

# **Greenville County Fire Department EMT Rapid Responder BLS Delivery Agreement**

## **ADMINISTRATION**

Fire Department EMT Rapid Responder Agencies wishing to provide Basic Life Support (BLS) care in their district area will enter into this ongoing agreement with the County of Greenville. This agreement will remain in effect unless either party request in writing to be released from it and gives a 30-day notice.

Entering into this agreement the Fire Department EMT Rapid Responder Agency agrees to utilize the current Greenville County Medical Director (GCMD) for the delivery of EMS care in their assigned district. The current GCMD may assign a Medical Control Physician Designee (MCPD) as a liaison with the First Responder agency.

Furthermore, the Fire Department EMT Rapid Responder Agency will apply to the South Carolina Department of Health and Environmental (SC DHEC) Bureau of EMS agency, for licensure under the current SC DHEC Regulation 61-7 requirements and provide the GCMD with a copy of the SC DHEC issued license and this must be always kept current.

The Fire Department EMT Rapid Responder Agency agrees to the following requirements:

## **1.0 CLINICAL OPERATING GUIDELINES**

- 1.1 The clinical operating guidelines (COGs) describe the methods by which the Fire Department EMT Rapid Responder Agencies in Greenville County will provide exceptional pre-hospital care.

## **1.2 COG Guidelines**

- 1.2.1 All Fire Department EMT Rapid Responder Agencies in Greenville County who utilize the current Greenville County Medical Director (GCMD) for medical control are authorized, and expected at all times, to use the COGs to the level of their agency's license.
- 1.2.2 Medical Control can be contacted for those patients who do not fall into a stated protocol or if deviation from the stated protocol is required to best treat the patient.
  - 1.2.2.1 Any deviation from the stated protocol must be communicated to the medical control physician as soon as practically possible.
- 1.2.3 Providers must utilize good clinical judgment when interpreting these protocols and always act in the best interest of the patient .

## **2.0 BLS MEDICATION FORMULARY**

### **2.1 BLS Medication Guidelines**

- 2.1.1 Agencies will be required to maintain the medications listed in the attachment, see “Exhibit A”.
- 2.1.2 These medications must be always in current date.
- 2.1.3 At no time may an out-of-date medication be carried on a SC DHEC BLS unit.
- 2.1.4 All medication issues and discrepancies must be reported to the GCMD in writing.
- 2.1.5 The GCMD, or his/her designee may, at any time, inspect Fire Department’s Rapid Response Vehicles to ensure compliance with this requirement.

## **3.0 QUALITY ASSURANCE & QUALITY IMPROVEMENT**

- 3.1 Providers will always strive to provide quality care and service to those in need. On occasion, deviations from this standard may occur as a result of omissions, commissions, or judgement issues. The Quality Assurance & Quality Improvement process is designed to standardize the review process so that completeness and consistency exists.

### **3.2 Quality Assurance Guidelines**

- 3.2.1 The GCMD, or the MCPD, will perform periodic quality assurance (QA) checks on each agency’s patient care reports to ensure continuity of appropriate patient care and treatment.
- 3.2.2 Discrepancies in patient care discovered through a QA review will be communicated in writing to Training Officer and/or EMS Officer at the agency involved.
  - 3.2.2.1 Follow-up will be provided back to medical control within 2-weeks of the initial review.
- 3.2.3 Any remediation and/or quality improvement plan needed following a QA review, will be determined by medical control in collaboration with the offending provider’s Fire Department Representative.

## **4.0 PATIENT CARE REPORTING**

- 4.1 All calls and patient encounters will be documented per South Carolina Bureau of EMS requirements. All patient care reports will meet the minimum standards set forth by the South Carolina Bureau of EMS and the department.

### **4.2 Patient Care Reporting Guidelines**

- 4.2.1 Each licensed provider will create and submit an electronic patient care report (ePCR) for each patient encounter regardless of patient transport.
- 4.2.2 An ePCR will be completed on all dispatched calls involving patient encounters, or calls where the FD providers provide patient care in any capacity. This includes calls where FD providers arrive prior to or after the transporting agency (ambulance).

- 4.2.3 The primary provider is responsible for documenting all patient contact, care, and transport decision within the ePCR. All required documentation will be completed within twenty-four hours of the call's conclusion.
- 4.2.4 All patient care reports will be coherently written. Slang terminology or personal opinions are prohibited.

### **4.3 Documentation**

- 4.3.1 Patient care reports will reflect services, treatment, and care provided directly to the patient by the provider, including, but not limited to, information required to correctly identify the patient, a narrative description of the call from time of first patient contact to transfer of patient care, all providers on the call, and other information as determined by the department.
- 4.3.2 All procedures, interventions, and assessments performed prior to the transfer of patient care from the Fire Department EMT Rapid Responder Agency to the transporting agency, and/or care performed under the direction of EMS if applicable, will be documented.
  - 4.3.2.1 This includes calls for lifting assistance.
- 4.3.3 The electronic patient care reporting software system will be the primary means used to complete patient documentation.
- 4.3.4 Any hard copies of all supporting patient care documents, e.g., HIPAA Authorization Forms, Patient Refusals, hospital face sheets, Natural Death Reports, shall include the incident number and date of service in the upper right-hand corner of the document and be scanned into the report before closing.
- 4.3.5 Once scanned, all hard copy documents will be placed in a shred bin for destruction.
- 4.3.6 All ePCRs must be completed within 24 hours of the conclusion of the call.
- 4.3.7 Critical components that should be documented before uploading include the following:
  - Date of service and patient's chief complaint.
  - Name, age, date of birth, and gender.
  - Assessment, vital signs, Glasgow Coma Score, and any screening forms.
  - Procedures, interventions, and medications.
- 4.3.8 Patient care reports involving refusals will include the following:
  - Assessment performed
  - Information regarding the patient's capacity to refuse.
  - Information regarding an informed refusal by the patient.
  - Information regarding the provider's efforts to convince the patient to accept care.
  - Any efforts by the provider to protect the patient after the refusal if the patient becomes incapacitated.

## **5.0 CONTINUING EDUCATION**

- 5.1 Under the direction of the medical control physician's designee (MCPD), a DHEC-approved Continuing Education Program and other educational opportunities will be provided for all certified providers operating under the direction of the GCMD.

### **5.2 Continuing Education Guidelines**

- 5.2.1 The Continuing Education Program will allow each provider the opportunity to recertify their NREMT if all the following requirements are met:
- Continuing education program attendance and participation are completed in accordance with the Department of Health and Environmental Control requirements.
  - Successful completion of protocol examination and skills competencies.
  - Approval by the personnel's Fire Department Representative.
- 5.2.2 The MCPD will maintain educational learning content, attendance records, examination scores, and skill check-off materials for reference, which will be provided to personnel upon request.
- 5.2.3 An "up-to-date" EMT personnel roster from all licensed agencies will be provided to the MCPD.
- 5.2.4 The MCPD will maintain the current rosters and list of personnel, which will be provided to the medical control physician upon request.
- 5.2.5 The MCPD will be notified by each agency of any additions or subtractions to their personnel roster within 10 days, in conjunction with SC DHEC reporting.
- 5.2.6 Each agency will successfully register all EMT personnel with the designated online learning management system (LMS) within 10 days of addition to the personnel roster.
- 5.2.7 Each personnel is responsible for managing their own education profile on the NREMT site; however, a fire service official or MCPD may assist in the process.

### **5.3 Continuing Education Schedule**

- 5.3.1 A yearly calendar will be published at the beginning of the year and communicated to all personnel.
- 5.3.2 Personnel are responsible to sign up for the educational session within the time limit set forth by medical control.

### **5.4 Continuing Education Educational Sites & Locations**

- 5.4.1 All continuing education program classes and training locations will be held in accordance with the *Guidelines for the SC Approved CONTINUING EDUCATION PROGRAM*, published by SC DHEC Bureau of EMS.
- 5.4.2 All continuing education classes will be offered on a monthly basis at various Greenville County, SC Fire Service Agencies specifically designated by medical control.
- 5.4.3 Proposals for the addition of a continuing education program training location must be made in writing to the MCPD, and must contain the following:
- 5.4.3.1 A written description of an imminent need for adding the training location.

- 5.4.3.2 Proposed location and address.
- 5.4.3.3 Seating capacity at the location.
- 5.4.3.4 Proposed days and times for monthly classes.
- 5.4.3.5 Estimated attendance.
- 5.4.3.6 List of qualified experienced instructors who can obtain a CEP Instructor certification, in accordance with the *Guidelines for the SC Approved CONTINUING EDUCATION PROGRAM* and teach on a regular basis.

## **5.5 Continuing Education Instructors**

- 5.5.1 All instructors teaching within the continuing education program, under the direction of the MCPD, will be certified as an SC DHEC CEP Instructor in accordance with the *Guidelines for the SC Approved CONTINUING EDUCATION PROGRAM*.
- 5.5.2 Each instructor is responsible for managing their own instructor certification with DHEC; however, the MCPD may assist in the process.
- 5.5.3 Each training location will have at least one primary CEP Instructor.
- 5.5.4 The primary instructor will be responsible for maintaining their training location, delivering educational content, attendance rosters, and schedule coordination with any additional instructors.
- 5.5.5 Instructors will meet virtually with the MCPD monthly discuss the learning content, and to ensure educational continuity for all licensed agencies.
- 5.5.6 Instructors who are unable to attend the live meeting with the MCPD, may review a recording of the meeting, but must notify the MCPD in writing that they reviewed the content.

## **5.6 Continuing Education Dress Code & Conduct**

- 5.6.1 Personnel are expected to dress appropriately while attending educational sessions. A uniform is highly recommended for all educational sessions, but not required.
- 5.6.2 Personnel may be asked to leave the educational session if proper attire is not worn.
- 5.6.3 Personnel are expected to maintain an attitude that is conducive to learning throughout all sessions. Personnel will be respectful and behave in such a way that fosters an appropriate learning environment for all attendees and the instructor.
- 5.6.4 Personnel may be asked to leave the educational session if behavior is disruptive.

## **5.7 Exemptions**

- 5.7.1 Personnel that are currently participating in another state approved or CAPCE approved Continuing Education Program, at a minimum:
  - 5.7.1.1 Must complete the “*Medical Director’s Core Series*” educational lectures, found on the designated LMS.
  - 5.7.1.2 Must complete assigned content by the MCPD on an as needed basis, via the LMS, as directed by medical control.
  - 5.7.1.3 Must attend required continued competency skills sessions annually.
  - 5.7.1.4 Must successfully pass all bi-monthly protocol examinations.

## **6.0 CLINICAL OPERATING GUIDELINE EXAMINATIONS**

- 6.1 Bi-monthly protocol examinations will be administered to all certified personnel that provide patient care.

### **6.2 Exam Guidelines**

- 6.2.1 Examinations will be made available electronically via the designated LMS and will be assigned by the beginning of a given month.
- 6.2.2 Personnel will be expected to pass the examination within the assigned time frame to ensure compliance.
- 6.2.3 Personnel must maintain a yearly cumulative average of 80%.
- 6.2.4 Failure to take the examination will result in a zero being awarded which will reduce the cumulative score.
- 6.2.5 Examinations will be specific to the provider's level of certification.
- 6.2.6 New certified personnel, and/or providing care under the COGs for the first time, will be required to take and successfully pass a 100-question examination.
- 6.2.7 After new personnel successfully pass the examination, a baseline is established and cumulative protocol examination averages will be tallied with other scores and monitored for compliance each year.
- 6.2.8 Personnel with yearly averages that fall below the required percentages may be subject to being removed from patient care activities, and the ability to perform as an EMT under the direction of medical control.
  - 6.2.8.1 If personnel are removed from patient care activities due to a yearly average that falls below the required percentage, they may return to patient care activities following successfully passing a 100-question paper examination.

## **7.0 SKILL COMPETENCY REQUIREMENTS**

- 7.1 All personnel that provide patient care will attend continued competency skills verification sessions on an annual basis.

### **7.2 Skill Competency Requirements Guidelines**

- 7.2.1 Verification of skill competence is required at the local level in accordance with the *Guidelines for the SC Approved CONTINUING EDUCATION PROGRAM*. The medical control physician, primary or assistant, is solely responsible for the verification of skill competency for each participant in his/her covered agencies.
- 7.2.2 All personnel will attend required continued competency skills sessions annually.
- 7.2.3 Personnel who do not attend a continued competency skills verification session on an annual basis, may be subject to being removed from patient care activities, and the ability to perform as an EMT under the direction of medical control.
  - 7.2.3.1 If personnel are removed from patient care activities for failing to attend an annual continued competency skills verification session, they may return to patient care activities following successful completion of skills verification with direct observation by the GCMD or designee, and the MCPD.

- 7.2.4 Personnel are responsible for attending the continued competency skills session they have registered for and committed to attend, and must register for the session within 14-days prior to the session.

### **7.3 Skill Competency Requirements Dress Code & Conduct**

- 7.3.1 Personnel are expected to dress appropriately while attending skills verification sessions. Business casual attire or a uniform is required unless otherwise stipulated.
- 7.3.2 Personnel may be asked to leave the educational session if proper attire is not worn.
- 7.3.3 Personnel are expected to maintain an attitude that is conducive to learning throughout all sessions. Personnel will be respectful and behave in such a way that fosters an appropriate learning environment for all attendees and the instructor.
- 7.3.4 Personnel may be asked to leave the educational session if behavior is disruptive.

## **8.0 INCIDENT REVIEW PROCESS**

- 8.1 FD Providers will always strive to provide quality care and service to those in need. On occasion, deviations from this standard may occur as a result of omissions, commissions, or judgement issues. The Incident Review Process is designed to standardize the review process so that completeness and consistency.

### **8.2 Incident Review Guidelines**

- 8.2.1 Inquiries may be received through EMS Personnel, Dispatch/Communications, Fire Department Representative, Quality Improvement staff, MCPD or Medical Director.
- 8.2.1.1 If the decision is made to proceed with a formal incident review, the MCPD will contact the Medical Director or their designee to discuss the case and assign a Presumptive Category.
- 8.2.1.2 Depending on the Presumptive Category assigned, other personnel and agencies may need to be notified.
- 8.2.2 Category Assignment:
- 8.2.2.1 Presumptive Category 1
- The provider's action or failure to act was not consistent with standard prehospital medical practice and there was an adverse patient outcome.
- 8.2.2.2 Presumptive Category 2
- The provider's action or failure to act was not consistent with standard prehospital medical practice. While there was a potential for an adverse patient outcome, this did not occur, or the likely condition was unchanged as a result of the provider's performance.
- 8.2.2.3 Presumptive Category 3
- The provider's action or failure to act was not consistent with standard prehospital medical practice. There was minimal potential for an adverse patient outcome as a result of the provider's performance.
- 8.2.2.4 Presumptive Category 4
- It is unclear if the provider's action or failure to act was consistent with standard prehospital medical practice.

### **8.3 Incident Review Processing**

8.3.1 Depending on the category assigned, a review process will take place per policy.

8.3.2 MCPD will initiate an Incident Review Worksheet, via the LMS, to document that notifications and initial processing procedures are complete.

8.3.3 The MCPD may request additional information needed for case review.

8.3.4 Each Presumptive Category will have provider work guidelines, time-line for reviewing, and staff required for the review.

8.3.5 Presumptive Category Assignment:

#### **8.3.5.1 Presumptive Category 1**

- Personnel involved will no longer participate in patient care activity at any level until incident resolved.
- Barring unforeseen or unanticipated delays, the review process will take place as soon as practically possible from the time the incident was reported.
- At a minimum, a Fire Department Representative, the MCPD and Medical Director or designee will be present for the review.
- Provider will have an opportunity to be present for the review, but attendance not required.

#### **8.3.5.2 Presumptive Category 2**

- Personnel involved will no longer participate in patient care activity at any level until incident resolved.
- Barring unforeseen or unanticipated delays, the review process will take place as soon as practically possible from the time the incident was reported.
- At a minimum, a Fire Department Representative, the MCPD and Medical Director or designee will be present for the review.
- The provider in question will have an opportunity to be present for the review, but attendance not required.

#### **8.3.5.3 Presumptive Category 3**

- Personnel involved will remain on duty and may continue all patient care activities.
- Barring unforeseen or unanticipated delays, the review process will take place within five business days from the time the incident was reported.
- At a minimum, the Fire Department Representative, the MCPD will be present for the review.
- The provider in question will have an opportunity to be present for the review, but attendance not required.

#### **8.3.5.4 Presumptive Category 4**

- Personnel involved will remain on duty and may continue all patient care activities.
- Barring unforeseen or unanticipated delays, the review process will take place within five business days from the time the incident was reported.
- At a minimum, the Fire Department Representative and MCPD will be present for the review.
- The provider in question will have an opportunity to be present for the review, but attendance not required.



## **8.4 Incident Review Meeting**

- 8.4.1 Once all information is obtained, an incident review meeting will convene.
- 8.4.2 Meeting attendees will be predicated on the presumptive category assigned to the incident, and may include the GCMD or designee, Fire Department Representative, and FD provider(s) in question.
  - 8.4.2.1 Depending on the nature of the incident and initial findings, other members involved may include a representative from MedCom or EMS involved.
- 8.4.3 Incident Review Meeting involving clinical issues will be led by the Medical Director or designee.
- 8.4.4 Presumptive Category 1 and 2 incidents will require a formal meeting while those categorized as 3 and 4 may only require consultation between personnel involved without convening a formal committee meeting, although a formal meeting may be conducted at any time during the case review.
- 8.4.5 FD Providers involved will have the opportunity to describe and discuss their recollections of the event and any rationale for their performance and committee members will have the opportunity to ask any relevant questions.
- 8.4.6 Once all case information is presented, the Medical Control or designee and Fire Department Representative will discuss the case in closed session. A consensus decision will be made with reference to incident outcome, Definitive Category, and recommendations.

## **8.5 Incident Review Outcomes**

- 8.5.1 Once all information is obtained, a incident review meeting has convened, a consensus decision is made, a recommended outcome will be determined.
- 8.5.2 Education & Counseling
  - 8.5.2.1 Depending on the Definitive Category assigned, verbal counseling may be required.
  - 8.5.2.2 Recommendation will be determined by GCMD or designee, MCPD, and Fire Department Representative as part of the review process.
- 8.5.3 Remediation
  - 8.5.3.1 Depending on the Definitive Category assigned, educational remediation may be required, which may include any educational course completion, article review mentoring, committee or clinical activity participation, or other special projects.
  - 8.5.3.2 Recommendation will be determined by GCMD or designee, MCPD, and Fire Department Representative as part of the review process.
- 8.5.4 Suspension of Practice
  - 8.5.4.1 Depending on the Definitive Category assigned, temporary suspension of patient care activities may be required.
  - 8.5.4.2 The length of suspension, and specific details, will be determined by GCMD or designee, MCPD, and Fire Department Representative as part of the review process.
  - 8.5.4.3 Reinstatement of patient care activities will require successful completion of verification of skill competence.

8.5.5 Termination of Practice

8.5.5.1 Depending on the Definitive Category assigned, termination of patient care activities may be required.

8.5.5.2 Recommendation will be determined by Medical Control or designee, MCPD, and Fire Department Representative as part of the review process.

8.5.5.3 Written notification of termination of practice will be forwarded to the South Carolina Department of Health and Environmental (SC DHEC) Bureau of EMS.

8.5.6 Other Outcome Not Listed

8.5.6.1 Depending on the Definitive Category assigned, an alternative outcome not listed above may be required.

8.5.6.2 Recommendation will be determined by Medical Control or designee, MCPD, and Fire Department Representative as part of the review process.

## EXHIBIT A

### Greenville County Fire Department EMT Rapid Responder Agency BLS Medication Formulary

1. **Albuterol (Ventolin/Proventil)**  
*Concentration/Packaging - 2.5mg, 0.083mg/mL 3mL vials*
2. **Aspirin (Children's chewable aspirin)**  
*Concentration/Packaging - 81mg/tablet*
3. **Epinephrine (Adrenalin - 1:1,000)**  
*Concentration/Packaging - 1mg/1mL vial  
OR 1mg/ml ampule*
4. **Glucose Oral Solution (Glucose/Transcend)**  
*Concentration/Packaging - 15g in 1.1oz*
5. **Ipratropium Bromide / Albuterol (Duoneb/Combivent)**  
*Concentration/Packaging - 0.5mg/3.0mg/3mL*
6. **Naloxone HCL Nasal Spray (NARCAN)**  
*Concentration/Packaging - 4mg/0.1mL*
7. **Nitroglycerin Sublingual Tablets (Nitrostat)**  
*Concentration/Packaging - 0.4mg/tablet*
8. **Oxygen**

#### Optional Additional Medications

9. **Acetaminophen Oral Solution (Children's Tylenol)**  
*Concentration/Packaging - 160mg/5mL*
10. **Inhalation Saline (For use with DuoNeb)**  
*Concentration/Packaging - 0.9% sodium chloride, 3mL vial*