

**Manitowoc County EMS Association Prehospital Care Manual
Provider Responsibilities and Provider Status**

**POLICY
Agency Responsibilities**

Listed below is a summary of the important responsibilities of the provider agencies that are in the MCEMS System.

Operational Responsibilities:

- A provider agency must comply with minimum staffing requirements for the level and type of vehicle. Staffing patterns must be in accordance with the providers approved operational plan and in compliance with DHS.
- No agency shall employ or permit any member or employee to perform services for which he or she is not licensed, certified or otherwise authorized to perform.
- Comply with Services patient reporting policy.
- Comply with service specific QA forms.
- Agencies with controlled substances must abide by all provisions of the Controlled Substance Policy; including, maintaining a security log, maintaining a Department Controlled Substance Usage Form, and reporting any discrepancies to the System Medical Director(s).
- Notify the System of any incident, via Incident Report within 24 hours, which could or did adversely affect the patient, co-worker or system.
- Provide current operational plan to medical director

Notification Requirements:

- Notify the appropriate Medical Director of agency personnel changes and updates. This includes addition of new personnel and resignations of existing personnel, as well as submitting a yearly (December) roster indicating current members and officers. Rosters must include the level of EMS provider and the license number and expiration date.
- Notify the System Medical Director of any incident, via Incident Report within 24 hours, which could or did adversely affect the patient, co-worker or System.
- Update FCC Licenses and Mutual Aid agreements upon expiration.
- Notify the JDC if the agency's response area changes.
- Notify the State EMS Office if changes occur in communication operation capacities.

Training and Education Responsibilities:

- EMR, BLS, ILS, and ALS will comply with DHS minimum continuing education requirements.
- Appoint a Training Officer. The EMS Training Officer will conduct training in accordance with DHS standards and procedures.
- Maintain sign-in rosters for all training conducted and a summary of each member's attendance.
- Conduct AED training in accordance with the AED quality assurance plan.

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Additional Reports and Records Responsibilities:

- Comply with the MCEMS System Quality Assurance plan, including data collection by the EMS Medical Director(s).
- Maintain controlled substance security logs and usage tracking forms.
- Agencies in the MCEMS will actively participate in the state EMSS electronic media program

POLICY

Professional Conduct & Code of Ethics

Guidelines for EMS Providers Interaction with patients, other caregivers and the community:

Respect for Human Dignity - Respect all patients regardless of social rank, financial status or background. Dignity includes greeting, conversing, respectful mannerisms and protecting physical privacy.

Maintains Confidentiality – Respect every person's right to privacy. Sensitive information regarding a patient's condition or history should only be provided to medical personnel with an immediate need-to-know. Sensitive information regarding our profession should only be provided to those with a right-to-know and the accountability for improvement. Federal HIPAA guidelines will supersede local rules.

Professional Competency – Provide the patient with the best possible care by continuously improving your understanding of the profession and maintaining your continuing education. Protect the patient from incompetent care by knowing the standard of care and being able to identify those who don't.

Safety Awareness and Practice – Protect the health and well being of the patient, you, co-workers and the community by constantly following safety guidelines, principles and practices.

Be Accountable for Your Actions – Act within your training, know your limitations and accept responsibility for both satisfactory and unsatisfactory actions.

Loyalty and Cooperation – Demonstrate devotion by maintaining confidentiality, assisting in improving morale and not publicly criticizing.

Personal Conduct – Demonstrate professionalism by maintaining high moral, ethical and grooming standards. Do not participate in behavior that would discredit you, your co-workers and the profession.

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**POLICY
Agency Advertising**

POLICY STATEMENT: EMS agencies are expected to advertise in a responsible manner and in accordance with applicable legislation.

GOAL/PURPOSE: To assure the public is protected against misrepresentation.

POLICY/PURPOSE:

No agency (public or private) shall advertise or identify their vehicle or agency as an EMS Life Support service provider unless the agency does, in fact, provide service as defined by the DHS.

No agency (public or private) shall disseminate information leading the public to believe that the agency provides EMS Life Support services unless the agency does, in fact, provide service as defined the DHS.

Any person or persons who violate the EMS Laws of DHS, or any rule promulgated pursuant there to, will be punished accordingly.

A licensee that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in such advertisement the hours of operation for those vehicles, if individual vehicles are not available twenty-four (24) hours a day. Any advertised vehicle for which hours of operation are not stated shall be required to operate twenty-four (24) hours a day.

It is the responsibility of all MCEMS System personnel to report such infractions of this section to the EMS Medical Director and appropriate EMS agency.

**POLICY
System Certification / Provider Status**

POLICY STATEMENT: It is the responsibility of the Service Director to confirm the credentials of the Service's EMS providers. System certification is a privilege granted by the EMS Medical Director(s) in accordance with the rules and regulations of the DHS.

GOAL/PURPOSE: To establish guidelines for System certification of EMS providers in the MCEMS System.

POLICY/PROCEDURE:

1. Process of System certification as an EMS provider/participant in the MCEMS System.
 - A System applicant must either be State licensed or eligible for State licensure.
 - EMS providers from another System or State must be a member, or be in the process of application, with a MCEMS System provider agency.
 - Successfully complete a System sponsored EMS training program and meet all the requirements as specified by the EMS Medical Director.
 - Wisconsin Administrative Code DHS 110 will serve a minimum requirement for all levels of EMS.
2. Maintaining System Certification:

In addition to the requirements outlined for re-licensure, EMS participants must maintain the following continuing education requirements to sustain provider certification in the MCEMS System:

AED participants are required to meet the requirements as specified in the AED plan

BLS Providers are required to meet the state DHS requirements.

ILS providers shall:

- Maintain minimum continuing education and re-licensure requirements as specified by the DHS.
- Attend all mandatory ILS in-services as directed by the EMS Medical Director
- Be an active and functioning member of an ILS or ALS MCEMS System provider Agency.

ALS providers shall:

- Maintain minimum continuing education and re-licensure requirements as specified by the DHS.
- Attend all mandatory paramedic in-services and Hospital rotations as directed by the EMS Medical Director
- Be an active and functioning member of an ALS MCEMS System provider agency.
- Maintain AHA ACLS provider or instructor status
- ALS providers must obtain and maintain American Academy of Pediatrics PEPP or AHA PALS certification.

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System certification termination:

A System participant may resign from the System by submitting a written resignation to the EMS Medical Director and Service Director.

Active Participant – An EMS participant is considered an active MCEMS participant if he/she:

- Is System certified at the level of his/her State licensure level.
- Is active and functions at his/her certification level with a MCEMS System agency providing same level of service or within their scope of practice according to DHS.
- Maintains continuing education and System testing requirements in accordance with System policy for his/her level of System certification.

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**POLICY
System Entry**

POLICY STATEMENT:

Any EMS participant wishing to function in the MCEMS System must provide proof of credentials and demonstrate knowledge and skill levels which meet the standards of the MCEMS System.

GOAL/PURPOSE:

To establish guidelines for System protocol competency

POLICY PROCEDURE:

EMS providers entering the MCEMS System will be required to:

Submit copies of the following licenses and certifications to DHS and service director

- Wisconsin EMT License or Certification
- National Registry Certification (if applicable)
- CPR Certification – Health Care Provider
- Advanced Cardiac Life Support (ALS)
- PEPP or PALS (ALS)
- Any other pertinent documentation

ALS providers must either be currently certified in PALS/PEPP and ACLS, or agree to become certified within one year if not currently certified. Failure to certify within one year or failure to maintain current status may result in suspension from active status.

All participants will satisfactorily complete the written protocol test, for the provider level applied for, with a minimum score of eighty-percent (80%), with a review of the test with medical director or operational plan designee.

Satisfactorily complete a practical skills evaluation based on cardiac arrest resuscitation scenario, trauma assessment and intubation (ALS) skill stations.

Submit documentation of current continuing education credits.

The EMS Medical Director(s) reserves the right to deny System participant status based on DHS rules and regulations, or place limitations upon the participant.