

## EMS SYSTEM MEDICAL DIRECTION AND OVERSIGHT

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### I. PURPOSE

Emergency medical services rendered by Contra Costa County EMS system provider agencies are accomplished under the medical direction of the EMS Medical Director. This policy defines the scope of medical direction and oversight provided in the EMS system.

### II. SCOPE OF OVERSIGHT AND DIRECTION

Medical direction applies to all events involving emergency medical care for patients from the outset of 911 system activation to the delivery of patients to receiving facilities. Dispatch, first response, transport provider care, and base hospital direction fall under the auspices of the EMS Medical Director or his/her designee. In addition to emergency responses, medical direction also applies to paramedic (and in some situations to EMT-I) interfacility transports.

Medical direction is provided prospectively through written policies and procedures, approved by the EMS Medical Director, and immediately through on-line communications with the base hospital. Oversight is also provided retrospectively through quality improvement activities and continuing education of providers.

Medical direction also includes oversight of EMS personnel credentialed by the county. These include EMT-I's, paramedics, and base station MICNs.

### III. PROSPECTIVE, IMMEDIATE, AND RETROSPECTIVE MEDICAL DIRECTION AND OVERSIGHT

Below is a listing of examples that describe individual facets of prospective, immediate, and retrospective medical direction and oversight. This list is not all-inclusive.

#### Prospective medical direction and oversight:

- Credentialing of EMT-I, paramedic and MICN personnel;
- Designation of continuing education and prehospital training program providers;
- Designation of base hospitals and trauma center;
- Review and approval of medical dispatch protocols, including pre-arrival and post-dispatch instructions;
- Provision of the Prehospital Care Manual, which guides EMT-I's, paramedics, and MICNs in the care provided in the field;
- Continuing education activities;
- Provision of the Multicasualty and Multi-Victim Incident Plans;
- EMS Agency policies.

#### Immediate (concurrent) medical direction and oversight:

- Provision for guidance by MICNs following treatment guidelines from the Prehospital Care Manual;
- Provision for guidance by base hospital physicians (including situations defined in the Prehospital Care Manual);
- Provision for guidance by base MICNs and physicians concerning interfacility transfers with regard to scope issues for EMT-I and paramedic personnel.

#### Retrospective medical direction and oversight:

- Quality assurance and improvement activities, coordinated at the EMS Agency level;
- Specific incident review and action by base station and EMS Agency personnel;
- Continuing education prompted by QI data review.

#### **IV. INPUT AND MODIFICATION OF MEDICAL DIRECTION**

System participants, including provider agencies and personnel, participate in regular meetings of the Medical Advisory Committee (MAC). This committee is open to the public for input. Requests for changes in treatment guidelines or policy and procedure changes that impact medical care are discussed and recommendations are made. The recommendations of MAC are advisory to the EMS Medical Director and the EMS Director. Formal requests for changes are to be made in writing to the EMS Medical Director.

Proposals for utilization of paramedic personnel in settings other than 911 ground response (e.g. bicycle-based units, aircraft-based paramedics) must be submitted to the EMS Medical Director and EMS Director for review and authorization. Any approval must include policies and procedures that maintain prospective, immediate, and retrospective medical direction and oversight of paramedic personnel.

#### **V. OPTIONAL SCOPE PROCEDURES AND MEDICATIONS**

- Most procedures or medications outside of the basic scope of practice require additional authorization from the EMS Medical Director and Emergency Medical Services Authority.
- Proposals for optional procedures, medications or trial studies shall be submitted to the EMS Medical Director for consideration as part of the treatment guidelines, policy and procedure update process.
- The EMS Medical Director is responsible for submission of requests for optional scope procedures and medications and for trial studies to the Emergency Medical Services Authority.