

	Policies & Procedures		
	Tri-Town Emergency Medical Service		
	Title: Adherence to Applicable Patient Care Protocols		
<i>Policy No.</i> TBD	<i>Original Adoption Date</i>	<i>Revision – No. & Dates</i>	<i>Page No.</i> Page 1 of 3

Section 1.0: Purpose

The purpose of this policy is to ensure compliance with all applicable Patient Care Protocols by employees of Tri-Town Emergency Medical Service (hereafter “the Service”)

Section 2.0: Organization Affected

All employees of Tri-Town EMS

Section 3.0: Definitions

3.1 “Patient Care Protocols” are the EMS providers of the Service standing orders as it pertains to the treatment of patients.

3.2 “Medical Resource Hospital (Agreement)” is the hospital which has medical oversight responsibilities for the Service.

3.3 “Consider” (as used in the New Hampshire Patient Care Protocols): Shall be interpreted by the Service as meaning treatment or interventions that are allowed by the current New Hampshire Patient Care Protocol, that the provider may perform if so deemed necessary based on a thorough medical assessment and the provider’s sound medical discretion.

Section 4.0: Policy

4.1 New Hampshire Patient Care Protocols.

- a. The Service’s providers shall adhere to the current version of the New Hampshire Patient Care Protocols.
- b. The Service shall ensure its providers have access to the current version of the New Hampshire Patient Care Protocols while on EMS Calls.
- c. The Service’s providers shall be responsible for ensuring they are intimately familiar with the New Hampshire Patient Care Protocols.
- d. The Service’s providers shall be responsible for ensuring they are intimately familiar with all equipment the service possess that is intended for the treatment of patients and is indicated in the New Hampshire Patient Care Protocols.

4.2 Deviation of New Hampshire Patient Care Protocols.

- a. The Service’s providers may deviated from New Hampshire Patient Care Protocols when one of the following circumstances occurs.

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- i. Treatment is contra-indicated by a patient condition or characteristic, such as but not limited to; age, vital signs, other medications, other medical ailments or conditions, allergy, anaphylactic, dystonic reactions, patient refuses, etc.
 - ii. Treatment is not readily available.
 - iii. Safety concern exists.
 - iv. Potential benefit of the treatment allowed by protocol is considered nominal in comparison to what the patient has been treated with prior to EMS arrival.
 - v. Patient has receive the treatment prior to EMS arrival.
 - vi. Where allowed by New Hampshire Patient Care Protocols to do so.
- b. All deviations of the New Hampshire Patient Care Protocol must be supported in the Patient Care Report for the EMS Call.

4.3 Accepted Practices

- a. The Service’s providers shall utilize sounds medical discretion when determining the extent of which a protocol is applied, while not violating the intent of the protocol.
- b. The patient shall be accompanied to the hospital by the appropriate license level for any care that may be rendered and not necessary care that is to be rendered.
- c. The Service reserves the right to report any and all protocol issues and clinical concerns to the Medical Resource Hospital and/or the New Hampshire Department of Safety, Bureau of Emergency Medical Services and will do so where and when obligated to file such report.

Section 5.0: Implementation

To facilitate conduct in accordance with this policy, a copy of this policy shall be made available to all employees and at such other times as may be necessary.

Section 6.0: Signatures

	Position	Signature	Date
<u>Policy Prepared By:</u> Christopher Gamache	Agency Director		
<u>Board of Directors:</u> Shaun Mulholland	Chairman of the Board		

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Section 7.0: Policy & Procedure Revision History

	Section	Changes Made	Approvals	
			By	Date
Original Adoption				
Amendment				
Amendment				
Amendment				

REFERENCE:

1. Commission on Accreditation of Ambulance Services (CAAS) standard 201.02.01, “*Protocol Existence*”
2. Commission on Accreditation of Ambulance Services (CAAS) standard 202.05.03, “*Medical Error Reporting*”