

National Ambulance

Emergency Medical Technician & Physician Clinical Policy

CGP108

[LINK TO POLICY](#)

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& FORMS](#)



EMT & Physician Clinical Policy
August 2016



CGP108
Version 5

1. POLICY INTRODUCTION

This Policy provides the key requirements to ensure quality and safe patient care by using customized Clinical Policies and Procedures; these can be used for all elements of assessment, treatment and transportation of patients.

The Policy and Procedures, guidelines and other forms of communication referenced in this document specifically at Appendix 1 also ensure compliance with laws and regulatory requirements from our Regulatory bodies.

These will support your work as a National Ambulance (NA) Emergency Medical Technician (EMT), Paramedic or Physician from onboarding and throughout your time with NA.

This policy should be referenced to and used in association with the appropriate sections in National Ambulance Patient Care Protocols (CGP 134) and the NA Policies and Procedures included in Appendix 1.

This Policy is related to Management components of Leadership and Commitment and Continuous Improvement. This Policy will be subject to audit to ensure compliance with agreed metrics and in accordance with CGP 148 Clinical Audit Policy and Procedure.

2. SCOPE

This Policy includes all elements of clinical patient management in the Emergency Medical Services environment and refers to those Clinical Policies mentioned in the table below; it also includes requirements for developing and maintaining documentation.

This Policy applies to all staff (EMTs of all levels) and physicians that provide care for patients or are responsible for implementation and monitoring compliance with NA Policies and Procedures.

3. ROLES AND RESPONSIBILITIES

The Chief Medical Advisor is responsible for development of this Policy and Procedures and any Performance Indicators.

The Chief Operations Officer is responsible for the implementation and monitoring of this Policy and Procedure

All Managers and Supervisors are responsible for ensuring that staff have induction in alignment with this Policy and Procedures, for monitoring the applicability and the ongoing implementation and compliance

All staff that provide care for patients are responsible for acting according to this policy and procedures and any other relevant policies, procedures and regulations. They are also responsible for ensuring that they attend or pursue any relevant training recommended by their supervisors. (I.e. face to face or online training).

4. POLICY

This Policy should be used in conjunction with other relevant protocols, policies and procedures, guidelines and documents developed or adopted/adapted and approved and published by National Ambulance.

All EMTs, paramedics and physicians must act within their specified scope of practice with competency sign off and privilege approval and must possess the relevant qualifications, training, skills and experience to provide optimal clinical care. National Ambulance will ensure that all employees have access to suitable ongoing training to ensure they have the most relevant and up to date information.

Each Policy and Procedure referred to will include the following information that will give specific detail of:

- **Why this is important for you – Policy Introduction**
- **Your roles and responsibilities**
- **What you need to know – Policy**
- **What you have to do – Procedure**
- **Any relevant forms**

It is your responsibility to be clear on how these documents apply to you and what your role will be in a patient care situation, the table at **Appendix 1** will assist you in ensuring that you can access, read and understand all relevant and required documentation.

It is important to ask for help from supervisors and or instructors or the clinical support team in the Ambulance Communications Centre at any stage if you find that a Policy or Procedure is unclear and you are unsure how to deliver safe and best quality patient care.

APPENDIX 1

TIMEFRAME	AREA	ASSOCIATED REFERENCE POLICY/PROCEDURE	RESOURCE LOCATION
On-boarding	Credentialing and Licensing	HAAD PQR National Ambulance HR Policies and Procedures Code of Conduct	HAAD web site NA e. Library
On-boarding [scheduled training time]	Clinical Induction Training	Required Learning (LMS) including: Policy for Continuing Medical Education Fitness to Practice Policy Quality Assurance Policies Clinical Governance Policy	NA e. Library and LMS online system
Induction [Classroom & personal learning time]	Induction Training	<ul style="list-style-type: none"> Patients' Rights and Responsibilities Policy /Charter POLICIES & PROCEDURES FOR; <ul style="list-style-type: none"> Consent Management of Drugs Management of Narcotics and Controlled Drugs Infection Control Occupational Health Ethics Patient Assessment/ Reassessment and Triage Patient Resuscitation High Risk Procedures Pain Management Use of Chemical Restraint and patients in restraint Patient Transportation Transport of Special Patient Groups Care of Paediatric Patients 	NA e. Library, Induction Training package

		<ul style="list-style-type: none"> Care of patients with suspected or confirmed communicable diseases and for patients who are immune compromised Care of patients in a coma or on life support 	
Continuing	Core clinical references	NA Patient Care Protocols NA Patient Care Field Manual NA Medication Formulary	Hard copy Pocket book and textbook
Continuing	Ongoing training	Re-licensing requirements from HAAD/MOH CGP203 Fitness to Practice	HAAD/MOH Websites including CME site e. Library
Continuing	CME	Education Student Handbook CGP 203 Fitness to Practice Policy CGP146 Policy for Continuing Medical Education	
Regular Intervals as published or circulated	Clinical or operational Updates	Circulars Routine Information Bulletin & other newsletters Bulletin Board information Email, Hazard Alert or web updates	email, NA e. Library , NA website

DOCUMENT CONFIGURATIONS CONTROL DATE

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- Chief Medical Advisor

Change Brief

Version No.	Date	Changes
1.0	January-14	New Document
2.0	07 July 2014	<ul style="list-style-type: none"> • Reflects structural change in other documents • Add new clinical policies • Give clear signposts to essential knowledge
3.0	November 2015	<ul style="list-style-type: none"> • Addition of Key Points • Update to references to clinical documents • Direction regarding how and when to learn about relevant clinical documents
4.0	January 2016	<ul style="list-style-type: none"> • Directed to all grades of clinical staff • Update to references to clinical documents
5.0	August 2016	<ul style="list-style-type: none"> • Old Reference Removed • Risk Based Thinking statements included

Review & Approval:


 Fergal Cummins - Chief Medical Advisor

