

SAEMS Regional Protocol Development and Review

- I. Purpose
 - A. To identify the procedure by which new SAEMS Regional Protocols and Triage Guidelines are created, reviewed and revised.
- II. Policy
 - A. SAEMS Regional Protocols and Triage Guidelines are written and maintained:
 1. With the goal of providing the highest quality EMS care to patients treated by EMS practitioners.
 2. Based on the most current and best scientific evidence related to pre-hospital/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, SAEMS Regional Protocols, and Agency Medical Direction Authority shall guide pre-hospital patient management activities carried out by EMS personnel. In accordance with Arizona Administrative Code, Medical Direction Plans for a region shall include:
 1. Treatment Protocols that define which treatments may be used by EMS Providers and the circumstances in which they may be used. Arizona Triage Treatment and Transport Guidelines contain treatment guidelines that are approved by the Arizona Medical Direction Commission, and are in line with current evidence-based practice and current state EMCT scope of practice rules. It is specifically recognized that documented regional or local variations from the guidelines contained within are not only acceptable, but also appropriate, depending on the individual circumstances of the involved areas and organizations.
 2. Triage Guidelines: outline how specific patients should be cared for and to which destination facility they should be transported. Triage Guidelines shall include provisions for:
 - a. Availability of special treatment facilities and the services they are required to provide
 - b. Nature and severity of the illness or injury
 - c. Limits based on expected transport time (including air vs. ground)
 3. Communications Protocols: Guidelines which outline what communication options will be available to EMS allowing them real-time contact with their chosen online Medical Direction Authority. Provisions will include:
 - a. Back-up procedures for communication equipment failures

SAEMS Pre-Hospital Protocols

- b. Guidance for on and offline care, treatments and transport decisions.
- c. Circumstances and patient conditions which require on-line medical supervision.

SAEMS Pre-Hospital Protocols

IV. Procedure

A. Document Development and Review

1. All new protocol drafts will be presented to, or drafted by the Protocol Development and Review committee (PDR) for review.
2. Once drafted and/or reviewed by PDR, documents are made available for community discussion through Sub-regional Councils, Base Hospital and Regional Provider Committees (no longer than 30 days). The documents are then presented for approval at the EMS Medical Directors Committee. The Chair of PDR (or their designee) will contact the current chairperson of the EMS Medical Directors Committee (or their designee) for inclusion on the agenda.
3. If approved by the Medical Directors Committee, the documents are then presented to the Southeast Arizona Emergency Medical Services (SAEMS) Council for final approval. The Chair of PDR (or their designee) will contact the Executive Director of SAEMS for inclusion on the agenda.
- 4.
5. The PDR committee will assist the EMS Medical Directors Committee to assure that all Base Hospital Managers and Medical Direction Authorities within the SAEMS Region are notified of changes that may require alteration in training content.
6. The Executive Director of SAEMS will post all new and revised documents to the SAEMS website within two (2) weeks of board approval.

B. Review of Current Documents

1. Protocols are reviewed and/or revised periodically with the goal of including evidence-based guidance in medical practice and incorporation of current treatment modalities.
2. Revision or review may be initiated by the PDR committee or at the request of the SAEMS Council, EMS Medical Directors Committee, Base Hospital Committee, Regional Provider Committee, Trauma Committee, as required by the Arizona Department of Health Services Bureau of EMS and Trauma (ADHS BEMST), whenever current practice issues are identified or at a minimum of every four (2) years.
3. Once revised and approved by the PDR committee, the document will follow the steps outlined in Section IV, Paragraph A, Item Numbers 2 – 5.