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EMS Medical Director

Chief, Emergency Medical Services

I. INTENT:


- A. To describe the document management system utilized by Sacramento County Emergency Medical Services (SCEMS).
- B. To define the terms utilized in the document management system.

II. AUTHORITY:

- A. Health and Safety Code, Division 2.5, Ch. 4, Art. 1, §1797.220; Ch. 5, §1798(a,b) and §1798.2.
- B. California Code of Regulations, Title 22, Division 9, Ch. 4, Art. 7, §100169.

III. DEFINITIONS:

- A. Program document: policy, procedure, or protocol that is applicable to the SCEMS system.
- B. Program document number (PD#): every program document has an assigned number in the format #####.##. The first four digits define an individual document and title, the document number. The fifth and sixth digits define the version number. A current master listing of all document numbers and version numbers is maintained by SCEMS in the document management database (DMDB).
- C. Program document name (PDN): every program document is assigned a descriptive and unique name. The PDN will have an assigned unique document number. There may be many version numbers assigned to the same PDN. SCEMS website may be consulted for current PDN at www.sacdhhs.com/ems.
- D. Draft date: the initial date when a PDN and PD# is assigned in the DMDB.
- E. Effective date: the date a program document is introduced and becomes applicable in the SCEMS system.

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F. Revised date: the date of the most recent revision of a program document. The version number will be changed and entered into the DMDB.

G. Review date: the scheduled date of review for a program document.

IV. POLICY:

A. Every program document shall have an assigned descriptive and unique PDN and PD#.


B. At any given time there shall only be one effective PDN and PD#. For a current program document's PDN and PD# consult your agency's Emergency Liaison Officer (ELO) or Emergency Liaison Nurse (ELN).

C. Program documents will be introduced semiannually on a formal document introduction cycle.


1. Introduction (effective) dates shall be the first of June and the first of December of each year.

2. A single introductory program packet shall be mailed on or about the first of April and the first of October of each year to the following:

- a. ELOs of all out-of-hospital provider agencies.
- b. ELNs of all designated SCEMS base hospitals.
- c. Base Hospital Medical Directors of all designated SCEMS base hospitals.
- d. The Emergency Department Directors, or equivalent, of all receiving hospitals in Sacramento County, and in addition:
 - 1) Lodi Memorial Hospital.
 - 2) Sutter Roseville Medical Center.
 - 3) Sutter Davis Hospital.
- e. The Sierra Sacramento Valley Medical Society.
- f. The Hospital Council of Northern and Central California.
- g. The Sierra-Sacramento Valley EMS Agency.

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3. Additional introductory program packets may be arranged for, in advance, with SCEMS.
 4. Any printing or typographical errors noted in the introductory program packets shall be conveyed to SCEMS by the ELO, ELN, Base Hospital Medical Directors, or other official representatives.
 5. Any substantive errors or concerns noted in the introductory program packets shall be conveyed to the respective ELO, ELN, Base Hospital Medical Director, or other official representative to be placed on future SCEMS committees' agenda(s) for review.
 6. If your agency, as of the fifteenth of April or October of each year, has not received an introductory program document packet, please contact SCEMS immediately.
 7. Policy updates will be available on the SCEMS website at www.sacdhhs.com/ems six (6) weeks prior to the scheduled effective date. Policies reviewed outside of the document introduction cycle will be posted no earlier than six (6) weeks prior to the effective date or as soon as time permits.
- D. Clarification, minor corrections, and typographical errors of effective program documents shall be conveyed to germane agencies. Definitive corrections shall be included in the next introductory document packet.
- E. Identified program needs or deficiencies that are judged to be important and cannot be deferred to the next document introductory cycle shall be handled by special memorandum. This special memorandum shall only be disseminated to the germane agencies. Definitive changes shall be incorporated into future introductory document packet.
- F. Identified concerns or deficiencies regarding current program documents shall be conveyed to the respective ELO, ELN, Base Hospital Medical Director, or other official representative to be placed on future SCEMS Medical/Operational Oversight Committees' agenda(s) for review.
- G. All program documents shall have biennial review dates.

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- H. Any new program document development, external to SCEMS, shall have an assigned PDN and PD#. On a temporary basis the PD# can be listed as “#####.##”.
- I. Any revision of an existing program document, external to SCEMS, shall have an assigned PDN and PD#. On a temporary basis the document number shall be utilized and “##” shall be used for the version number until one is assigned by SCEMS (e.g. 2001.##).
- J. Program documents may be introduced on an emergency basis, outside of the document introduction cycle, at the discretion of the Medical Director or SCEMS staff.
- K. Program document will reference other program documents by PDN or document number. The PD# will not be utilized in referencing to eliminate the need to revise all referring documents when a version number of an effective program document is changed. A current version number listing can be obtained from SCEMS, but consult your ELN or ELO first.