



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates:

No. 95-1

Date: May 30, 1995

Re: Providing Medical Control

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PURPOSE:

The purpose of this policy is to clarify the roles and responsibilities of those involved in the development and provision of medical control in the prehospital environment. This policy was developed by the Medical Standards Committee of the State EMS Council and the Department. It was approved by the State EMS Council at its May 1995 meeting and is authorized by the Department.

The policy contains two distinct parts:

1. applicable definitions and a structure for the development and provision of medical control.
2. an expression of the relationship between Regional EMS Councils (REMSCO) and Regional Emergency Medical Advisory Committees (REMACs)

The first part of the policy is written in regulatory language as it was originally developed to be implemented as a regulation. After being used for a period of time as a policy this language may be pursued as regulation.

The second part of the policy is language and a chart approved by the State EMS Council and the Department expressing the expected cooperative relationship between the REMSCO and the REMAC.

DEFINITIONS:

1. "State Emergency Medical Advisory Committee" (SEMAC) means the New York State Emergency Medical Advisory Committee formed pursuant to Public Health Law Section 3002-a.
2. "Regional Emergency Medical Advisory Committee" (REMAC)(3001.16) means a group of five or more physicians, and one or more non-voting individuals representative of each of the following; hospitals, basic life support providers, advanced life support providers and emergency medical services training sponsor medical directors approved by the affected regional emergency medical services councils.
3. "Medical control" (3001.15) means (a) advice and direction provided by a physician or under the direction of a physician to certified first responders, emergency medical technicians or advanced emergency medical technicians who are providing medical care at the scene of an emergency or en route to a health care facility and (b) indirect medical

control including the written policies, procedures, and protocols for prehospital emergency medical care and transportation developed by the state emergency medical advisory committee, approved by the state council and the commissioner and implemented by regional medical advisory committees.

4. "Course sponsor medical director" means a physician identified by an approved training course sponsor and approved by one or more REMAC(s) as having met their credentialing policies and procedures.

5. "On-line (direct) medical control" means the advice and direction provided by a physician, operating under guidelines approved by a REMAC, to certified EMS personnel. The on-line medical control must be made directly between the physician and certified EMS personnel and be in real time.

6. "Medical control location" means a place which has been approved by one or more REMAC(s) as having met their policies and procedures to provide on-line medical control.

7. "Regional EMS system" means the provision of emergency medical service, in an organized manner, by one or more EMS services or EMS systems, utilizing certified EMS personnel, in accordance with the medical control policies of the REMAC.

8. "EMS system" means one or more EMS services organized to provide emergency medical service in an area served by one or more Regional EMS Councils. An EMS system must have a system medical director and have been approved by each REMAC as having met the medical standards of the REMAC in each Region within which the system will provide care.

9. "Regional medical director" means a physician member of a REMAC, who has been approved by the REMAC as having met its credentialing policies and procedures and who may be appointed by a REMAC with specific duties and responsibilities.

10. "System medical director" means a physician identified by an EMS system

who has been approved by one or more REMAC(s) as having met their credentialing policies and procedures and who oversees the medical care provided by all EMS services within the EMS System.

11. "Service medical director" means a physician identified by an EMS service who has been approved by one or more REMAC(s) as having met their credentialing policies and procedures, who is directly responsible for the medical care provided by the certified EMS personnel of that EMS service, and who provides and participates in the EMS service's quality improvement program. No physician may act as service medical director for more than 10 EMS Services. A ratio of physician to certified EMS personnel supervision must be provided as follows; a) 500:1 for certified EMS personnel who provide Automated External Defibrillation, b) 100:1 for certified EMS personnel who provide advanced life support; provided that the maximum number of personnel to be supervised by an individual physician may not exceed 500 AED or 100 ALS personnel.

12. "Certified EMS personnel" means certified first responders, emergency medical technicians or advanced emergency medical technicians currently certified by the Department.

MEDICAL CONTROL

Medical control is accomplished through physician participation and direction at the state, regional, system and service levels.

State Emergency Medical Advisory Committee (SEMAC)

a) The state emergency medical advisory committee (SEMAC) shall:

1) develop minimum standards for:

- i) medical control,
- ii) EMS dispatch protocols,
- iii) triage, treatment, and transportation protocols,
- iv) protocols for invasive procedures,
- v) protocols for infection control,
- vi) the administration of drugs, by certified EMS personnel,
- vii) the use of regulated medical devices by certified EMS personnel,
- viii) equipment, staffing and documentation requirements for medical control locations,
- ix) the approval of EMS systems,
- x) qualifications and responsibilities for regional, system, service and course sponsor medical directors,
- xi) operational aspects of the provision of EMS related to improving patient care or outcome.

2) issue, with the consent of the commissioner, statewide advisory guidelines that include, but are not limited to:

- i) medical standards for the establishment and approval of EMS services,
- ii) criteria for regional approval of dispatch, triage, treatment and transportation protocols,
- iii) criteria for statewide, regional, system and service quality improvement programs,
- iv) responsibilities of service medical directors,

- v) inter regional ALS protocol coordination and use,
 - vi) patient destination protocols,
 - vii) policies to be utilized when no patient is found and/or a patient refuses services,
 - viii) criteria for transfer of patient care between non-physician providers,
 - ix) criteria for appropriate utilization of aeromedical transportation resources,
 - x) medical aspects of disaster and multiple casualty incidents and mutual aid,
 - xi) any subject in (a)1.
- 3) issue minimum statewide guidelines, in compliance with all Federal and State rules, for interfacility transfers including:
- i) acceptance of any patient by the transferring crew,
 - ii) authorization and responsibility of the sending hospital and physician,
 - iii) required documentation, by the transferring physician, of the level of care to be provided during the transfer,
 - iv) responsibilities of the receiving facility,
 - v) use of pre hospital protocols and medical control intervention,
 - vi) use of medical modalities outside the regional prehospital protocol set that require special or additional training,
 - vii) required documentation and transmission of medical orders.
- 4) review and approve protocols developed or implemented by REMAC's.
- 5) review and make recommendations to the State EMS Council and the commissioner regarding demonstration projects developed pursuant to Section 800.19 of this Part.
- 6) develop procedures for the review and approval of prehospital EMS research/evaluation activities.
- 7) report to the State EMS Council on all issues brought before it.
- Regional Emergency Medical Advisory Committee (REMAC)
- b) Each Regional Emergency Medical Advisory Committee, within the standards and guidelines established by the SEMAC:

- 1) shall develop, review and/or implement dispatch, treatment, triage and transportation protocols, specific to the needs of its region(s). Such protocols shall delineate care to be provided under standing orders and/or on-line medical control,
- 2) may develop protocols, including but not limited to the following:
 - i) determining patient destination,
 - ii) procedures to be followed when no transport of a patient occurs,
 - iii) circumstances under which care may be transferred from one level of non-physician provider to another,
 - iv) utilization of aeromedical transportation resources.
- 3) may develop policies and procedures, to optimize medical control of all pre-hospital patient care activities for all EMS services providing care within its region. Such policies and procedures shall include, but are not limited to,
 - i) the initial and continuing qualifications for physicians providing on-line medical control,
 - ii) minimum staffing, equipment and documentation requirements for medical control locations,
 - iii) qualifications and responsibilities for the regional, system, service and course sponsor medical directors,
 - iv) approval of EMS services, indicating they have met the requirements of the REMAC to provide a level of care, upon initial application and any subsequent changes in the level of service offered,
 - v) guidelines for inter-facility transfers,
 - vi) the initial and continuing medical and educational qualifications of all pre-hospital care providers in the region,
 - vii) medical requirements for and approval of EMS systems and services,
 - viii) approval and use of inter regional protocols,
 - ix) operational aspects of the provision of EMS related to improving patient care or outcome,
- 4) may develop, implement and shall participate in a region wide quality improvement plan which addresses regional and system wide issues, and which facilitates the integration of emergency medical service with hospital quality improvement activities,
- 5) shall review and make recommendations to the REMSCO for any demonstration projects developed pursuant to Section 800.19 of this Part.

6) may designate, if appropriate, a member to act as regional medical director, who if appointed shall have written duties, authorities and responsibilities defined by the REMAC.

7) may develop procedures for the review and approval of prehospital EMS research/evaluation activities.

8) shall address all issues brought before it by the REMSCO or any provider or other interested party.

REFERENCES:

1. ACEP, Medical Direction of Prehospital EMS, 10/92
2. ASTM, Standard 1149-88, Standard Practice for ... Providing Medical Direction of EMS.
3. EMS Management, 2nd Edition, Fitch, 1993
4. ASTM, Standard 1086-87, Standard Guide for Structures and Responsibilities of EMS Systems and Organizations
5. ACEP, Policy Statement, Guidelines for EMS Systems
6. NAEMSP, Prehospital Systems and Medical Oversight, Kuehl, 1994
7. SEMSCO Special Committee Report on REMACs of May 1995, Mission, Goals and Philosophy for REMAC's (attached)

DISTRIBUTION:

State EMS Council, Regional EMS Councils, Regional MAC's, EMS Agencies

NEW YORK STATE EMERGENCY MEDICAL SERVICE COUNCIL

SPECIAL COMMITTEE ON REMACS

A MISSION STATEMENT FOR REMACS

TO IMPROVE THE PREHOSPITAL PATIENT CARE PROVIDED TO
THE CITIZENS OF NEW YORK STATE

BY PROVIDING ONGOING MEDICAL OVERSIGHT

and

BY ASSISTING IN THE DEVELOPMENT AND
IMPLEMENTATION OF OPTIMAL PRE-HOSPITAL MEDICAL
CARE WITHIN A REGION

GOALS FOR A REMAC

PREAMBLE -

Although by law a REMAC is given independent authority to decide EMS medical issues within its region, by basic nature of a Regional EMS System, it must work cooperatively and with one common purpose with its regional council for that system to operate smoothly and effectively.

For that to happen, the Regional Medical Advisory Committee and the Regional EMS Council need to establish joint operating procedures to ensure effective communications that produces a partnership of shared responsibilities that assures the provision of quality EMS services within the region.

Toward this common objective the following goals for a Regional Emergency Medical Advisory Committee are hereby set forth:

1. To establish medical (prehospital) standards for a region consistent with the current practice of emergency medicine.
2. To educate and credential physicians to provide on-line medical control.
3. To ensure the availability and quality of educational programs for all pre-hospital care providers.
4. To coordinate the development of the regional medical control system.
5. To define roles and responsibilities of the REMAC physicians within the Regional EMS System.
6. To encourage broad medical participation and a diverse representative constituency in the development of medical control policies and procedures, as well as dispatch, triage,

treatment, and transportation protocols which are consistent with the standards of the SEMAC and which address specific local conditions.

7. To develop a methodology by which both the Regional Council and REMAC will review, approve/disapprove, and forward recommendations to the appropriate regional and State committees regarding pre-hospital demonstration projects.

8. To receive patient outcome information from hospitals and pre-hospital EMS services and coordinate quality assurance/improvement activities for the purpose of assessing pre-hospital care concerns.

9. To encourage and review pre-hospital research/evaluation.

PHILOSOPHY OF MEDICAL OVERSIGHT

N.Y.S. COMMISSIONER OF HEALTH

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SEMSCO <-----> SEMAC

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REMSCO <-----> REMAC(s)

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MEDICAL DIRECTOR(s)

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MEDICAL CONTROL

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ONLINE
(DIRECT)

OFFLINE
(INDIRECT)

_____ Direct
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