

**SECTION: G-02**

**TITLE: Medical Direction**

**REVISED: 01MAY2018**

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These standing written orders are written physician orders giving field personnel the authority to implement procedures and administer designated medications.

A. These standing written orders are to be used only by field personnel operating under a medical control recognized by the Idaho State Board of Medicine *AND* who are authorized by the medical directors to provide care within the ACCESS system. The *minimum* standards for authorization are:

a. All Providers (EMR, EMT, AEMT, and Paramedics):

- i. **Current state licensure:** All providers will maintain current state licensure at their level.
- ii. **Approval by the medical directors**
- iii. **High Performance CPR:** High Performance CPR training will be offered annually through ACCESS multi-agency training. All licensed providers shall attend at least one of the High Performance CPR courses in a two-year cycle.

**Failure to complete one High Performance CPR course in a two-year cycle will result in revocation of credentials as a medical provider in the ACCESS system.**

b. ALS Providers (Paramedics)

- i. **CPR:** ALS providers must have and maintain a current AHA CPR card as part of the ACLS requirement.
- ii. **ACLS:** Each licensed Paramedic in the ACCESS system shall maintain ACLS Certification. If the provider's certification expires, a full ACLS course will be required. There will be a 30-day grace period past expiration for the provider to take and pass the ACLS course.

**Failure to maintain certification will result in suspension of credentials at this level of a medical provider in the ACCESS system.**

- iii. **PALS/PEPP:** Each licensed Paramedic in the ACCESS system shall maintain PALS/PEPP Certification. If the provider's certification expires, a full PALS/PEPP course will be required. There will be a 30-day grace period past expiration for the provider to take and pass the PALS/PEPP course.

**Failure to maintain certification will result in suspension of credentials at this level of a medical provider in the ACCESS system.**

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- c. **Compliance:** The ACCESS Medical Directors set the minimum expectation of certifications and licenses to practice; Departments are responsible to ensure compliance.
- B. These standing written orders may be implemented prior to the establishment of direct communication with medical control. Direct communication with medical control shall be established as soon as feasible in life-threatening situations.
- C. Direct communication with medical control shall be established prior to the release of any patient in the following categories:
  - Patients who have received ALS care and/or medications in the field prior to release and do not fall under specific treat-and-release protocols, with the following exceptions:
    - Administration of Oxygen
    - Administration of Dextrose/glucose containing solutions (See hypoglycemia treat and release protocols)
    - Administration of over-the-counter (OTC) oral medications (with the exception of ASA for ACS).
    - Chronic and routine use of patient prescribed medications self-administered by the patient.
  - Where questions over disposition exist
  - As mandated for specific situations and protocols
- D. The type of medical control shall be documented when ALS care is provided.
  - a. Procedures and medications that are **bold and underlined** normally require a direct order from an acceptable medical control physician (see permissible exceptions below).
  - b. An acceptable medical control physician includes either the Emergency Department physician at the receiving hospital or if communication with the receiving medical control physician is delayed (within two to three minutes), personnel may contact the Emergency Department physician at any one of the other acceptable hospitals.
  - c. **EXCEPTION:** If attempts to establish communication with medical control fail, and a patient is at high risk for mortality or increased morbidity, *or* if the delay anticipated in establishing communication with medical control may result in mortality or increased morbidity, procedures and/or medications normally restricted to direct medical order may be performed or administered without the direct order of a medical control physician. Communications with medical control shall be established as soon as possible. The reasons for the decision to institute treatment shall be clearly documented both in the chart and on the SWO deviation form.

- E. No procedure or medication shall be used without the proper equipment or beyond the training, capabilities, or certification level of the EMS provider.
- F. **When a receiving hospital has not been established, on-line medical control shall be the nearest receiving facility.**

**EXCEPTION:** As an alternative, **Alternative medical direction/Physician on scene:** Occasionally, a physician other than an approved medical control physician may provide or direct patient care. In those situations the following shall apply:

- When a licensed Idaho physician is on location and requests a deviation from the SWOs, **the physician must accept responsibility for patient care including attending the patient during transport.** While the provider may assist the physician in procedures, the provider shall not exceed his or her scope of practice in performing procedures
  - If a licensed Idaho physician is directing patient care on location but will not accept responsibility for patient care, **or** a licensed Idaho physician is directing patient care by telephone and requests a deviation from the SWOs, the following shall apply:
    - The physician must be an Idaho-licensed M.D. or D.O. with proper identification or personally known to the provider
    - Personnel will request that the physician call the on-line medical control physician for consultation
    - Personnel will establish contact with the medical control physician to confirm orders
    - Document name of physician/provider on scene and who provided care
- G. In all cases of patient transport, including those where direct medical control is not required, routine contact with the receiving hospital will be made as soon as feasible.

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