Guide for Preparing Medical Directors

Module 1
EMS Overview

EMS Overview

➤ Describe the role of the EMS Medical Director in EMS system medical oversight

➤ Discuss the historical development of civilian EMS

Physician leadership

➤ EMS System
  any specific arrangement of emergency medical care resources, facilities, personnel, equipment & supplies designed to function as part of a coordinated response

➤ EMS
  the provision of out-of-hospital medical care by trained personnel extenders functioning under the supervision of the physician medical director
Medical Director

"The physician who has the ultimate responsibility to provide management, supervision, and guidance for all aspects of EMS in an effort to assure its quality of care"

(EMS Agenda for the Future)

- EMS providers do not function under the license of the physician; they function under the supervision of the physician.
- May be responsible for an agency, a system, or an educational program

Medical Director (continued)

- Highly recommended that a single medical director serve as the focal point for medical leadership
- Collaborates in cooperative process
  - Nurse practitioners, Nurses, PAs, EMS educators, supervisors & administrators
  - Physician specialists: EM, trauma, Peds, cardiology, FP
- Interface & liaison with medical community

EMS Development

- Wartime experiences
  - Napoleon’s surgeon (Larrey): ambulance volante
  - Air evacuation from Paris during Prussian War
  - Civil War
  - Korea: 1st use of helicopters + MASH
  - Viet Nam
- Early civilian prehospital care
  - funeral homes
  - volunteer rescue squads
EMS Development (continued)

- Early 1960’s
  - CPR & defibrillation
- 1966: White Paper
  - Accidental Death & Disability: The Neglected Disease of Modern Society
- Mid to Late 1960’s
  - Mobile cardiac care units (Pantridge)

EMS Development (continued)

- Late 1960’s
  - Early paramedic programs: Miami, Columbus, Portland, Los Angeles
- Early 1970’s
  - “Emergency”

EMS Development (continued)

EMS Act of 1973 (Public Law 154)

- 1st national EMS initiative
  - Defined 15 components of EMS system
  - Lead to development of DOT national curricula for EMTs & paramedics (standardized training)
  - Established Department of Health & Human Services, EMS Office providing funding support for EMS
  - No provision for medical direction
  - Renewed/amended in 1976 & 1979

Structured federal funding for EMS ended in 1981
EMS Act of 1973
15 EMS System Components

- Manpower
- Training
- Communications
- Transportation
- Emergency facilities
- Critical care units
- Public safety agencies
- Consumer participation
- Access to care
- Patient transfers
- Standardized record keeping
- Public information and education
- System review and evaluation
- Disaster planning
- Mutual aid

Note: medical direction was not included

NHTSA EMS Division

- Very active in promotion, development & research in EMS
- Periodic revisions of curricula
- Coordinating task forces
  - EMS educational issues
  - Interface of EMS & managed care organizations
  - EMS & public health
  - EMS Research

9-1-1 development

- 9-1-1
  - brief, easily remembered, easily dialed
  - fit in with existing technology

- enhanced 9-1-1
  - caller phone number and location
  - US and Canada

- cellular enhancements
Funding

- Early federal funds
  - 1980's: block grants
- Special funds available
- Specific funding currently available
  - NHTSA EMS Division
  - Maternal Child Health Bureau: EMS-C
  - Domestic Preparedness funding

EMS for Children (EMS-C)

- 1985 federal legislation: funded EMS-C demonstration projects
  - System development
  - Research
  - Targeted issues & education
- 1993 Institute of Medicine report
- National Resource Center
- Recent curricula improvements

EMS Agenda for the Future (1996)

- Funded by NHTSA / MCHB
  - Grant to NAEMSP and NASEMSD
- Define the direction of EMS at turn of century
- EMS Attributes
- Must reading!!
EMS Agenda for the Future
14 Attributes

- Integration of Health Services
- EMS Research
- Legislation and Regulation
- System Finance
- Human Resources
- Medical Direction
- Education Systems
- Public Education
- Prevention
- Public Access
- Communications Systems
- Clinical Care
- Information Systems
- Evaluation

EMS Agenda products

- EMS Education Agenda for the Future (2000)
- EMS Research Agenda (2001)

EMS Education Agenda for the Future

- Vision for the future of EMS education
- Proposal for an improved structured system to educate the next generation of EMS professionals
EMS Education Agenda

Products

- National EMS Core Content (2005)
- National EMS Scope of Practice Model (2007)
- National EMS Education Standards (2009)

National EMS Core Content

- Funded by NHTSA and HRSA
- Lead by NAEMSP and ACEP
- Defines the entire domain of out-of-hospital practice
- Identifies the universal body of knowledge & skills for EMS providers who do not function as independent practitioners

National EMS Scope of Practice Model

- Funded by NHTSA and HRSA
- Lead by NASEMSO
- Defines the levels of EMS personnel
- Delineates the practices & minimum competencies for each level of EMS personnel
- Provides guidance to states
- Has no regulatory authority
National EMS Education Standards

- Lead by NAEMSE
- Replaces the NHTSA National Standard Curricula at all EMS certification levels
- Defines the competencies, knowledge, clinical behaviors & judgment that must be met by entry-level EMS personnel

Instructional Guidelines

- Not part of the National EMS Education Standards
- Companion documents
- Provide interim support during transition from NSC to the EMS Education Standards
- Not intended to be all inclusive
  - Do not comprise a curriculum & are not intended to be adopted by States

National EMS Program Accreditation

- Not expected before 2013
  - Only being implemented at the Paramedic level
- Graduation from an accredited program required by NREMT after January 1, 2013
- Only nationally recognized accreditation is through CAAHEP's CoAEMSP
National EMS Certification

- Will standardize testing across the nation
- Optimize EMS opportunities for career mobility
- 46 states use the NREMT as national certification leading to certification at one or more levels

Certification, Licensure & Credentialing

Emergency Medical Services at the Crossroads (2007)

- Published by IOM
- Identified systematic problems
  - Insufficient coordination
  - Disparities in response times
  - Uncertain quality of care
  - Lack of readiness for disasters
  - Divided professional identity
  - Limited evidence base
Federal Interagency Committee on Emergency Medical Services

- Public Law 109-59: established by the U.S. Department of Transportation Reauthorization (2005)
- Inaugural meeting December 8, 2006
- Ensures coordination among federal agencies involved with state, local, tribal & regional emergency medical services & 9-1-1 systems

National EMS Advisory Council (NEMSAC)

- Formed April 2007
- Nationally recognized council of EMS representatives and consumers
- Provides advice & recommendations regarding EMS to NHTSA

EMS Development: Summary

- Strong physician direction during early years sadly, waned in late 70’s & early 80’s
  - Recent re-recognition of importance of strong physician involvement
- Medical director is critical & essential EMS system component as medical leader, resource & patient advocate
Guide for Preparing Medical Directors

Module 2
EMS Systems

EMS Systems Objectives

- List 14 attributes of EMS systems
- Outline organizational & design options for EMS systems
- Outline system staffing & response configurations
- Identify the major communications and dispatch issues in EMS system
- Describe regionalization of care & impacts on destination decision-making

EMS Systems Objectives (continued)

- Compare & contrast the differences between rural & urban EMS systems
- Outline the ways in which EMS systems may be integrated with community health care & public safety resources
- Describe the interface of EMS systems with managed care organizations
- Describe the issues related to the utilization of air medical services and EMS systems.
- Outline funding options available for EMS systems
EMS System: Definition

“...those organizations, individuals, facilities and equipment whose participation is required to ensure timely and medically appropriate response to each request for prehospital care and medical transportation.”


EMS Systems: Components

- System of interacting components
  - broadly defined by points of Star of Life
- EMS Systems Act 1973: 15 components
- "EMS Agenda for the Future" identifies 14 attributes
- Not every agency/system needs every component, but medical direction is essential & must always be present

EMS Systems: Star of Life

![Image of Star of Life]
EMS Act of 1973
15 EMS System Components

- Manpower
- Training
- Communications
- Transportation
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- Public safety agencies
- Consumer participation
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Note: medical direction was not included

EMS Agenda for the Future
14 Attributes

- Integration of Health Services
- EMS Research
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- Education Systems
- Public Education
- Prevention
- Public Access
- Communications Systems
- Clinical Care
- Information Systems
- Evaluation

EMS System Design

- Variety of design structures may be used
  - Each depends on the location (e.g. rural, suburban, and urban) & resources that are available
  - Often, there are multiple agencies involved in providing EMS services.
  - There may be multiple design options in same system.
- The medical director should understand & be involved in the evaluation of EMS system design options.
System Design Options

Systems characterized many ways
- Parent organization
- For profit vs. not for profit
- Staffing model
- Transporting vs. non-transporting
- Single tier vs. multi-tiered response
- Provider / service licensure level
- Production model

System Design (continued)

- Parent organization
  - Fire based
  - Third service municipal
  - Hospital
  - Private
  - Public Utility Model
  - Franchise

System Design (continued)

- For profit vs. not for profit
  - Municipal vs. private

- Funding sources
  - Taxes
  - Fees
  - Membership
  - Insurance billing
  - Donations
System Design (continued)

- Staffing
  - Career: Paid for service
  - Volunteer: Unpaid, but may be incentivized other ways

System Design (continued)

- Transporting vs. non-transporting
  - Agency transports or not
- Single tier vs. multi-tier
  - Single tier service responds with single asset
  - Service or multiple services respond single or multiple provider levels based on dispatch or other criteria

System Design (continued)

- Number of participating services
  - Single service providing all care
  - Multiple agencies as part of organized system
    - Single or multi-tier
- Service / Provider certification level
  - "ALS" vs. "BLS"
System Design (continued)

- Production models
  - Specialized production strategy
    - Agency provides 1 type of service
      - Emergency response, Interfacility transport, non-emergency transport, wheelchair transport, etc
    - A single system may have multiple services
  - Flexible production strategy
    - 1 EMS service does all (or most) types of service

System Design (continued)

Initial responder program (aka 1st Responder)

- Various service levels
  - BLS = Medical First Responder or EMT-Basic with AED
  - ALS = Paramedic
  - May be local fire or police response ± private industry
- Rapid response to life-threatening situations with time sensitive interventions that save lives
  - Opening an airway / obstruction management
  - Ventilation in respiratory failure
  - CPR / Early defibrillation
  - Hemorrhage control

System Design (continued)

- Key questions in evaluating first responder programs
  - How often are your first responders first?
  - How often is early defibrillation early?
Vehicle Deployment

- System Status Management
  - No management = Fixed deployment
    - Response from fixed location
    - Usually single station services
  - Multiple other levels
    - "Move ups"
      - Common in fire service
    - Full fluid deployment without any fixed station
      - Posting depends on analysis of call likelihood

Time Sensitive Issues

- Response time standards/guidelines
  - "No universally accepted standard"
  - Urban:
    - Typically first response within 4 minutes & ALS within 8 minutes for life-threats
    - No data to necessarily support these times
- Response time data monitoring
  - Median vs. fractile response times

Median vs. Fractile Response Times
Response Time Intervals

- Recognition interval
- Access interval
- Dispatch interval
- Out of chute interval (turnout time)
- Response interval
- Patient access interval
- On-scene interval
- Transport interval

EMS Response Intervals

Community Access

- Public must know how & when to access
- 9-1-1
  - Simple 9-1-1
  - Enhanced 9-1-1
- 7-digit number
EMS Dispatch

> Public Safety Answering Points
  > May be the dispatch for specific agency
  > May be a funnel for all calls and then forwards to agency dispatch

> EMS dispatch activities
  > Emergency Medical Dispatch
  > Priority Dispatch Protocols
  > Pre-Arrival Instructions

EMD Call Prioritization

> Purpose
  > Send right resource(s) in right mode
  > ALS vs BLS vs BLS+ALS
  > 1st responders as needed
  > Decrease emergency (lights/siren) responses

> Use structured, protocol-driven caller interrogation

> Call Prioritization vs. Call Screening
  > Call Screening – EMS response optional
  > Call Prioritization – EMS response assured

EMS Communications

> Operational
  > Dispatch – Vehicle / Individual
  > Vehicle / Individual – Vehicle / Individual

> Medical
  > Field – Clinician
    > On-Line Medical Control
    > EMS physicians
Communications Components

- Radio
  - Simplex vs. duplex
  - Trunked systems
- Telemetry
- Telephone
  - Landline vs. cellular vs. texting
- Telemedicine

Simplex Communications

![Simplex Communication Diagram](image1)

Figure 1: Simplex

Duplex Communications

![Duplex Communication Diagram](image2)

Figure 2: Duplex
On Line Medical Direction

- Available for all levels of providers
- On line medical direction (OLMD)
  - "Field consultation" for a specific patient, as opposed to protocols
- Radio or telephone
- Configurations
  - Single resource provides all OLMD in region
  - Receiving hospital provides OLMD

Regionalization of Health Care

- Most facilities provide general stabilization
- Specialization /regionalization more common
  - Stroke / Cardiac / Peds / Trauma / OB / Etc...
  - State / JCAHO Accreditation
  - Patient care & on-line medical direction resources may vary

Patient Care Continuum in Regional Systems

- Prevention
- Event
  - Prehospital care
  - Transport to stabilizing care
  - Local admission or transfer to specialized care
  - Acute care
  - Rehabilitation
  - Return to community
Potential Regionalization Issues

- Considerations regarding regionalization
  - Availability & location of appropriate resources
  - Financial impact of diversions on hospitals
  - Appropriate patient care during transfer
  - Applicable federal regulations
- Develop regional destination criteria
  - Establish appropriate triage criteria
  - Determine impact on EMS operations
    - Units out of response area & transport times
    - Interfacility transfer capability
- Contracts & transfer agreements
  - Establish a priori

Regional Resources

Benefits of regional resources
- Medical specialist access
- Referral center resources
  - Administrative
  - Educational
- Advisory councils

Regionalization of Specialty Care

- Pediatrics
- Trauma
- Cardiology
- Neurology
- OB
- Technology dependent patients
- Other specialty areas
Pediatrics

- Historically, minimal focus on pediatrics
  - Limited education of field personnel
  - Equipment geared for adults
  - Need for EMS pediatrics specific training / equipment

- Resources for medical director
  - Pediatric emergency medicine / surgeons / intensivists / NICU
  - Regional pediatrics specialty centers

Trauma

- Regional or state trauma system
- Most trauma patients go to local facilities first
  - Established triage criteria
  - Transfer agreements in place

- Established QI process

- Resources:
  - State Office of EMS & state legislation
  - American College of Surgeons

Cardiac

- Major focus: ID & timely treatment of STEMI
  - Investment in prehospital vs. hospital resources
  - 12-lead EKG
  - Pre-arrival EKG transmission
  - Consideration of prehospital thrombolysis
  - Destination diversion
    - Bypass ED & transport to cath lab?
    - System wide decision

- Public Access Defibrillation (PAD)
  - Must integrate with the EMS system
Neurologic Care

- Local resources for assessment and treatment of acute CVA
  - CT and treatment resources
- Coordinated system with established treatment and transfer protocols
  - "Drip and ship" vs. "Drip and admit"
- "Spoke and Hub" models
- Tele-neurology

Technology Dependent Patients

- Unique needs of specialty & technology dependent patients
  - LVAD
  - Ventilators
  - Home hemodialysis
- A priori knowledge of patients & locations
- Education of EMS personnel

Other Specialty Centers

- Burn care
- Hyperbaric chamber
- High risk OB / neonatal
- HazMat / decon
- Spinal cord / Neuro centers
- Psychiatric
- Reimplantation centers
Rural vs. Urban systems

- Factors for consideration
  - Personnel resources / staffing strategies
  - Equipment resources
  - Hospital resources
  - Response times
  - Call volume / experience levels
  - Funding resources

Note: Comprehensive listing in NAEMSP Text

Community Health Care & Expanded Scope

- EMS in community 24/7/365
  - May be only local healthcare resource
    - Broad based community health care role for EMS

- Two categories of Expanded Scope care
  - Expanded scope of service
    - Filling non traditional (non-emergency medicine) roles without new skills / procedures
  - Expanded scope of practice
    - Skills / procedures outside usual EMS practice

Expanded Scope of Service

- Expanded scope of service
  - Community health care education
  - Health care screening programs
  - Public health medical care
    - Immunizations
    - Emergency management issues
  - Mental health, social services
  - Care in schools, nursing homes, physician offices
Expanded Scope of Practice

- Urgent care
  - Splinting
  - Sutures
  - Basic prescribing
- Emergency Care
  - RSI
  - Central lines
  - Tube / non tube thoracostomy

EMS & Managed Care

- Contract agency for managed care organization (MCO) subscribers
  - Revenue source for agency
    - Transportation vs. alternative care vs. treat and release
- Potential issues
  - Access: 9-1-1 vs. MCO number
  - Medical oversight
    - Treatment and transportation protocols
    - System integration
    - On line medical control

Aeromedical Services

- Two major attributes of air medical services
  - Speed
    - May also have greater range
  - Care
    - Typically but not always critical care level of service
    - Specialty care capabilities
    - Expanded scope of practice vs. traditional EMS
Aeromedical Services (continued)

- Potential issues
  - Helicopter EMS (HEMS) high risk activity
  - Medical director relationship (EMS and Aeromedical)
  - Established triage & transport protocols
  - Need for tight utilization review
    - Activation & transport
  - Ongoing debate about evidence base for utilization

EMS Funding Sources

- Funding for EMS Service
  - Fees (billing) - currently based on transports
    - Municipal/community funding
    - Donations
    - Membership
  - Funding for medical oversight
    - Physician, group, hospital, agency
  - Grant funding (state & national)
    - Maternal Child Health Bureau & EMS-C
    - Office of Highway Safety Planning
    - Office of Rural Health Policy
    - Federal block grant funds
    - Foundations

Emergency Preparedness Activates

- EMS well suited for leadership role
- Must be actively engaged
  - Failure = unqualified individuals dictating EMS role
    - Often incompatible with EMS operational reality
  - Minimal role working on planning committees
Emergency Preparedness Activities

Guide for Preparing Medical Directors

Module 3
Medical Oversight
Objectives

- Outline medical oversight for state, regional & local EMS systems.
- Identify minimum medical director qualifications.
- Describe the process of protocol, policy, & procedure development, implementation & review.
- Identify special issues related to clinical care protocols in the prehospital setting.

Objectives (continued)

- Define the terms prospective, concurrent & retrospective as they relate to quality management programs.
- Recognize key personnel management issues.
- Recognize high risk & special situations.
- Recognize legal considerations related to EMS systems & EMS medical oversight.
- Identify interfacility transportation issues.

Medical Director Qualifications

- Active involvement in emergency care of patients in ED & ideally in the field
- Knowledge of EMS systems & familiarity with EMS operations
- Unrestricted medical license to practice

NOTE: Specific qualifications may vary from state to state
Medical Oversight

Structure varies from state to state
- authority is defined in rules, regulations & legislative actions

Medical Oversight Resources

- ACEP position statements
- NAEMSP position statements
- NHTSA curricula
- ASTM guidelines
- State rules/regulations

Medical Oversight Activities

- Groups of medical oversight activities may be described in temporal relationships

<table>
<thead>
<tr>
<th>Prospective</th>
<th>Concurrent</th>
<th>Retrospective</th>
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<tbody>
<tr>
<td>Off Line</td>
<td>On Line</td>
<td>Off Line</td>
</tr>
<tr>
<td>Indirect</td>
<td>Direct</td>
<td>Indirect</td>
</tr>
</tbody>
</table>
Medical Oversight Activities

(continued)

Off Line = Indirect
- Prospective, e.g. protocol development, continuing education
- Retrospective, e.g., quality management initiatives
- Medical director with overall full responsibility

Medical Oversight Activities

(continued)

On-line = Direct
- Concurrent, e.g. radio / telephone communication & on-scene activities
- In general, supersedes off-line direction

Medical Oversight

EMS Medical Director
- Medical leadership
- Credentialing & education
- System evaluation/QI activities
- Clinical patient care
- Operational responsibilities

Field time is essential!
Protocols, Policies & Procedures

Categories
- clinical care
- communications/dispatch
- scene response
- scene triage
- transportation/destination

Protocols, policies & procedures

Considerations
- Evidence based?
- Personnel training / re-training needed
- Medications
  - stability in temperature extremes
  - controlled substances
- storage & space issues
- Administrative issues
- Equipment issues
- Costs
- Changing modalities?

Quality Management

"Quality management program" or "QM" means the continuous study of and improvement of an EMS agency or system including the collection of data, the identification of deficiencies through continuous evaluation, the education of personnel and the establishment of goals, policies and programs that improve patient outcomes in EMS systems.

Virginia Department of Health – Office of EMS
§ 12 VAC 5-31-10, Definitions (2003)
NAEMSP® Position Statement: Physician Medical Direction in EMS

System Evaluation
... The CQI process is a dynamic continuum. Evaluation of any shortcoming in patient care involves ...

1) looking at the protocol to ensure its appropriateness or need for updating

2) the educational system must be responsive ... and keep personnel up-to-date through routine reviews and supplemental attention to identified problem areas

3) feedback may go to the system or to individual personnel

Medical Oversight Components

Personnel management issues require familiarity with applicable personnel policies (including due process), procedures & labor laws.

- Selection & training of personnel
- Credentialing & authorization to practice
- Disciplinary actions
- Remedial training
- Issues in dealing with organized labor

Medical Community liaison & interface
- CPR, PAD, Public Service Announcements

Special Situations

Physician Intervener
- role/authority varies from state - state
- generally receives authority from on-line doctor
Special Situations (continued)

- Interfacility transports
- Hospital diversion
- Palliative care
- Mental health patients

High Risk Situations

- Patient Refusals
- Patient abandonment
- Determination of dead on scene
- Determination of resuscitation
- Psychiatric "holds"
- Legal Cases
  - Crime scenes: homicides, domestic violence
  - Abuse & neglect: children, elderly, sexual assault

Contractual Obligation

- roles and responsibilities
  - authority
  - chain of command
- compensation
- malpractice insurance coverage
- equipment provision
- occupational health responsibilities
Module 4
Education & Personnel

Objectives

- Describe the EMS Medical Director’s role in education/training, health & safety
  - Differentiate training levels of EMS personnel
  - Identify areas requiring special training
- Identify national credentialing & accrediting organizations
  - Differentiate personnel certification & credentialing from approval & accreditation of training programs from agency accreditation
  - Recognize the difference between certification & credentialing of personnel and approval & accreditation of training programs.

Education Requirements

- National EMS Scope of Practice (2010)
  - Emergency Medical Responder
  - Emergency Medical Technician
  - Advanced Emergency Medical Technician
  - Paramedic

Note: Address specific cert levels for state, as not all states have adopted the National Scope of Practice
Medical Director Involvement

- Course design & instruction for all levels of EMS personnel
- Special considerations
  - principles of adult learning
  - procedural skills instruction
  - clinical instruction
  - evaluating clinical care
- Must also educate those providing medical oversight (MDs & RNs)

Training Program Approval & Accreditation

- Approval & accreditation:
  - National vs. state
  - Committee on Accreditation of Education Programs for EMS Professionals (CoAEMSP)
  - state initial vs. continuing education program requirements

Personnel Certification & Licensure

- State requirements
  - National Registry of EMTs (NREMT)
  - Local requirements
  - Initial certification & continuing education
Health, Safety & Wellness

- Medical direction vs. occupational health
  - Shift work/ fatigue
  - Mental Health: substance abuse, stress management
- Safety
  - Personal protective equipment
  - OSHA guidelines
  - Communicable disease exposure (Ryan White Act)
  - Hazardous materials exposure
  - Scene safety (violent patient)
  - Safe transport (safe driving, occupant restraint)

Provider Health & Safety

- Special Operations Issues
  - Fire ground
  - HAZMAT
  - Tactical EMS (TEMS)
  - Domestic Preparedness
  - Farm/Agriculture
  - Military
  - Technical Rescue

Guide for Preparing Medical Directors

Module 5
EMS System Responsibilities
EMS System Responsibilities

- Describe the role of EMS as a community health care resource
- Outline 5 factors to consider for mass gathering activities
- Outline the EMS component of the ICS
- Define triage as applies to EMS response
- Discuss issues of prehospital research
- Discuss potential public health roles for EMS

Disaster/MCI Management

- Disaster: overwhelms ability to respond
- Mass Casualty Incident: multiple casualties
- Incident Command/Management System: structured response defining lines of authority & responsibility
- Planning & preparation is critical to successful response
  - Goal: limit impact of disaster in lives lost, injuries sustained & community damage

Incident Command System

- Incident Commander
- PIO
- Safety Officer
- Fire Suppression
- Rescue
- EMS
- Law Enforcement
- Triage Officer
- Treatment Officer
- Triage Officer
- Safety Officer
- Team
- Team
- Team
Disaster/MCI Management

- Components of planning process
  - field response
  - hospital response
  - regional/mutual aid agreements
  - written plan
  - exercise/drills

Disaster/MCI Management

- Triage
  - provide greatest good for greatest number with available resources
  - determine & catalog patient severity

Disaster/MCI Management

EMS Scene Response Structure

EMS Command - reports to Incident Commander
- Triage
- Treatment
- Transportation

Communications
- on-site
- hospitals
- dispatch center
Disaster/MCI Management

- Interagency coordination essential
- Phases of disaster response
  1. planning
  2. notification
  3. search & rescue
  4. triage
  5. medical care
  6. communications
  7. record keeping
  8. transportation & evacuation
  9. debriefing
  10. recovery

Disaster Medical Care

Rapid assessment of emergency health care needs
- resources needed for field (treatment & transport)
- how to distribute patients
Medical care at casualty site – stabilization if transport delayed
Medical supply/equipment management to ensure availability
National Incident Management System

Special Events Management

Analyze the event
1. facility: structure, location
2. nature of event
3. crowd size & demographics/health status
4. environmental factors
5. associated factors: alcohol, drugs
Special Event Management

- Staffing the event
  - Personnel on site
  - Role of EMS Physicians vs. physicians
  - Transportation
  - Equipment
  - Interagency coordination

Research

- EMS Research Agenda
  - Quality research is greatly needed in EMS
- Issues in Research
  - Informed consent
  - Federal regulations governing waiver of consent issues
  - Protection of patient rights (IRB review & approval)
  - Confidentiality
  - Partnerships with academic institutions
  - Research as part of data collection QI activities

Public Health Issues

- Injury control and prevention
  - Increased surveillance activities
  - Injury prevention programs
  - Public education/home inspections
- Potential venues (as allowed by state/local laws)
  - Disease surveillance
  - Health screening
  - Coalition building
  - Community intervention
  - Expanded care/community health
Guide for Preparing Medical Directors

Module 6
State Specific Issues

Objectives

- Discuss state-specific issues
  - describe the organization of EMS services in your state
  - identify location and role (regulations and resources)
    of state and regional offices
  - recognize the impact of state laws, rules and regulations on medical oversight and the EMS medical director

- Insert appropriate state information re:
  - Rules/regulations for licensed EMS agencies
  - Education programs
  - Certification/recertification
  - Scope of practice