

Medical Control Plan

Developed by the
Westchester Regional Emergency Medical Advisory Committee
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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. 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 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

¹ NY State Department of Health, policy statement 95-1, "Providing Medical Control", May 1995.

² American College of Emergency Physicians, "Medical Direction of Emergency Medical Services", September 1997.

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 must select and identify a service medical director who has been approved by the WREMAC as having met the appropriate credentialing policies and procedures. The service medical director is directly responsible for the medical care provided by 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 (DOH) Rules and Regulations and Article 30 of the New York State Public Health Law.

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 New York State 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.

SECTION 3: PRE-HOSPITAL EMERGENCY MEDICAL CARE - CLASSIFICATION OF LEVELS

The WREMAC recognizes Certified First Responder, Emergency Medical Technician-Basic, Emergency Medical Technician-Intermediate, Emergency Medical Technician-Critical Care and Paramedic levels of NYS certified EMS providers. Each level of certification follows a specific standard of care that is outlined in the NYS and WREMAC protocols. EMT-Critical Care providers, who have successfully completed a pediatric pre-hospital emergency medicine course component in addition to the basic EMT-CC NYS DOH curriculum, and volunteer or are employed by an EMT-I or EMT-P system, may apply for Westchester REMAC credentialing as an EMT-I.

The EMT-Intermediate (EMT-I) program within the Westchester Region is designed for use only as an adjunct within an established EMT-Paramedic (EMT-P) system. EMS agencies providing EMT-I level services have agreed, in writing between the EMT-I agency and the WREMAC, to provide care within an established EMT-P system and have demonstrated such participation by providing written service procedures (EMT-I within existing EMT-P service) or mutual aid agreements between the EMT-I service and the EMT-P service (independent EMT-I services). Since the EMT-I program is specifically designed to enhance an EMS system, but is focused in ALS capability, any EMS agency employing the EMT-I program agrees to utilize an EMT-P (two-tiered priority response with simultaneous dispatch according to the criteria established by the WREMAC and in accordance with the criteria published in the New York State Department of Health EMS Program Statewide Basic Life Support Adult and Pediatric Protocols (rev. 1996). It is suggested that EMT-I services utilize an automatic external defibrillator (AED).

SECTION 4:

WESTCHESTER REGIONAL EMERGENCY MEDICAL CARE PROVIDERS – REQUIREMENTS AND RECOMMENDATIONS

1. Certified First Responder:
 - Required to meet and maintain all qualifications and competency areas as required by the New York State DOH policy statement 00-09 and part 800 of the EMS code;
 - Required to maintain training and competency for any agency based special procedures (ie AED, Epi-Pen)
 - Recommended to maintain current CPR 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 and part 800 of the EMS code;
 - Required to maintain training and competency for any agency based special procedures (ie AED, Epi-Pen, nebulized Albuterol administration)
 - Recommended to maintain current CPR certification.
3. Emergency Medical Technician-Intermediate (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 and part 800 of the EMS code;
 - Required to maintain current WREMAC credentials as an EMT-I;
 - Required to maintain training and competency for any agency based special procedures (ie Epi-Pen, nebulized Albuterol administration)
 - Recommended to maintain current CPR and PHTLS or BTLIS certification 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 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, Mark I kit administration)
 - Recommended to maintain current CPR, ACLS, PALS and PHTLS or BTLS certifications or equivalent certifications approved by the WREMAC

SECTION 5:
ALS AMBULANCE SERVICE – REQUIREMENTS

Any ambulance service that intends to provide ALS services 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. 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:

1. Must be certified by New York State Department of Health.
2. Meet all requirements of the New York State EMS Code part 80 and part 800.5.
3. 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.
4. Services with a level of pre-hospital emergency medical care classification below EMT-P (Paramedic) must utilize an EMT-P (Paramedic) two-tiered priority response system with a simultaneous dispatch system.
5. Must utilize current WREMAC approved patient care protocols and coordinate direct medical control with an authorized Westchester Regional Medical Control Hospital.
6. Must identify an authorized WREMAC approved Medical Director to oversee service operations.
7. Participate in the WREMAC Quality Improvement Program and Continuing Medical Education Program.
8. Maintain appropriate and current state, regional and local certification and requirements for all personnel, services, and equipment.
9. 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.

SECTION 6 :
HOSPITALS - CLASSIFICATIONS

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:

- Dobbs Ferry Community Hospital
- Hudson Valley Hospital Center
- Lawrence Hospital
- Mt. Vernon Hospital
- Northern Westchester Hospital Center
- Phelps Memorial Hospital Center
- Sound Shore Medical Center
- St. Agnes Hospital
- St. John's Riverside Hospital
- St. Joseph's Medical Center
- New York United Hospital 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.

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. Since these facilities are located outside of the

Westchester Region, they cannot be held to the same definitions and requirements delineated for Regional Receiving Hospitals and may not be considered for Medical Control Hospital status.

Receiving Hospitals outside of the Westchester Region:

- **Hudson Valley Region**
 - Putnam Hospital
 - Nyack Hospital (Trauma Center)
- **Western Connecticut**
 - Greenwich Hospital
 - Danbury Hospital (Trauma Center)
 - *Norwalk Hospital*
- **New York City Region**
 - Jacobi Medical Center (Trauma/Burn Center)
 - *Our Lady of Mercy Medical Center*
 - *Montefiore Medical Center (Reimplantation)*

SECTION 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.

SECTION 8 :
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.

SECTION 9 :
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 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 thorough knowledge of and strong dedication to the support and improvement of emergency medical services.

SECTION 10 :

MEDICAL CONTROL HOSPITAL MEDICAL DIRECTOR – RESPONSIBILITIES

The Medical Director will:

1. Maintain Knowledge levels appropriate for an EMS 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.

SECTION 11 :

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.

S E C T I O N 1 2 :

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 squad related activities, policies, procedures, etc.