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#### RESCISSIONS

The following material is rescinded:

1. Manuals

M-2, Part IV, Chapter 1, dated October 23, 1990.

## CHAPTER 1. ADMINISTRATIVE

### 1.01 POLICY

It is the Department of Veterans Affairs (VA) policy that each Veterans Health Administration (VHA) element have written administrative policies and procedures available for reference at all times.

### 1.02 MEDICAL OFFICER OF THE DAY (MOD)

a. The Chief of Staff (COS) will develop and issue written guidelines to provide continuous, appropriate and effective medical supervision 24 hours a day, 7 days a week. The guidelines will specify the authorizations, responsibilities, duties, schedules and assignments which are elements of the arrangement.

b. In determining the pattern of medical supervision, due consideration will be given to the type of patients, the number of beds, the number and spatial arrangement of buildings in the hospital complex, and all other factors influencing patient care.

c. One or more duly licensed physicians, with appropriate clinical credentials and privileges, will be assigned to provide medical coverage during evenings, nights, weekends and holidays when the regular medical staff is not on duty.

(1) This physician shall be referred to as the MOD, when serving as a general practitioner.

(2) When more than one physician is scheduled (as at many affiliated medical centers due to the volume or complexity of the patients being covered), specialty and/or subspecialty titles should be used, as in Psychiatry Admitting Officer of the Day (POD) or Surgical Officer of the Day (SOD).

(3) Call schedules need to be clearly posted for use by the triage area, nursing stations and page operators.

d. MODs responsible for performing resuscitations (e.g., no separate code team), will have current Advanced Cardiac Life Support (ACLS) certification.

e. The MODs will not leave the facility grounds during their call shift without the permission of the COS, at which time another physician will be designated.

### 1.03 RESPONSE TO CODES

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a. Medical center physicians will ensure swift response times to codes i.e., cardio-pulmonary arrest episode, by skilled personnel. All members of code teams must have beepers and will be reached via designated pagers.

b. In order to ensure consistent resuscitation procedures, VA supports the use of the most current ACLS guidelines written and updated by the American Heart Association (AHA). ACLS certification is required to run or supervise any code at a VA medical center.

NOTE: Cardiac Pulmonary Resuscitation (CPR) should be initiated by staff witnessing a code until the code team (ACLS-trained personnel) arrives.

c. Physicians on the Code Team

(1) Daytime coverage. Daytime coverage at the medical center includes:

(a) A ACLS-certified Chief Resident, post-graduate year (PGY) 4 fellow, or staff physician as the supervisor to ensure that the ACLS protocol is correctly applied (some medical centers rely on fellows). A PGY 4 fellow, Chief Resident, or staff physician is given a code beeper for daytime codes (8:00 a.m. to 4:30 p.m.), and will supervise all daytime codes. This provides for the teaching of house officers and non-ACLS staff physicians, as well as ensuring appropriate interventions.

(b) A house officer or staff physician will run the code, subject to the advice and concurrence of the supervisor. Running the code requires ACLS certification.

(c) A fully trained individual (surgical or anesthesia house officer, attending staff, respiratory therapist or nurse anesthetist) will intubate the patient and remain present to assist with any needed IVs.

(d) Additional house officers, students, or attending staff responsible for the patient, will assist in the performance of the code under supervision. They are the only physician members of the team who may participate without current ACLS certification.

(2) Other than daytime coverage at the medical center. The medical team on call will perform off hours codes; this includes night-time, weekend, and holiday coverage. Current ACLS certification is required. Non-ACLS certified housestaff will perform only under the direct auspices of the code supervisor.

(3) Waiver

(a) A waiver may be granted to those VA medical centers that can document that the requirements listed in preceding paragraphs (1) and (2) do not allow them to provide timely and appropriate care to the patients they serve. NOTE: Although there have been several applications, to date no such waiver has been granted.

(b) An application for the waiver is to include the reasons why the VA medical center cannot comply with the requirements and the mechanisms whereby patients will be served (i.e., activating a community emergency system). The application should include a plan for monitoring, reviewing, and evaluating the system by the VA medical center to ensure that responses provided are timely and appropriate.

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(c) The application for a waiver is to be submitted to the Office of Clinical Programs (11), VA Central Office.

NOTE: These policies are to become effective October 1, 1994.