

Methodist Health Services Corporation UnityPoint Health- Proctor	Page # 1 of 3	Section:	Policy #: 16
	Approved by:		Date: 6/2017 Review by: 6/2018
	Supersedes: Date Revised: 6/2017		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: OFF-LINE MEDICAL CONTROL - EMS SYSTEM MANUAL			

I. POLICY:
Off-Line Medical Control - EMS System Manual

II. PURPOSE AND STANDARD:
The EMS System Manual as defined in [Section 515.330 EMS System Program Plan](#) will be distributed to all UnityPoint Health EMS System participants by posting it online on the UnityPoint Health EMS System website.

The EMS System Manual includes the Prehospital Care Manual which is developed by the EMS Medical Director and the UnityPoint Health EMS System Advisory Council and reflects nationally recommended treatment modalities for providing patient care in the prehospital setting. The Prehospital Care Manual, containing Standing Medical Orders, Policies & Procedures, is intended to establish the standard of care which is expected of the UnityPoint Health EMS System provider.

III. POLICY SCOPE: Departmental

IV. GENERAL INFORMATION:

A. Definitions

1. **MERCI Radio** – VHF radio used to communicate on the primary MERCI ambulance to hospital frequency of 155.340 for both local and statewide ambulance traffic or on the hospital to hospital frequency of 155.280 and other VHF frequencies which may be identified and reserved by IDPH in the future for the use of ambulance to hospital or hospital to hospital communications.

2. **Telemetry Phone** – Reserved and recorded direct lines used by EMS providers to call the hospital for the transmission of patient reports and requesting orders for the care of patients.
3. **CAREPoint Console** – Computerized console which controls the MERCI radio and the telemetry phone lines from one location. The CAREPoint Console will be considered the operational control point for the EMS System.
4. **Operational Control Point** – A location where all MERCI (VHF), UHF, Telemetry Phone and intercom communications are located and from which all Online Medical Control is provided by the EMS Medical Director or his/her designee which may be an Emergency Department Physician or ECRN.
5. **Medical Control Physician** – The EMS Medical Director or his designee, the Alternate EMS Medical Director or Emergency Department Physician on duty in the UnityPoint Health Proctor Hospital Emergency Department.
6. **UnityPoint Health EMS System Advisory Council** – A committee which includes the EMS Medical Director, EMS System Coordinator (Chair), EMS System Educators, an ECRN from the UnityPoint Health Proctor Hospital Emergency Department, the EMS Coordinator from each Associate Hospital (if applicable), the Associate EMS Medical Director from each Associate Hospital (if applicable), an ECRN from each Associate Hospital (if applicable), and a representative from each agency which is a member of the UnityPoint Health EMS System. These will be the voting members. Meetings of the group will be held at least twice a year and are open to interested parties. The group will provide the EMS System input on Standing Medical Orders (SMOs), System Policies, and System Procedures.

B. Policy and Procedure

1. The EMS System Manual including the Prehospital Care Manual will be maintained in PDF format which can be viewed, downloaded and/or printed from the UnityPoint Health EMS System website. This site will always contain the current version of the EMS System Manual, including the Prehospital Care Manual, and will be the method of distribution of the EMS System Manual. Each UnityPoint Health EMS System provider will receive a “signature page” that states they have received and understand the UnityPoint Health EMS System Manual and Prehospital Care Manual. This signature page is to be individually signed by each member of the agency and returned to UnityPoint Health EMS Office.
2. When revisions are made the UnityPoint Health EMS System Plan or the Prehospital Care Manual, the training officers of the UnityPoint Health

EMS System member agencies' will have a new "signature page" which states each individual has received and understands all changes applied. Each member of the agency will be required to sign off on each change on a different signature page for each change. The training officers at each member agency will assist in obtaining agency members' signatures and returning the page to the UnityPoint Health EMS Office.

3. Amendments or revisions of the EMS System Manual will be posted online, distributed to individual providers in the UnityPoint Health EMS System by email, and sent via hard copy mailed USPS to each UnityPoint Health EMS System member agency.
4. In-services for policy and protocol changes will be held at a central location and at each agency whenever possible.
5. Updates on System and Regional activities, and other matters of medical, legal and/or professional interest will be posted on the UnityPoint Health EMS website.
6. All EMS System forms will be made available in a PDF format for printing or download on the UnityPoint Health EMS website.
7. All IDPH forms will be available on the IDPH website.
8. Training schedules for EMS System training, agency training and other pertinent approved training will be posted on the UnityPoint Health EMS website.
9. Standing Medical Orders, Policies & Procedures contained in the Prehospital Care Manual are the written, established standard of care to be followed by all members of the UnityPoint Health EMS System for treatment of the acutely ill or injured patient.
10. Standing Medical Orders, Policies & Procedures contained in the Prehospital Care Manual will be reviewed annually.
11. The EMS provider will initiate patient care under these guidelines and contact Proctor Hospital Medical Control in a timely manner. Diligent effort must be made to contact Medical Control in a timely manner via MERCI Radio or Telemetry Phone. Delay or failure to contact UnityPoint Health Proctor Hospital Medical Control for required on-line orders is a quality improvement indicator.
12. The Standing Medical Orders will be utilized as Off-Line Medical Control under the following circumstances:
 - * In the event communication cannot be established or is disrupted between the Prehospital provider and Medical Control.
 - * In the event that establishing communications would cause an inadvisable delay in care that could be detrimental to the patient.
 - * In the event of a disaster situation, where an immediate action to preserve and save lives supersedes the need to communicate with hospital-based personnel, or where such communication is not required by the disaster protocol.
13. Inability to contact Medical Control should not delay patient transport or the provision of life-saving therapies. Patient destination and transport decisions are set forth in the Standing Medical Orders (SMO's).