

## Advanced Life Support Guidelines

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1. ALS technicians may only provide care that has been approved by the Operational Medical Director, (i.e. intracardiac injections are **NOT** allowed. The release of Tension Pneumothorax and Needle Cricothyrotomy **ARE** permitted).
2. In special situations, an on-line physician may authorize an ALS technician to perform a procedure outside the area protocol but within the scope of the technician's training.
3. The Operational Medical Director must approve changes in medical procedures.
4. All issues that cannot be solved locally to the satisfaction of all those concerned may be brought to the Medical Direction Committee for recommendation.
5. The Operational Medical Director is ultimately responsible for all ALS practiced in this area. Therefore, the OMD has the right to suspend an ALS technician who fail's to perform his/her duty as trained or flagrantly exceeds the authority given to him by the OMD and these rules and regulations.
6. In order to practice as an ALS technician in this area, the technician must have the approval of the agency OMD and be released by their primary EMS agency as an EMT attendant-in-charge (AIC).
7. If in a life or death situation, a sole Junior ALS technician *may provide ALS care* within the scope of their training.
8. Anytime a technician operates outside the established regional protocols, the technician should notify their OMD and may be subject to review by the OMD and/ or the Medical Direction Committee.
9. If ALS care is initiated, an ALS technician who can provide care equal or higher to that initiated must accompany the patient in the patient compartment.

## Advanced Life Support Guidelines (continued)

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10. Technicians are highly encouraged to attend all meetings where ALS calls run by their agency are discussed, and where both practical and lecture materials are reviewed.
11. ALS technicians are responsible for meeting their continued education requirements. All required category one and two hours must be completed prior to recertification.
12. All ALS technicians must demonstrate skill proficiency to the ALS prehospital coordinators in the setting of the annual **skills drill held at the September ALS meeting**. Moreover, all Cardiac Technicians, EMT-Intermediates and Paramedics must participate in an annual **“Mega-Code” drill held at the March ALS meeting**.
13. If an ALS technician fails to complete his/her **skills drill** or **Mega-Code** and/or the required number of successful IV starts, he/she will automatically become ineligible to provide ALS care until he/she has worked with one of the prehospital coordinators or their designee. The suspension of privileges becomes effective at the end of the affected month.
14. New Shock-Trauma technicians are required to start six (6) successful IV's per quarter for their first year as ALS technicians. After the one-year period, ALS technicians will have to document 2 successful IV's in a six (6) month period.
15. An ALS technician cannot be inactive for more than ninety-days (90) within any twelve-month (12) period. If an individual is inactive for more than 90 consecutive days, they must file for special review by the prehospital ALS coordinators and the Operational Medical Director.