G1. Proposed Protocol Submission Request Policy and Template

MIEMSS is open to Protocol Concept / Sponsor Request and Proposed Protocol Submissions from any health care provider or interested party.

1. Protocol application process
   a) Completion of the attached “Proposed Protocol Submission Template”.
   b) Each Application will need a sponsoring “System Medical Director” (Executive Director of MIEMSS, State EMS Medical Director, Associate State Medical Director for Pediatrics, Regional Medical Directors, Associate Regional Pediatric Medical Directors, EMS Operational Program Medical Directors, and Assistant EMS Operational Program Medical Directors).
   c) Protocol Submission Template will be delivered to the State EMS Medical Director.
   d) If you do not have a sponsoring System Medical Director, a “Protocol Concept / Sponsor Request” submission may be floated through the Protocol Review Committee for a straw vote on the concept and to acquire a sponsoring “System Medical Director” before the formal Proposed Protocol Submission Template submission.

2. Essential criteria for Proposed Protocol Submission
   a) Clearly defined indication(s) for the proposed protocol.
   b) An explanation providing the advantages and disadvantages that the Proposed Protocol will have on patients encountered by EMS and how it will impact the delivery of EMS within Maryland.
   c) Strong evidence supporting the implementation of the Proposed Protocol (as noted on the template).
   d) Fiscal impact statement.
   e) A System Medical Director sponsor.

3. Protocol evaluation before submission to the Protocol Review Committee
   a) The Proposed Protocol Submission will be evaluated by the State EMS Medical Director with input from subject matter experts and appropriate standing committees within MIEMSS when indicated.
   b) Once the Proposed Protocol submission has been appropriately formatted and reviewed, it will be forwarded to the Protocol Review Committee.
   c) With the approval of the Proposed Protocol Submission by the Protocol Review Panel, the Proposed Protocol will then be forwarded for comment to the State EMS Advisory Council followed by approval of the EMS Board for implementation based on the current protocol printing and implementation cycle.
   d) Following EMS Board approval of Optional Supplemental, Pilot and Research Proposed Protocols, the EMS Operational Programs may apply for and implement these types of proposed protocols with the approval by

Implementation Date: May 1, 2007
Maryland Medical Protocol for EMS Providers Pages 163- 164-2

the State EMS Medical Director through a separate application and approval process.

Date submitted to State EMS Medical Director: ________________

Submitted by Name (print): ____________________________
Signature: ____________________________________________
Jurisdiction: ____________________________________________
Contact Phone: ____________________________________________
Email: ____________________________________________

Sponsoring System Medical Director (print): ____________________________
Signature: ____________________________________________
Contact Phone: ____________________________________________
Email: ____________________________________________

Forward Proposed Protocol Submission to:

MIEMSS
State EMS Medical Director
653 West Pratt St. Room 405
Baltimore, MD 21201
Or Email
Ralcorta@miemss.org

__________________________
__________________________
__________________________

Official Use Only
Date received by OMD: ____________________________
Review Date: ____________________________ Approved / Denied
Protocol Review Committee hearing date: ____________________________ Approved / Denied

Implementation Date: May 1, 2007
G2. Proposed Protocol Submission Template

I. Explanation

II. Indication

III. Supporting Evidence and Literature

IV. Supporting Maryland and/or National Data

V. Formatted protocol to meet *Maryland Medical Protocols for EMS Providers*
   Patient Care
   Presentation
   Treatment
      Basic Life Support
      Advanced Life Support
      Adult
      Pediatric
      Where indicated, Geriatric
      Where indicated, online Medical Consultation
      Where Indicated, algorithm
      Where indicated, alerts

Procedure/ Skill
   Purpose
   Indication
   Contraindications
   Potential Adverse Effects/ Complications
   Precautions
   Procedure

Medication
   Indication
   Pharmacokinetics
   Adverse Effects
   Precautions
   Contraindications
   Preparations
   Dosage
      Adult
      Pediatric
      Where indicated, Geriatric
      Where indicated, online Medical Consultation

VI. Fiscal impact statement covering the start up and maintenance cost of the medication, device, replacement parts and any unique requirements to implement the protocol

VII. Impact on the existing *Maryland Medical Protocols for EMS Providers*

Implementation Date: May 1, 2007
G3. Protocol Concept / Sponsor Request

The Protocol Concept / Sponsor Request is to allow for the submission of an idea, medication, or skill to the Protocol Review Committee as a sounding board before completing the “Proposed Protocol Submission Template”. The Protocol Concept / Sponsor Request also provides an opportunity for the author of the concept to recruit a System Medical Director to champion and sponsor the formal Proposed Protocol Submission Template.

Requirements for submission
Provide a paragraph describing the concept in as much detail as possible covering the idea, medication, or skill and the following demographics.

Date submitted to State EMS Medical Director: __________________
Submitted by Name (print):_______________________
Signature: ____________________________________
Contact Phone: ________________________________
Email: _______________________________________

Forward Protocol Concept / Sponsor Request Submission to:

MIEMSS
State EMS Medical Director
653 West Pratt St. Room 405
Baltimore, MD 21201
Or Email
Ralcorta@miemss.org

Official Use Only
Date received by OMD: ____________________
Review Date: ________________________________  Approved / Denied
Protocol Review Committee hearing date: ____________
Acquired Sponsoring System Medical Director (print): _________________
Signature: ______________________________________
Contact Phone: __________________________________
Email: _________________________________________

Implementation Date: May 1, 2007