/Other Evidence
Section 6	Notification by IHERN Emergent OB Patients Medication Order Requests
Section 7	Audit and Review Procedures Attendance Return of Quality Improvement Sheets Use of Abbreviations
Section 8	Accepted Continuing Education Credit
Section 9	Disciplinary Action
Section 10	Contracts and Agreements
Section 11	Medical Director Selection/Duties
Section 12	Clinical Hours in the Emergency Department Dress Code Paperwork Skills
Section 13	Clinical Hours in Other Hospital Departments
Section 14	IV Stick Sheet
Section 15	Diversion Policy
Section 16	Approved Abbreviation List

Revised 08/04, 03/07

This manual is a guide for all pre-hospital team members affiliated with Clark Memorial Hospital. It is the intent that the provider organization you serve will strive to meet and even exceed these standards of conduct.

The following pages contain useful information regarding professional appearance, dress codes, documentation practices, audit and review criteria and other rules. It is part of your job as a pre-hospital team member affiliated with Clark Memorial Hospital to follow these rules.

The Emergency Department at Clark Memorial Hospital is committed to helping you be the best you can be. Only by working together will we be able to improve the quality of pre-hospital care in the communities we serve.

**Section 1 - Availability of Patient Care Report
Signature of Receiving Facility
Report Content**

Each EMS crew will:

1. give a verbal report to the accepting physician or RN as soon as possible.
2. write a report of the events of the run on the State and hospital approved form.* This form will be photocopied. The photocopy will remain at the facility. Carbons of the runsheet are NOT acceptable as they fade too easily and are poor quality for scanning purposes. The photocopy of the report is to be left on the patient's chart or the unit secretary's desk.
3. include an ALS Flowsheet that will be added to any run in which medication is administered. A third sheet is necessary for IV and monitor only patients. This rule is subject to change per the Medical Director or audit committee.

These procedures will be done consistently to provide continuity of care for all patients. Patient care reports MUST be completed before the crew leaves the emergency department. IF extraordinary circumstances exist and the crew must leave the facility without proper documentation the nurse manager, physician, or acting charge staff MUST be aware of the situation and AGREE to the conditions of obtaining the patient care report.

Crews leaving before a written report has been completed will return immediately to complete this aspect of patient care or fax the report as quickly as possible. This is a very valuable part of the patient's history and will need to be made available as soon as possible.

Each patient care report will contain:

1. demographics as mandated by the state.
2. a signature of the receiving facility for legal purposes of accepting responsibility of the patient, chain of custody of any evidence or belongings. This must be a signature of an RN or physician per department policy.
3. a concise narrative of the chief complaint, signs/symptoms, assessment, treatment, response to treatment and any other information the EMT/Paramedic deems important.
4. explanation of lengthy response times or on scene times greater than 12 minutes.
5. any downloads from AEDs used in the field.
6. the provider name (provider number is optional)
7. the location of each responding unit
8. rhythm strips
9. documentation of any wasting of medication with signature of witness
10. a medical record number will be issued by the facility and written on the run report by the unit secretary/tech/nurse. (This is not the EMS team member's responsibility.)

The person providing the care in the patient compartment will complete the patient care report. Intercepts will require part of the narrative from each respective caregiver.

This policy will be followed by all affiliated EMS agencies.

**An exception to the state and hospital approved run form will be given to any non-affiliated agency transporting from another county or state, (ie, Harrison Co, Louisville EMS).*

Section 2 - Admission of Patient

Each EMS crew will give a patient report and then proceed to the Patient Registration Desk to begin the registration process. Any demographics given to the registration personnel will be used to generate a chart for the emergency department. A copy of the patient's chart will be made for the EMS crew.

The crew is asked not to congregate at the registration area. The EMS crew is asked to use their designated areas to finish their report(s). The use of any nursing area is acceptable as long as the staff and/or patients are not being disturbed. During times of congestion or construction acceptable areas may be altered.

Section 3 - Professional Appearance*

While on duty as an affiliated pre-hospital team member you are required to dress professionally in an approved uniform. Your uniform shall display your agency name. This means no "street" clothes such as jeans, cut-off shorts, t-shirts with graphic designs/offensive language or uniforms from other agencies. On-call team members should prepare accordingly.

In addition, your provider agency will ensure that facial and oral jewelry is not worn (nose, lip, brow, chin and tongue studs and rings, etc.). It is also the responsibility of the provider to enforce that patient care providers DO NOT wear artificial, acrylic, gel nails or nail extenders per the guidelines of the Center for Disease Control and Clark Memorial's Infection Control Committee.

*Specific rules for students under "Clinical Hours in the Emergency Department"

Section 4 - Linen Exchange / Cleaning Supplies

Clark Memorial has agreed to provide linens (sheets, pillow cases, blankets—seasonal) on an **even** exchange basis. Crews are asked to take clean linens from the EMS cart provided. Crews are to place soiled linen in the hamper marked **EMS linen**. This will minimize confusion for security and staff regarding the quantity of linens being returned and taken. The linen cart and soiled linen bin will be near the ambulance entrance unless moved during construction.

NOTE: Any grossly soiled or bloody linen is to be placed in a biohazard bag and then placed in the soiled linen bin provided.

Cleaning supplies will be available on an as needed basis. This is for decontamination of the ambulance, not for routine cleaning. The housekeeper will be paged in the event you need assistance with a mop, cleaners, etc. Cleaning agents **MUST** be returned to the Emergency Department when the cleaning detail has been completed.

Section 5 - Photos for Documentation / Other Evidence

Any Polaroid or other photos used for EMS documentation **MUST** be properly labeled and left with the patient run report. Labels will be provided by the emergency department staff.

Any evidence will be handled with great care and given to the nurse/physician in report. Any items collected pre-hospital must follow a chain of custody. Clothing should **not** be placed in any **plastic container or plastic bag**. Tissues for evaluation should be placed in the most sterile container possible. Limiting exposure to contaminants and the environment is imperative.

Section 6 - Notification by IHERN Emergent OB Patients Medication Requests

Clark Memorial Emergency Department requests to be advised of all patients being transported to the emergency department via the Indiana Hospital Emergency Radio Network (IHERN). Patients' names are not to be given over this frequency.

A brief report of no more than 20-30 seconds is needed: age, complaint, how found, treatment, response, estimated time of arrival.

If the crew cannot reach the facility on IHERN it is requested that contact be made by cellular phone or through their dispatch center.

Emergent OB Patients – The OB Department has requested they be notified if an EMS unit is bringing in an eminent delivery. The ER staff will relay the information if the crew wishes to use IHERN. Cellular phone and dispatch calls may be forwarded to the obstetrics department.

Medication Order Requests - Medication orders maybe requested over the IHERN or cellular phone. The last resort will be relay through dispatch. The crew requesting a drug will make their request for **“a physician for orders”** prior to beginning their IHERN or cellular phone report. A signature will be obtained at the facility for the drug order. If the patient is being transported to another facility and Clark Memorial is the medical control, a “verbal order by (IHERN/cellular phone)” with the ordering physician’s name will be noted in the narrative. A signature will be obtained as soon as possible. A copy of the run will be made available upon the request of the staff/physician.

Section 7 - Audit and Review Procedures

Audit and Review sessions will be conducted periodically by the Medical Director or designated audit committee member(s). Any agency using Clark Memorial as their Supervising Hospital will submit a copy of **all runs** from the previous month on or before the 10th of the following month. Example: February runs are due on March 10. Runs may be reviewed for individual IV and intubation percentages as requested by the Medical Director or supervising hospital.

Section 7 (con't)

Internal audits by the individual provider agencies will NOT count toward audit hours!

The audit committee consists of: a medical director, EMS coordinator, emergency department nurse manager, audit personnel (RN/Paramedic) from Clark Memorial, and one designated agency contact. The agency contact will help distribute information on an as needed basis between the hospital and provider agency. The appointed contact may be instructed to provide individual IV and intubation statistics for their agency. Input will also be received from the Clark County Health Department medical director and their designees. A list of all runs reviewed will be on file. Only problematic run sheets will be kept on file.

Runs that will be audited include, but are not limited to: cardiac arrests, Level 1 trauma by ground or air, on scene times greater than 12 minutes, administration of certain drugs including any narcotic, and periodic check for appropriate transport using lights and sirens.

Audit and Review Attendance

As of 08/03 all EMS team members will meet at least one half of their audit requirement by actual audit attendance. Listening to previous audit tapes or auditing run sheets under the supervision of an audit committee member may be used for the remaining hours. Suspensions may result if proof of such attendance is not provided. Exceptions may be made for EMS personnel who work for other agencies so long as documentation of audit and review attendance is made available upon request. Exceptions will also be made for personnel on documented military leave. Non-affiliated certified individuals of any care level may attend any in-service or audit session offered by the hospital.

Returned Quality Improvement Sheets

Returned Quality Improvement Sheets will be handed back to the responsible party by the provider representative. Areas of protected information will be blocked out in compliance with current HIPAA requirements. QI sheets requiring an explanation will be returned by the deadline (usually within 10 days) or, at the discretion of the medical director or supervising hospital, the team member may be suspended. See section on disciplinary action.

Only abbreviations approved by the medical director are to be used in narratives. EMS personnel are not to use "10-codes" or EMS jargon in their narratives.

Section 8 - Accepted Continuing Education Credit

Clark Memorial Emergency Services Department invites any EMS personnel to attend their educational presentations. Arrangements may be made to audit classes such as ACLS or PALS if the class is not needed for recertification.

All affiliated EMS team members are required to maintain a current Healthcare Provider or Professional Rescuer CPR card. Accepted cards are those from the American Heart Association, Emergency Care and Safety Institute and the National Safety Council. All Intermediates and Paramedics are required to keep their Advanced Cardiac Life Support current. As of 01/05 all Intermediates and Paramedics are required to keep their Pediatric Advanced Life Support current. Clark Memorial will accept training for the BLS, ACLS, PALS classes from other facilities. EMS personnel may be asked for copies of such cards or rosters of attendance.

Section 8 - Accepted Continuing Education Credit (Con't)

Any other continuing education hours from outside sources will be reviewed on an individual basis. The EMS Coordinator may request a roster, objectives, or speak to the instructor before credit for the class/in-service is given.

As of 08/04 the EMS Coordinator is to receive a copy of in-service books from all levels of care as the books are completed prior to the team member's expiration date. Any changes in the provider roster must be reported in writing to the EMS Coordinator within 30 days of the addition/deletion/or change in level of care.

Section 9 - Disciplinary Action

Disciplinary action may be taken by the medical director or the supervising hospital after an investigation of alleged misconduct. This may include a 3-day suspension, suspension of skills or a complete revocation of privileges in Clark County until proof of proper remediation is received. After the medical director and/or supervising hospital is satisfied with the resolution, the EMS team member may be re-instated. The Supervising Hospital's Disciplinary Committee will consist of the EMS Coordinator, ED Management Team Member, Representative of the Clark County Health Department.

Section 10 - Contracts / Agreements

Any contracts or agreements between an EMS Agency and Clark Memorial Hospital will be signed at a minimum by the Medical Director, CEO, and an EMS Agency representative. Vice Presidents and/or Department Managers may be required to sign an agreement on an as needed basis for continuing education or clinical rotations. The President of the Medical Staff will also receive a copy of all contracts/agreements. All original paperwork will be kept on file in the Administration Office. A copy will be forwarded to the EMS Coordinator.

Section 11 - Medical Director Selection / Duties

The medical director will serve as the governing authority for the provider. He/She will be a Board Certified Emergency Medicine Physician or be certified within one year of accepting the position. Duties performed will include those duties as directed by the state of Indiana EMS policies. The medical director will work with EMS agencies, the supervising hospital, and other governing bodies to insure quality pre-hospital emergency medical care. The medical director may appoint a designee to attend in-services/meetings.

See attached.

Section 12 – Clinical Hours in the Emergency Department

Dress Code for Students/Guests: All students or guests wishing to observe in the Emergency Department will wear dark pants/slacks (jeans are not acceptable) and a white or light colored shirt with a collar. No agency uniforms are to be worn while observing or performing skills in the hospital. Once in the facility the student will obtain a temporary name badge from the Security Department.

Facial and oral jewelry is not to be worn (nose, lip, brow, chin and tongue studs and rings, etc.). It is also the responsibility of the provider to enforce that patient care providers DO NOT wear artificial, acrylic, or gel nails or extenders.

Paperwork: Checklists and performance sheets may be used by the individual class. EMS personnel performing skills in the emergency department may have special needs such as IV initiation. See form attached.

Basic EMT's should concentrate on the following:

1. Triage -- listening to RN ask questions based on patient's complaint.
2. Monitor/Minor Treatment Rooms – Recognizing a “sick patient” and assessment based on chief complaint. Students should also be encouraged to assess breath sounds and vital signs routinely.
3. Pediatric Cases: Recognition of a sick child and abnormal vitals signs.
4. Orthopedic Cases: Assessment of injured extremity, splinting, assessment of injury pre/post splint.

Advanced EMT's should concentrate on the following:

1. Triage, Minor Treatment Rooms and Pediatric Cases – All areas same as BLS techs, however, the student should be encouraged to write assessments and list their normal interventions including IV initiation.
2. Monitor Room – Patient assessment skills including monitoring, basic EKG recognition (vtach, vfib, asystole, sinus, PEA), starting IV's, writing patient assessments that include history taking, assessment of complaint, interventions, and response to treatment.

Intermediates and Paramedics should concentrate on all of the above. Paramedics will be working closely with the physician. Intubations and skills other than listed above may be performed while under the supervision of the physician. The approved list of skills and medications students at these levels may administer will be defined in their curriculum.

Documentation: Any patient care performed should be documented on the appropriate hospital form with the signature of the preceptor following the student's name or listed electronically in the procedure narrative of the patient's permanent record.

Class coordinators will forward a calendar of proposed observation hours to the Emergency Department EMS Coordinator to be reviewed and posted. The emergency department would

Section 12 – continued

prefer that there is only one student at a time. The EMS Coordinator will review the requests for clinical time and arrangements accordingly. Students may be assigned preceptors or be assigned to specific areas if is more than one student per clinical time. Students arriving for clinical/observation time will report to the Clinical Resource Nurse (CRN) for instructions/ assignments after obtaining their temporary badge from Security.

Section 13 – Clinical Hours in Other Hospital Departments

Occasionally prehospital team members will have a requirement for skills development in areas other than the Emergency Department. The dress code and skills performed will be established by the training institution's EMS educator and the director of each specific department. The Chief of Staff or the Medical Director over specialized areas may allow skills to be performed at their discretion after reviewing the curriculum supplied by the EMS training institution. Agreements will establish the training agency's proof of insurance and liability. Other requirements are at the discretion of the department director or EMS Coordinator.

Section 14 - IV Stick Form
Clark Memorial Emergency Services

Name _____

Student must have signature of preceptor(s) to complete competency. Student should document size of angiocath, site of IV placement, success:attempt ratio, and initiated on sheet.

1. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

2. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

3. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

4. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

5. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

6. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

7. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

8. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

9. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

10. Date _____ Preceptor _____ Approp. Technique? __ Y __ N
Documentation : _____
Comments : _____

Section 15 - Clark Memorial Diversion Policy

The following policy serves as a guideline for the hospital. Your role as an EMS provider is to act in the best interest of your patient. Diversion status is updated every four hours.

When a hospital is on diversion you are to explain the situation to the patient. Other facilities may have different guidelines, however, when Clark Memorial is on diversion it is due to the limited space available for that specific acuity of patient because we are holding patients in the Emergency Department. It may be in the patient's best interest to seek medical attention at another appropriate facility under these circumstances. If they refuse to be diverted you have the option to call the Emergency Department and seek advice from the physician.

If both Clark Memorial and Floyd Memorial are on the same type of diversion each hospital will have to take their own patients if the patient refuses to be transported to another facility. In essence, then, if both hospitals are on the same type of diversion they cancel one another. The same is true of diversion in Jefferson County, Kentucky. If a specific number of hospitals in Louisville are on diversion then they cancel the diversion for all area hospitals for the next four hours.

When extended care facilities call the Emergency Department to give a patient report we will advise them of our diversion status so they may call the primary care physician and perhaps make better arrangements for the patient. In the event the extended care facility has not called the Emergency Department before sending the patient out, you need to advise them of a hospital's diversion status so that you do not get caught in the middle.

As discussed in audit and review sessions in the past, if you have a cardiac arrest or are unable to secure an airway for your patient, you are to transport to the closest facility.

Section 16 - Approved Abbreviation List

Clark Memorial Hospital
Department of Emergency Services
Accepted Medical Abbreviations for EMS Use

A

AB - abortion
Abd - abdomen
ABG - arterial blood gas
ac - before meals
Adm - admission
Afib - atrial fibrillation
AIDS - acquired immune deficiency syndrome
AKA - above the knee amputation
AM - before noon
AMA - against medical advice
Amb - ambulatory/ambulance
Amp - ampule
Amt - amount
Ant - anterior
APAP - acetaminophen
AODM - adult onset diabetes mellitus
Approx - approximately
ARC - AIDS related complex
ASA - aspirin
ASAP - as soon as possible
ASCVD - arteriosclerotic cardiovascular disease
AV - atrioventricular
Avg - average

B

B - black
BBB - bundle branch block
BBS - bilateral breath sounds
BCP - birth control pills
Bicarb - bicarbonate
BID - twice a day
Bil - bilateral
BKA - below the knee amputation

Bld - blood
BM - bowel movement
BP - blood pressure
BPM - beats per minute
BR - bathroom
BS - blood sugar

BSD - bedside
BX - biopsy

C

Ca - calcium
CA - carcinoma
CABG - coronary artery bypass graft
CAD - coronary artery disease
Cap - capsule
CAT - computerized axial tomography
Cath - catheter
Cau - Caucasian
cc - cubic centimeter (fluid amount)
CC - chief complaint
CCU - coronary care unit
CHF - congestive heart failure
cm - centimeter
C/O - complaint of
COPD - chronic obstructive pulmonary disease
CP - chest pain
CPR - cardiopulmonary resuscitation
CSF - cerebral spinal fluid
CVA - cerebrovascular accident

D

D & C - dilatation and curettage
DJD - degenerative joint disease
DKA - diabetic ketoacidosis
DM - diabetes mellitus
DNR - do not resuscitate
DOA - dead on arrival
DOB - date of birth
Dr - doctor
Drsg - dressing
D5W - 5% dextrose in water

E

Ea - each
ECF - Extended Care Facility
ECG/EKG - electrocardiogram
EENT - ears, eyes, nose, throat
ENT - ears, nose, throat

ER - emergency room
ESRD - end stage renal disease
Est - estimated
Eti - etiology
ETOH - alcohol
ETT - endotracheal tube
ex - example
Exp - expired
Ext - external

F

FB - foreign body
FBS - fasting blood sugar
Fe - female
F/C - foley catheter
Fld - fluid
FROM - full range of motion
Ft - feet/foot
FUO - fever of undetermined origin

G

G - gravida
GI - gastrointestinal
GM - grand mal
gm - gram
GYN - gynecology
GSW - gunshot wound

H

HA – headache
HBP - high blood pressure
HEENT - head, ears, eyes, nose, throat
HOB - head of bed
HOH – hard of hearing
HPI - history of present illness
HR - heart rate
hr -hour
Ht - height
Hx - history

I

I & D - incision and drainage
ICU - intensive care unit
IDDM - insulin dependent diabetes mellitus
IM - intramuscular
in - inch
info - information
Inj - injection
inj - injury
Instr - instruction
IPPB - intermittent positive pressure breathing
IUD - intrauterine device
IUP - Intrauterine pregnancy
IV - intravenous
IVP - IV push

K

K - potassium
KVO - keep vein open

J

JVD- jugular vein distention

L

L - left
L & D - labor and delivery
lat - lateral
LL - lower lobe
LOC - loss/level of consciousness
LMP - last menstrual period
LP - lumbar puncture
LPM - liters per minute
LQ - lower quadrant
LR – lactated ringers

M

M - male
mEq - milliequivalents
Mg - milligrams
MI - myocardial infarction
Min - minute(s)
Misc - miscellaneous

mm - millimeter
MN - midnight
Mod - moderate
MPH - miles per hour
MRSA - methicillin Resistant Staph Aureus
MVA - motor vehicle accident
MVP - mitral valve prolapse

N

N/A - not applicable/not available
Na - sodium
NAD - no active disease
NAD - no acute distress
NC - nasal cannula
Neg - negative
Neuro - neurologic
NG - nasogastric
NH - nursing home
NIDDM- non-insulin dependent diabetes mellitus
NKA - no known allergies
NKDA - no known drug allergies
Noct - at night
NPO - nothing by mouth
NRB - non rebreather
NS - normal saline
NSR - Normal sinus rhythm
N/T - non-tender
NT - nasotracheal
N & V - nausea and vomiting

O

O₂ - oxygen
O/A - on arrival
OB - obstetrics
OBS - organic brain syndrome
Obs - observation
Occ - occasional
OD - right eye
OP - outpatient
OR - operating room
OS - left eye

OU - both eyes
Oz - ounce(s)

P

PAC - premature atrial contraction
pc - after meals
PCN - penicillin
PE - physical exam
PERLA - pupils equal and reactive to light and accommodation
PID - pelvic inflammatory disease
PM - after noon
PMHx - Previous Medical History
po - by mouth
PO₂ - oxygen pressure
Post - posterior
Post-op - post operative
PR - per rectum
Preg - pregnant
Prev - previous
PRN - as needed
PT - physical therapy
Pt - patient
PUD - peptic ulcer disease
PVC - premature ventricular contraction

Q

q - every
qd - every day
qh - every hour
qid - four times a day
QOD – every other day
qt – quart
quant – quantity

R

R - right
RA - room air
Reg - regular
Resp - respirations

R/O - rule out
ROM - range of motion
RX - treatment

S

SAH - subarachnoid hemorrhage
Sat - saturation
SIVP - slow IV push
SI - sublingual
SNF - skilled nursing facility
SOA - shortness of air
S/P - status post
S/S - signs and symptoms
Stat - immediately
Sub-q - subcutaneous
Sup - superior
Supp - suppository
Susp - suspension
SVT - supraventricular tachycardia
SZ - seizure

T

T & A tonsillectomy & adenoidectomy
Tab - tablet
TAH - total abdominal hysterectomy
TB - tuberculosis
Tbs - tablespoon

Temp - temperature
TIA - transient ischemic attack
TID - three times a day
TKO - to keep open
TNTC - too numerous to count
Trach - tracheostomy
tsp - teaspoon
Tx - treatment

U

U/A - upon arrival
u/a urinalysis
UE - upper extremity
UL - Upper lobe
UGI - upper gastrointestinal
umb - umbilical
UQ - upper quadrant

URI - upper respiratory infection
UTI - urinary tract infection
UTO - unable to obtain

V

vag - vaginal
VO - verbal order
VS - vital signs
vs - vesus

W

W - white/Caucasian
wc - wheelchair
W/D - warm and dry
wk - week
WNL - within normal limits
w/o - without
wt - weight

Y

yr - year
yo - year old

Symbols

@ - at

\bar{p} - after

\approx - approximately

\bar{a} - before

Δ - change

\surd - checked

\downarrow - decrease/lower/inferior

= - equal

$\text{\textcircled{f}}$ - female

> - greater than

\heartsuit - heart

\uparrow - increase/upper/superior

< - less than

$\text{\textcircled{m}}$ - male

\ominus - no/none/negative

- number

\oplus - present/positive

1° - primary

2° - secondary

X - times

\bar{c} - with

\bar{s} - without

Revised 03/07