

EMSOA
Emergency Medical Services
Oversight Authority

System Policies and Procedures

For Lincoln Fire & Rescue

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Policy and Procedures approved by:

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Date:

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Policy Statement

The policies contained in this document are **strictly for use by Lincoln Fire & Rescue personnel**, hereby referred to as LF&R in the rest of this document. The policies and procedures are available online. The policies should be reviewed by all LF&R personnel directly involved in EMS. The spirit of compliance and cooperation is necessary for the ultimate and unified goal of delivering the best possible patient care to every person who utilizes the Lincoln EMS system.

**EMERGENCY MEDICAL SERVICES
OVERSIGHT AUTHORITY (EMSOA)
SYSTEM POLICIES AND PROCEDURES**

Policy - #1

Maintenance of Nebraska EMT, or Paramedic Licensure

Every EMS provider on LF&R will at a minimum hold a current Nebraska license for either EMT, or Paramedic. LF&R administration will be responsible for assuring that all EMS providers hold a current license, and continuing competency training requirements meet or exceed those required by the State of Nebraska. A copy of each providers Nebraska license to practice will be made available to EMSOA upon request.

In addition to maintaining current State licensure, all personnel will be required to take an annual protocol test covering the Lincoln System Medical Treatment Guidelines at the level at which they practice. This test will include treatment protocols, procedures, and pharmacopeia. The LF&R training division will be responsible for creating and administering the test. The passing score will be a minimum of 75%. If a provider does not pass the written test, they will be given up to two weeks to study the protocols and procedures for a test retake. If a provider fails the second test, a meeting will be arranged with the Physician Medical Director to discuss further options.

Paramedics should receive hands on airway training annually.

One hospital OR airway clinical is required annually and every effort should be made by the paramedic to experience at least one (1) live intubation. These requirements will be in conjunction with the other required training necessary for re-certification.

**EMERGENCY MEDICAL SERVICES
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Policy - #2

Staffing Requirements

Lincoln Fire Administration will be responsible for staffing their apparatus as indicated by policy and labor contract.

**EMERGENCY MEDICAL SERVICES
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Policy - #3

System Design and System Certification Process

Engine and/or Truck Company:

The primary **goal** is to arrive at patients' side within four minutes of dispatch 90% of the time for dispatches categorized as Delta or Echo. This response time is a **goal** and is **not** mandated by city ordinance. Engine and Truck companies can be ALS or BLS.

Medic Units: The primary goal is to provide Advanced Life Support (ALS) treatments and transportation of patients to the receiving medical facility.

EMT System Certification Process: The goal of Lincoln Fire & Rescue is to provide all newly hired BLS fire suppression personnel an EMS Academy. The course should introduce new personnel to the LF&R EMS system to include at a minimum, protocols, procedures, and equipment. This academy will meet several components of the Nebraska State requirements for an EMT continuing education.

The EMT will be required to take a BLS Protocol test that will include system protocols, and procedures. A minimum score of 75% will be considered passing. If the provider does not pass the test, they will be given up to two weeks for further study and retake the test. If the provider fails the second test, a meeting may be scheduled with the Physician Medical Director for further options.

1. All EMT state licensing documentation will be on file with LF&R and made available for review by EMSOA.
2. LF&R Training will notify the Physician Medical Director when the candidate has met all requirements of their probationary period. All documentation will be made available for review by EMSOA if requested.
3. If necessary, LF&R will forward all provider information to the Physician Medical Director for final approval as a System Certified EMT.
4. The EMT will have knowledge of the EMSOA Policies and Procedures.

Paramedic System Certification Process: There is only one level of advanced life support provider (ALS) for LF&R in the Lincoln EMS pre-hospital system, a LF&R System-Certified Paramedic.

LF&R administration will maintain copies of the provider's Nebraska State Paramedic license, National Registry certification, ACLS, CPR card and other certifications. It will be the responsibility of LF&R to schedule a clinical OR hospital rotation, prior to the orientation phase, with an anesthesiologist or nurse anesthetist for advanced airway training. At least one live intubation will be required and the anesthesiologist or CRNA must sign the clinical assessment form prior to the paramedic working in the field.

All paramedic Interns will be required to ride on an emergency ambulance and successfully complete the paramedic precepting process.

All ALS transport patient care reports must be reviewed and evaluated by a system certified paramedic preceptor and kept in a file for review by the physician medical director if they deem necessary.

Paramedic interns will be required to study the ALS protocols, ALS Procedure Guidelines, the Emergency Medical Service Drug Guide, EMSOA Policies and Procedures, and other material as designated. The intern must successfully complete an ALS protocol and procedures test with a 75% and successfully pass their oral boards with the Physician Medical Director and the EMS Supervisor.

It is required for the paramedic intern to work toward system certification under the mentoring of a system certified paramedic preceptor using the Paramedic Precepting Task Book. The Paramedic Precepting Task Book is designed to identify areas of importance for the intern to demonstrate (by an actual event or by training scenario) a level of competency to function within the Lincoln EMS system. The Paramedic Precepting Task Book has been developed and will be updated and maintained by LF&R with approval from Physician Medical Director. It is required the Paramedic Precepting Task Book be completed by the preceptor and intern, with all applicable signatures present prior to system certification.

The preceptor will oversee the intern during all aspects of medic unit operations and patient care. The preceptor has the final word in all patient treatments and will ultimately be responsible for the care of the patient and the final patient care documentation.

The LF&R training division will contact the Physician Medical Director to arrange a time for the paramedic intern's oral boards after successful completion of the Paramedic Task Book and the paramedic precepting process. All documentation of the process will be made available to the Physician Medical Director at this time.

LF&R Administration in collaboration with the Physician Medical Director will validate completion of precepting.

System-Certified Paramedic- A paramedic that is system certified by the Physician Medical Director in collaboration with the Chief of EMS, the EMS Supervisors and the LF&R Training division can function independently as a paramedic in the Lincoln EMS system.

The Physician Medical Director may credential selected providers to perform RSI in the Lincoln EMS system.

Re-System Certification –

If a system certified paramedic has not been functioning as a system certified paramedic for greater than six months and wishes to obtain system certification status again, they will be required to ride on a medic unit with a system certified preceptor for a minimum of seven 24-hour shifts. They will be required to pass an ALS protocol and procedures test with at least a 75%, meet with an EMS Supervisor to review protocols and skills / procedures and meet with the Physician Medical Director before functioning as system certified paramedic.

System-Certified Paramedic Preceptor-

Being a preceptor is a large responsibility. The preceptor must be a mentor, educator, and a patient advocate. When the preceptor is with an intern, they are responsible for patient care at all times and will be held accountable for all issues regarding the treatment modalities, the patient's care, and patient care documentation responsibilities. A preceptor does not have authority over any other system certified paramedic.

Eligibility criteria to become a Preceptor:

1. Must have at least three years of paramedic experience in the Lincoln EMS system or be approved by the Physician Medical Director.
2. The preceptor application must be reviewed and approved by LF&R administration, then forwarded to Physician Medical Director for review and approval.
3. Must take and successfully pass the LF&R ALS protocol test (with a minimum score of 80%) within 45 days prior to approval as a system approved Preceptor.
4. Must demonstrate a strong working knowledge of critical skills and procedures performed within the LF&R EMS System. These will include airway procedures and medications.

LF&R Preceptor Expectations: A primary goal of the precepting process for newly hired paramedics is creating a training period that will increase LF&R's ability to add high quality paramedics to the system. To accomplish this goal all preceptors must follow a similar training plan and outline. Listed below are the expectations to help guide this process:

Each individual preceptor is encouraged to be innovative and encourage the intern's learning process. Give as much positive reinforcement as possible and always provide constructive criticism when indicated. Notify the Preceptor Coordinator, the EMS Supervisor, and the Chief of EMS if the preceptor feels the intern needs special

assistance or if they have concerns about the intern's ability to successfully complete the internship.

**EMERGENCY MEDICAL SERVICES
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Policy - #4

Equipment and Inspection

LF&R ambulances, engines and trucks must meet the minimum State of Nebraska required standards for vehicles and equipment. In addition, each vehicle must carry the necessary equipment to implement the approved Lincoln EMS System medical treatment guidelines corresponding with the provider's level of care. LF&R will retain proof of the inspections of the engine, truck, and medic unit and all medical equipment.

**EMERGENCY MEDICAL SERVICES
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Policy - #5

Medication List

LF&R will carry such medications as necessary to perform their duties and will work with the Physician Medical Director to determine which medications and what quantities will be carried.

**EMERGENCY MEDICAL SERVICES
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Policy - #6

Skill Proficiency and EMS Definitions

Provider proficiency will be reviewed as necessary by the Physician Medical Director and LF&R EMS Administration. The Physician Medical Director will determine if the provider needs or requires remediation training. The Physician Medical Director may require an OR airway clinical scheduled if necessary.

It is the goal of the Lincoln EMS system to successfully intubate 100% of all patients requiring intubation. However, if that percentage drops to below 90%, implementation of new training and maintenance methods may occur.

Definitions

ALS Patient Contact – Participate on an ALS call either by performing a skill (IV, ET or medication administered) or directing the ALS call until arrival at the hospital.

Intubation Attempt – Anytime the laryngoscope blade is placed in the patient’s mouth except for removal of a foreign body.

If at any time the Physician Medical Director feels additional training is needed and/or the paramedic does not meet the minimum proficiency standards, additional training will be scheduled. The Physician Medical Director will retain ultimate authority over individuals who operate under their license.

**EMERGENCY MEDICAL SERVICES
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Policy - #7

Chart Audits and Teleconferences

LF&R will provide QA/QI per their Case Review and Corrective Action Plan. The purpose of review is to evaluate the quality, effectiveness, and compliance with the medical treatment protocols to assist the providers in delivering quality patient care.

Teleconferences may be scheduled with outside agencies to deliver new training or discuss relevant current issues.

**EMERGENCY MEDICAL SERVICES
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Policy - #8

Ride along experience for students, registered nurses, or physician residents

Any state certified training agency interested in using the LF&R EMS System as a field-training site must have a signed contract with LF&R that includes, at a minimum, the following information:

- Level of the student's licensure or desired licensure (EMT, Advanced EMT, Paramedic, RN, or physician resident)
- Statement of liability coverage
- Name of the training agency's Medical Director
- 24-hour emergency contact number

A signed copy of each contract must be kept on file at LF&R. A student can be observed and mentored by any LF&R system certified paramedic approved by the Medical Director. Paramedic students have permission to provide all ALS care as determined by the LF&R system certified paramedic preceptor, with the exclusion of:

- endotracheal intubation,
- manual defibrillation/pacing/synchronized cardioversion,
- needle chest decompression,
- cricothyroidotomy,
- RSI and
- insertion of intraosseous needles

The student is only authorized to perform patient care at their level and when under the direct observation of their assigned LF&R EMS system certified paramedic. All other students are limited to the following medical functions:

- obtain vital signs
- applying ECG monitor
- obtain pulse oximetry
- obtain blood glucose
- applying oxygen

All other assessments and treatments must be **observational only** unless special written approval is received from the Physician Medical Director. LF&R paramedics are encouraged to review each call with the student to make the learning experience as beneficial as possible. If an incident occurs involving the ride along, it is mandatory the ***LF&R Self Reporting Form*** be

completed and submitted to the on-duty EMS Supervisor. EMS-1 will then notify the Physician Medical Director, the Chief of EMS and forward the form via e-mail.

**EMERGENCY MEDICAL SERVICES
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Policy - #9

Law Enforcement Medical Request

In situations where a Certified Law Enforcement officer determines that a medical emergency **DOES NOT** exist and that the patient requires transport for protective custody reasons only, the law enforcement agency will contact the 911 dispatch center directly by land line or by radio.

- If determined through the 911 dispatch screening process, as defined by the system approved EMD process, that a non-emergency response is appropriate, the dispatcher will deploy an ambulance.
- Should the 911 dispatch EMD process indicate that a full medical response is necessary; the dispatcher will dispatch a full medical response and then notify the Law Enforcement officer at the scene.
- If a law enforcement officer uses a Taser, the patient **SHALL** be transported to a medical facility to be evaluated by a physician.

Patients will be transported to the hospital designated by the law enforcement officer in accordance with destination criteria. Patients **WILL NOT** be transported to an alternative facility prior to medical evaluation by a Lincoln emergency room physician. If the desired hospital is on “Diversion” status, the patient will be transported per hospital diversion.

Hospital diversion is defined as a request by the hospital to reroute the patient to another hospital.

If an officer has a patient handcuffed, an officer must ride in the patient compartment of the medic unit and always have keys available.

**EMERGENCY MEDICAL SERVICES
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Policy - #10

Specialty Team Transfers

LF&R's primary mission is 911 service, not interfacility transfers but realize there may be times when it would be beneficial for the patient to be transported emergently from one hospital to another.

Specialty team transfers apply only to hospitalized patients requiring transport to another hospital within the Lincoln, Nebraska city limits.

The specialty team members oversee patient care during specialty team transports. LF&R personnel oversee overall safety for all occupants being transported.

If LF&R is requested to emergently transport a patient from one hospital to another without a specialty team, the paramedic must assess the patient and determine if they are educated, certified, licensed, and credentialed to provide adequate medical care for the patient's acuity level. A significant risk to patient safety occurs when EMS personnel are placed into situations and roles for which they are not experientially or educationally prepared. It is the shared responsibility of medical oversight by a physician, clinical and administrative supervision, regulation, and quality assurance to ensure that EMS personnel are not placed in situations where they exceed the State's scope of practice. For the protection of the public, regulation must assure that EMS personnel are functioning within their scope of practice, level of education, certification, and credentialing process.

Prior to taking the transfer, the paramedic must receive detailed information about any medication infusions and/or equipment being transferred with the patient. If the paramedic is not comfortable transporting the patient after receiving the information the paramedic will express their concern to the sending physician and request a nurse to ride with them or request a specialty team transport.

The provider may contact EMS-1 for additional guidance.

**EMERGENCY MEDICAL SERVICES
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Policy - #11

Response Requirements

- 1.) LF&R must be the transporting agency anytime an ambulance is dispatched to an address within the City limits and the patient requires code 3, lights, and sirens emergency transport to the hospital. Exceptions to this rule include when the LF&R ambulance is performing an intercept for mutual aid or during a multiple casualty incident which has burdened the system.
- 2.) Additional resources may be dispatched at the discretion of the responding unit. This decision may be made based upon information provided by dispatch, the first responding unit, or actual patient assessment.

**EMERGENCY MEDICAL SERVICES
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Policy - #12

LF&R Self Reporting Form

LF&R providers functioning under the Physician Medical Director will follow Nebraska State EMS Mandatory Reporting Regulation 172 NAC 5. The Physician Medical Director must be notified immediately any time an EMS provider is submitting a mandatory report to the State.

The Physician Medical Director must be notified on any out of the ordinary occurrence or occurrences as soon as possible but no later than 24 hours after the occurrence(s).

The LF&R Self Reporting Form can be used to praise providers for a job well done, report incidents or provide constructive feedback. Incidences in which the providers performed well under extreme conditions or went above and beyond the routine and expected level of care should be documented and sent in for provider recognition.

For the situations listed below the EMS Supervisor should be notified verbally and the form must be completed and sent to EMS-1 within 24 hours.

EMS-1 will then forward the form to the physician medical director, the Chief of EMS, and the QA/QI coordinator for quality assurance review.

Equipment or mechanical failure- Any time there is equipment or mechanical failure that affects patient care, a detailed description of the failure and the effect of the equipment failure on patient care should be communicated.

Medication Errors- Any time a provider inadvertently administers the wrong type or dose of medication, they must immediately notify the receiving hospital nurse and/or doctor of the error and inform them of the pertinent information relating to patient care.

Medical care concerns- Any time a provider is a witness to incorrect or questionable patient care by another EMS provider.

Violation of patient care or dispatch guidelines- Any time a provider observes a violation of any of the authorized LR&R EMS patient care guidelines.

Deviation from guidelines- Any time a provider deviates from patient care guidelines without a physician's order or performs a treatment not specified in the guidelines for the specific malady being treated.

**EMERGENCY MEDICAL SERVICES
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Policy - #13

Problem Resolution

Anyone identifying and wishing to forward a concern within the Lincoln EMS System should adhere to the following:

- Any provider with a problem or concern should follow their agencies policies regarding problem resolution.
- Once the provider has followed their agencies policies and the problem has still not been resolved, they can schedule a meeting, with the Physician Medical Director.
- If the problem is still not resolved to the satisfaction of the provider, they can schedule a meeting with the EMSOA Board Chair.
- If the problem is still not resolved to the provider's satisfaction, they can schedule a meeting with the entire EMSOA Board.
- If an agency under EMSOA medical direction need resolution assistance, a representative can ask to meet with the Physician Medical Director and/or EMSOA Board President. The agency representatives can schedule a meeting with all individuals if they desire. If the problem is not resolved to the agency's satisfaction, the representatives can schedule to meet with the entire EMSOA Board.
- All scheduling will be completed by an EMSOA designee. Decisions of the EMSOA Board are final.

**EMERGENCY MEDICAL SERVICES
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Policy - #14

Request for EMS Board Action

LF&R, an individual system certified provider* or a member of the public can initiate a ***Request for Action*** by the EMSOA Board. The request must be submitted in writing. Such notification must be delivered to EMSOA at least seven (7) days prior to a scheduled EMSOA Board Meeting. The ***Request for Action*** must include the reason for the request, the history of the request, and a desired recommended course of action. The request should include any supporting documentation. The requesting organization, individual provider, or the member of the public must be present at the meeting to present the request and answer questions.

After hearing and considering the request, the Board will decide a course of action. The course of action will be in the best interests of the Lincoln EMS system and all patients which it serves.

In all cases, the decision of the EMS Board is final.

**Note: EMSOA will notify LF&R when an individual provider is requesting EMSOA Board action.*

**EMERGENCY MEDICAL SERVICES
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Policy - #15

Physician Ordered Emergency Transfer to CHI Health Nebraska Heart

A physician ordered emergency transfer to the CHI Health Nebraska Heart applies to any patient under the direct care of a CHI Health Nebraska Heart physician and in need of an emergency transfer from a local healthcare facility to CHI Health Nebraska Heart.

The *emergency* transfer request to CHI Health Nebraska Heart can be requested by calling 911 under the following conditions:

1. A CHI Health Nebraska Heart physician or advanced level practitioner has performed the bedside assessment at the healthcare facility and determines a direct admit to CHI Health Nebraska Heart is appropriate and in the best interest of patient care.
2. A primary care physician has performed the bedside assessment at the healthcare facility and because of a consult with a CHI Health Nebraska Heart physician it is determined a direct admission to CHI Health Nebraska Heart is appropriate and in the best interest of patient care

If the physician must leave before the LF&R crew arrives, the healthcare provider caring for the patient must assume responsibility for reporting to the LF&R personnel the name of the physician who has conducted the exam and requested the transfer. This information must be included in the EMS patient care report.

**EMERGENCY MEDICAL SERVICES
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**Policy- #16
Hospital Destination Decision Criteria**

Whenever possible the hospital destination decision should be left up to the patient.

Hospital choices include Bryan Health and CHI Health St. Elizabeth for general care or CHI Health Nebraska Heart for cardiac emergencies, declared cardiac alerts and/or post cardiac arrest care. The exception would be hospital diversion status or the patient's condition requires specialized services offered only by a specific hospital.

Declared cardiac alerts should only be transported to Bryan East Campus or CHI Health Nebraska Heart.

When Bryan Health is the destination hospital the following destination decisions should be made due to specialized services between Bryan Health East and West campuses. Patients not following into the criteria can be transported to any one of the Bryan Health campuses.

Bryan West Campus

- **Trauma patients meeting the Lincoln Fire & Rescue Treatment Protocol Trauma Criteria**
- **Drowning and near drowning patients' (consider closest hospital for full code or airway complications)**
- **Patients with psychiatric issues**
- **SANE patients, both adult and pediatric**

Bryan East Campus

- **O.B., neonatal and pediatric patients**
- **Cardiac patients with a declared cardiac alert and a consideration for all patients with general cardiac issues**

When a CHI hospital is the destination hospital the following destination decisions should be made due to specialized services.

CHI Health St. Elizabeth

- **All medical emergencies and traumatic injuries that do not meet the criteria of the Lincoln Fire & Rescue Treatment Protocol for a Category I Trauma**
- **Burns patients that meet the American Burn Association burn unit referral criteria**
- **Adult SANE patients**

CHI Health Nebraska Heart

- **Cardiac emergencies**
- **Declared cardiac alerts and/or post cardiac arrest care**

Note: Medical Control can always be contacted for guidance with a destination decision.

**Appendix
(Available online)**

LF&R ALS Protocols

LF&R BLS Protocols

LF&R ALS Procedures Guide

LF&R Emergency Medical Service Drug Guide

Case Review and Corrective Action Plan

LF&R Self Reporting Form