Loudoun County Emergency Medical Services Council, Inc.

General Directive #1

General Authorization for the Performance of BLS and ALS Procedures

Origin: 01/98
Revision: 09/13

All procedures shall be performed in a manner consistent with the policies, procedures, and protocols contained within. The Loudoun County Emergency Services (EMS) Council, Inc. approves all protocols set forth herein with notification to the Loudoun County Fire-Rescue (LCFR) Commission. Unless specifically noted, the protocols allow for procedures and therapies in "adult" patients (age 16 and above). Accordingly, all references to child/pediatric patients herein denote those who can be measured by a Broselow® tape (those measuring under 146 cm or 4'10" in height). A smaller patient age 16 and older may still receive procedures reserved for adults only (e.g. CPAP, intubation by EMT-I) despite being less than 4'10" in height.

The Loudoun County EMS Council, Inc. will issue a local authorization card; through the LCFR EMS Training Division denoting Basic/Advanced Life Support (BLS/ALS) provider's locally sanctioned level of practice. These authorization cards will be issued following successful completion of the BLS/ALS provider's preceptorship. They will be renewed after successful completion of the regularly scheduled Loudoun County EMS Council, Inc., recertification program and testing in accordance with existing policies. The providers' local authorization card will have an expiration date consistent with the expiration date of their OEMS certification for the level authorized. The card shall be worn in conjunction with the Loudoun County Photo ID card and be visible during EMS activities.

The term "member" as used throughout this document shall be construed to mean personnel not currently suspended or on leave from their agency-of-affiliation. In cases of suspension or leave, the associated BLS/ALS Chief (as appropriate for the providers' local authorization level) shall immediately submit written, email confirmation of this status change to the EMS Council Chairperson through the LCFR EMS Training Division. Reinstatement from suspension or leave will incorporate the aforementioned notifications, and will necessitate full compliance with all requirements for local authorization to practice at their designated skill level. When suspension or leave of any variety (including skills suspension as outlined within the policies/procedures document) exceeds ninety (90) days duration, the suspended technician shall surrender his/her medication keys (ALS only) and local authorization card to the Chairman of the Loudoun County Emergency Medical Services Council, Inc., or his/her designee.

In compliance with the Medical Practices Act of Virginia, this directive permits locally authorized EMS Personnel to utilize the following equipment and medications specific to their level of certification carried aboard Office of Emergency Medical Services (OEMS) licensed vehicles owned and operated by Virginia licensed EMS agencies located within Loudoun County.

BLS/ALS Equipment	Authorized EMT Level of Certification
Semi-Automated Defibrillator	FR, EMT-B, EMT-E, and EMT I/P
King LT-D and MAST	EMT-B, EMT-E, and EMT I/P
Esophageal Detector Device (EDD)	EMT-B, EMT-E, and EMT I/P
Glucometer, Dexisticks, Lancets	EMT-B, EMT-E, and EMT I/P
Pulse Oximetry, CO-oximetry	EMT-B, EMT-E, and EMT I/P
Mechanical CPR Device	EMT-B, EMT-E, and EMT I/P
BLS Non-Patient Prescribed Medications: Low Dose Aspirin Pediatric Acetaminophen Oral Glucose Activated Charcoal DuoDote® (atropine and pralidoxime chloride injection) Auto-Injector	EMT-B, EMT-E, and EMT I/P
BLS Patient-Prescribed Medications: Nitroglycerin tablets/spray Bronchodilator inhalers/nebulizers Epinephrine auto-injectors	EMT-B (requires medical control), EMT-E, and EMT I/P
IV Equipment, Needles	EMT-E, and EMT I/P
Laryngoscope	EMT-E, and EMT I/P
Endotracheal Tubes, Bougie	EMT I/P
Capnography	EMT-E, and EMT I/P
CPAP	EMT-E, and EMT I/P
ALS Medication Box	EMT-E, and EMT I/P
Automated Transport Ventilators	EMT-E, and EMT I/P
Surgical Cricothyrotomy	EMT P
Intraosseous Devices	EMT-E, and EMT I/P
Manual Monitor/Defibrillator/Pacemaker	EMT I/P

The EMS provider's actions are also subject to the rules and regulations of the Virginia Division of Emergency Medical Services and Individual EMS Agencies. As such, current Virginia State EMS Certification must be maintained. In addition, all personnel must maintain a current American Heart Association CPR "Health Care Provider" which must be renewed annually.

Use of the term "Medical Control Physician" throughout this document shall mean on-line physician or Physician's Assistant (PA) located in one of the Emergency Departments (ED) in Loudoun County. This includes Inova Loudoun Hospital (ILH) at either the Lansdowne or Cornwall campus and the StoneSpring Emergency Center.

. **All protocol items preceded by a red octagon shall require the verbal order of a Medical Control Physician.** Protocol items preceded by a green square or not otherwise identified as requiring on line Medical Control approval are considered "standing orders" and may be performed as indicated within each provider's scope of practice as determined by their certification level and local authorization. Due to the unique nature of each patient encounter and because medical protocols cannot anticipate and address all potential clinical scenarios, there may be other instances when consultation with Medical Control Physician is needed to guide patient care. Reasonable orders within the provider's scope of practice received from the Medical Control Physician may be carried out even if they deviate from or are not specifically contained in the written protocols.

Authorization to contact any ED outside Loudoun County for Medical Control direction requires a written agreement between the individual EMS Agency and me, as your Operational Medical Director. All patients shall be transported in accordance with General Directive # 5 Destination Determination. In the event of a Mass Casualty Incident (MCI), Operational Medical Control may be delegated from the Medical Control Physician to his/her designee on the scene for the duration of the MCI.

Units that do not require a Medical Control consult for orders shall contact the receiving facility directly to provide patient information and ETA. Units requesting a Medical Control consult for orders shall contact the closest, appropriate Medical Control (e.g. Cornwall or Lansdowne Adult ED/Lansdowne Pediatric ED or StoneSpring). If Medical Control will not be the receiving facility, they may assist in notifying the receiving facility to provide a report of patient information and ETA as needed. A unit may instead elect to contact the receiving facility themselves to provide notification. Units shall make contact with the ED's by contacting the Emergency Communications Center (ECC) and requesting a phone patch by calling (703) 777-0335 or by requesting a radio channel. For radio contact to ILH-Cornwall, a radio patch will be made on 69-D. For radio contact to ILH-Lansdowne, a radio patch will be made on 69-C. For Lansdowne Medical Control, units shall request the Pediatric Emergency Department for patients 21 years of age or less. For radio contact to StoneSpring Emergency Center, a radio patch will be made on 69-O.

The emergency care given by an EMS provider is subject to supervision by the most experienced highest certified and locally authorized, EMS provider present at the time it is administered (i.e., EMT-I/P, EMT-E, EMT-B, or FR).EMS providers shall maintain adequate record(s) of all events, to include completion of the Loudoun County electronic Patient Care Report (ePCR) for each incident including attachment of required electrocardiographic documentation for monitored patients. A copy of the completed patient care report shall be provided to the receiving Emergency Department. This may be accomplished through the Emergency Department utilizing computer-based access to the ePCR system. In addition, EMS providers are responsible for the completion of mandatory OEMS documentation of prehospital patient data.

EMS providers are also responsible for the replacement of medications and supplies used on each incident in accordance with Policy #12 Security and Maintenance of Pre-Hospital Medications.

Any violation, unauthorized deviation, or omission from the treatment protocols shall be brought to my attention.

John I. Morgan, MD, OMD