

	Lower Providence Emergency Medical Service Standard Operating Guidelines	
	Subject: Administration- SOG Development & Implementation	SOG #100-019
	Approved: Chief Christopher J. Reynolds	Initiated: March 2021 Revised: N/A

Description: SOG's are the standards to which services are delivered, tasks are performed, orders executed, personnel are measured, and operations are conducted throughout the Organization. SOG's are an integral part of the way we as an organization conduct business and hold each other accountable to the established standards. Although the standard, SOG's are not the absolute solution to every incident or scenario a member may face. SOG's should never be placed at the forefront of good customer service, excellent patient care or just simply doing the right thing.

Purpose: To define the guidelines and process for which Standard Operating Guidelines (SOG) are created, updated, and managed by LPEMS Management.

Process:

1. Established SOG's are to be maintained and publicly posted on the LPEMS webpage.
2. SOG's shall be reviewed and/or updated at least every other year or as needed when standards, practices and/or new operations dictate.
3. Any member or committee may suggest an SOG review/revision through the following channels:
 - a. Via an inter-departmental memo through the chain of command.
 - b. As an officer of operational leadership.
 - c. As a Committee Chair
4. All SOG's require the approval of the Chief and the Director.
5. SOG's which involve patient care will also require the additional approval of the Clinical Care Coordinator and/or Medical Director.
6. All SOG's shall follow and be presented in the approved format.
7. All new and edited SOG's shall be posted on the LPEMS Google Drive, emailed to membership list, and posted in station for 14 days for member acknowledgement and reference.
 - a. Posted SOG will then be moved to Memo book and kept as referenced in SOG 102-001.

New SOG's

1. New practices and/or programs will warrant the development of a new SOG/s.
2. New SOG's will be developed in a collaborative manner as to facilitate input and feedback from a diverse pool of talent and expertise.
3. Once a final draft of the proposed SOG has been developed, it should follow the below outlined authorizing signatory path:
 - a. First authorized –Chief,
 - b. Second authorized – Clinical Care Coordinator and/or Medical Director if applicable.
 - c. Final authorization – Director.
4. Newly approved SOG's will be posted on the LPEMS Google Drive, emailed to membership list, and posted in station for 14 days for member acknowledgement and reference.
5. Once membership has had the ability to review and acknowledge the newly implemented SOG for 14 days it will be posted to the Organization's webpage.

SOG Revisions

1. Established SOG's may be revised by the following methods:
 - a. On a scheduled review,
 - b. As indicated by staff due to a conflict or discrepancy.
 - c. As dictated by a change in policy or practice.
2. SOG revisions will be tracked with staff being made aware of said changes via Google Drive and Email.
3. The date of each revision shall be noted on the SOG so that membership can reference the most current version of the document.
4. Once staff has had the ability to review and acknowledge the revised SOG for 14 days it will be posted to the Organization's webpage.

Obsolete SOG's

1. SOG's deemed to be obsolete should be removed from the Organization's webpage.
2. Members should be notified of the removal via email.

