



W e s t c h e s t e r R E M A C  
**OLMC Physician Regional EMS System Overview Exam**  
 Version – OCT06

Please Type or Print Legibly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Primary Hospital\* \_\_\_\_\_ Hospital ID \_\_\_\_\_

Other Hospital \_\_\_\_\_ Hospital ID \_\_\_\_\_

(\* Note: Must be a Westchester Regional Medical Control Facility or Special Resource Hospital)

I am employed by the Westchester Regional Medical Control Facility or Special Resource Hospital indicated above and have completed the Medical Control Physician Update required by the Westchester Regional Emergency Medical Advisory Committee to provide on-line medical control to pre-hospital providers in the Westchester Regional EMS system.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please select the most appropriate answer based on the Westchester Regional On-Line Medical Control Physician (OLMC) System Overview, as well as current regional and state EMS protocols and polices. **80% (16) questions must be answered correct to pass the examination.**

Check the box corresponding to the answer selected on the appropriate line on the answer sheet.

	A	B	C	D
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

	A	B	C	D
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



W e s t c h e s t e r R E M A C  
**OLMC Physician Regional System Overview Exam**  
Version – JAN06

**NOTE:** Please select the most appropriate answer based on the Westchester Regional On-Line Medical Control Physician (OLMC) Regional System Overview, as well as current regional and state EMS protocols and polices.

1. Which of the following statements about the Westchester Regional EMS System is INCORRECT?
  - a. It is co-terminus with the County of Westchester
  - b. All the ambulance services in the region are Advanced Life Support (ALS) credentialed and staffed by a paramedic
  - c. There are 11 Medical Control facilities, including 2 Trauma Centers.
  - d. The majority of basic life support first response (BLSFR) agencies are fire or police department based.
  
2. Per New York State Public Health Law Article 30, the Regional Emergency Medical Advisory Committee (REMAC) is responsible for:
  - a. Coordinating the development of the regional medical control system and defining the roles/responsibilities of REMAC physicians, including educating /credentialed physicians to provide online medical control.
  - b. Developing medical control policies / procedures / protocols for EMS dispatch, triage, treatment and transport consistent with current standards.
  - c. Developing and implementing research projects and studies in conjunction with a regional QI program.
  - d. All of the above
  
3. The Program Agency for the Westchester Regional EMS System, the Westchester County Department of Emergency Services, is:
  - a. Responsible for supporting, maintaining and improving emergency medical care in the region.
  - b. Not involved with any Quality Improvement (QI) activities in the region.
  - c. Contracted with the REMAC
  - d. Provides training only to paramedics

4. Hospital involvement in Quality Improvement (QI) for EMS and prehospital systems is:
  - a. Only required by the Westchester REMAC
  - b. Limited to immediate patient care interactions
  - c. Outlined in various state and federal statutes
  - d. Always completed apart from patient care.
  
5. When should protocol or standard of care violations committed by EMS providers be reported to the Emergency Department Director?
  - a. Only those items listed as a reportable event to the Regional EMS Office
  - b. Any violation of prehospital protocols or standards of care should be reported
  - c. Only if the patient outcome was adversely affected
  - d. Only if the provider is a paramedic performing advanced life support (ALS) interventions
  
6. The establishment of prehospital training / testing, development of policies and protocols, as well as participation in QI reviews are examples of what type of Medical Control?
  - a. On-line Medical Control
  - b. Direct Medical Control
  - c. Off-line Medical Control
  - d. These are not examples of Medical Control activities
  
7. Communicating via radio or in person with EMTs and paramedics providing care to acutely ill or injured patients is considered to be:
  - a. On-line Medical Control
  - b. In-Direct Medical Control
  - c. Off-line Medical Control
  - d. Prospective Medical Control
  
8. Which of the following interventions may be used by an EMT-B only if the agency has notified and/or been approved by the REMAC and the individual provider has been appropriately trained:

- a. Nebulized Albuterol
  - b. Epi-pen (non-prescribed)
  - c. Mark I Kit
  - d. All of the above
9. Under which circumstances can an EMT-I perform ALS skills without requesting paramedic response to the scene?
- a. Communications failure
  - b. If the EMT-I staffed ambulance is within 5 minutes of the hospital
  - c. Never
  - d. There are 2 EMT-I providers on board the ambulance
10. Clinical judgment may be executed by paramedics under which of the following circumstances?
- a. They feel a patient would benefit from care not outlined in the protocols
  - b. A patient does not exactly fit one specific protocol
  - c. They are unable to contact Medical Control
  - d. A “by-stander” physician directs them to perform a skill out-side their scope of practice
11. EMTs respond to a skilled nursing home for an unresponsive person. Upon arrival they find a patient who is not breathing and has no pulse. The EMTs are told that the patient just returned from a stay in the hospital and has a hospital DNR.
- Based on the information above, which of the following choices represents the best decision for the EMTs?
- a. Honor the hospital DNR on the say-so of the staff
  - b. Not honor the DNR order as it was issued in the hospital
  - c. Honor the hospital DNR if provided in writing and it has not expired.
  - d. Not honor the hospital DNR order if it is not signed
12. A Paramedic has arrived at the ED with an unconscious patient who was intubated because he was breathing at a rate of 8 times a minute. The crew is assisting ventilations with the

use of a BVM to increase the rate to 16-20 times a minute. The patient's HR is 60 and he has a BP of 100/70. The patient has an out-of-hospital DNR order that is signed but is greater than 90 days old which the paramedic presents upon arrival.

Which of the following choices most accurately represents the course of action taken by the paramedic?

- a. The paramedic inappropriately intubated a patient with a valid out-of-hospital DNR order.
- b. The paramedic appropriately treated a patient with a valid out-of-hospital DNR who was not in cardiac or respiratory arrest
- c. The paramedic appropriately treated a patient with a non-valid out-of-hospital DNR order
- d. The paramedic inappropriately intubated a patient without contacting calling Medical Control

13. Late one winter day, paramedics contact Medical Control and report that they are on the scene of a cardiac arrest at the county park. The patient is a 45 year old male who hadn't returned from a day of hiking. It took Park Staff approximately 30 minutes to find the patient. The patient was found lying on part of the hiking trail without a jacket in cardiac arrest. There was no sign of trauma. The patient's presenting rhythm was asystole. The paramedics have worked the arrest for 25 minutes with full ACLS without change in ECG. The patient is intubated and being ventilated and oxygenated adequately. The paramedics are requesting Termination of Resuscitation per Regional Paramedic Protocol 15.

This request should be denied per the protocol because:

- a. The arrest hasn't been worked for more than 30 minutes
- b. The patient is under the age of 50
- c. The patient is intubated
- d. The patient is most likely hypothermic

14. The police are asked by a family member to check on the welfare of an elderly resident who had not been reachable by phone for the last 3 hours or more. Upon their arrival the police find the resident in the kitchen unresponsive and without a pulse and immediately request EMS. The police officers begin CPR and place their AED on the patient and receive a “no shock advised” message. Upon the arrival of EMS a couple of minutes later, the EMTs notice when they attempt to insert an OPA that the patient’s jaw and neck are stiff and that there is pronounced lividity to the backs of her legs and torso. The EMTs halt the compressions being performed by the police. They advise the police to contact the Medical Examiner’s Office and inform them that the patient has been pronounced dead.

Based on the above information, the EMTs’ decision was:

- a. Appropriate because the EMTs recognized the signs of obvious death
- b. Inappropriate because the EMTs didn’t continue CPR
- c. Appropriate because the police tried CPR
- d. Inappropriate because a physician didn’t pronounce death

15. Paramedics respond to a local pizza parlor for a child having difficulty breathing. Upon arrival they find a 17 year old male with a history of asthma in acute respiratory distress. The patient does not have a rescue inhaler with him. Per protocol the paramedics administer 2.5 mg nebulized albuterol. Within 5 – 10 minutes after the medication is administered, the patient states he feels much better and does not want to go to the hospital. The paramedic cannot have the patient sign the RMA because:

- a. The patient received medications.
- b. The patient has not spoken with a Medical Control physician
- c. The patient is a minor
- d. The patient’s peak flow hasn’t been taken

16. Paramedics are on the scene of a motor vehicle collision. During their assessment of the patient, an individual approached and identified himself as a local doctor. Although the crew was getting reading to apply a cervical collar and backboard the patient per protocol, the doctor is telling EMS and the patient that this action is not necessary. Due to the location of the accident scene, radio and cell phone communication are spotty at best. At this time the paramedics should:

- a. Accept the “By-stander” Physician’s direction because he is a physician
- b. Accept the “By-stander” physician’s direction if he is willing to sign the Physician Release Form.
- c. Accept the “By-stander” physician’s direction if he is willing to go to the hospital
- d. Not accept the “By-stander” physician’s direction due a lack of clear communication with On-line Medical Control

17. EMTs arrive at the Emergency Department with an 86 year old female patient with a contusion to her right temple. The EMTs report the patient is a non-insulin dependent diabetic who states she became “whoosy” and fell. Patient was awake and alert when EMS arrived. The paramedic, who responded to the scene in a separate vehicle, upon his arrival told the EMTs that it was a BLS call and left the patient in their care without interacting with the patient. This transfer of care was inappropriately conducted because:

- a. On-line Medical Control was not contacted
- b. A full ALS assessment was not conducted and the need for ALS interventions ruled out
- c. The paramedic made patient contact
- d. An ALS RMA was not signed

18. EMTs contact on-line Medical Control at the home of patient who is presenting with signs and symptoms of an acute stroke. Patient has right-sided facial-droop, slurred speech and left sided weakness. The family states that when they saw the patient approximately an hour ago, these signs were not present. The closest facility is roughly 10 minutes away, but that hospital is not a NYS designated Stroke Center. The crew may transport to patient to the closer hospital only if:

- a. The patient has an unmanageable airway or is in cardiac arrest.
- b. Time from onset of signs/symptoms to arrival at a NYS designated Stroke Center will be under 2 hours.
- c. On-line Medical Control so directs
- d. All of the above.

19. Paramedics contact on-line Medical Control while on the scene of a 25 year old male having a severe asthma attack. Nebulized Albuterol and Ipratropium treatments have not been effective. The patient's pulse oximetry was 92% on EMS arrival, but has been falling steadily. Patient has a history of intubation due to asthma. The paramedics are requesting orders to administer Terbutaline and Methylprednisolone per protocol, and indicate that they may have to place an ET if the patient doesn't improve shortly. They also advise you that due to the patient's condition, they are transporting to the closest hospital, 10 minutes away, which is out-of-region, versus the closest regional Medical Control hospital which is 20 minutes in the opposite direction. Based on this information you:

- a. Give the requested orders and tell the paramedics that they must transport to the regional Medical Control facility because they received on-line Medical Control
- b. Give the requested orders and hang up.
- c. Give the requested orders and then contact the out-of-region hospital ER to advise the attending physician of the orders given to the paramedics.
- d. Refuse to give the paramedics the orders and tell them to ask the attending at the out-of-region facility to approve the orders.

20. To obtain and maintain On-line Medical Control Physician credentials in the Westchester Region, a physician must:

- a. Be employed by a regionally designated Medical Control or Special Resource Hospital
- b. Hold a current New York State MD or DO license
- c. Successfully complete a written MC test based on the Paramedic Protocol exam (80% or better)
- d. All of the above