

Virginia Beach Department of Emergency Medical Services

Standard Operating Guideline - Operations

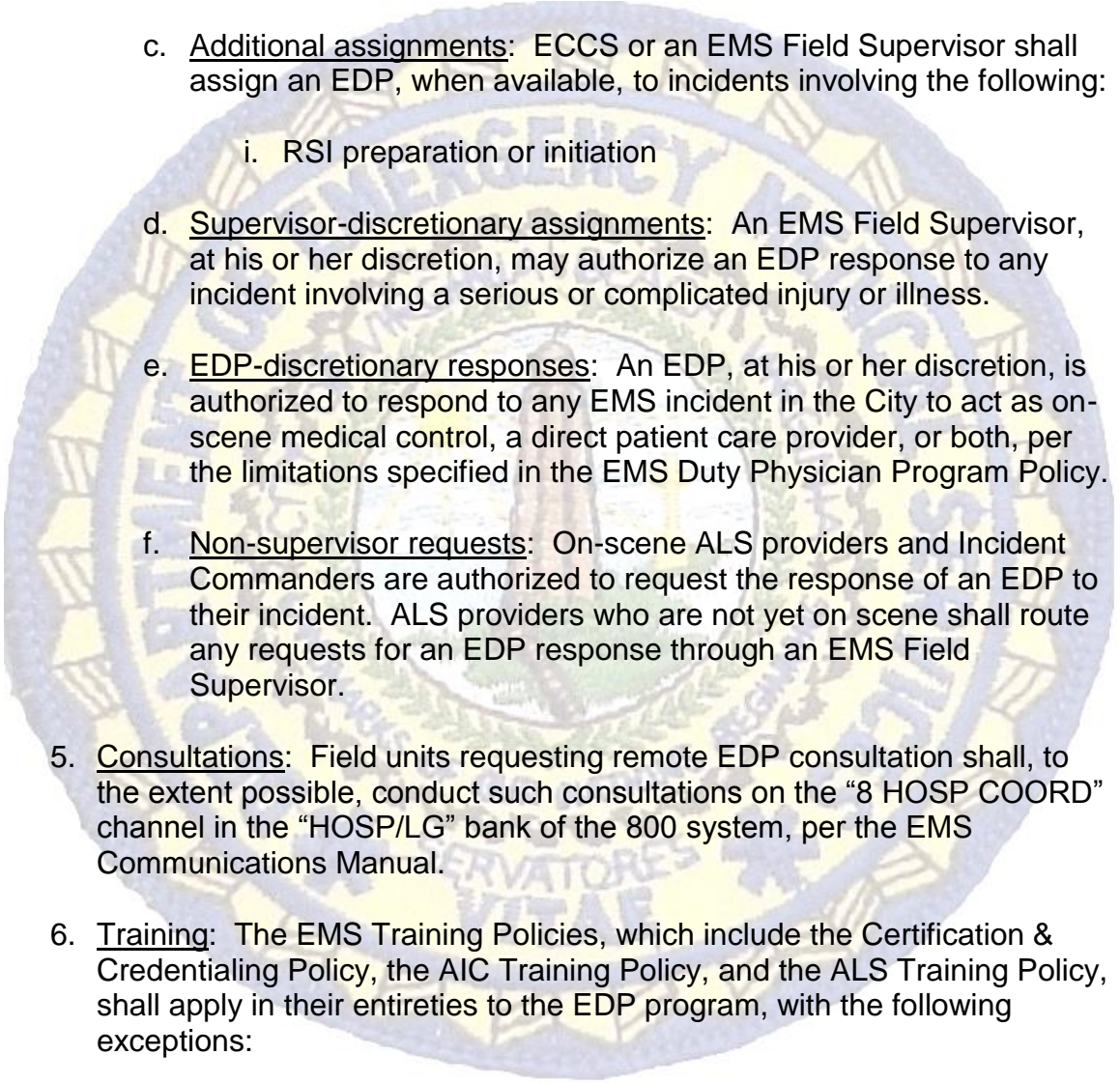
EMS Duty Physician

Purpose: The purpose of this Standard Operating Guideline (SOG) is to establish guidelines and provide direction to personnel in the implementation and utilization of the EMS Duty Physician and supplement Department policy, where required.

Applicability: This Standard Operating Guideline shall apply to Department personnel supporting field operations.

Guidelines:

1. Performance and clinical expectations: EMS Duty Physicians (EDPs) shall be held to the same expectations that apply to other members of the EMS Department, as defined in EMS policies and SOGs, and where such expectations do not conflict with the EMS Duty Physician Program Policy or this SOG.
2. Scheduling and assignment: Round-the-clock staffing of an EDP unit is not anticipated. A maximum of one EDP shall be scheduled for duty at any given time. An EDP shall be posted to a “zone medic” vehicle. The entire City shall be considered to be an EDP’s primary response area.
3. Call signs and CAD designators: The scheduled EDP shall use the CAD designator and call sign “MD02” (pronounced “em-dee-two”). Designators in the range of MD03 through MD09 shall be reserved for EDP program administrative purposes.
4. Dispatches and responses:
 - a. Automatic responses: The CAD will be configured to recommend an EDP, when available, to incidents of the following natures or modifying circumstances, and the recommended EDP shall initiate a response:
 - i. Cardiac arrest
 - ii. Entrapment/pin (vehicular or structural)
 - iii. Working fire
 - iv. Confined space rescue
 - v. Mass casualty incident (5 or more patients)
 - vi. EMS Working Incident

- 
- b. Advisory alerts: The CAD will be configured to recommend an EDP, when available, to incidents of the following natures or modifying circumstances, and the recommended EDP shall at a minimum acknowledge and monitor the incident:
 - i. Amputation
 - ii. Gunshot wound
 - iii. Stabbing
 - c. Additional assignments: ECCS or an EMS Field Supervisor shall assign an EDP, when available, to incidents involving the following:
 - i. RSI preparation or initiation
 - d. Supervisor-discretionary assignments: An EMS Field Supervisor, at his or her discretion, may authorize an EDP response to any incident involving a serious or complicated injury or illness.
 - e. EDP-discretionary responses: An EDP, at his or her discretion, is authorized to respond to any EMS incident in the City to act as on-scene medical control, a direct patient care provider, or both, per the limitations specified in the EMS Duty Physician Program Policy.
 - f. Non-supervisor requests: On-scene ALS providers and Incident Commanders are authorized to request the response of an EDP to their incident. ALS providers who are not yet on scene shall route any requests for an EDP response through an EMS Field Supervisor.
5. Consultations: Field units requesting remote EDP consultation shall, to the extent possible, conduct such consultations on the “8 HOSP COORD” channel in the “HOSP/LG” bank of the 800 system, per the EMS Communications Manual.
6. Training: The EMS Training Policies, which include the Certification & Credentialing Policy, the AIC Training Policy, and the ALS Training Policy, shall apply in their entirety to the EDP program, with the following exceptions:
- a. For the purposes of section V of the Certification & Credentialing Policy, an EDP shall be considered an “Attendant-In-Charge (ALS Transport Vehicle)”.
 - b. OMD approval to participate as an EDP shall be deemed as compliance with the EMS certification and TEMS ALS sanctioning requirements.

- c. An EDP field internship shall be required, and shall have an emphasis on verifying that the EDP Intern has a clear understanding of:
- i. The EMS Duty Physician Program Policy, this SOG, and formal documents incorporated therein by reference
 - ii. Safe prehospital operations in general
 - iii. Safe emergency vehicle operations
 - iv. Regional EMS protocols
 - v. Virginia Beach EMS supplementary protocols
 - vi. Treatment modalities and other resources available in the Virginia Beach EMS system
 - vii. Proper use of public safety communications and mobile data equipment
 - viii. Proper operation, administration, or performance of any approved EDP-only tools or treatment modalities
 - ix. Electronic PPCR completion
- d. Only RSI-qualified paramedics and EDPs who have been released under General Supervision shall be designated as ALS FTOs for EDP Interns.

ORDERED:



Deputy Chief for Operations

Date

LINKAGES	
Formal documents that refer to this document: <ul style="list-style-type: none"> • EMS Duty Physician Program Policy 	Formal documents referred to in this document: <ul style="list-style-type: none"> • VBDEMS Duty Physician Program Policy • VBDEMS Communications Manual • VBDEMS Personal Appearance & Uniform Policy • Resident Physician Partnership Program MOU(s) • VBDEMS Duty Policy • VBDEMS Certification & Credentialing Policy • VBDEMS AIC Training Policy • VBDEMS ALS Training Policy • TEMS Regional Medical Protocols • VBDEMS Supplementary Protocols

Effective Date: July 1, 2019

Revised:



EMS Duty Physician (EDP) Field Facilitation Checklists

Welcome to the Virginia Beach EMS Duty Physician field facilitation program! We are all excited to help you embark on your journey to becoming released as a Duty Physician with Virginia Beach EMS. Our Facilitators, officers, and training staff will be happy to help you in any way that we can.

This training program is divided into the following sections:

- ALS Release Class Items
- Policy Framework, Department Organization, and Medical Protocols
- General Safety
- Vehicular Concerns
- System Resources and Available Treatment Modalities
- Public Safety Communications & Mobile Data Topics
- Electronic Medical Records
- Shift & Call Flow Concerns
- Transport Considerations
- Clinical Concerns
- Local Practices

If you are already a released and functioning provider within the Virginia Beach Department of EMS, you will already be familiar with many of the items in this packet and your facilitator is encouraged to sign you off accordingly.

NAME OF PHYSICIAN BEING FACILITATED: _____

SELF-GUIDED ITEMS

Objective	Date	Self-initial
<p>The material referenced in this section is available online by visiting:</p> <p>vbems.com > Train > AIC Release Program</p> <p>It is primarily geared toward new inexperienced members but has information that will be vital to your participation in our specific system.</p>		
Review <i>VBEMS Intern Guidelines and Expectations</i>		
Review <i>ID Cards and Definitions</i>		
Review <i>AIC Orientation Course</i>		
Take the <i>EMS AIC Orientation Quiz</i>		
Review <i>Station Specific Items</i>		

ALS RELEASE CLASS ITEMS

Items to be verified during ALS Release class May be signed off earlier if demonstrated in the field setting			
Objective	Date	Facilitator Name	Facilitator Signature
Knowledge of equipment:			
○ Nasotracheal Intubation			
○ King Airway			
○ End-Tidal CO ₂ Monitoring			
○ Naso/Orogastric Tube Insertion			
○ Cricothyrotomy (N/A for Intermediate)			
○ Tension Pneumothorax Chest Decompression			
○ Intraosseous (IO) Infusions and Medication Administration			
○ Glidescope use			
○ Continuous Positive Airway Pressure (CPAP)			
Demonstrate knowledge of Cyanokit			
Demonstrate familiarity with Bougie device			
Knowledge of ECG Monitor Operations (LP 15)			
○ Review capnography functions			
○ Review Defibrillation (Monophasic Vs. Biphasic joule settings, protocols & procedure)			
○ Synchronized Cardioversion (Monophasic Vs. Biphasic joule settings, protocols & procedure)			
○ Transcutaneous Pacing (Adult rate & settings, protocols & procedures, demand pacer peculiarities)			
○ Transcutaneous Pacing (Pediatric rate and settings, protocols & procedures)			

POLICY FRAMEWORK, DEPARTMENT ORGANIZATION, AND MEDICAL PROTOCOLS

City Policies and Expectations			
Objective	Date	Facilitator Name	Facilitator Signature
Where Departmental Policies can be located (REF: www.VBEMS.com >For Providers>Departmental Policies)			
Review of Specific Policies			
○ OPS - EMS Duty Physician Policy			
○ EMS Duty Physician Implementation SOG			
○ REF - Quality Management Plan			
○ OPS – Air Ambulance Launch Policy			
Clear & comprehensive understanding of regional EMS protocols			
VBEMS Supplementary Protocols & where to find them			
Completion of State approved Emergency Vehicle Operators Course (EVOC)			

Chain of Command			
Objective	Date	Facilitator Name	Facilitator Signature
Where Organization Chart can be located: (REF: www.VBEMS.com > For Providers>Departmental Policies>ADMIN-Organizational Structure Policy)			
Chief of EMS			
Deputy Chiefs			
Division Chiefs, Roles & Areas of Responsibility			
Volunteer Assistant Chiefs, Roles, Areas of Responsibility			
Brigade Chiefs, Roles & Areas of Responsibility			
Command Duty Officer (EMS Chief 10)			
EMS Duty Supervisors (EMS01/EMS02/EMS03)			
○ Contact Information			
Station Level Officers			
Operational Medical Director			

GENERAL SAFETY

Safety Considerations			
Objective	Date	Facilitator Name	Facilitator Signature
Keeping radio on person			
Use of traffic safety vests			
Drugs and/or powder found on patient			
Unconscious in a vehicle			
○ Vehicle in Park?			
○ Safe approach			
Poles/Wires down			

On Duty Injury and Exposure Reporting			
Objective	Date	Facilitator Name	Facilitator Signature
Review procedure for reporting on duty injury			
Review procedure for reporting on duty exposure			

VEHICULAR CONCERNS

Vehicle Operation and Considerations			
Objective	Date	Facilitator Name	Facilitator Signature
Due regard			
Use of mobile phone while driving			
Demonstrate Safe Vehicle Operation			
○ Light and Siren Controls			
○ Differences in ambulance vs. zone operations (size, visibility, audibility)			
○ Review rules for Code 3 and Code 1 driving			
Review backing requirements/procedures			
○ Specifically address units equipped with back up cameras			
Discuss Emergent vs. Non Emergent transports			
Discuss Accident/Incident Reporting procedure			
Demonstrate knowledge of fueling procedures, locations			
Demonstrate use of theft deterrent systems			
Demonstrate knowledge of City map book, use and navigation to calls			
Review knowledge of run areas			
Review when to transport patients emergently or non-emergently			
Discuss diesel units with DEF			
○ Cycling procedures			
○ DEF equipped fuel locations			
Review locations of City Garages			
○ Leroy Road			
○ Holland Annex			
Review procedures for after hours access to Garages (with EMS01/02 approval)			
Discuss whom to contact when a unit goes down mechanical/electrical			
Review procedures for dropping units off at City Garage (Chief Lipscomb's job aid)			
Review procedures for picking units up at City Garage			

SYSTEM RESOURCES AND AVAILABLE TREATMENT MODALITIES

Station Locations and Apparatus			
Objective	Date	Facilitator Name	Facilitator Signature
Headquarters (Admin and Training)			
Review locations of EMS Stations			
Review locations of Fire Stations			
Review Zone Car Locations, Equipment, Capability			
Review EMS01, EMS02, EMS03 locations, equipment, capability			
Review Engine Locations, Equipment, Capability			
Review Ladder Locations, Equipment, Capability			
Review Special Operations Teams, missions & capabilities			
○ Marine Response			
○ Bike Team			
○ SWAT			
○ Special Events			
○ Support Services			
Review locations of Fueling sites, including fuels yards, city garages, stations			
○ DEF stations			
○ Diesel only sites (R16, R19)			

Lifepak 15 Orientation			
Objective	Date	Facilitator Name	Facilitator Signature
Demonstrate familiarity with all equipment and where stored:			
○ Electrodes and defibrillation pads, all cables			
○ BP cuff and cable, additional cuffs			
○ End Tidal CO2			
○ Razors			
○ Pulse ox cables and probes			
○ Printer paper and loading			
○ Batteries, how to test and replace			
○ Lifepak data transfer cable			
○ Common issues and troubleshooting			
Demonstrate ability to obtain vital signs using LP15			
○ Blood pressures (including proper cuff sizing)			
○ Pulse and pulse ox (including where & how readings are being obtained)			

○ End tidal CO2 (placement, waveforms & normal ranges)			
Demonstrate ability to obtain a 12 lead EKG			
○ Proper lead placement and connection of wire harness			
○ Proper patient positioning			
○ Troubleshooting improper lead connections (shaving, skin prep, replacing leads, wiring defects)			
Demonstrate ability to transmit a 12 lead EKG to receiving hospitals			
Demonstrate ability to transmit patient data to EMR			
Demonstrate ability to operate Lifepak 15 in AED Mode			
○ Defibrillation pads – connection & proper placement			
○ Analysis and shocking			
○ Cancelling a charge			
○ CPR Metronome			

Medication Administration Gear			
Objective	Date	Facilitator Name	Facilitator Signature
Proper set-up and administration of meds via intranasal route			
Proper set-up and administration of meds via hand-held nebulizer			

Hospital Locations and Capabilities			
Objective	Date	Facilitator Name	Facilitator Signature
Explain diversion status and when it does not apply (REF: TEMS Protocol Appendix)			
Sentara Virginia Beach General Hospital			
- 1080 First Colonial Rd			
○ Adult Trauma Center			
○ STEMI Receiving Center			
○ Designated Stroke Center			
○ Dialysis capable			
○ No L&D capability (over 20 weeks pregnant)			
- Review Restocking procedures– Vending Machine/Returns			
Sentara Princess Anne Hospital			
- 2025 Glenn Mitchell Drive			
○ Designated Stroke Center			
○ Labor & Delivery/Neonatal ICU			

Hospital Locations and Capabilities			
Objective	Date	Facilitator Name	Facilitator Signature
○ Dialysis capable			
○ No STEMI			
○ No Trauma			
- Review Restocking procedures– Vending Machine/Returns			
- Linen Restock Vending Machine			
Sentara Leigh			
- 830 Kempsville Rd in Norfolk			
○ STEMI Receiving Center			
○ Designated Stroke Center			
○ Labor & Delivery/Nursery			
○ Dialysis capable			
○ No Trauma			
○ Hand Surgeon (verify through EMS01)			
- Review Restocking procedures			
Sentara Independence Emergency Department			
- 800 Independence Blvd. (Free Standing ER)			
○ Designated Stroke Center			
○ No Trauma			
○ No STEMI			
○ No Labor & Delivery			
○ No Dialysis			
- Review Restocking procedures			
Sentara Norfolk General Hospital			
- 600 Gresham Drive, Norfolk			
○ Designated Level I Trauma Center			
○ Burn Trauma			
○ Designated Stroke Center			
○ STEMI Receiving Center			
○ Left Ventricular Assist Device (LVAD)			
○ Total Artificial Heart (TAH)			
○ Labor & Delivery/Neonatal ICU			
○ Obstetric Trauma Center			
○ Dialysis capable			
- Review Restocking procedures			
Chesapeake Regional Medical Center			
- 736 North Battlefield Blvd., Chesapeake			
○ STEMI Receiving Center			
○ Designated Stroke Center			
○ Labor & Delivery/Nursery			
○ Dialysis capable			
○ No Trauma			
- Review Restocking procedures			

Hospital Locations and Capabilities			
Objective	Date	Facilitator Name	Facilitator Signature
Children's Hospital of the King's Daughters (CHKD)			
- 601 Children's Lane, Norfolk			
- Pediatric Illness			
<ul style="list-style-type: none"> Children under the age of 18 may be seen at CHKD. Patients with complex chronic conditions may be seen there past the age of 18. (Call EMS01 for guidance) 			
- Pediatric Trauma			
<ul style="list-style-type: none"> Patients under the age of 15 who meet any trauma center transport criteria will be transported directly to CHKD 			
<ul style="list-style-type: none"> Trauma patients 15 to 18 will go Norfolk General 			
<ul style="list-style-type: none"> Per protocol, unstable trauma patients (all ages) go to nearest trauma center for stabilizing 			
- Review Restocking procedures			

PUBLIC SAFETY COMMUNICATIONS & MOBILE DATA TOPICS

Radio Operations			
Objective	Date	Facilitator Name	Facilitator Signature
Discuss Radio identification numbers and log on info			
Review importance of each crew member carrying a radio			
Review Radio Channels & Banks			
Demonstrate ability to Navigate to various channels and banks			
Discuss TAC Channels			
○ What calls are typically assigned TAC/switching to TAC			
○ Review unit Roll Call procedures & expectations			
Hospital Channels			
○ Radio Reports			

Intercept/Communication Procedures			
Objective	Date	Facilitator Name	Facilitator Signature
Demonstrate knowledge of TAC Channel use			
Review ambulance intercept vs. BLS transport decisions			

CAD			
Objective	Date	Facilitator Name	Facilitator Signature
Where to find User Guide: (REF: www.VBEMS.com > For Providers>Training>Classes & Programs>Specialty Programs>CAD Training)			
Demonstrate ability to Log On Facilitator: Test physician's username and password, if established.			
Demonstrate ability to Set Unit Capabilities			
Demonstrate ability to Navigate features/ tabs			
Demonstrate what to do when Receiving a Call			
Demonstrate ability to use Mapping			
Demonstrate ability to Mark Enroute			
Demonstrate ability to Mark OnScene			
Demonstrate ability to Mark Transporting/destination selection			
Demonstrate ability to Clear from a call and mark disposition			
○ At hospital			
○ No Transport			
Demonstrate ability to Review call times			
Demonstrate ability to use Messaging			

○ Discuss Keystroke recording			
-------------------------------	--	--	--

ELECTRONIC MEDICAL RECORDS

Elite (ePCR) System			
Objective	Date	Facilitator Name	Facilitator Signature
Review of Elite System			
Demonstrate Completing a Patient Care Report			
Review Documentation Guidelines			
Demonstrate transferring and retrieving a report			
Demonstrate ability to access Elite Bridge from desktop (home computer)			
Review Report Completion Requirements/Timeline			
○ Required completion within 12 hours			
○ Call locks in Elite 72 hours after posting – no additional changes can be made except through an addendum			

SHIFT & CALL FLOW CONCERNS

Unit Check-Off / Inventory			
Objective	Date	Facilitator Name	Facilitator Signature
Perform daily check-off and inventory using unit check off sheets			
Know location and operation of main onboard unit oxygen system for all appropriate EMS units			
Know location and operation of portable oxygen systems			
Know location and operation of the battery charging system for ambulance unit stretchers			
Demonstrate proper decontamination/cleaning techniques for unit stretchers			
Demonstrate knowledge of how to check off unit ALS equipment, accessing ALS cabinet, verification of expiration dates, etc.			
Demonstrate proper check off of Lucas device			
Demonstrate proper unit "walk around" to verify outside components and inspect for damage.			
Review procedures for reporting vehicle damage and/or maintenance issues			

Call Conclusion			
Objective	Date	Facilitator Name	Facilitator Signature
Review supply restock procedures: Demonstrate use of restock machines, discuss station supplied restock items			
Review linen exchange and restock procedures: Demonstrate use of linen machines			
Demonstrate post-call decon of unit and equipment			

Exchange Procedures for IV & Drug Boxes			
Objective	Date	Facilitator Name	Facilitator Signature
Chesapeake Regional Medical Center			
Children's Hospital of the King's Daughters			
Sentara Independence			
Sentara Leigh Hospital			
Sentara Norfolk General Hospital			
Sentara Princess Anne Hospital			
Sentara Virginia Beach General Hospital			

Controlled Medications			
Objective	Date	Facilitator Name	Facilitator Signature
Explain the procedure for wasting of unused controlled medications, including proper documentation			
Explain the procedure for securing and exchanging controlled medications			
Explain physician signature requirements for controlled medications			

TRANSPORT CONSIDERATIONS

Stretcher Operations / Stair Chair			
Objective	Date	Facilitator Name	Facilitator Signature
Review raising and lowering of stretcher			
○ Manual stretchers			
○ Power stretchers			
Review procedures for safe loading and unloading of stretcher			
○ Manual stretcher loading/Cart loading			
○ Power stretcher loading			
○ Power Load systems			
Review locations of bariatric stretchers, how to load and mount in units, procedures for use/activation			
Review use of stretcher wheel locks/arm rails			
Review operations for head adjustments			
Review operations for foot adjustments (Trendelenburg position)			
Demonstrate proper use of stretcher straps			
○ Explain required use of the 3-way chest straps			
Power stretchers Vs. Power Load Systems			
○ Battery exchange			
○ Battery charging			
Demonstrate ability to troubleshoot power stretchers and power load systems			
Demonstrate use of stair chair			
○ Opening/Closing/Storing			
○ Use of Wheel Locks			
○ Use of Straps (chest/lap, shoulder, foot straps)			
○ Use of traction bar			
○ Use of head extension bar			
○ Use of hand grips/extensions			
○ Team operations and communication			

Pediatric Transport Considerations			
Objective	Date	Facilitator Name	Facilitator Signature
Review the location of in-unit child seat (Captain's Chair)			
Demonstrate proper used of Pedi-Mate Plus child restraint system			

CLINICAL CONCERNS

Manual (Initial) Vital Signs – To be taken PRIOR to Electronic vitals			
Objective	Date	Facilitator Name	Facilitator Signature
Demonstrate ability to obtain an accurate, complete set of initial vital signs by manual assessment, including:			
○ Glucometry			

Cardiac Arrest Situations			
Objective	Date	Facilitator Name	Facilitator Signature
Review VBEMS protocol for use of Lucas device; Demonstrate proper use			
Review rules for EMS technicians regarding Durable DNR orders, P.O.S.T., and Living Wills.			
Review considerations for LVAD patients; when to (and when not to) do CPR			

Traumatic Injury Patients			
Objective	Date	Facilitator Name	Facilitator Signature
Demonstrate the proper pelvic trauma immobilization			
Demonstrate use of pediatric immobilizer board			
Demonstrate use of KED			
Demonstrate use of HARE Traction splint			
Review bleeding control resources			

LOCAL PRACTICES

Specific Call Types – Expectations & Policies			
Objective	Date	Facilitator Name	Facilitator Signature
Discuss trauma on-scene times			
Discuss specific trauma center capabilities & destination determinations for:			
○ Burn Trauma (Including electrical burns)			
○ OB/Trauma			
○ Pediatric Trauma (ages 0-14)			
Discuss designated stroke center destinations & on-scene time expectations			
Discuss STEMIs: Time considerations for obtaining/transmitting 12 leads, on-scene time considerations, hospitals			
Discuss Cardiac Arrests:			
○ Priorities (CPR, LUCAS, Advanced Airway, Meds)			
○ DNR/No Efforts			
○ Destination determinations (traumas vs. medical)			
○ Documentation (Who completes paperwork, etc.)			
○ ROSC (dispatch notification, protocols)			

Specialty Calls & Specifics			
Objective	Date	Facilitator Name	Facilitator Signature
Working Fire			
○ Staging			
○ TAC Channels and Roll Call procedures			
○ Crew Role – Rehab vs. transport			
○ Rehab Protocol (REF: TEMS Protocols)			
Airport Alert			
○ Location of Staging area			
○ TAC Channels and Roll Call procedures			
Chesapeake Bay Bridge Tunnel			
○ Response/Access – do not blow through toll booths			
○ Coverage span of entire bridge			
○ TAC Channels and Roll Call procedures			
○ Responding to Southbound lanes – island turn around areas			
Entrapment			
○ Types of Responding Units			
○ TAC Channels and Roll Call procedures			
○ Vehicle Positioning			
▪ Turn off unit			
▪ Two poles distance			
○ Crew Safety			

▪ Safety vests			
▪ Turnout gear			
▪ Cold/Warm/Hot Zones			
○ Scene Size Up			
○ Establishing Incident Command & giving turnover			
○ Resource requests			
○ Preparing to receive a patient			
Interstate Incidents			
○ Types of Responding Units			
○ TAC Channels and Roll Call procedures			
○ Vehicle Positioning			
▪ Turn off unit			
▪ Two poles distance			
○ Crew Safety			
▪ Safety Vests			
▪ Relocating Units as needed			
○ Scene Size Up			
○ Establishing Incident Command & giving turnover			
○ Resource requests			
Mass Casualty			
○ Response/Staging			
○ CMC Responses			
○ TAC Channels and Roll Call procedures – possibly multiple TACs			
Hazardous Materials Calls			
○ Response/Staging			
○ TAC Channels and Roll Call procedures			
○ Role of EMS			
▪ Decon at scenes			
▪ Decon at hospital			
▪ No helo transport of exposed patients			
▪ Transport considerations			
▪ Early hospital notification			
Military Installations			
○ Entry procedures			
○ Working with responding military units			
Oceanfront Responses			
○ Boardwalk access from Atlantic			
○ Driving on boardwalk			
○ Beach access from boardwalk			
○ Special Events at Oceanfront – ingress and egress, special response areas			

EDP Field Facilitation Final Sign-Offs

EDP Field Facilitation Start Date: _____ (Residents, enter date 1st rotation began)

Date EDP Field Facilitation Completed: _____ (Date of meeting with below parties)

Final approval for release as an EMS Duty Physician under General Supervision:

Deputy Chief for Operations

Date

Operational Medical Director

Date