



Health Services Department

Public Health Division

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EMERGENCY MEDICAL SERVICES

POLICY MEMORANDUM #6500

EFFECTIVE DATE: 06/01/91

APPROVED BY:

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SUBJECT: BASE PHYSICIAN SPECIAL PROCEDURES

AUTHORITY: CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTION 100168.

PURPOSE/POLICY:

There sometimes exists a lag time between the acceptance in medicine of a new technique, procedure, equipment or medication, and its incorporation into the policies or procedures of the Solano County prehospital care system. This policy is written in the hopes of offering flexibility in the otherwise rigid guidelines of the prehospital care system when unusual circumstances arise.

I. MEDICAL CONTROL

When the Base Physician feels the need to go beyond the boundaries of the Solano County EMS Protocols, he/she:

- A. Must have direct voice contact on the taped EMS radio line with the EMT-P.
- B. Must have a threat to life or limb which would be significantly improved by an intervention not currently covered by current protocols.

II. LIMITATIONS – The interventions are to be limited to:

- A. The scope of practice for EMT-Ps in this State of California.
- B. The available drugs, equipment, training and experience levels of the EMT-P carrying out the Base Physician's order. When the EMT-P is inexperienced or unfamiliar with the intervention he/she must immediately inform the Base Physician on the Medical

Communication Radio. He/she may then proceed with the standard protocol for that situation.

III. MANDATORY RECORDS

- A. Unusual Occurrence Form – Both the EMT-P carrying out the intervention and the Base Physician ordering the intervention must fill out an unusual occurrence form.
- B. Patient Care Report (PCR)
 - 1. EMT-P must submit one copy of the PCR together with the Unusual Occurrence Form to the EMS Office by the next business day.
 - 2. Base Physician must submit the unusual occurrence form to the Base Hospital Coordinator or designee by the end of his/her shift.

IV. QUALITY ASSURANCE

Following the use of an intervention as described, the following mandatory reporting and review process will be activated:

- A. The Base Hospital Coordinator or designee will report the occurrence to the EMS Office on the Next business day, referring the information to the EMS Staff.
- B. The base station Medical Director – As soon as possible will review the case for deviation from standard of care, and positive or negative outcomes of the intervention. The case will be brought to the attention of the Physician's Forum at the next business meeting.
- C. The Physician's Forum will review the case and make recommendations for action including implementation of new policies and/or procedures.