WESTCHESTER REGIONAL
EMERGENCY MEDICAL ADVISORY COMMITTEE

POLICY STATEMENT

Supersedes/Updates: WREMAC Medical Control Plan Adopted 1/2003; Revised 9/2005, 11/2014

No. 14-01

Date: 11/17/2014

Re: Medical Control Plan

Pages: 12

S E C T I O N 1 :

INTRODUCTION/OVERVIEW

The Westchester Regional Emergency Medical Advisory Committee (WREMAC) serves as a standing committee of, and under the authority of, the Westchester Regional EMS Council (WREMSCO) in accordance with Article 30 of the New York State Public Health Law (NYS PHL). It functions in the geographical area encompassed by that regional council, the County of Westchester. This Medical Control Plan has been formulated in order to ensure the continuity of high-quality prehospital emergency medical care in this area.

S E C T I O N 2 :

MEDICAL CONTROL - DEFINITION AND STATEMENT OF PURPOSE

Medical Control is (a) the 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 and (b) indirect medical control including the written policies, procedures, and protocols for pre-hospital emergency medical care and transportation developed by the state emergency medical advisory committee, approved by the state council and the commissioner and implemented by the regional medical advisory committees. [1]

All aspects of the organization and provision of basic (including first responder) and advanced life support emergency medical services (EMS), require the active involvement and participation of physicians. Furthermore, every pre-hospital service that

[1] NY State Department of Health, policy statement 11-05, "Medical Control and Oversight", June 2011.

provides any level of life support must have an identifiable physician medical director at the local, regional, or state level (or combination thereof) whose primary responsibility is to ensure quality patient care. Additional responsibilities include involvement with design, operation, evaluation and ongoing revision of the system including initial patient access, dispatch, pre-hospital care, and delivery to the emergency department.[2] Physician control of prehospital emergency care may be accomplished through direct voice communication with prehospital emergency medical personnel (direct / on-line control) or through the provision of care in accordance with patient care protocols developed and promulgated by physicians (indirect / off-line control), and physician supervised quality improvement activities. Every EMS service that provides emergency medical services in the area(s) served by the Westchester Regional EMS Council (WREMSCO) must select and identify a Service Medical Director (SMD) who has been approved by the WREMAC as having met the appropriate credentialing policies and procedures. The SMD is directly responsible for the medical care provided by all the certified EMS personnel of that EMS service, and provides and participates in the EMS service's quality improvement program. This is in accordance with Part 800 of the New York State Department of Health (NYSDOH) Rules and Regulations and Article 30 of the NYS PHL.

Direction of patient care during inter-facility transports is the direct responsibility of the referring hospital and physician. Pre-hospital emergency medical personnel must insure that prior to initiating the patient transfer they:

1. Obtain written medical orders that do not exceed their level of medical training;
2. Confirm that the receiving facility has agreed to accept the patient in transfer;
3. Are supplied with appropriate copies of the patient's medical records, including radiographs;
4. Are utilizing the appropriate equipment needed to transfer the patient;
5. Verify that the patient has been stabilized to the fullest extent capable by the referring hospital prior to transfer.

If a patient becomes unstable during an inter-facility transport, pre-hospital emergency medical personnel must initiate patient care authorized by the written medical orders provided prior to transport in conjunction with the NYS approved BLS protocols. If a patient's deteriorating condition requires ALS care not outlined in the pre-transport directives, and the transporting agency does not provide emergency medical response regionally, a 911 paramedic agency should be requested to intercept so that Westchester Regional ALS protocols may be initiated and medical control can be accessed.

[2] American College of Emergency Physicians, "Medical Direction of Emergency Medical Services", Reaffirmed April 2012.

S E C T I O N 3 :

PRE-HOSPITAL EMERGENCY MEDICAL CARE - CLASSIFICATION OF LEVELS

The WREMAC recognizes Certified First Responder (CFR) / Emergency Medical Responder (EMR), Emergency Medical Technician-Basic (EMT-B), Advanced Emergency Medical Technician (AEMT), Emergency Medical Technician-Critical Care (EMT-CC) and Paramedic levels of NYS certified EMS providers. E ach level of certification follows a specific standard of care that is outlined in the NYSDOH and WREMAC adopted protocols. EMT-Critical Care providers who volunteer or are employed by an AEMT or Paramedic system, may apply for Westchester REMAC credentialing as an AEMT.

The AEMT program within the Westchester Region is designed for use only as an adjunct within an established Paramedic system. EMS agencies providing AEMT level services have agreed, in writing between the AEMT agency and the WREMAC, to provide care within an es tablished Paramedic system and hav e demonstrated such participation by providing written service procedures (AEMT within existing Paramedic service) or mutual aid agreements between the AEMT service and t he Paramedic service (independent AEMT services). Since the AEMT program is specifically designed to enhance an EMS system, but is focused in ALS capability, any EMS agency employing the AEMT program agrees to utilize a Paramedic on all calls (two-tiered priority response with simultaneous dispatch according to the criteria established by the WREMAC and in accordance with the criteria published in the NYSDOH EMS Program Statewide Basic Life Support Adult and Pediatric Protocols). Agencies seeking AEMT status under this program must be able to demonstrate to the WREMAC the ability to staff all primary dispatched units with at least one (1) AEMT to be considered for this designation.

S E C T I O N 4 :

WESTCHESTER REGIONAL EMERGENCY MEDICAL CARE PROVIDERS – REQUIREMENTS AND RECOMMENDATIONS

1. Certified First Responder/Emergency Medical Responder:
    - Required to meet and maintain all qualifications and competency areas as required by the New York State DOH policy statement 00-09, or superseding policy, and part 800 of the EMS code;

- Required to maintain training and competency for any agency-based special procedures (i.e. AED, Epi-Pen, intranasal naloxone)
- Recommended to maintain current CPR/AED certification.

2. Emergency Medical Technician-Basic:
   - Required to meet and maintain all qualifications and competency areas as required by the New York State DOH policy statement 00-10, or superseding policy, and part 800 of the EMS code;
   - Required to maintain training and competency for any agency-based special procedures (i.e. nebulized Albuterol administration, intranasal naloxone, glucometry)
   - Recommended to maintain current CPR/AED certification.

3. Advanced Emergency Medical Technician/Emergency Medical Technician-Critical Care:
   - Required to meet and maintain all qualifications and competency areas as required by the New York State DOH policy statement 00-10, or superseding policy, and part 800 of the EMS code;
   - Required to maintain current WREMAC credentials as an AEMT;
   - Required to maintain training and competency for any agency-based special procedures.
   - Recommended to maintain current ACLS, PALS, CPR and PHTLS certifications or equivalent certifications approved by the WREMAC

4. Emergency Medical Technician-Paramedic:
   - Required to meet and maintain all qualifications and competency areas as required by the New York State DOH policy statement 00-10, or superseding policy, and part 800 of the EMS code;
   - Required to maintain current WREMAC credentials;
   - Required to maintain training and competency for any agency-based, WREMAC approved, special procedures (i.e. rapid sequence intubation)
   - Recommended to maintain current CPR, ACLS, PALS and PHTLS certifications or equivalent certifications approved by the WREMAC

S E C T I O N 5 :

ADVANCED LIFE SUPPORT SERVICE (ALS) SERVICE – REQUIREMENTS AND APPLICATION

1. ALS SERVICE – REQUIREMENTS

Any ambulance service that intends to provide ALS services (AEMT or Paramedic) must file a completed application with the Westchester Regional EMS office. Application must contain all requirements for an ambulance service to provide ALS services (points 1-9 below) and must be signed by the same physician that signs the service's NYS Emergency Services Code part 80 if Paramedic level, or Service Medical Director if AEMT. The ambulance service's executive officer will be required to meet with the WREMAC Chairperson and/or Regional Medical Director. Applications will be reviewed by the WREMAC and will be forwarded to the WREMSCO with any recommendations. The application will be reviewed by the WREMSCO and will then be returned to the applicant with a decision.

Ambulance services must meet the following requirements:

a. Must be certified by New York State Department of Health.

b. Meet all requirements of the New York State EMS Code part 80 and part 800.5 for Paramedic level agencies.

c. Must offer ALS service seven (7) days a week, twenty-four (24) hours a day appropriate to the highest level of ALS service they are authorized to provide, either through independent coverage or through agreement with a secondary ALS service.

d. Services with a level of pre-hospital emergency medical care classification below Paramedic must utilize a Paramedic two-tiered priority response system with a simultaneous dispatch system (e.g. ALSFR or fly car). For AEMT-level agencies, the requirement to maintain the highest level of ALS service authorized by the WREMAC must be sustained on the primary response unit in addition to the availability of Paramedic responders.

e. Must utilize current WREMAC approved patient care protocols and coordinate direct medical control with an authorized Westchester Regional Medical Control Hospital.

f. Must identify an authorized WREMAC approved Medical Director to oversee service operations.

g. Participate in the WREMAC Quality Improvement Program and Continuing Medical Education Program.

h. Maintain appropriate and current state, regional and local certification and requirements for all personnel, services, and equipment.

i. Adhere to all WREMAC and NYS triage, treatment and transportation protocols, procedures, and standards of care.

NOTE: If at any time an ALS service cannot meet any of the above listed requirements, the ALS service must immediately notify the WREMAC in writing and request a temporary re-classification of ALS service status. This temporary re-classification may not extend beyond 60 days. If an agency is unable to reestablish ALS operation at the level approved by the WREMAC by this deadline, permanent status at the BLS level will be continued. The agency may submit reapplication for ALS status at later date.

Agencies found not to be incompliance of these requirements by the WREMAC without prior notification will have their ALS status removed by the WREMAC and must reapply to have their ALS status reinstated.

2. Application for ALS status:

a. An EMS agency that is interested in providing ALS services must submit a written request for an application, including contact information for the service's executive officer and medical director, to the Westchester Regional EMS Office;

b. Upon receipt of such, the service's executive officer and medical director will each be contacted to attend a meeting with the WREMAC Chair and Regional EMS Office director at which they will be provided with the appropriate instructions and application packet;

c. After receiving the application packet, the service's medical director will be required to contact the WREMAC Chair and/or Regional EMS Office director within 60 days to acknowledge the service's intent to proceed with the process;

d. Completed applications must be sent by certified mail to the Westchester Regional EMS office along with all supporting documentation, must contain a written explanation of how the service will meet all of the requirements for an ambulance service to provide ALS services and must be signed by the Service Medical Director. For Paramedic level services, this should be the same physician that signs the service's New York State Emergency Services Code Part 80 agreement;

e. Upon receipt of the application the WREMAC Chair and Regional EMS Office director shall review the application for completeness. Incomplete applications shall be returned by certified mail to the applicant within 15 days, along with an explanation of any incomplete findings.

f. When applications are deemed complete, the WREMAC Chair and Regional EMS Office director shall ensure that the following steps are initiated immediately;

i. A Technical Advisory Group (TAG) will be es tablished to evaluate and verify all submitted information.

ii. The TAG shall establish a date , time, and location for a public meeting to discuss the application and receive all comments;

iii. Regional EMS office will send notification of a public meeting regarding the possible ALS upgrade to all identified EMS services authorized by the New York State Department of Health to operate within the territory that the upgrading service is applying for.

iv. The TAG will accept written supporting documentation from all parties present at the public meeting for a period of 30 days from the date of the meeting;

v. After the conclusion of the 30 day period the service's executive officer and medical director will be required to meet with the WREMAC TAG to address any identified areas of interest;

vi. Upon completion of the evaluation process, the WREMAC TAG will report their findings and make a formal recommendation to the WREMAC at the next appropriate WREMAC meeting;

g. The WREMAC will conduct an official vote to approve or deny the application;

h. All WREMAC approvals to upgrade to an ALS level service will be granted for a one-year provisional period and are subject to a mandatory WREMAC review that will be conducted 6 months and 1 year after the date of WREMAC approval. The WREMAC will then determine if the service's ALS approval will be granted permanent status.

NOTE: It is the intent of the application process and public meeting to obtain information from an EMS system perspective from those who are directly involved with the provision of pre-hospital emergency care in the specific geographical location that is involved. Statements of want, desire, feeling or other unsubstantiated sentiment are not acceptable.

S E C T I O N 6 :

HOSPITALS - CLASSIFICATIONS

1. In-Region Hospitals

It is recognized that within the Westchester Region, with its geographic and political diversities and built-in patient flow patterns, there will be widely varying capabilities and technologies within hospital emergency departments/services and inpatient/out-

patient facilities. Due to these diverse capabilities, not all hospital emergency departments/services may be capable or willing to assume the responsibility of ALS medical control. Therefore, the WREMAC has divided participation of area emergency departments/services in prehospital medical control activities into two general categories, **Receiving Hospital**, and **Medical Control Hospital**. It is expected, however, that all hospitals with emergency departments/services receiving patients by ambulance will assume the responsibility of assuring familiarity of their medical and nursing staff with prehospital capabilities and levels of care, and cooperation with regional systems planning and development, Quality Improvement activities, etc.

Medical Control Hospitals within the Westchester Region:

- Montefiore - Mt. Vernon Hospital
- Montefiore – New Rochelle Hospital
- NewYork-Presbyterian / Hudson Valley Hospital Center
- NewYork-Presbyterian / Lawrence Hospital
- Northern Westchester Hospital
- Phelps Memorial Hospital Center
- St. John's Riverside Hospital (St. John's and Dobbs Ferry Pavilions)
- St. Joseph's Medical Center
- Westchester Medical Center
- White Plains Medical Center

Receiving Hospitals within the Westchester Region:

- There are no Receiving Hospitals currently within the Westchester Region.

2. Out-of-Region Hospitals

Due to geographical variables and transportation concerns, there are hospitals outside of the Westchester Region that may frequently receive patients from Westchester Regional EMS agencies. As such, these facilities will be notified of any WREMAC protocol amendments and updates. **Receiving Hospitals** located outside of the Westchester Region cannot be held to the same definitions and

requirements delineated for Regional Receiving Hospitals. In areas where the WREMAC has identified a need for additional Medical Control resources at a hospital located out-of-region, and the facility is willing to take on the responsibility to ensure compliance with the outlined requirements, **Special Resource Hospital** status will be conferred. Hospitals located outside the Westchester Region may not be considered for Medical Control Hospital status as defined in this policy.

Receiving Hospitals outside of the Westchester Region:

- **Hudson Valley Region**
  - Putnam Hospital (Putnam County)
  - Nyack Hospital (Rockland County)
- **New York City Region**
  - Jacobi Medical Center (Bronx County)
  - Montefiore Medical Center (Bronx County)
- **Western Connecticut**
  - Danbury Hospital (Fairfield County)
  - Greenwich Hospital (Fairfield County)
  - Norwalk Hospital (Fairfield County)
  - Stamford Hospital (Fairfield County)

Special Resource Hospitals outside of the Westchester Region:

- Greenwich Hospital (Fairfield County)

S E C T I O N 7 :

RECEIVING HOSPITAL –
DEFINITION, RECOMMENDED ROLES AND RESPONSIBILITIES

A Receiving Hospital is an emergency department/service as defined under section 405 of the NYS hospital code that works in cooperation with Medical Control Hospitals to carry out systems implementation. It accepts and treats patients via EMS services that have been treated by EMS personnel under indirect/offline medical control and or from direct/online medical control from a designated Medical Control Hospital. Although

Receiving Hospitals do not provide ALS on-line direction, exceptions may have to be made under rare circumstances such as multiple casualty incidents, communications failures, etc. Receiving Hospitals do cooperate in providing on-line medical direction to BLS providers, as needed within the established guidelines of Regional and State BLS Protocols. Receiving Hospitals may request a designation as a Medical Control Hospital by meeting the criteria for a Medical Control Hospital and submitting a proposal for designation as a Medical Control Hospital to the WREMAC. This proposal should address all of the components required of a Medical Control Hospital and explain how the hospital intends to meet these requirements. The sub-committee will be tasked with reviewing the proposal and making recommendations to the WREMAC, which will have the responsibility of making the final decision of medical control designation.

Functions of a Receiving Hospital:

1. Emergency department receiving and stabilization of ill or injured patients.
2. Participation in EMS training where appropriate.
3. Data collection and QI activities as designated by part 405.19 item (f) of the NYS – Hospital Minimum Standards Code (NYS Hospital Code).
4. Participation in EMS system review and planning.

A Receiving Hospital should meet the following criteria:

1. Have an emergency department meeting all standards for emergency department/service as defined in Section 405 of the NYS Hospital Code.
2. Accept patients requiring BLS and or ALS services who may have received EMS care under physician direction originating from a medical control hospital.
3. Maintain direct two-way radio and/or compatible telephones connected to regional communications systems to communicate with BLS and ALS units and medical control hospitals.
4. Assume the responsibility for the care and maintenance of necessary communications equipment within the institution.
5. Transfer patients when indicated according to established triage and transfer guidelines.
6. Familiarize staff members with approved regional and state protocols.
7. Replenish medical supplies used by field units for those patients brought to that facility, in a method consistent with regional policy.
8. Provide training opportunities to enhance EMS training and continuing medical education programs.
9. Coordinate quality improvement activities as defined in Part 405.19 item (f) of the NYS Hospital Code with the WREMAC.
10. Provide on-line medical direction for BLS agencies that transport patients to their

facility and to area BLS First Responder units as appropriate.

11. Participate in local and or regional EMS planning activities as appropriate.

A Receiving Hospital should designate an emergency department staff physician (preferably the emergency department medical director) who will be responsible for coordinating the prehospital EMS aspects of the emergency department/service. This physician shall have a strong commitment and dedication to the support and improvement of the prehospital EMS environment. This physician and or physician designee will assume overall responsibility for carrying out the duties of the Receiving Hospital. In addition, he/she will also assume the following responsibilities:

1. Participate as a member of the regional medical advisory committee.
2. Participate in educational programs for EMS providers as appropriate.
3. Direct quality improvement activities in the emergency department as they relate to prehospital EMS.
4. Coordinate the provision of medical direction for BLS providers that transport patients to their facility.

S E C T I O N 8 :

SPECIAL RESOURCE HOSPITAL –

DEFINITION, RECOMMENDED ROLES AND RESPONSIBILITIES

A Special Resource Hospital is an emergency department/service as defined under section 405 of the NYS hospital code, or equivalent statute, which works in cooperation with Regional Medical Control Hospitals to carry out systems implementation. Special Resource Hospitals are out-of-regional facilities which provide on-line ALS and BLS physician direction for patients that require transportation to that hospital.

Out-of-Region Receiving Hospitals may be considered for Special Resource Hospital designation if a need has been identified by the WREMAC for additional Medical Control resources in a given area. The facility must able to meet criteria for a Medical Control Hospital. A Technical Advisory Group (TAG) will be tasked with establishing the need and making recommendations to the WREMAC, which will have the responsibility of making the final decision of Special Resource Hospital designation.

A Special Resource Hospital must meet the following criteria:

1. All of the components of the Receiving Hospital.
2. Designate a physician medical director to be in charge of overall coordination of

medical control in that facility. (See points outlined in Sections 10 and 11 – with the exception of 11-2)

3. Have a physician staff member physically present in the emergency department and immediately available 24 hours a day.
4. All physician staff members must maintain New York State licensure as a Physician and credentialing as a Westchester Regional Medical Control Physician
5. It is recommended that each medical control physician be:
   a. AHA certified as a provider in both basic and advanced cardiac life support; ATLS certified, or equivalent.
   b. Trained in and thoroughly familiar with:
      I. Regional and New York State BLS and ALS protocols
      II. Communication systems
      III. New York State EMS levels of training and responsibilities
      IV. Medical control system and responsibilities of a medical control physician.
6. Provide on-line physician direction for pre-hospital ALS management of patients requiring transport to the Special Resource Hospital. It is recommended that all communications related to ALS calls be documented.

A Special Resource Hospital should designate an emergency department staff physician (preferably the emergency department medical director) who will be responsible for coordinating the prehospital EMS aspects of the emergency department/service. This physician shall have a strong commitment and dedication to the support and improvement of the prehospital EMS environment. This physician and/or physician designee will assume overall responsibility for carrying out the duties of the Special Resource Hospital. In addition, he/she will also assume the following responsibilities:

1. Participate in educational programs for EMS providers as appropriate, including the delivery of Call Audits by Westchester REMAC credentialed medical control physicians.
2. Direct quality improvement activities in the emergency department as they relate to prehospital EMS.
3. Coordinate the provision of medical direction for BLS providers that transport patients to their facility.

Unlike Medical Control Hospitals, although meeting attendance and participation is encouraged, Special Resources Hospitals will not have voting representation on the WREMAC.

NOTE: The WREMAC shall review Special Resource Hospital designations periodically. If at any time the WREMAC decides that the need for additional out-of-region Medical Control resources no longer exists, or a Special Receiving Hospital cannot meet any of the above listed requirements, the WREMAC will remove the designation and place the facility back into a Receiving Hospital status.

S E C T I O N 9 :

MEDICAL CONTROL HOSPITAL –

DEFINITION, ROLES AND RESPONSIBILITIES

A Medical Control Hospital is an emergency department/service as defined under Section 405 of the NYS Hospital Code, which provides on-line ALS and BLS physician direction for patients that require transportation to that facility or to a Receiving Hospital.

A Medical Control Hospital must meet the following criteria:

1. All of the components of the Receiving Hospital.
2. Designate a physician medical director to be in charge of overall coordination of medical control in that facility. (See Qualifications and Responsibilities to follow)
3. It is strongly recommended, although not mandatory, that the facility appoints a physician, NP, PA, RN or Advanced EMT clinical coordinator to assist the medical director in carrying out his/her responsibilities.
4. Have a physician staff member physically present in the emergency department and immediately available 24 hours a day.
5. It is recommended that each medical control physician be:
   a. AHA certified as a provider in both basic and advanced cardiac life support; ATLS certified, or equivalent.
   b. Trained in and thoroughly familiar with:
      I. Regional and state BLS and ALS protocols
      II. Communication systems
      III. EMS levels of training and responsibilities
      IV. Medical control system and responsibilities of a medical control physician.
6. Provide on-line physician direction for pre-hospital ALS management of patients requiring transport to a Medical Control Hospital or a Receiving Hospital. It is recommended that all communications related to ALS calls be documented.
7. When a patient treated under Medical Control direction by the facility is being transported to any other hospital facility, the medical control physician should notify

the receiving hospital of the following:

a. Patient's presenting problem and work-up
b. Medical control orders given to the ALS provider
c. All BLS and ALS treatment done for the patient under standing orders or on-line medical control
d. Patient's response to therapy
e. Determine the patient's choice of medical facility and determine if patient's status permits transport to the facility of choice, or if the patient should be directed to a different, more appropriate facility, per WREMAC and NYS transport policies and protocols.

S E C T I O N 1 0 :

MEDICAL CONTROL HOSPITAL MEDICAL DIRECTOR –

DEFINITION AND QUALIFICATIONS

Each Medical Control Hospital is to identify one physician as the medical control director whose duty is the overall coordination and medical accountability of the medical control system in his/her facility. The Medical Control Hospital Medical Director is responsible to the Regional Medical Director for all functions of the medical control system in that hospital.

Qualifications of a Medical Control Hospital Medical Director are as follows:

1. A New York State licensed emergency department physician who has completed residency training.
2. Certified as both a basic and advanced cardiac life support provider, and Advanced Trauma Life Support, or equivalent training.
3. Board certified by an accredited graduate medical education program, e.g. Emergency Medicine, Internal Medicine or Family Practice.
4. Familiar with the use of WREMAC and NYS BLS/ALS protocols, system configuration, and communication.
5. Have a t horough knowledge of and strong dedication to the support and improvement of emergency medical services.

S E C T I O N 1 1 :

MEDICAL CONTROL HOSPITAL MEDICAL DIRECTOR – RESPONSIBILITIES

The Medical Director will:

1. Maintain Knowledge levels appropriate for an E MS medical director through continued education.
2. Sit as a member of the WREMAC and participate regularly in its functions, or appoint a suitable physician alternate.
3. Set and ensure compliance with patient care standards including communication standards and dispatch and medical protocols.
4. Ensure adequate training and familiarity of all emergency department physician and nursing staff with:
    a. Pre-hospital medical control system and issues
    b. Training and responsibilities of all levels of pre hospital EMS providers
    c. Quality improvement concerns
    d. WREMAC and NYS BLS/ALS protocols
    e. Pre-hospital/hospital interface and cooperation
5. Develop and implement an effective quality improvement program for continuous system and patient care improvement.
    a. EMS call audits shall be conducted at a minimum of twelve (12) hours per year.
    b. EMS call audits shall be conducted in accordance with regional policy.
6. Direct and facilitate an on-going review of the medical control system and quality improvement program. Mediate pre-hospital issues and problems concerning medical control, as appropriate.
7. Report any EMS personnel or ALS Agency complaint, protocol violations or lack of cooperation with other aspects of medical control and or quality improvement activities, to the WREMAC, as established in WREMAC protocols.
8. Maintain WREMAC/NYS protocols and appropriate policies immediately available at the medical control telephone/radio base station.

S E C T I O N 1 2 :

SERVICE MEDICAL DIRECTOR - DEFINITION AND QUALIFICATIONS

A New York State licensed physician, appointed by the system or the service, whose role is to provide medical expertise to the ambulance service's quality improvement and educational programs. Any BLS Ambulance or First Responder service approved for use of an AED, auto-injectable epinephrine or nebulized Albuterol, or an ALS service, must have a Service Medical Director. It is highly recommended that every BLS Ambulance and First Responder Service have a medical director. The Service Medical Director must be approved by the WREMAC to perform that role. Qualifications of a Service Medical Director are as follows:

1. Knowledge of the design and operation of prehospital EMS services, and commitment to the support and development of quality prehospital care.
2. Experience or training with medical control of prehospital EMS providers.
3. Experience in emergency department management of the acutely ill or injured patient.
4. Active involvement in the training of basic and advanced life support prehospital personnel.
5. Active involvement and knowledge of continuous quality improvement activities.

SECTION 13:

SERVICE MEDICAL DIRECTOR – RESPONSIBILITIES

The Service Medical Director:

1. Is directly responsible for the medical care provided by the certified EMS personnel for that EMS service.
2. Ensures that the qualifications of EMS personnel for that EMS service involved in patient care and dispatch are maintained on an ongoing basis through education, testing, and credentialing.
3. Lends medical expertise to and coordinates the service's quality improvement process, including the medical review of specific EMS calls, the evaluation of patient care, etc. and insures that the service is compliant with WREMAC and NYS quality improvement requirements.
4. Assists in the design and implementation of continuing medical education and other service based educational programs.
5. Serves as a resource for any medical aspects of agency related activities, policies, procedures, etc.