

I Purpose

- A. To identify the procedure by which new protocols or standing orders are created and existing protocols/standing orders are reviewed and revised.

II Policy

- A. Protocols and standing orders are written and maintained with the goal of providing the highest quality of EMS patient care to patients treated by EMS practitioners.
- B. Protocols and standing orders are written and maintained based on the most current and best scientific evidence related to prehospital/out-of-hospital care, when that evidence is available.

III State guidelines for development of regional protocols and medical direction plans

- A. Arizona State Administrative Rules, the local Regional Protocols, and the Medical Direction Authority shall guide the prehospital patient management activities of the EMS personnel and the on-line and administrative medical direction authorities. In accordance with R9-25-204, medical direction plans for a region shall include:

1. Treatment Protocols: Statements which define what treatments may be used within an emergency medical service's system and the circumstances in which they may be used.
2. Triage Protocols: Guidelines for the development of triage protocols shall include provisions for
 - a. Patients' choice
 - b. Nature and severity of the illness or injury
 - c. Availability of special treatment facilities
 - d. Expected transport time (including air vs. ground)
3. Communications Protocols: Written guidelines which define
 - a. Back-up procedures for communication equipment failures
 - b. Choice of facility to exercise on-line medical control for a given emergency
 - c. Circumstances and patient conditions which require on-line medical supervision

IV Procedure

- A. Document Development and Review
 1. New protocols are presented to the protocol development and review committee (PDR) for review.
 2. Once drafted by PDR, documents are made available for community discussion through established committees and presented for approval at the

Medical Directors Committee. The author of the document will contact the current chairperson of the Medical Directors Committee for inclusion on the agenda.

3. The documents are then presented to the Southeast Arizona Emergency Medical Services Council (SAEMS) for final approval. The author of the protocol will contact the executive director of SAEMS for inclusion on the agenda.
4. It is the responsibility of the author of any new standing orders to create necessary training material for submission at the same time as the new or revised document.
5. The author of new or revised documents will notify all Base Hospital Managers and Medical Direction Authorities of changes that may require alteration in training content.
6. The author of new or revised documents will be responsible for creation of or changes to Standing Order Self Learning Packets.
7. Within two weeks of final approval the executive director of SAEMS will facilitate inclusion of the new document on the SAEMS website.

B. Revision of Current Documents

1. Protocols and standing orders are revised periodically with a goal of maintaining consistency with current medical practice and incorporation of new treatment modalities.
2. Revisions or review will be initiated by PDR whenever current practice issues are identified or at a minimum of every 4 years.
3. Once presented to, revised by and approved by PDR, the policy change will follow the steps outlined in IV. A. 2-6.
4. Within two weeks of final approval, the executive director of SAEMS will facilitate inclusion of the revised document on the SAEMS website.

Effective 10/2008