



I.	<u>AUTI</u>	HORITY:				
	EMS	A Policy and Procedure #330.45				
II.	APPL	PPLICATION:				
	Field	ld Research Petition.				
III.	PETITION TO:					
	Oran	ge County Emergency Medical S	ervices (OCEMS) Medical D	irector.		
	Trial Study Plan:					
	A.	Study Name:				
	B.	Submitted by:				
	C.	Description of proposed study procedure/drug and the medical conditions for which it can be utilized, and the patient population that may benefit.				
	D.	Review of relevant studies from the medical literature.				
	E.	Description of the proposed study design including the scope of the study and method of evaluating the effectiveness of the procedure(s) or medication(s) and expected outcome.				
	F.	Recommended policies and procedures to be instituted by the OCEMS regarding the use and medical control of the procedure(s) or medication(s) used in the study.				
	G.	Description of the training and competency testing required to implement the study.				
	H.	Current Policy(s) and Procedure(s) which would be affected by the study.				
IV.	OCE	EMS APPROVAL / DISAPPROVAL NOTIFICATION PROCESS:				
	A.	OCEMS Medical Director:	Approve / Disapprove			
		Signed:		Date:		
	B.	OCEMS Program Director:	Approve / Disapprove			
		Signed:		Date:		

Approved:

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V.	REVIEW PROCESS:						
	A.	DEA	G Recommended to	PAC (Attach minutes):			
		Sign	ed:		Date:		
	В.	PAC	Recommended to O	CEMS (Attach minutes	s):		
		Sign	ed:		Date:		
	C.	OCEMS Notified EMS Authority (45 days prior to study implementation):					
		Sign	ed:		Date:		
	D.	OCEMS Medical Director notified applicant of study approval					
		Sign	ed:		Date:		
VI.	STUI A.	DY RESULTS: Study Results Submitted to OCEMS by Applicant (within 18 months of start date). Date Received:					
		1.	Study Progress:				
		2.	Number	of	Patients		Studied:
		3.	Beneficial				Effects:

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4.	Adverse Reactions / Complications:	
5.	Appropriate Statistical Evaluation:	
6.	General Conclusion:	
Study Results to State EMS Authority		
Date Submitted:		

VII. EMS COMMISSION REVIEW / ACTION:

- A. The Commission on EMS shall review the above report within two (2) meetings and advise the EMS Authority to do one of the following:
 - 1. Recommend termination of the study if there are adverse effects or no benefit from the study is shown.
 - 2. Recommend continuation of the study for a maximum of eighteen (18) additional months if potential but inclusive benefit is shown.
 - 3. Recommend the procedure or medication be added to the EMT-P scope of practice.

Approved:

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Received by:	 Date:	

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