POLICY: An Emergency Medical Technician - Paramedic is authorized to administer prescription and controlled medications and possess needles, syringes and administration devices as outlined by Chapter HFS 112 of the Wisconsin Administrative Code. The authorization is only valid when the paramedic is on duty, assigned to a fire department emergency response vehicle under the direction and medical control of the Milwaukee County EMS Medical Director.

- A minimum of two paramedics are required to be present at the scene to practice at the paramedic level.
- If a single paramedic is assigned to a Paramedic First Response vehicle, that paramedic may practice to the level of an EMT-Intermediate as outlined in Chapter HFS 112 of the Wisconsin Administrative Code.

POLICY: Upon dispatch, the paramedic unit will contact the base station by radio for permission to apply appropriate protocols. Contact with medical control is to be made for medical orders not covered by protocol.

Paramedics may request medical control for advice in unusual circumstances e.g. refusal of care/transport, or when uncomfortable with or unsure of treatment options. Paramedic units that are transporting a patient without on-line medical control will provide appropriate medical information about the patient to the Communications Center for relay to the receiving facility. When paramedics need medical control or are ready to provide a report during transport, a frequency should be requested.

Timely contact with medical control may be required by, but is not limited to the provisions in the following policies:

- Allergic Reaction: BLS units must request a physician's order for the administration of subQ epinephrine; ALS units must request medical control if the patient experiences no relief after subQ epinephrine and/or albuterol;
- Angina/MI: BLS units must request a physician's order for assisting the patient in self-administration of NTG; ALS units must request medical control if the patient has taken Viagra within the last 24 hours; if the 12-lead ECG reads acute MI, 2nd or 3rd degree heart block, or significant ventricular ectopy; or if the patient experiences no relief of chest pain after 3 NTG;
- Altered Level of Consciousness: if the patient is under 2 years of age, or if the patient has no improvement in LOC along with abnormal vital signs;
- All resuscitation attempts unless ROSC in adults with SBP > 90 and no ectopy;
- Patients in ventricular tachycardia with pulses;
- Intraosseous Infusions: if the patient is not in cardiac arrest, not unconscious, or if the IV is not critical to patient care;
- Narrow Complex Bradycardia with Pulses: if the patient shows no improvement after 2 boluses of 0.5 mg Atropine or if 12 lead ECG shows acute MI, 2nd or 3rd degree heart block, or significant ventricular ectopy;
- Do Not Resuscitate patients with unclear DNR orders;
- Respiratory Distress: if the asthmatic or COPD patient experiences no relief after 2 albuterol treatments; if the CHF patient has taken Viagra within the last 24 hours or experiences no relief after NTG and Lasix.
- Narrow Complex Tachycardia, if the patient experiences no relief after cardioversion/defibrillation, amiodarone, or adenosine.

Paramedic units responding to a fire call will notify the Communications Center and remain on the call-in channel unless otherwise directed by a communicator.

At the conclusion of each run, the paramedic unit will notify the Communications Center of the disposition of the call. The patient's name and report number will be called in to the base station for any case involving base physician intervention, or in cases where medications were administered per protocol only. Communication involving the patient's name should be done by telephone to maintain confidentiality.

POLICY: Biennial benchmarks have been defined and established to assure that each paramedic has the opportunity to adequately perform and maintain proficiency in their skills. Benchmarks will be used to assist the EMS Medical Director in evaluating the performance and expertise of the system paramedics.

Benchmark tracking will begin at the time of paramedic licensure and will cover a specific 2-year period.

Benchmark reports will be generated semi-annually and provided to each active paramedic. This will enable paramedics to self-monitor the status of their benchmarks.

Benchmarks will be collected internally from the EMS database. The Medical Director will also accept validated documentation of outside benchmarks on a case-by-case basis.

Any active full- or limited-practice paramedic not meeting the biennial benchmarks will be required to demonstrate competency in the skills where they fall short of their benchmarks to maintain practice privileges. Special Reserve paramedics are strongly encouraged to maintain their benchmarks.

Questions regarding the accuracy of a paramedic's benchmarks should be forwarded to the Quality Manager for review.

Criteria definition and requirements:

Event	**Definition**	**24 Month Benchmark**
Patient contact	Each paramedic on scene is credited with one patient contact.	160
Team leader / Report writer	Acquires the patient's history, documents and directs overall scene care.	40
Endotracheal intubation	Successful placement, oral or nasal route	2
Intravenous start	Successful placement, peripheral or external jugular location	24
Medication administrations	By any route: IV, IO, SQ, ET, aerosol, rectal	24
12-lead ECG	Successful acquisition, interpretation, and transmission of a 12-lead ECG to the MC EMS Communications Center	20

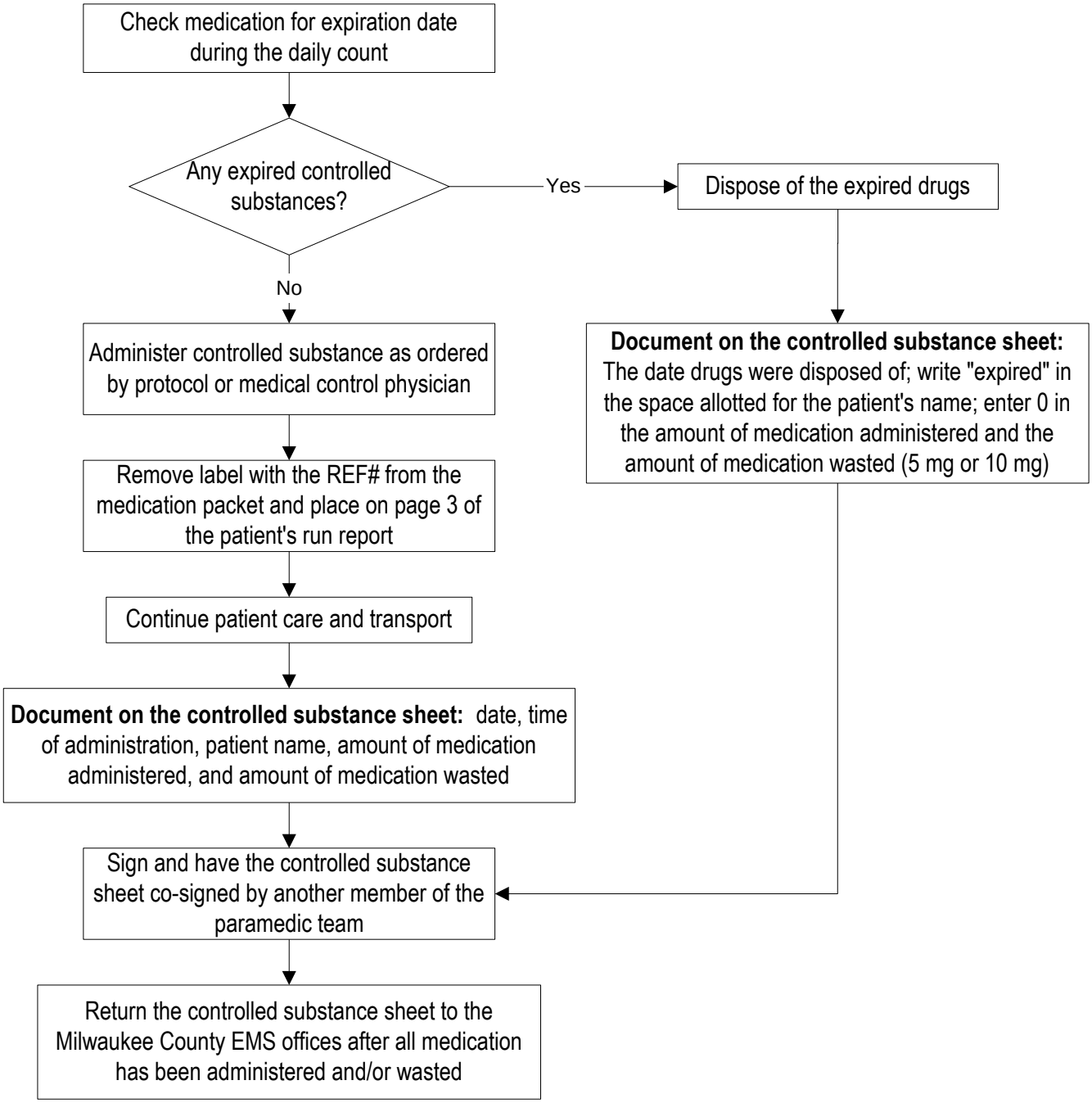
IV= Intravenous; IO= Intraosseous; SQ= Subcutaneous; ET= Endotracheal; ECG = Electrocardiogram

POLICY: Milwaukee County EMS providers will apply usual Standards of Care, Medical Protocols, Standards for Practical Skills, and Operational Policies set forth by Milwaukee County EMS to patients who have been subjected to the use of a conducted energy devices (also known variably as "conducted energy weapon", "electric control device", "electronic restraint", "tazer", "taser", or "stun gun").

I. Need for Medical Evaluation
   A. Available scientific evidence suggests that not all patients subjected to a conducted energy device will require an EMS evaluation.
   B. If requested/called by law enforcement, EMS providers will conduct a patient evaluation applying usual standards of care, protocols, skills, and policies.

II. Need for Transport to Receiving Hospital
   A. Available scientific evidence suggests that not all patients subjected to a conducted energy device will require hospital evaluation.
   B. Patients will be transported if any of the following situations apply:
      1. Any patient age 12 years or younger
      2. Pregnant patients greater than or equal to 20 weeks in gestation
      3. Any abnormality of vital signs (see Standard of Care – Normal Vital Signs, with the exception that adult blood pressure of over 160/100 or below 100/70 is considered abnormal in these circumstances)
      4. Use of more than 3 device shocks on a patient
      5. Barbs that have hit in the following areas
         i. Eyes/Orbits
         ii. Neck
         iii. Genitalia
      6. Significant trauma or mechanism of injury related to events before, during, or after device application (e.g. falls, MVC)
      7. Burns, if greater than mild reddening of the skin between the barbs
      8. Barbs that cannot be removed using usual methods (refer to Standards of Care – Conducted Energy Device Barb Removal)
      9. Persistent agitated behavior that is not responsive to verbal de-escalation
      10. History of coronary disease, CHF, cardiac arrhythmias, or AICD/pacer
      11. Other abnormal or unusual signs or symptoms persisting after shock (for example, numbness, paralysis, shortness of breath, chest pain, dizziness, loss of consciousness, profuse sweating, or others)
   C. Patients will also be transported if, in the judgment of EMS or law enforcement, further evaluation is warranted.
   D. Transport can occur at the level deemed appropriate by on-scene EMS personnel (follow usual protocols for BLS versus ALS level transport).

POLICY: Administration of controlled substances will be uniformly documented to accurately reflect usage and waste.

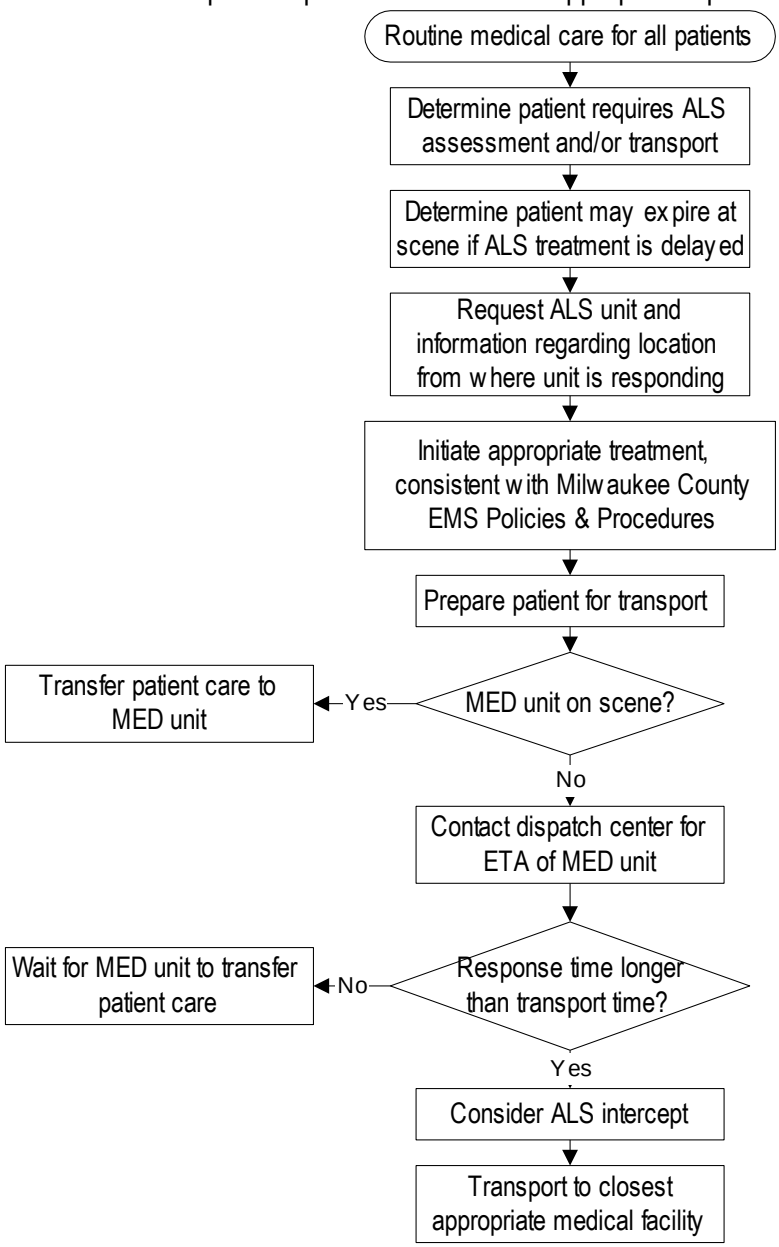


NOTES:

- Each MED unit will be audited to assure documentation is complete and accurate.
- Records will also be reconciled with the FMLH pharmacy at the end of the year.

Initial: 12/6/00	**MILWAUKEE COUNTY EMS OPERATIONAL POLICY**	Approved by: Patricia Haslbeck, MSN, RN
Reviewed/revised:	**DEVIATION FROM ALS**	Approved by: Ronald Pirrallo, MD, MHSA
Revision:	**EVALUATION (LOAD AND GO)**	Page 1 of 1

POLICY: If the EMTs on scene determine that a patient may expire on scene if ALS treatment is delayed, the EMTs may opt to Load & Go transport the patient to the closest appropriate open medical facility.



NOTES:

- Potential Load & Go situations exist if:
  - The patient has an uncontrolled airway
  - The patient is bleeding to death
  - The patient has penetrating trauma to the thorax or abdomen
  - The patient is experiencing complications of childbirth
- Documentation on the run report ***must*** support Load & Go transport decision

EMS RUN REPORT COMPLETION

POLICY: The paramedic team will complete, in a timely manner, an EMS run report (EMS Report Form) on all patients examined.

- Documentation will include all medical information and all medical care provided entered in the appropriate places on the EMS run report. See the *Handbook for Completing the Scannable EMS Report Form* for specific instructions. The treatment/triage decision must be clearly supported.

- Any ALS assessment or intervention by PFR or MED unit, including ECG rhythm interpretation, requires completion of the run report by the PFR or the ALS team.

- If a Basic Life Support (BLS) unit is transporting the patient, the ALS report documentation will be completed prior to the departure of the paramedic unit and the transporting unit from the scene. The time of the turnover must be documented. The criteria of the Standard of Care: Transfer of Care (Turn-Down) is required.

Shared EMS Report Form

Both BLS and ALS fire department personnel in Milwaukee County complete their documentation on the same EMS report form. Each fire department municipality will have their own department name on the top of the form.

The first arriving fire department EMS unit who assesses the patient initiates the EMS report form. If the run is an ALS call, typically the BLS unit will arrive first, document any patient assessment and treatment. When the ALS unit arrives, the BLS unit will give the intact four-part form to the ALS unit for documentation of their assessment and treatment. The *transporting fire department unit* maintains possession of the intact four-part form.

NOTE: Some fire departments have chosen not to share the form across their city borders at this time. In this case, each fire department municipality would start and complete their own EMS report form on the same patient. The transporting unit should receive the Hospital Copy from any other unit who assessed the patient. See below:

Departments Sharing the EMS Report Form Between Municipalities

- Both the BLS and ALS units will document on the same report form no matter which fire department they are from. The transporting unit will take the entire run report (all 4 copies).
- If two different fire departments are involved, when the call is over, the fire department of the transporting unit must send a photocopy of the EMS report to the other fire department who documented on the form.

Departments NOT Sharing the EMS Report Form Between Municipalities

- If the BLS unit who initiates the form is <u>from the same</u> fire department as the ALS unit, both units will document on the same report form and the entire run report (all 4 copies) will be given to the transporting unit.
- If the BLS unit who initiates the form is <u>NOT from the same</u> fire department as the ALS unit, each unit will complete their own report form. The unit turning over the patient will give the Hospital Copy of their EMS run report to the transporting unit.

Documentation by Type of Unit

ALS\BLS Units approved in the Milwaukee County EMS Plan, have the flexibility to be dispatched on BLS level calls as well as ALS level calls and may transport patients at either level. Documentation will vary depending on the designation of the unit, which is reliant on the daily staffing and equipment stocked on the unit. **In addition, an ALS\BLS Unit responding with a dedicated ALS Unit may be documented as a PFR to eliminate the need for completion of the Transfer of Care form.*

2 Licensed Paramedics (ALS Unit)

- Units staffed with at least 2 paramedics and stocked with all required ALS equipment, shall be designated as a Med Unit*. A designated Med Unit shall document using the assigned Med Unit number for all level of dispatches.
- Call the Milwaukee County Communication Base for a radio frequency.
- Complete all ALS sections on the EMS Report form, including the ALS Vehicle Personnel section. (The Dispatch Level section on the EMS Report form will identify the initial level of the dispatched call.)
- The Transport Mode section on the EMS Report form will identify the final level of the dispatched call and the correct billing level.
  - Complete, "FD ALS" for patients transported at the ALS level.
  - Complete, "FD BLS" for patients transported by the Fire Department at the BLS level.
- Close the call with the Communication Base.
  - ALS transports, relay patient information for hospital notification.
  - BLS transports, relay patient information for hospital notification.
- Units stocked with only PFR supplies, shall be designated as a PFR Unit. (See PFR Unit below)
- Units stocked with only BLS supplies, shall be designated as a BLS Unit. (See BLS Unit below)

1 Licensed Paramedic (PFR Unit)

- Units staffed with at least 1 paramedic and stocked with PFR supplies, shall be designated as a PFR unit and use the vehicle unit number, i.e., R3, E1, R1883.
- Complete all BLS/PFR sections on the EMS Report form, including the BLS/PFR Vehicle Personnel section.
- Units without PFR (or ALS) supplies shall be designated as a BLS unit. (See BLS Unit below)

0 Licensed Paramedics (BLS Unit)

- Units staffed with 0 paramedics, shall be designated as a BLS unit and use the vehicle unit number.
- Complete all BLS/PFR sections on the EMS Report form, including the BLS/PFR Vehicle Personnel section.

Multiple Casualties

- When multiple victims are present at a scene (3 or more) and the paramedic team is caring for one or more patients, other patients who are triaged but not completely assessed by the paramedic team do not need to have a run report generated by the paramedics if it will interfere with the ALS care of the critical patient(s).
- When multiple victims are present at a scene (3 or more) and no patient at the scene requires ALS care, the paramedics will function as the triage team. The team leader will prepare one (1) Overflow run report. In the section for patient name, the designation "Multiple Casualty" will be entered. Date, incident number, emergency location, unit letter and number, and times are entered as usual. In the treatment log section the team leader will list each patient's name, date of birth, chief complaint, vital signs, transporting unit and destination. The transporting unit(s) must complete a standard EMS run report.

Refusal of Care and/or Transport

If a patient refuses care and/or transport, the following information (in addition to standard documentation) will be placed on the run report:

1. A statement indicating the patient is an alert/oriented adult
2. Medical treatment and transport options were offered to the patient
3. The paramedic team informed the patient of the possible consequences, including potentially life-threatening conditions, of refusing medical care
4. The patient was encouraged to seek medical help for his/her condition
5. The patient indicated he/she accepts the risks of refusal of care

The team leader completing the EMS run report will have the patient initial the line in the lower left hand corner: "I refuse treatment/transport against medical advice and understand/accept the risks" and have the patient sign below.

Patient Signature

- The patient signature is *required* on all run reports. If the patient is unable to sign, ask a family member or witness to sign and document their relationship to the patient. A full name signature is required, initials are not acceptable. The witness signature validates that patient care was provided by EMS personnel, it does not imply any financial responsibility.
- If no family member or witness is available, the receiving Emergency Department RN may sign.

Deceased Patients

If the patient is deceased at the scene (either no resuscitation was attempted or the resuscitation was terminated in the field) the run report should be handled as follows:

1. If the Medical Examiner is at the scene, give the Hospital Copy of the EMS run report to the Medical Examiner.
2. If a BLS squad (private or fire department) will be transporting, give the Hospital Copy of the EMS run report to the BLS squad who in turn should give it to the physician at the receiving hospital.
3. If control of the scene is given over to a police officer or private Ambulance Company awaiting arrival of the Medical Examiner, the Hospital Copy of the EMS run report is to be sealed in an envelope. Write the patient's name, the designation of the paramedic unit and the names of the paramedics on the outside of the envelope. (State law forbids the review of the contents of the run report by the police without the written permission of the next of kin or a court order.)

Copy Distribution

When completed, there are four copies of the report form to distribute as follows:

- Top Copy: Milwaukee County EMS Copy
  To be sent to Milwaukee County EMS where it will be scanned and filed with the base station physician's medical command form, if any.
- Part Two: Fire Department Copy
- Part Three: Fire Department Billing Copy
  The second and third copies are forwarded to the appropriate fire department administration, one will be filed, and the other will be used for fire department billing, if applicable.
- Part Four: Hospital Copy
  To be left with the patient at the hospital.

Prior to submission to Milwaukee County EMS, each fire department administration will separate the EMS Reports into two piles based on the type of call: BLS/PFR or ALS.

Correcting Written Errors
If a written error occurs while completing the report, draw one (1) line through the mistake, mark it as "error", place your initials next to the error and write in the corrected information.

Amending Reports
If a late entry needs to be made to a completed and distributed patient EMS report, an amended report should be filed. Use the Overflow/Transfer of Care form for this purpose. Write in the following information:

- Case No. from the original EMS Report form
- Date of the run
- Fill in Overflow circle
- Incident Number
- Unit Letter
- Unit Number
- Patient Name

Use the narrative to explain what information was left out of the original report or if a written error was made. Be sure to include the date and time the amended report was filed. The report writer should then sign the report and distribute the copies as labeled. The hospital only needs to be notified if there was a medication error.

Legal Issues
The EMS run report is both a legal and medical document. Medical information on the record is confidential and should not be released without proper (legal) authorization. The fire department owns the record, but the patient owns the information documented on the record. Persons requesting a copy of or information from the record should be referred to the fire department administration.

Definitions:

On-campus: Classes held at the offices of MC EMS Education Center
In-house: Educational sessions held at a fire station
DL: Distributive learning educational modules posted on an Internet web site.

Overview:

- In the event of an emergency or illness, a paramedic may be granted an "excused absence" and be allowed to request a rescheduling of his or her refresher class.
  - Definition of an emergency
    - Family emergency needing medical attention
    - Injury to self that prohibits paramedic from attending class
    - Family emergency requiring paramedic's immediate attention
  - Definition of an illness:
    - Personal illness needing the attention of a physician
    - Personal illness of contagious nature (ex Whooping cough)
- If a paramedic is granted permission to reschedule, he or she must be rescheduled for the next mutually available refresher class.
- Paramedics are expected to arrive on time. It is the responsibility of any paramedic who will be late to a refresher class or CE conference to call MCEMS Education Center to inform the center staff of their late arrival.
- Any paramedic leaving a refresher class or CE conference early will be required to make up the missing time.

ACLS & PALS recertification:

- ACLS & PALS recertification will be done "in house" in the month of December each year
- One half of a fire department's roster will be done each year. All paramedics will be recertified within a two-year licensing period.
- Dates for ACLS & PALS recertification will be done on mutually agreed upon dates between MC EMS Education Center and each fire department. Fire department administration will schedule their paramedics to attend agreed upon class dates assuring that class size meets minimums established by MC EMS Education Center.
- It is the responsibility of each EMT-P to make sure they have "current" ACLS and PALS certifications as established by the American Heart Association.

Refresher classes:

- Refresher classes will be offered each fall and spring semester. Attendance at one refresher class per semester is mandatory.
- MC EMS Education Center will publish the class dates six months prior to the dates offered. It is the responsibility of each paramedic to register for one refresher class for each of the fall and spring semesters during a two-year licensing period. (Total of four on-campus classes in a two-year licensing period.)
- At the end of each refresher class, the employing EMS agencies will be notified of a paramedic's attendance, the length of the class and hours each paramedic attended.
- Those paramedics who have not attended either a regularly scheduled refresher class or have been granted an excused absence will be required to obtain six hours of refresher class content. Arrangements must be made through the education manager at MC EMS. The required hours must address the same topic area as the missed refresher class offered by MC EMS.

CE Conference attendance:

- MC EMS Education Center will offer three continuing education (CE) conferences each academic year. (September through June)
- Attendance at each of the conferences is mandatory.
- Paramedics who do not attend a CE conference must notify their fire department EMS administrator.
- Paramedics who do not attend a CE conference must present proof of obtaining equivalent number of hours of CE in an EMS related topic. Proof of attendance can be either a certificate of CEU or a conference agenda.
- Paramedics must sign in upon arrival at the CE conference and must sign out if leaving before the conclusion of the conference.
- Employing EMS agencies will be notified of a paramedic's attendance at the conference as well as the length of the conference.
- Milwaukee County EMS Education Center will develop a "MC EMS System Update" presentation and post it on the DL web site following each CE conference. This presentation will cover updates to system policies, an orientation to new supplies, updates regarding health information (patient care record) issues as well as other system elements. Each EMT-P, whether they attended the CE conference or not, is required to review the "MCEMS System Update" within one (1) month of the presentation being posted on the DL web site. Since the system update presentations deal with current EMS events, it is critical that this information be reviewed in a timely manner. If a paramedic is not able to review the update presentation within the one (1) month time period, he or she must inform the department EMS officer of the delay and when he or she anticipates completing the presentation.

DL requirements:

- A list of scheduled modules will be made available to the paramedics at least one month prior to the start of a semester.
- 5 – 6 modules will be scheduled per semester.

Requirements to maintain "Full Practice" or "Limited Practice" status:

In order for a paramedic to maintain their "Full or Limited" practice status and be granted the ability to practice under the medical control of the Milwaukee County EMS Medical Director, a paramedic must:

1. Attend one "on-campus" refresher class per semester.
2. Attend all CE conferences that fall within a given semester (or have made up any missed CE conference time).
3. Complete all the required DL modules scheduled for a given semester.

Failure to meet requirements:

Failure to complete the requirements to maintain practice status by the established due dates will result in a paramedic losing his or her practice status and medical control. Practice status and medical control will be suspended until such time that the paramedic completes the missed educational content and informs the education manager that he or she is up to date.

Fall semester:	August 1st to December 20th
Spring semester:	January 1st to May 20th

POLICY:

- All patients evaluated by the paramedic team will monitored in accordance with the standards of care, policies and protocols of Milwaukee County EMS.

- Standard Lead II configuration will be used for initial evaluation and continuous monitoring of the ECG. A 12-lead ECG will be obtained and transmitted for any patient experiencing symptoms of suspected cardiac origin.

- A six inch or longer strip will accompany the patient to the hospital

- ECG monitoring of a patient under the care of a paramedic team must be done by a licensed paramedic. BLS and other non-paramedic personnel may not be assigned nor assume responsibility to perform continuous ECG monitoring.

- Any change in rhythm will be documented on the run report and an attempt will be made to obtain a six inch strip of the new rhythm to be left with the patient at the hospital.

- The paramedic team will transmit an ECG "burst" to the Communications Base at the request of the medical control physician, and at least prior to:
    - Requesting a medical control physician for the call
    - Patient care intervention
    - Patient re-assessment (e.g. stop CPR)
    - Request to stop resuscitation efforts

- This policy does not exclude any patient from ECG monitoring or the paramedic team from transmitting an ECG burst to the Communications Base. Medical control should be contacted for medical orders when appropriate for symptomatic patients.

Each paramedic unit is responsible for labeling all hardware (radios, monitors, splints, kits, etc.) in their inventory with their department and unit designation.

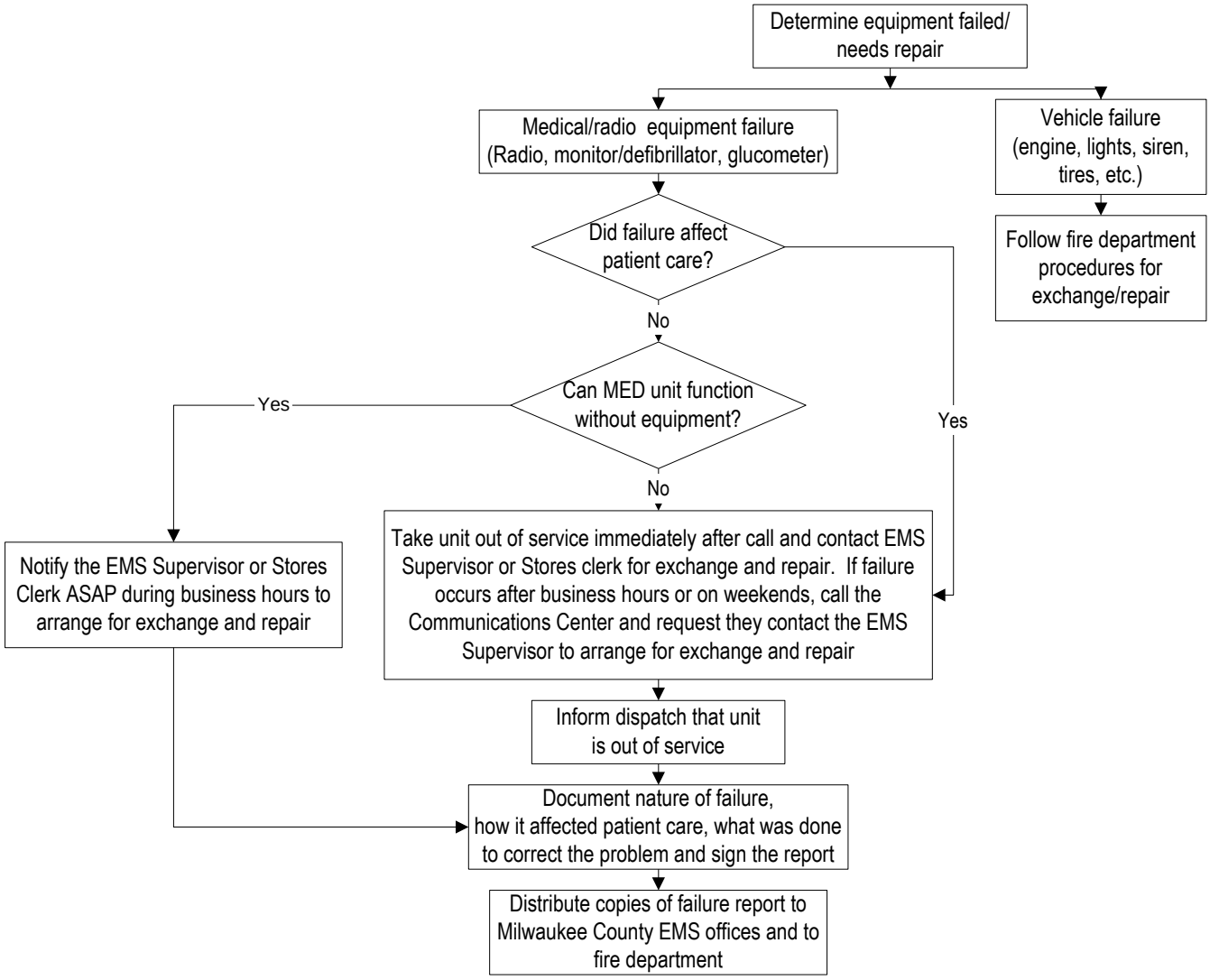
A current log of items which must be left with a patient at a hospital will be maintained by the paramedic unit and those items retrieved as soon as possible. The log should include the type of equipment, quantity, hospital location, date left, patient or run number and date retrieved.

When Items are missing from the inventory, they are to be reported immediately to the appropriate fire department officer and to the EMS supervisor at the Paramedic Training Center as soon as possible but no later than the next regular business day.

Approved inventory lists for equipment and supplies are available from Milwaukee County EMS. A copy of the kit setup is required to be submitted and kept on file with Milwaukee County EMS on an annual basis. Any piece of equipment or supply not specifically included cannot be present on the vehicle or used by paramedics without the written permission of the Medical Director. Proposals to add new equipment must include in-service, evaluation and continuing education information and a fiscal impact statement.

Essential equipment must be on the paramedic unit and operational in order for the unit to be in service and respond to requests for emergency medical services. This essential equipment includes:

- Airway Kit
- Medication Kit
- Suction
- Oxygen Kit
- Stretcher
- Communications equipment (the cellular telephone on the 12 Lead may be used for emergency communications if the Apcor or Micor systems fail)
- Monitor-defibrillator



NOTES:

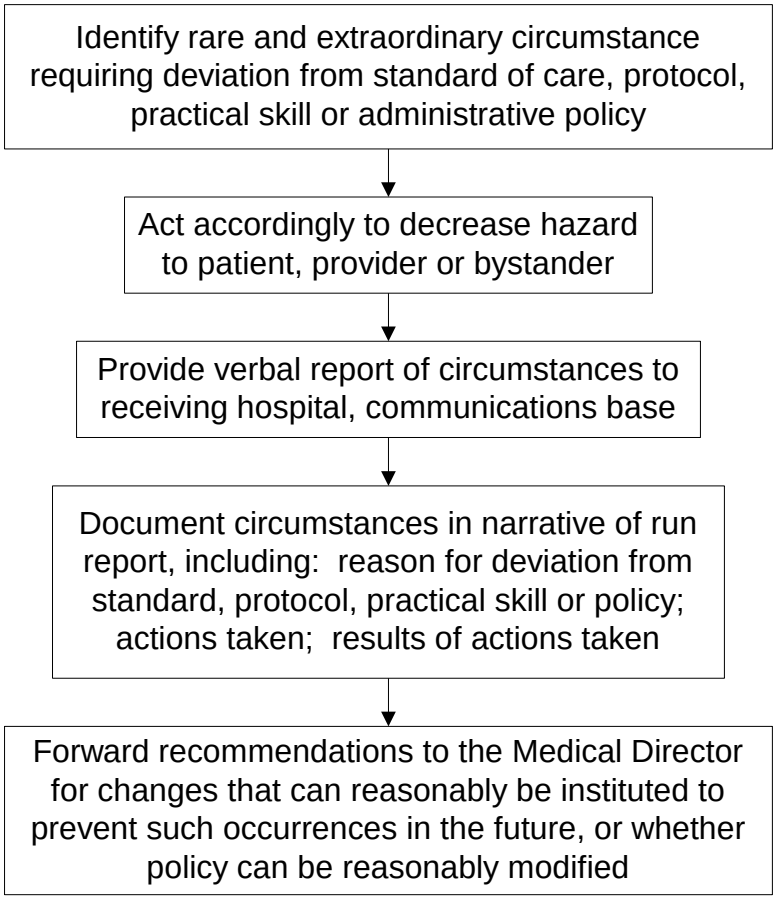
- If it becomes necessary to change to a back-up vehicle, test all radios prior to changing to the new vehicle. Test radios again when returning to the repaired vehicle.
- The MED unit personnel are responsible for notifying the fire department that repairs or vehicle changeovers are being made.
- Equipment that is out of service or fails on a call should be documented on the run report in the appropriate section.
- Notify the Quality Manager with details of failures affecting patient care. The Quality Manager will file the necessary FDA reports.

PROTOCOL, SKILL, POLICY MANDATES

POLICY: Under rare and extraordinary circumstances, and only when communication with medical control is impossible, an employee may temporarily choose to act outside of approved policy when it is the employee's professional judgment that, in that specific instance, following such policy would pose a direct and immediate hazard to the employee, a co-worker, or a member of the public.

The purpose of this policy is not to allow the employee to substitute his or her judgment for that of the Medical Director, but to allow for discretion in those rare and extraordinary circumstances that cannot be addressed by a general policy.

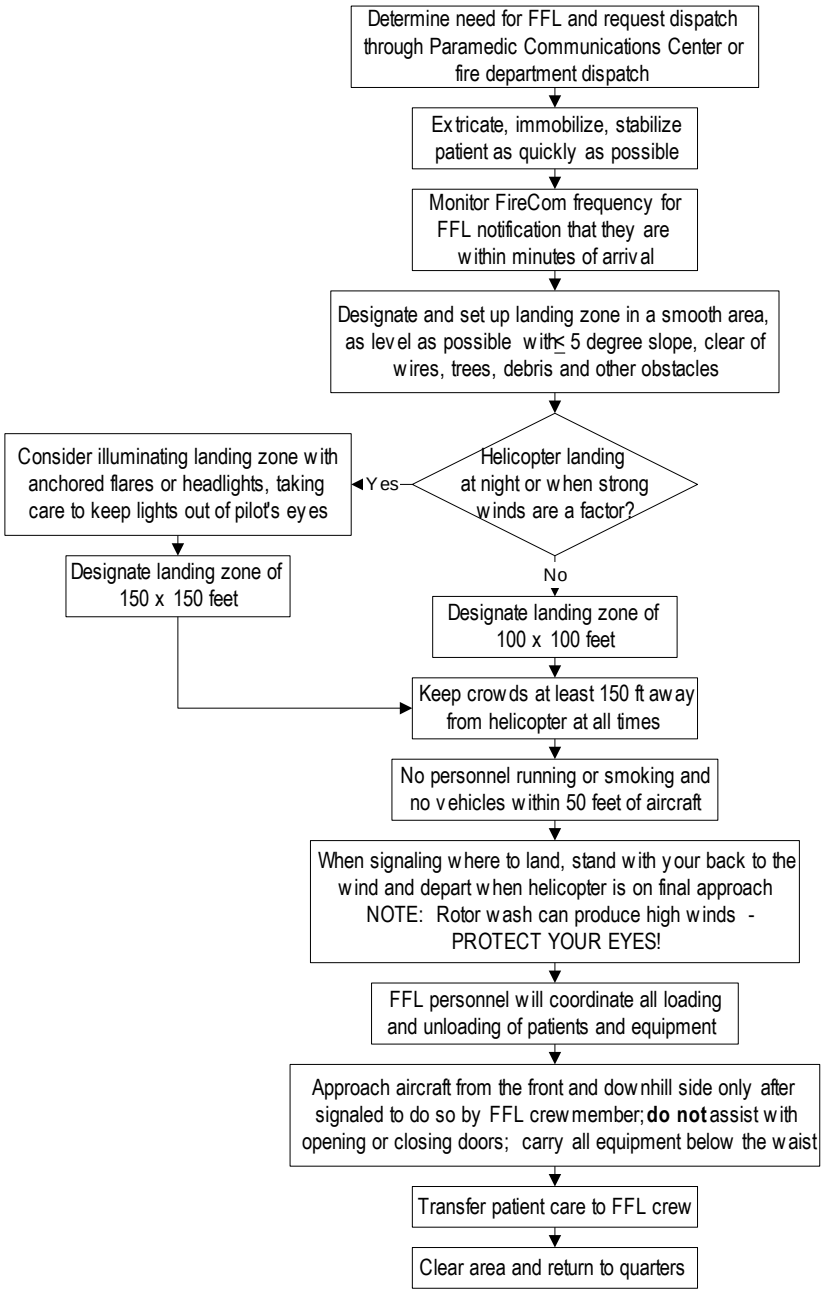
When the employee makes such a judgment in contravention of a policy, the circumstances shall be reported by the employee and shall be documented in order to determine whether the employee properly exercised discretion, whether changes can reasonably be instituted to prevent such occurrences in the future, or whether the policy can be reasonably modified.



Initial: 5/16/01	**MILWAUKEE COUNTY EMS**	Approved by: Patricia Haslbeck, MSN, RN
Reviewed/revised:	**OPERATIONAL POLICY**	Approved by: Ronald Pirrallo, MD, MHSA
Revision:	**FLIGHT FOR LIFE REQUESTS**	Page 1 of 1

POLICY: Air medical helicopter transportation should be considered when emergency medical personnel have evaluated the individual circumstances and have found that:

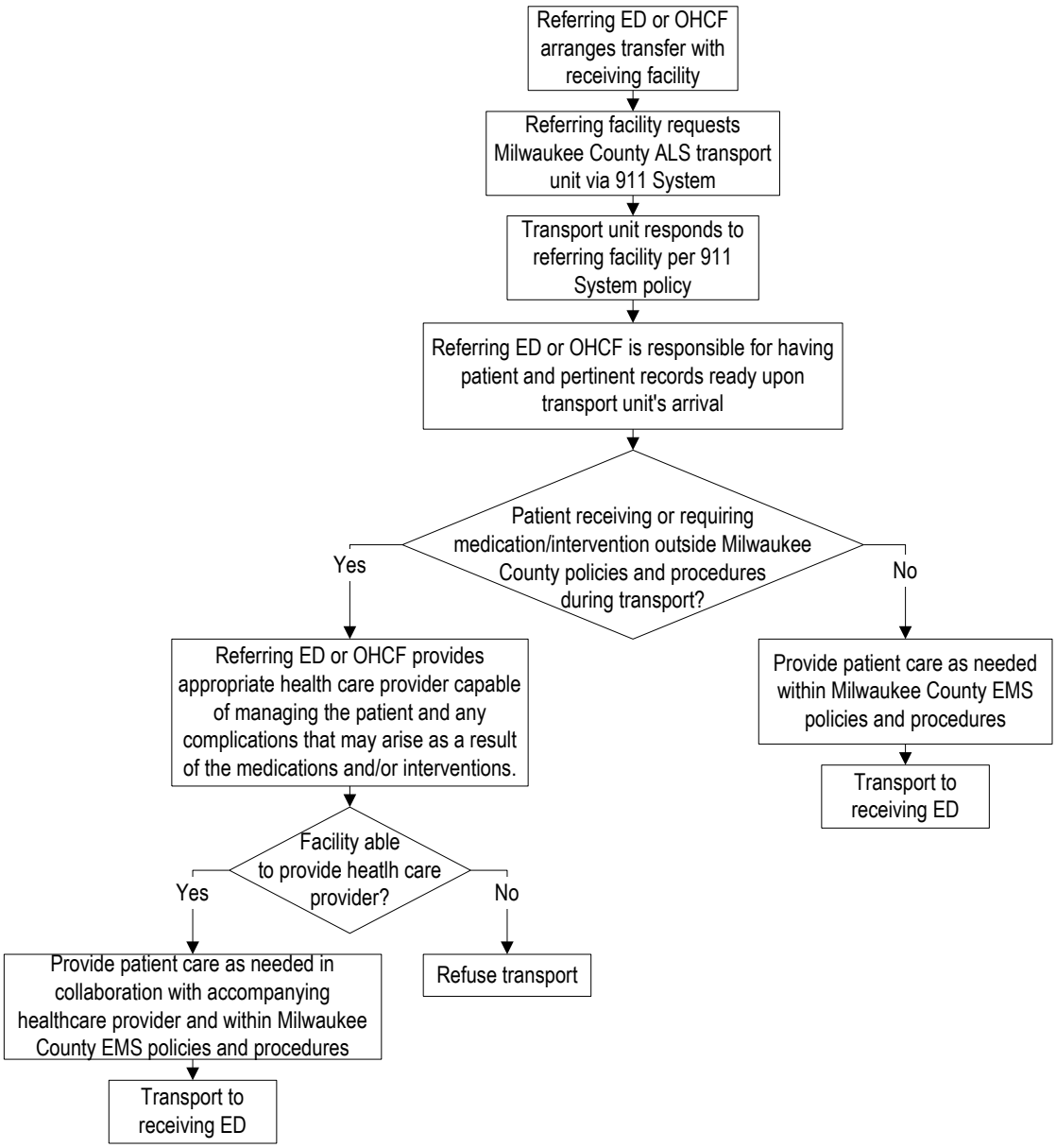
- The time needed to transport a patient by ground poses a threat to the patient's survival and recovery;
- Extrication and rescue or weather and traffic conditions would seriously delay the patient's access to advanced life support;
- Critical care personnel and/or equipment not available at the scene is needed to adequately care for the patient before and/or during transport (i.e. compromised airway, blood transfusion);
- A mass casualty incident exists requiring additional resources.



NOTES:

- FFL response time is approximately 10 minutes from request to arrival at scene within Milwaukee County.

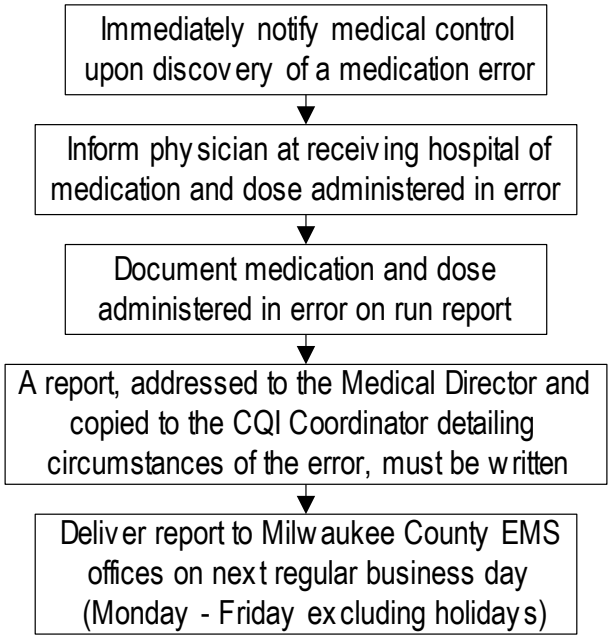
POLICY: Upon request, Milwaukee County ALS units will transport a patient from one emergency department (ED) or outpatient health care facility (OHCF) to another receiving emergency department within the Milwaukee County EMS System in accordance with System policies and procedures.



NOTES:

- Milwaukee County Paramedics ***may not*** provide care outside the policies and procedures of Milwaukee County EMS Plan.
- Pertinent records that usually accompany the patient may include, but are not limited to lab and/or x-ray reports, ED treatment, and nursing notes.

POLICY: In circumstances where a medication error is made, appropriate personnel must be notified immediately upon discovery of the error.



This guideline is intended to provide EMS personnel of the Milwaukee County EMS System with a mechanism for objective evaluation of contemporary EMS equipment proposed for addition to the inventory of the paramedic unit:

Only two (2) product evaluations may be in progress at a given time.

Every attempt will be made for product evaluation to rotate through all paramedic units on a cyclical basis.

Whenever possible there will be at least one (1) suburban paramedic unit and one (1) Milwaukee paramedic unit evaluating a product for each evaluation period.

Paramedic units will have the proposed equipment for at least one calendar month to evaluate the product.

The product being evaluated should not replace an existing item on the ambulance. If a problem arises, the previous existing item should be immediately available.

Each shift of paramedics will complete the short evaluation form at the end of the evaluation period.

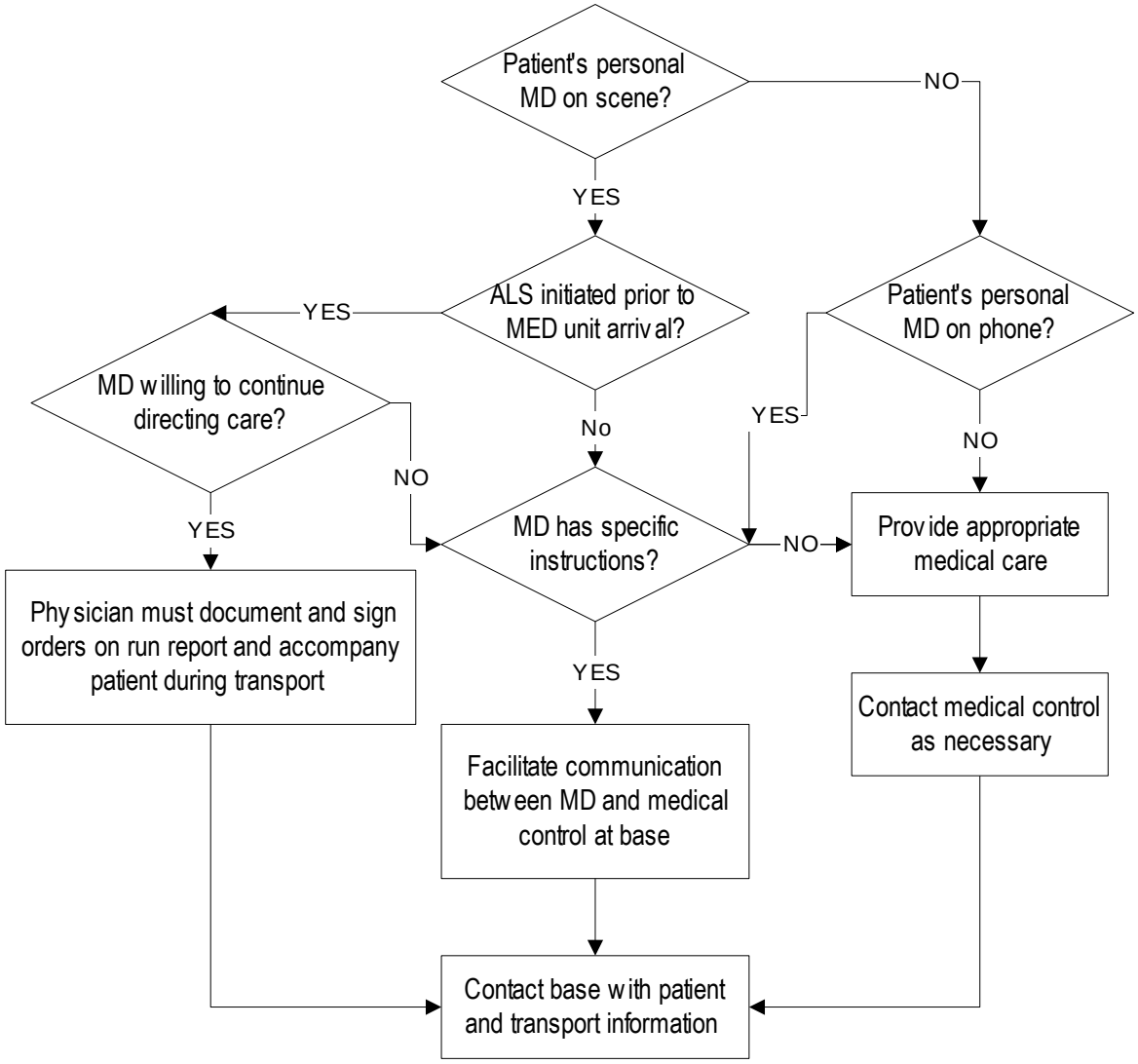
At the end of the evaluation period, the paramedic units will return the product and evaluation forms to the Paramedic Training Center.

The units involved will make every effort to safeguard the item being evaluated.

The results of the evaluation will be reported to all personnel at the next regularly scheduled Continuing Education Conference.

If a paramedic unit would like a product evaluated, a Request of Product Review will be submitted to Milwaukee County EMS.

The paramedic unit requesting the product evaluation should be one of the units participating in the evaluation.

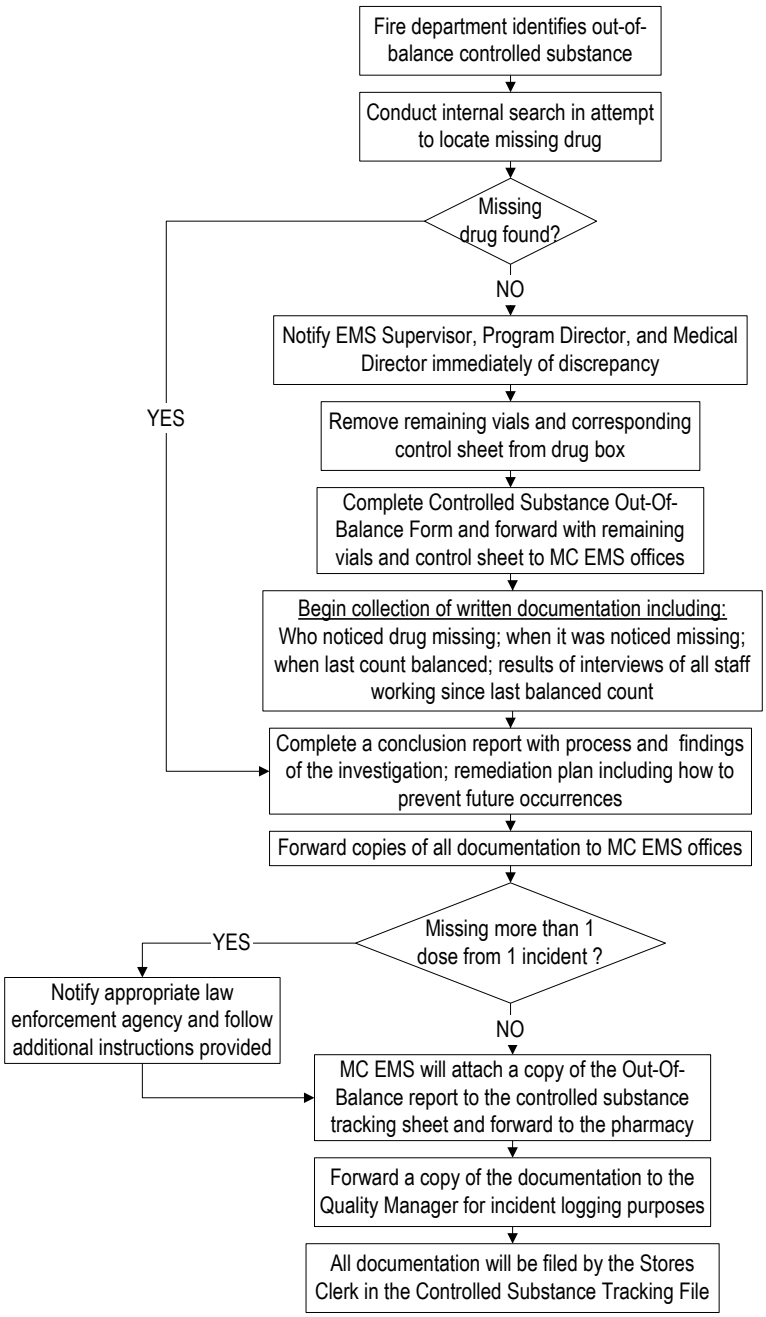


NOTES:

- Paramedics may only take telephone orders from Milwaukee County EMS medical control. If the paramedics are in contact with the patient's personal physician via telephone, the personal physician should be asked to call the base directly to provide information or input.
- When an individual at the scene of an emergency identifies themself as a physician but not the patient's personal physician, they should be informed that the offer of assistance is appreciated but medical control is maintained at a central location. Paramedics are only able to accept orders from Milwaukee County EMS medical control.
- If a problem with an on-scene physician arises, contact medical control and/or provide the physician with a Medical Society Card and/or the Incident Line number and ask them to address their concerns with the Medical Society.
-

Initiated: 5/16/07	**MILWAUKEE COUNTY EMS OPERATIONAL POLICY**	Approved by: Kenneth Sternig, MS-EHS, BSN, EMT-P
Reviewed/Revised:	**OUT OF BALANCE**	Ronald Pirrallo, MD, MHSA
Revision:	**CONTROLLED SUBSTANCES**	Page 1 of 1

POLICY: Milwaukee County EMS is responsible for maintaining accountability and will document any and all discrepancies in tracking controlled substances.



NOTE:

- The Medical Director or Program Director may request reporting to the appropriate law enforcement agency.

Purpose:

- To standardize the mechanism by which individuals from EMS systems outside Milwaukee County can request clinical experience within the Milwaukee County EMS System
- To define the procedure for in-field observation by eligible parties

Eligibility: (any of the following)

- Employees/members in good standing with a licensed Ambulance Service Provider who delivers Advanced Life Support prehospital care within a State or regional approved plan in a political subdivision outside Milwaukee County.
  - *Applications are accepted only from the Provider on behalf of the individual (individuals may not independently apply for training).*
  - *Advanced Life Support is defined as provision of emergency care licensed at or above the level of Emergency Medical Technician--Intermediate.*
- Licensed physicians and medical students involved in emergency medical care and/or medical control.
- Other medical professionals, including but not necessarily limited to registered nurses and physician assistants, who have an active role in the delivery of emergency medical care.
- Individuals engaged in current research in emergency medical care.

Experiences available:

- Initial instruction (didactic and clinical experience) for Emergency Medical Technician--Paramedic or --Intermediate
- Refresher (continuing education) course for licensed paramedics
- Customized educational programs with content developed as requested by the employing agency
- Supervised field experience with operational paramedic unit
- Ride-along (non-participatory) with operational paramedic unit

Prerequisites:

- Approval by the Milwaukee County EMS (Paramedic) System Program and/or Medical Directors.
- Valid Wisconsin license or training permit as EMT-I or EMT-P for participatory experiences.
- Contractual agreement between parent organization and Milwaukee County for participatory experience.
- Transfer of Medical Control to Milwaukee County System for the duration of the participatory experience.
- Signed waivers from parent organization and participants.
- Release of academic information waivers from participants for educational programs.
- Proof of injury and liability insurance (Worker's Compensation and malpractice).
- Proof of Hepatitis B and Rubella immunization/immunity.
- Proof of lack of any other communicable disease including tuberculosis.
- Agreement that non-instructional expenses (ie., books, personal educational materials, travel, lodging and meal costs) are the responsibility of the participant/parent organization.

Application process for participatory experiences

- Written request for experience sent to the Milwaukee County EMS System Program Director by authorized administrative officer of parent organization.

- Agreement on the terms of the experience, including:
  - Dates and times of the experience
  - Type of experience (didactic, clinical, field)
  - Cost to the parent organization. Milwaukee County Statutes require that outside educational offerings must be financially self-supporting.
- Development of appropriate objectives and content of the experience.
- Agreement of participation from the Chief of the hosting Milwaukee County Fire Department, including any costs to the Training Center/student.
- Signed contract returned to Milwaukee County EMS Program Director.
- Receipt of documentation of prerequisites.

Educational sessions

- Assignment of appropriate instructors and support personnel.
- Orientation of the participant(s), including baseline evaluation as needed (e.g. pretest, IV skill station, etc.). Cost of any orientation session must be included in the original negotiated price with the employing department.
- Presentation of the content.
- Evaluation of the participant(s).
- Evaluation/feedback by the participant(s) of the presentation.

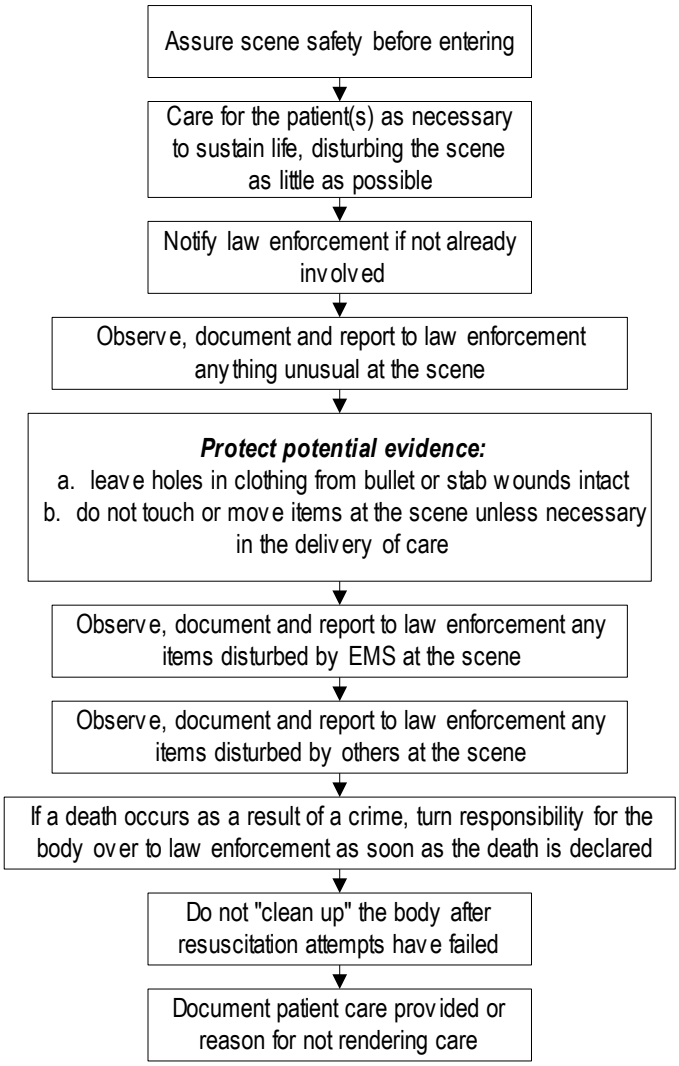
Completion of the educational session

- Notification of completion sent to the parent organization.
- Submission of student evaluations to the parent organization.
- Final bill forwarded to the parent organization.
- Receipt and deposit of tuition payment.

Ride-along observations:

- Individuals who wish to ride with operational paramedic units on an observation-only (non-participatory) basis should submit a request to the Program Director of the Milwaukee County EMS System.
- Ride-along observations are for educational purposes only. Applicants should state clearly in their request the objectives of their experience.
- Ride-along observations by students from a course charging tuition will be assessed a fee, proportional to the total hours of the course. The actual fee will be negotiated (prior to the start of the experience) by the Program Director or his/her designee.
- Permission must be granted by the Chief of the hosting Fire Department.
- All requirements of the hosting fire department must be met:
  - Proof of Worker's Compensation and liability insurance.
  - Signed waivers from the individual and his/her employer.
  - Proof of freedom from any communicable disease.
  - Proof of Rubella immunity and hepatitis vaccination.
- Date, time and unit assignments are coordinated through the Milwaukee County Paramedic Training Center. Priorities are assigned based on the educational need(s) of the observer and the constraints of the EMS system.

POLICY: A potential crime scene is defined as a location where any part of a criminal act occurred, where evidence relating to a crime may be found, or suspicions that a criminal act may have occurred.



NOTES:

- Cooperate with police for information gathering at scene, such as:
  - Disruption of scene by EMS personnel or others
  - Names of responding EMS personnel
  - Medical care provided to the patient
- All documentation is to be noted in objective terms
- Patient's or bystanders' statements are to be put in quotes
- Avoid documentation not relevant to patient care
- The patient care record is a legal document and will be used in court
- The patient care record is confidential and protected by state statutes

Policy: All EMS patient care providers receiving medical oversight by and contracted to operate in the Milwaukee County EMS system must request and be granted practice status and privileges by the Milwaukee County EMS Medical Director prior to providing patient care.

I. Minimum qualifications
   A. Be an active member in good standing of an agency under contract to provide EMS services
      1. Candidates may not have a current or pending disciplinary action or suspension
      2. Candidates are required to sign waivers permitting the EMS Medical Director to review employment and disciplinary files
      3. Provide verification of an acceptable Caregiver's Background check
      4. Provide documentation of the lack of potentially communicable disease (i.e. up to date recommended immunizations; see new student policy)
   B. Successfully complete probationary employment period of the employing fire department. This qualification may be waived upon written agreement between Milwaukee County EMS and the requesting contractor.
   C. Have a current State of Wisconsin EMT-P or EMT-BIV license to meet all applicable State rules and regulations.
   D. After September 1, 2001, all Paramedics new to the system must be NREMT certified.
   E. Present a certification of completion for the Human Participants Protection Education for Research Teams online course, sponsored by the National Institutes of Health.

II. Minimum competency
   A. Clinical Evaluation
      1. Produce documentation that meets or exceeds Milwaukee County EMS Education Center level-appropriate course work and skill competencies.
      2. Successfully complete Milwaukee County EMS Refresher Course or equivalent course with content to be determined by the EMS Medical Director and the Milwaukee County EMS Education Center
      3. Demonstrate competent level-appropriate scope of practice during observation by a member of the Milwaukee County EMS Education Center
   B. Demonstrate competent level-appropriate EMS patient care knowledge and safe patient management during a verbal examination by the Milwaukee County EMS Medical Director.

III. Graduation from the Milwaukee County EMS Education Center satisfies all minimum qualifications and competencies

IV. Practice Privilege Designation
   A. The Milwaukee County EMS Medical Director will assign the candidate to 1 of 4 practice privileges:
      1. Full
      2. Limited
      3. Special
      4. Intern
   B. The Milwaukee County EMS Medical Director will determine the individual's practice privilege after 12 months for an Intern, on a biennial basis for others and upon request.
   C. Practice Designation remains valid for licensure period or until revoked or modified by the EMS Medical Director.
   D. EMS provider must maintain or exceed Milwaukee County EMS continuing education, skill benchmark requirements.
   E. EMS provider agrees to conform to the assigned Milwaukee County EMS Scope of Practice and all Milwaukee County EMS standards, protocols, policies and procedures.
   F. The Milwaukee County EMS Medical Director's decision is binding and final.

FOR THE FULL PRACTICE PARAMEDIC

The full-practice paramedic is defined as: A paramedic that routinely provides ALS patient care in the Milwaukee County System. An example of full-practice is the full-time municipal fire department paramedic.

- Be assigned on a regular basis to an active paramedic unit. Active paramedics should be assigned to a paramedic unit, or paramedic first response unit a minimum of 35% of regular duty days (excluding work-reduction, vacations, etc.) in the standard 27-day cycle.
  - Demonstrate skill proficiency by meeting or exceeding benchmarks established by the Medical Director. Individuals with inadequate experience opportunities to maintain skill proficiency (as determined by the Medical Director) may be required to obtain additional educational experience in a manner prescribed by the Medical Director.
  - While assigned to an active paramedic unit, all paramedics must rotate through all patient care assignments on a regular basis, spending an equivalent amount of time in each position. Assignment to the positions is designated by Fire Department administration and monitored by Milwaukee County EMS.

FOR THE LIMITED PRACTICE PARAMEDIC:

The limited-practice paramedic is defined as: A paramedic that does not routinely provide ALS care yet is licensed within and practices in the Milwaukee County EMS system. Examples would be EMS instructors and Bradley Center paramedics.

- Have attained at least 2 years of full-practice status or its equivalent
- Must complete 48 hours of patient care services annually for the Milwaukee County EMS system. ALS patient care is determined on a case-by-case basis with the individual's scope of practice defined by the Medical Director.

FOR THE SPECIAL RESERVE PARAMEDIC:

The special reserve paramedic is defined as: A paramedic who does not provide ALS care in the Milwaukee County EMS system but whose work contributes directly to the benefit of the system. An example of a special reserve paramedic is one who has attained a supervisory or administrative position. The Special Reserve Paramedic:

- Must have attained at least 2 years of full-practice status or its equivalent.
- May only provide ALS patient care if accompanied by a full-practice paramedic.
- Receives prior authorization from the medical director prior to providing ALS care.

FOR THE INTERN PARAMEDIC

The Intern Paramedic is defined as: A paramedic who has not previously had full practice status in the Milwaukee County EMS system. Examples would be new Milwaukee County EMS Education Center graduates and transfer paramedics, regardless of years of experience. "Transfer paramedic" is defined as any individual whose initial training did not occur at the Milwaukee County EMS Education Center.

A paramedic will be referred to as an "Intern Paramedic" until he or she has met both of the following criteria:

- Completed 12 months with a minimum of 2400 shift work hours on a transporting MED Unit ***AND***
- Achieved 50% of the 2-year skill and performance benchmarks.

The Intern Paramedic may only provide ALS patient care if accompanied by a full-practice paramedic.

FOR THE GRADUATE PARAMEDIC

A Graduate Paramedic is defined as: An individual who has successfully completed a paramedic education course, has taken the NREMT-P certification examination, and is awaiting the results of the examination.

A graduate paramedic has privileges consistent with a paramedic student. The Graduate Paramedic may perform ALS procedures when accompanied by two licensed paramedics, one of whom must have full practice privileges ***AND*** at least two years of experience.

INTERRUPTED OR CHANGE IN PRACTICE PRIVILEGE

Any interruption or change in work schedule that may affect a paramedic's practice status must be reported immediately to the Program Director of Milwaukee County EMS. Examples include but are not limited to: injury, illness, family leave, retirement, or change of employer.

Paramedics who have not been active within their classification for a period of more than 90 calendar days must be re-evaluated by the Milwaukee County EMS Education Center prior to returning to patient care duties.

Paramedics who have not been active within their classification for more than 1 calendar year must successfully complete the Paramedic Refresher Course and an infield observation by a member of the Milwaukee County EMS Education staff.

If the interruption from service was due to injury or illness, the paramedic must present documentation that he or she has been medically approved to return to active duty prior to any evaluation by Milwaukee County EMS.

REINSTATEMENT OF PRACTICE PRIVILEGE

Paramedics who have not been active on a paramedic unit for a period of more than ninety (90) calendar days must be re-evaluated by the Milwaukee County EMS Education Center. The medical director will determine the individual's status and practice privilege prior to reassignment to a paramedic unit. For individuals who have not been assigned to the paramedic unit secondary to illness or injury, the paramedic must also present documentation that he/she has been medically approved to return to active duty prior to any evaluation by Milwaukee County EMS.

Paramedics who have not been active on a paramedic unit for a period of more than one (1) calendar year must successfully complete forty (40) hours of refresher training at the Milwaukee County EMS Education Center during a regularly scheduled course and satisfy any State requirements regarding licensure prior to reassignment to a paramedic unit. For individuals who have not been assigned to the paramedic unit secondary to illness or injury, the paramedic must also present documentation that he/she has been medically approved to return to active duty prior to any evaluation by Milwaukee County EMS.

The medical director reserves the right to assign the practice privilege.

A MILWAUKEE COUNTY ALS UNIT

POLICY: BLS units must request a Milwaukee County ALS unit for patients meeting the following criteria.
Note: This does not exclude any other patient from assessment by a Milwaukee County ALS unit.

1. An EMT, physician or nurse on scene requests ALS/paramedic transport. This does not include transports that meet established criteria for interfacility transports.
2. Mechanism of injury includes a motor vehicle crash in which:
    a. Estimated crash impact speed was 40 mph or greater
    b. Prolonged or complicated extrication was required
    c. Passenger compartment intrusion is greater than 12 inches
    d. Another occupant in the same vehicle was killed
    e. The patient was ejected from the vehicle
    f. The vehicle rolled over onto the roof
    g. The patient was on a motorcycle or bicycle with impact speed over 20 mph
    h. A motorcycle or bicycle rider was thrown from the cycle
    i. A pedestrian was struck by a motor vehicle
3. The adult patient fell ($\geq$ 8 years old) 20 feet or more OR a pediatric patient (< 8 years old) fell 10 feet or more
4. Injuries that include:
    a. Penetrating injury to the head, neck, chest, axilla, abdomen, back, buttocks, pelvis or groin
    b. Flail chest
    c. Burns to the face, airway, or body surface area greater than 18%
    d. Two or more long bone fractures (femur, humerus)
    e. Amputation above the wrist or ankle
    f. New-onset paralysis of traumatic origin
5. Glasgow Coma Scale of 13 or less
6. Patient experiencing status or recurrent seizures
7. Suspected tricyclic overdose, regardless of the number taken or present signs/symptoms
8. Pregnant patient at 24 or more weeks gestation with vaginal bleeding
9. Experiencing complicated childbirth with any of the following:
    a. Excessive bleeding
    b. Amniotic fluid contaminated by fecal material
    c. Multiple births
    d. Premature imminent delivery
    e. Abnormal fetal presentation (breech)
    f. Prolapsed umbilical cord
    g. Newborn with a pulse less than 140
    h. Newborn flaccid or poor cry
10. Chief complaint of non-traumatic chest pain with any of the following:
    a. Cardiac history - MI, angina, coronary bypass surgery, angioplasty or valve replacement, arrhythmia, pacemaker, automatic implanted cardiac defibrillator (AICD), bradycardia, tachycardia, heart surgery
    b. Taking/prescribed two or more cardiac medications
    c. Diabetes
    d. Renal failure/dialysis
    e. Cocaine use within the past 24 hours
    f. Pain radiation to the neck, jaw or arm
    g. Diaphoresis
    h. Nausea/vomiting
    i. Age 40 and older

11. Age 50 or older with non-traumatic pain to the neck, jaw or arm and accompanied with any of the following:
    a. Diaphoresis
    b. Nausea/vomiting
12. Respiratory distress – Any patient with abnormal respiratory rates and any of the following symptoms:
    a. Inability to speak in full sentences (if normally verbal)
    b. Retractions
    c. Cyanosis
    d. Poor aeration
    e. Accessory muscle use
    f. Wheezing
    g. Grunting
13. Abnormal vital signs with associated symptoms
14. History or physical examination reveals a potentially life-threatening situation
15. The BLS, PFR, or ALS private provider has initiated an ALS procedure and interfacility criteria are not met.
16. Patients in which EMT-Basic advanced skills were initiated; these patients also require ALS transport:
    a. Administration of albuterol
    b. Administration of aspirin
    c. Administration of glucagon
    d. Administration of subcutaneous epinephrine
    e. Assistance in self-administration of nitroglycerin
17. Known blood glucose level of less than 80 mg% or greater than 400 mg%
18. Any infant with a reported incident of an Apparent Life Threatening Event (ALTE), regardless of the infant's current status.

Abnormal Vital Signs

AGE	RESPIRATIONS	PULSE	BLOOD PRESSURE
Newborn	Poor cry	<140	CRT > 3 sec
<1 year	<30 or >44	<100 or >160	CRT > 3 sec
1 – 4 years	<20 or > 40	<90 or > 140	<80 or > 110 systolic
5 – 11 years	<16 or >26	<60 or > 120	<80 or > 130 systolic
12 – 15 years	<10 or > 28	<60 or > 130	<90 or >140 systolic
Adults 16 years and older	<10 or > 28	<56 or > 130	<90 or >220 systolic **OR** >140 diastolic

< means less than > means greater than CRT = capillary refill time

POLICY: Ambulances, kits, equipment will be routinely checked to ensure they are in good working order, completely stocked and clean. Complete patient care documentation includes all information necessary for continuing patient care, billing and electronic data collected by the monitor/defibrillator. All clocks used in the course of patient care (dispatch, monitor, personal wristwatch, EPC, etc.) shall be synchronized to the National Institute of Standards and Technology (NIST) time on a daily basis.

For every patient encounter:

- Complete the patient care record and distribute as directed for continuing patient care, billing, and data collection.
- Make a reasonable attempt to obtain a copy of the hospital financial information (FIN) sheet for all patient transports and attach to the run report.

On a daily basis:

- Check and restock all kits and supplies at the beginning of the shift and after every run.
- Ensure that all equipment is in good working order at the beginning of the shift and after every run.
- Maintain the vehicle and equipment in a clean and orderly fashion.
- Return any defective item to the appropriate department for replacement or repair (refer to Equipment Exchange Policy.)
- Count controlled substances and justify with control sheets. Any discrepancy is to be accounted for before the previous shift is relieved. Inability to account for a controlled substance is to be reported immediately to the EMS Supervisor.
- Rotate the batteries in the monitor/defibrillator.
- Check Rosetta battery and replace as needed.
- Document that the monitor/defibrillator was checked for:
    - Paper quantity and feed
    - Operations of all controls
    - Operation of defibrillator
    - Non-invasive blood pressure monitor, where applicable
    - Date and time synchronization to NIST time.
- Perform a user test on the monitor/defibrillator and file the test results in the appropriate location.
- Check ETCO2 cable integrity
- Rotate portable radio batteries.
    - Place fully charged battery in the radio.
    - Charge the used battery until the cycle is complete; remove from charger and store.
- Forward EMS run reports to Fire Dept. Administrative offices, who will prep for weekly pick-up by Milwaukee County EMS.
- Upload all patient care information from monitor/defibrillator to the station computer; clear the data card.
- Ensure station computer for uploading ECG monitoring information has the correct date and is synchronized to the atomic clock

On a weekly basis:

- In addition to cleaning the patient area after each run, on the day specified by the fire department, wash the interior of the vehicle, stretcher, stair chair and backboards with phenolic or quaternary compound solution following label directions.
- Clean the exterior and interior vehicle compartments.
- Test the voice and telemetry radio equipment on the assigned day via mobile and portable telemetry radios. Test portable and mobile trunking radios.
- Rotate medications such that waste due to expiration does not occur.

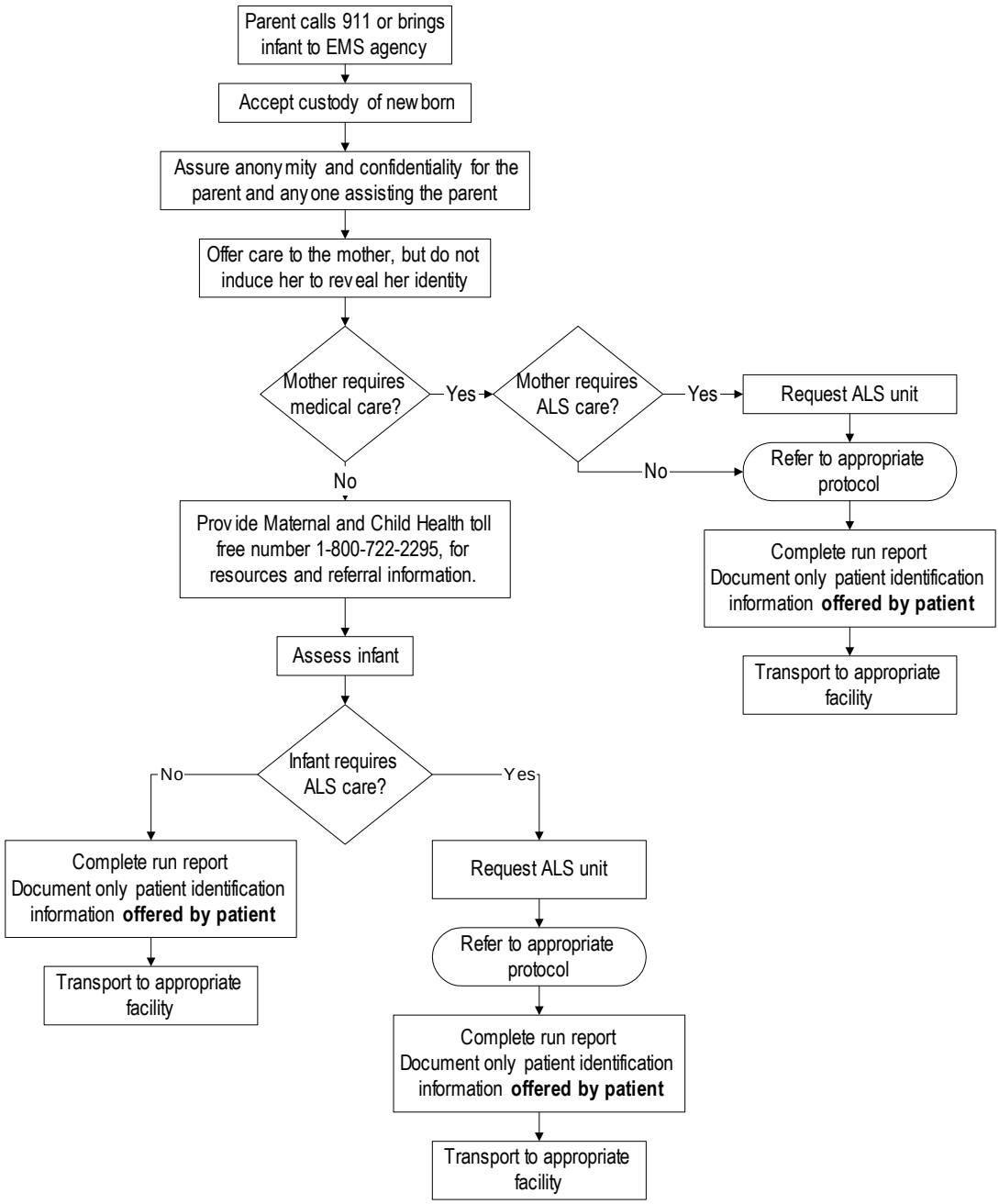
On a biweekly basis:

- On the day determined by the fire department, inventory all supplies and check expiration dates. Prepare a list of needed items.
- Complete the supply order form and e-mail to the Milwaukee County EMS offices before Friday prior to delivery date.
- Receive, check, and store supplies. Rotate stock. Notify EMS Stores Clerk of any discrepancies.

On a monthly basis:

- On the day specified by the fire department, remove all contents of the kits. Check the expiration dates on all medications and fluids. Return expired medications to the Milwaukee County EMS Stores Clerk. Wash out the kits with phenolic or quaternary ammonium compound solution following directions. Dry completely before replacing contents.
- On the day specified by the fire department, remove all medications and fluids from vehicle stock, checking expiration dates. Return expired medications to the Milwaukee County EMS Stores Clerk. Wipe our compartments with phenolic or quaternary ammonium compound solution following directions. Dry completely before replacing contents.
- As scheduled, discharge and recharge all monitor/defibrillator batteries as per manufacturer operational instructions listed in the manufacturer's manual. Any battery with levels of less than 70% displayed after 3 discharge-charge cycles should be brought to the EMS Supervisor for replacement. Note the battery results on the back of each battery.

POLICY: Milwaukee County EMS providers will accept custody of and provide a safe place for unwanted newborn infants.



Notes:

- Wisconsin 2001 Act 2, Safe Place for Newborns legislation **guarantees** the parent relinquishing custody of the child **the right to remain anonymous.**
- No person may induce or coerce or attempt to induce or coerce a parent or person assisting a parent who wishes to remain anonymous into revealing his or her identity.
- It is **mandatory** for the EMS provider to offer the Maternal and Child Health toll free number (1-800-722-2295), although the parent may refuse the information.

POLICY:

The Milwaukee County EMS System is designed to provide the highest level of emergency care allowed by the state during the initial patient care contact by the first arriving unit. Each level has specific education and licensing requirements. EMS providers may practice to the level of their licensure as outlined within the Milwaukee County community standard of care.

All EMS response vehicles in the Milwaukee County EMS System must be equipped as specified in Wisconsin DOT Chapter Trans 309 to promote safe, efficient emergency transportation for the sick, injured and disabled.

Inclusive of Trans 309 requirements, Milwaukee County EMS providers must carry age appropriate equipment and supplies to provide care and treatment at their designated scope of practice. Each responding unit must also carry a minimum number of medication doses, as defined by the Medical Director of Milwaukee County EMS.

DEFINITIONS:

All EMS response vehicles will be staffed with at least one EMT-B/Advanced. An EMT-B is licensed under Wisconsin Department of Health and Social Services Chapter HFS 110 to administer basic life support and to properly care for and transport sick, disabled or injured individuals.

Some EMS response vehicles will be staffed with an EMT-B/IV. An EMT-B/IV is licensed under Wisconsin Department of Health and Social Services Chapter HFS 110 to administer basic life support and additional skills and medications contained in the training course required to be licensed as an EMT-B/IV. The EMT-B/IV may only obtain IV access or administer IV medications under the direct supervision of a Milwaukee County Paramedic.

Some units will be staffed with a single paramedic (Paramedic First Responder or PFR). A PFR is defined as the first paramedic arriving on scene in a vehicle other than a transporting Milwaukee County Paramedic Unit, who provides the initial patient assessment and care. The PFR is authorized to practice at the full paramedic level when the responding Milwaukee County ALS unit arrives on scene.

Designated paramedic units will be staffed at all times with at least two EMT-Ps. An EMT-P is licensed under Wisconsin Department of Health and Social Services Chapter HFS 112 to perform the functions specified in HFS 112 relating to the administration of emergency medical procedures in a prehospital or interfacility setting and the handling and transporting of sick, disabled or injured persons.

All EMS providers will be assigned a practice privilege and will be required to meet the criteria set to maintain that privilege.

NOTE: Drug administration routes enclosed in brackets [IO] [ET] may only be administered at the EMT-P First Responder or Paramedic level

PROVIDER LEVEL	SCOPE OF PRACTICE	EQUIPMENT & SUPPLY LIST	MINIMUM PFR UNIT DOSES	MINIMUM MED UNIT DOSES
EMT-B/Advanced	BLS patient care assessment			
An EMT-B Advanced is authorized to perform the skills and administer the medications listed to the right.	Albuterol, nebulized	Albuterol	1	1
		Nebulizer		
	Ammonia inhalant	Ammonia Inhalant	1	3
All Milwaukee County EMS units responding at the EMT-Basic Advanced level must carry the equipment and supplies listed in the box to the right, as well as any other equipment and/or supplies specified in Trans 309.	Aspirin	Aspirin	1	10
	Automated external defibrillation	Automatic External Defibrillator		
	Blood glucose level analysis	Alcohol preps		
		Blood glucose monitoring unit		
		Blood glucose test strips and lancet devices		
	Combitube insertion	Combitube		
	Epinephrine 1:1000 for patients in anaphylactic shock, SubQ	Epinephrine 1:1000	1	2
		1cc syringe if no Epi Pen		
	Glucagon, IM	Glucagon	1	1
	Glucose (oral)	Glucose (oral)		
	MARK I Autoinjector, IM	MARK I Autoinjector	10	10
	Oxygen administration			
		Laryngoscope handle & blades		
		Laryngoscope spare bulbs		
		Magill forceps		
		Water soluble lubricant		
		20 cc syringe		
		60 cc syringe		

PROVIDER LEVEL	SCOPE OF PRACTICE	EQUIPMENT & SUPPLY LIST	MINIMUM PFR UNIT DOSES	MINIMUM MED UNIT DOSES
EMT-B/IV An EMT-B/IV is authorized to perform all of the above skills with the addition of the skills listed to the right . In addition to the equipment listed above, all Milwaukee County EMS units responding at the EMT-Basic IV level must carry the equipment and supplies listed in the box to the right, as well as any other equipment and/or supplies specified in Trans 309.	Peripheral IV access	Angiocaths (14, 16, 18, 20, 22, 24 gauges)		
		Carpuject holder		
		IV Tourniquets		
		IV extension tubing		
		Macro drip		
		Mini drip		
		Normal Saline, Carpuject, 2cc		
		Normal Saline – 250 cc		
		Normal Saline – 1000 cc		
		Sharps container		
		Transpore tape		
	D5W, 100 ml, IV, [IO]	D5W, 100 ml	1	3
	Normal saline, IV, [IO]	Normal saline, IV	1	1
	Dextrose 50%, IV, [IO]	Dextrose 50%, IV	1	2
	Naloxone, IV, IM [IO, ET]	Naloxone, IV or IM	1	1
	Nitroglycerine spray	Nitroglycerine spray	1	1

PROVIDER LEVEL	SCOPE OF PRACTICE	EQUIPMENT & SUPPLY LIST	MINIMUM PFR UNIT DOSES	MINIMUM MED UNIT DOSES
EMT-P First Responder A PFR is authorized to perform all of the above skills with the addition of the skills listed to the right. In addition to the equipment listed above, all Milwaukee County EMS units responding at the EMT-PFR level must carry the equipment and supplies listed in the box to the right, as well as any other equipment and/or supplies specified in Trans 309.	ALS assessment for turndown purposes			
	Endotracheal intubation	Endotracheal tubes (sizes 3.0 – 9.0)		
		Endotracheal tube holder		
		Stylet – adult and pediatric		
	12 lead ECG (if the equipment is available)	Rosetta and voice radios		
	Intraosseous access [IV medications]	Intraosseous needles (adult and pediatric)		
	Adenosine , IV, IO	Adenosine	1	5
	Amiodarone, IV, IO	Amiodarone	2	3
	Atropine, IV, IO, ET	Atropine	1	4
	Diphenhydramine, IV or IM	Diphenhydramine	1	2
	Epinephrine 1:10,000, IV, IO, ET	Epinephrine 1:10,000	1	12
	Furosemide	Furosemide	1	5
	Pulse oximetry (if the equipment is available)	Pulse oximetry (if the equipment is available)		
	Thoracentesis			
		Swivel adapter, 15 mm		
EMT-P An EMT-P, responding on a fully staffed ALS unit, is authorized to perform all of the above skills with the addition of the skills listed to the right. In addition to the equipment listed above, all Milwaukee County EMS units responding at the EMT-P level must carry the equipment and supplies listed in the box to the right, as well as any other equipment and/or supplies specified in Trans 309.		AED with monitoring capabilities		
	Calcium chloride, IV, IO	Calcium Chloride	0	2
	Dopamine, IV, IO	Dopamine	0	1
	End-tidal CO2	End-tidal CO2		
	Lidocaine, IV, IO, ET	Lidocaine	0	6
	Midazolam, IV, IM	Lorazepam	0	3
	MARK IV Autoinjector, IM	MARK IV Autoinjector	0	10
	Morphine sulfate, IV, IM	Morphine sulfate	0	1
	Nasogastric tube insertion	Nasogastric tubes		
	Pericardiocentesis	Pericardiocentesis needles		
	Tracheostomy care			
	Synchronized cardioversion			
	Sodium bicarbonate, IV, IO	Sodium bicarbonate	1	1

ROLES AND RESPONSIBILITIES

The mission of Milwaukee County EMS is to provide the quality prehospital emergency care through operations, education and data management.

I. Medical Control: It is the responsibility of the Emergency Medical Services Medical Director to:

- Assure that initial paramedic training to Emergency Medical Technicians meets the standards established by the State of Wisconsin and the EMS medical community.
- Provide continuing education to maintain knowledge and skill levels of paramedics.
- Establish Standards of Care, Medical Procedures, Standards for Practical Skills and Administrative Policies to define and guide professional practice.
- Supervise and evaluate individuals licensed within the system.
- Provide access to additional training or other support services as needed.
- Actively seek solutions to issues identified through the Quality Improvement process.
- Take appropriate corrective actions upon identification of activities by individuals that negatively impact on the EMS system and/or patient care.

II. Emergency Medical Technician--Paramedic: It is the responsibility of each individual paramedic to:

- Attain and maintain knowledge and skills necessary to safely practice as a licensed paramedic in the Milwaukee County System.
- Provide medical care within the scope of practice with the needs of the patient as the primary concern.
- Accept personal responsibility for maintenance of professional standards.
- Provide emergency medical services as outlined in Standards of Care, Medical Protocols, Standards for Practical Skills and Administrative Policies of the Milwaukee County EMS System.
- Conduct his/her practice in a manner that reflects positively on self, peers, the employing agency and Milwaukee County EMS.

III. Quality Improvement process and mechanisms to identify issues and seek solutions

Evaluation and assessment of the quality of care provided to the public and of the individual practitioner in the Milwaukee County Paramedic System will be conducted on a regular basis.

GOAL	MECHANISM
To encourage communication of the strengths and weakness of the system and to search for improvements	• Provide an accessible Suggestion Box for members to deposit comments and ideas on improving patient care • Advertise and encourage Quality Improvement feedback via the QI line at the Paramedic Training Center (257-6663)
To monitor the current status of the system	• Retrospective chart review • Retrospective review of Base Physician order sheet • Retrospective peer review of tapes and charts • Base communicator call-back of hospitals for patient disposition • Development and dissemination of patient questionnaire
To provide feedback on system and individual performance	• Statistical reports on patient interactions • Field evaluations • Continuing education conferences (M&M) • Refresher courses • Return of peer review of tapes and charts to originator of the record for feedback • Development and production of newsletter
To plan for and implement system improvement	• Focused audits to identify issues • Continuing education conferences (M&M) • Participation in prehospital research • New product evaluations

IV. Due Process

Upon identification of a potential problem or upon receipt of a complaint regarding provision of prehospital care or the action of any individual(s) licensed within the Milwaukee County EMS System, it is the responsibility of the Medical Director and/or Program Director or his/her designee to investigate the allegations impartially and completely. Issues dealing with fire department policy need to be addressed with that fire department in accordance with their department procedures.

FACT-FINDING PHASE

All complaints or allegations must involve (a) *specific* incident(s) and may be entered by any individual or organization. Any individual named in a complaint has the right to all information obtained by Milwaukee County EMS, including the source of the complaint.
Fact-finding activities will begin within two (2) working days* of the receipt of the complaint and should be completed within 14 days from initial notification of the incident. The CQI Coordinator or his/her designee is responsible for the initial contacts and collection of information.

*A "working day" is defined as a normal business day of Monday through Friday exclusive of State or Federal Holidays.

Fact-finding activities will include contact with the complainant for additional information as necessary and telephone or personal contact with the paramedic(s) involved.

The paramedic(s) will be informed of the specific complaint and the individual or organization who brought the problem to the attention of Milwaukee County EMS.
The paramedic(s) will respond verbally, providing such information as necessary to clarify or resolve the issues. Written replies may be requested by the CQI Coordinator and must be completed and submitted within 9 calendar days.

Information will be reviewed by the Medical Director and/or Program Director or his/her designee.

All reports will be classified as either *Educational* or *Disciplinary.*

> *An Education Issue is one in which it is perceived that the complaint/problem was created by a lack of understanding of academic foundation, Standard of Care, Medical Protocol(s) or System Policy(ies).*
>
> *A Disciplinary Issue is one in which there is willful or repeated violation of a Standard of Practice, Medical Protocol or System Policy where the paramedic has the appropriate academic foundation and/or has received remedial education regarding the Standard, Protocol or Policy.*

RECONCILIATION PHASE

For Educational Issues, the paramedic(s) involved will be notified by letter of the results of the fact-finding.

- The letter will be sent to the paramedic's home address on file at the Training Center.
- If, in the judgment of the Educational Coordinator, the facts of the situation warrant a meeting to review academic material or policies/procedures, the paramedic(s) will be instructed in the above letter to contact the Educational Coordinator at the Paramedic Training Center to arrange a meeting date and time.
- If the paramedic(s) fails to contact the Training Center within five (5) days of the date the letter was mailed, the Educational Coordinator will call the paramedic at his/her place of employment to verify that the letter was received and to schedule the educational session.
- The educational session will be conducted by the Educational Coordinator or his/her designee in conjunction with the Medical Director or his/her designee. The time and place of the session will be established when the paramedic calls the Training Center but must be scheduled within five (5) working days of the call.

- Failure to respond to the letter and telephone contact or refusal to attend a scheduled educational conference will be reported, verbally and in writing, to the Administrative Officer of the employing fire department accompanied by a request for formal action by the department. That report will contain the details of the complaint, the results of the fact finding and the documentation of contact with the paramedic(s) involved.
- A copy of the fact-finding letter and a summary of the educational session will be kept on file at the Training Center.

In Disciplinary Issues, the paramedic(s) involved will be notified by letter of the results of the fact-finding.

- The letter will be sent to the paramedic's home address on file at the Training Center. A copy of that letter will be sent to the Administrative Officer of the employing fire department with a cover letter from the Medical Director requesting disciplinary action.
- The Medical Director retains the right to impose sanctions on the practice of any individual, including limits placed on patient contact from the start of the fact-finding phase through the disciplinary action of the employing fire department, if a potential risk to public safety is alleged.

Actions requested of the Administrative Officer of the employing fire department by the Medical Director may include but are not limited to:

- No disciplinary action indicated.
- Monitoring of performance for a specified time including specifics of who will do the monitoring and the evaluation tools that will be employed to monitor progress.
- Counseling including specific issues of concern, improvement expected and the evaluation process to be used to determine progress.
- Written reprimand to the individual with copies to the employing agency and the paramedic's educational file at the Paramedic Training Center.
- Probation with specifics of the conditional terms under which the paramedic may continue to practice, the time of reviews and the behavioral changes expected with the evaluation tools to be used to monitor progress.
- Suspension from paramedic duties.
- Withdrawal of Medical Control with written notification of the employing agency and the State of Wisconsin, EMS Section, that the Milwaukee County EMS System will no longer accept any medical responsibility for the actions of the individual.

Records of complaints, results of the investigations and the actions taken will be retained on file at Milwaukee County EMS. Staff member and patient confidentiality are mandatory.

POLICY: Patients are to be transported to the closest, most appropriate, open receiving hospital, taking into consideration:

- Patient's medical condition;
- Patient's request;
- Location of regular care, primary medical doctor and/or medical records;
- Insurance/HMO.

Patients in need of specialty care should be transported to the closest appropriate receiving facility, based on the following information:

Medical Emergencies :		
Aurora: Sinai St. Luke's – Milwaukee St. Luke's – South Shore West Allis Memorial/Women's Pavilion **Children's Hospital and Health System** Children's Hospital of Wisconsin	**Columbia St. Mary's (CSM):** Columbia Milwaukee Ozaukee **Froedtert and Community Health:** Community Memorial Froedtert Memorial Lutheran **ProHealth Care:** Waukesha Memorial	**Wheaton Franciscan Healthcare (WFH):** All Saints – St. Mary's Medical Center (Racine) Elmbrook Memorial Franklin St. Francis St. Joseph The Wisconsin Heart Hospital **Zablocki VA Medical Center (VA)**
Patient Assessment:	**Specialty Hospital:**	
STEMI (Acute MI per pre-hospital ECG)	Transport to the closest, most appropriate, open hospital ***except: Elmbrook Memorial, St. Luke's – South Shore, West Allis Memorial, VA, CSM – Milwaukee, WFH - Franklin***	
Need for Trauma Center evaluation Burns and/or possible CO poisoning **WITH** major/multiple trauma	Children's Hospital of Wisconsin Froedtert Memorial Lutheran	
Possible CO poisoning with altered mental status, **WITHOUT** burns/major trauma	**Transport to the closest:** St. Luke's - Milwaukee CSM – Milwaukee	
Significant burns (thermal, chemical or electrical) *with or without* possible CO poisoning **WITHOUT** major trauma	CSM - Milwaukee	
Other hyperbaric (air embolism, decompression disease, bends)	**Transport to the closest:** St. Luke's - Milwaukee CSM - Milwaukee	
Major pediatric illness/injury	Children's Hospital of Wisconsin	
Pediatric burns (Age <8)	Children's Hospital of Wisconsin	
Unstable newborns	**Transport to the closest Neonatal Intensive Care Unit:** Children's Hospital of Wisconsin St. Joseph CSM - Milwaukee Sinai	
Sexual assault - **WITHOUT** co-existing life threatening condition	**Adults (age 18 and over):** Sinai West Allis Memorial Emergency Department **Children (under age 18):** Children's Hospital of Wisconsin	
OB patients in labor	1. Facility where patient received their prenatal care is preferred. Hospitals never close to women in labor. 2. For imminent delivery, transport to the closest hospital, ***except VA, St. Luke's – Milwaukee, St. Luke's - South Shore, CSM – Columbia, WFH - Franklin***	
Psychiatric Emergencies: Medical clearance needed No medical clearance needed/patient is at high risk for harm to self or others, and/or is behaviorally disruptive (should be placed on Emergency Detention) No medical clearance needed/patient is at low risk for harm to self or others (police involvement not required)	 Closest Emergency Department Psychiatric Crisis Service of Milwaukee County Behavioral Health Division (PCS) 1. If patient is seen in the Milwaukee County Behavioral Health system (MCBHD), transport to the Psychiatric Crisis Service (PCS) center on a voluntary basis 2. If not a patient of MCBHD, transport to closest Emergency Department for mental health evaluation	

NOTES:

- No patient should be transported to a closed hospital under any circumstances.
- Hospitals providing specialty services never close to their specialty.
- WI*Trac* will post transport instructions for extenuating circumstances.

If any one member of the paramedic team, regardless of their team assignment, feels it is in the best interest of a patient to be evaluated and/or transported, the paramedic unit will evaluate and/or transport the patient.

Transport shall be to the closest, most appropriate paramedic receiving hospital. Patient needs will dictate transport to a specialty hospital. Documentation on the run report should support the decision to transport for specialty care.

Transport from the scene with lights and siren shall only be done when the paramedics are unable to stabilize the patient at the scene.

Paramedics shall never advise a patient that transport to a medical facility for examination by a physician is not necessary, or that the patient may drive or be driven in a private vehicle or by other medically unsupervised means. When a patient refuses ambulance transport, the standard for refusal of treatment/transport should be followed.

If a patient refuses care and/or transport and the paramedic team has doubts regarding that patient's ability to make a rational decision, the appropriate authority should be consulted (medical control, guardian, police, etc.).

The uniform of an individual functioning within the Milwaukee County Paramedic System shall be the uniform as specified by the employing fire department plus a short sleeved, front-zippered white laboratory jacket with the pertinent fire department patch attached to the left sleeve and the Milwaukee County Paramedic patch attached to the right sleeve.

Each paramedic student is issued three (3) white uniform jackets upon entrance to the Paramedic Education Program. After successful completion of the Paramedic Educational Program and the State Board Licensing examination, the paramedic graduate will receive three (3) paramedic patches at commencement. Any additional uniform jackets or patches can be purchased from Milwaukee County EMS at cost. The paramedic patch cannot be given or sold to any other person or agency or attached to any garment other than the white uniform top and the fire department outwear jacket.

White uniform jackets with appropriate patches are to be worn on all medical (EMS) responses unless special circumstances dictate otherwise (e.g. extrication problems, fires). It is the responsibility of the paramedic to maintain the uniform jacket in a clean and neat condition. Should a white uniform jacket become damaged or permanently stained, the paramedic is required to obtain a replacement jacket. The white uniform jacket should be purchased through Milwaukee County EMS to maintain Countywide consistency.

In addition to the white uniform jacket the paramedic shall have in his/her possession the following items:

Stethoscope
Scissors*
Penlight*
Gloves, mask, eyewear/face shield *(personal protective equipment to prevent exposure to blood and body fluids).
Watch or time-keeping device.

One member of the team should have a pocket mask immediately available so mouth-to-mouth resuscitation is never done.

* Initially supplied by the Milwaukee County EMS and will be replaced without cost only if damaged during authorized use.