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References	Effective 04/15/86

I. POLICY

Prehospital advanced life support may only be provided under the supervision of authorized Base Hospital physicians (Health & Safety Code Section 1797-1799, Division 2.5).

II. DEFINITIONS OF MEDICAL CONTROL

Medical control of an Emergency Medical Services System means appropriate physician involvement in all levels of EMS planning, administration and ongoing evaluation of the EMS system. Specifically, establishing intravenous lines, administering intravenous medications, and electrical defibrillation or cardioversion requires specific physician orders. Multiple participants are involved in medical control. These participants are sometimes off-line and sometimes on-line. On-line medical control involves specific interaction with the case as it occurs. Off-line medical control involves the planning and the later evaluation of that case. Medical control has been mandated by the Health & Safety Code, Section 1798, to involve prospective, immediate and retrospective methods of medical control.

III. DESCRIPTION OF THE ACTIVE PARTICIPANTS IN MEDICAL CONTROL

Medical control is a complex and wide ranging activity involving many individuals. It is not feasible to assign the task to only one or two individuals within a single system. The involved parties include:

A. State EMS Authority - The Garamendi-Torres Act - Health & Safety Code Division 2.5, creates a State EMS Authority Director which is a position filled by a physician with substantial experience in the practice of emergency medicine. Under the direction of this individual, the State EMS Plan is to evolve including State standards and guidelines. Any local program will need to follow these guidelines in order to achieve the required State approval.

B. Local EMS Agency - The Health Services Agency has been appointed by the appropriate Board of Supervisors as the local EMS agency to provide oversight in Fresno, Kings, Madera and Tulare Counties. By virtue of this, the Director of Health for each County is ultimately responsible for the EMS System.

C. Health Officer - The County Health Officer has the authority to develop overall plans, policies and standards to assure that appropriate standards of health care are maintained within the County.

Approved By			Revision
EMS Division Manager	DANIEL J. LYNCH	(Signature on File at EMS Agency)	07/20/02
EMS Medical Director	JIM ANDREWS, M.D.	(Signature on File at EMS Agency)	

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D. Medical Director, EMS Agency - According to the Health and Safety Code, the EMS Medical Director is primarily responsible for the medical control of the local EMS System (Health & Safety Code Division 2.5, Chapter 5), including certification of personnel (EMT, Paramedic, MICN, Base-Hospital Physician and EMS Dispatcher). Such medical control is to be maintained:

1. Prospectively - by written medical policies and procedures to provide standards for patient care (Health & Safety Code Section 1798).

2. Immediately - by direct voice communication between a certified EMT, Paramedic, and Base Hospital Emergency Physician or an, authorized registered nurse (MICN). In the event of temporary unavailability of voice communications, by utilization of authorized, written orders and policies established pursuant to Health & Safety Code Section 1798.

3. Retrospectively - by means of medical audit of field care and continuing education (Health & Safety Code Section 1798).

E. Assistant Medical Director, EMS Division - The Assistant Medical Director is responsible for aiding the EMS Medical Director in the provision of medical control for the EMS System. These tasks include, but are not limited to, training, quality improvement, and policy development. If the EMS Medical Director is unavailable, the Assistant Medical Director may function as the EMS Medical Director on a temporary basis.

F. Medical Control Committee - The Medical Control Committee is the primary body to advise the Medical Director on issues of medical control. Committee membership consists of the Base Hospital Medical Director from each of the Base Hospitals, a representative from the Medical Society, the Assistant EMS Medical Director and the EMS Medical Director, who shall serve as Chairman. Additional membership to the committee is at the discretion of the EMS Medical Director. The Regional Medical Director participates as a non-voting member of this committee to facilitate discussion of Regional and State issues of medical control.

G. Base Hospital EMS Medical Director - Each Base Hospital shall designate a Base Hospital EMS Medical Director. This physician is primarily responsible for the medical direction of prehospital care as it originates from that particular Base Hospital. Such medical direction shall be consistent with the minimal standards adopted by the State EMS Authority as well as the policies and procedures established and implemented by the local EMS agency (Health & Safety Code Section 1798.2).

H. Base Hospital Physicians - These on-line physicians are responsible for the medical control of prehospital care given on a case-by-case basis. Base Hospital Physicians are certified by the EMS Agency periodically (certification is contingent upon completion of certification criteria, including written and skills testing – EMS Policy #152).

I. Mobile Intensive Care Nurses (MICN) - Certified Mobile Intensive Care Nurses work at Base Hospitals under the direction of the on-duty Base Hospital Physician and the Base Hospital EMS Medical Director. They participate in the on-line medical direction of paramedics in the field, consistent with established treatment protocols.

J. Prehospital Liaison Nurses - Each Base Hospital shall appoint a Prehospital Liaison Nurse who shall assist the Base Hospital EMS Medical Director with Base Hospital medical control responsibilities.

K. Community Physician - Physicians in the community interact with the EMS System on a daily basis. However, by State statute, they cannot give advanced life support orders to paramedics since such orders need to come from a Base Hospital Physician or MICN. The input of community physicians is continuously needed for ongoing evaluation and improvement of the system.

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L. Fresno-Madera Medical Society - The Fresno-Madera Medical Society's purpose is to promote and develop the science of medicine. The Medical Society and its EMS Committee are advisory groups to the Medical Director for purposes of medical policy making for the system.

M. Emergency Medical Care Committee - The EMCC is established by State law. Its Composition is broad based in the EMS community with a small minority of its members being physicians. Therefore, its input is broad and not necessarily primarily medical. The EMCC is an advisory body to the Board Of Supervisors and the EMS Agency on matters involving EMS and the community.

N. Trauma Audit Committee - The Regional Trauma Audit Committee is an advisory committee to the Health Services Agency on issues related to trauma care. The membership is broad based and represents the participants in the trauma care system and the local medical community.

IV. SPECIFIC TASKS AND TOOLS OF MEDICAL CONTROL

A wide range of tasks needs to be accomplished in order to achieve adequate medical control of the system. These tasks are broadly separated into prospective, immediate, and retrospective tasks. As each is described, it is assigned to a particular individual or group.

A. Prospective

1. Policies and Procedures - While some policies and procedures are purely administrative, the vast majority have at least some medical content. Therefore, the EMS Medical Director and EMS Division Manager review policies and procedures and are responsible for their administration. This is done with the input of appropriate advisory committees whenever possible.

2. Treatment Protocols - The content of the medical treatment protocols is the primary responsibility of the Medical Control Committee and the EMS Medical Director. A panel of specific specialists shall be consulted when appropriate.

3. Standards for Certification of Individual Participants in the System (EMTs, Paramedics, MICNs, Base Hospital Physicians and EMS Dispatchers) - The standards include certification, recertification, decertification, etc. These standards are based upon State regulation and are the responsibility of the EMS Medical Director with the advice of the Medical Control Committee and other advisory groups.

4. Standards and Criteria for Institutional Participants in the EMS System (Base Hospitals and Provider Agencies) - These criteria require the approval of the Medical Control Committee and the Medical Director.

5. Standards of Care for the EMS System - Establishment of the standard of care is the responsibility of the EMS Medical Director and Medical Control Committee via treatment protocols and other policies. Specific standards include, but are not limited to, number and distribution of advanced life support units, expected response times, unit staffing.

6. Training - Medical control of all EMS training in Fresno/Kings/Madera/Tulare Counties is required. These tasks are primarily assigned to the Assistant EMS Medical Director, and include review of all educational objective curriculum, and major tests including skills tests, to ensure consistency with the medical content goals of State regulation and the Medical Control Committee. Additionally, the Assistant EMS Medical Director participates in skills test administration, assists in the selection of the training staff, and approves training program graduates for certification, upon the recommendation of the EMS Agency.

7. Selection of EMS Staff - The EMS Medical Director shall participate in selection of major EMS Agency Staff.

8. Certification - Certification of individual participants in the system is the responsibility of the EMS Medical Director based on State regulations and criteria established by the EMS Agency, which are approved by the EMS Medical Director and the Medical Control Committee.

B. Immediate

1. Voice Contact - The Health and Safety Code 1797 requires that advanced life support be given while in voice contact with a Base Hospital. The advanced life support given prior to voice contact is defined in the appropriate treatment protocol. Treatment by written protocols instead of during base contact is limited to those situations where voice contact cannot be established or maintained. By law, the voice contact must be with a Base Hospital Physician or Mobile Intensive Care Nurse.

2. MICN on the Scene - The primary function of a certified Mobile Intensive Care Nurse (MICN) while in the field is to observe. The MICN will assist with the medical care of the patient under the following circumstances:

   (1) upon the request of the Paramedic
   (2) when the MICN feels that the patient is being mismanaged. In this case, the MICN will intervene by presenting his/her views to the Base Hospital Physician over the radio. This will be followed by a written quality improvement report within 24 hours. In the event of communication failure, advanced life support orders are to remain consistent with the current county protocols.

3. In Physician's Office - Refer to EMS Policy #554.

4. Physician on the Scene - Refer to EMS Policy #555.

C. Retrospective

1. Prehospital Care Reports - A significant portion of all prehospital care reports shall be retrospectively reviewed. This review may occur during the review of a call by the Base Hospital (along with tapes and hospital records) and/or by the EMS Agency during a random audit of prehospital records.

2. Tape Reviews - Tape recordings of mobile unit to Base Hospital conversations will be reviewed on a regular basis by all Base Hospitals. This is primarily the responsibility of the Base Hospital Medical Director and may be delegated to the Prehospital Liaison Nurse.

3. Quality Improvement Reports - Quality Improvement Reports may be initiated by any member of the EMS System. They will be forwarded to the EMS Agency for action. Any Quality Improvement Report which cannot finally be resolved between the EMS Medical Director and the appropriate Base Hospital EMS Medical Director shall be brought to the Medical Control Committee for review and action.

4. Statistical Review of Outcome - The outcome of prehospital intervention by the EMS System needs to be reviewed in an ongoing fashion. This review is primarily the responsibility of the EMS Medical Director based upon data accumulated by the EMS Agency.

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V. SPECIAL SERVICES

A. All Helicopter Ambulance Services shall be approved by the Board of Supervisors prior to advertisement and operation of the program. An air ambulance is any vehicle specially designed, equipped and staffed to be operated for the transport of sick or injured patients.

B. Trauma System - The Board of Supervisors has authorized the implementation of a trauma care system. The responsibility for development and implementation has been designated to the Health Services Agency. The Health Services Agency utilizes a Trauma Audit Committee to aid in the development and review of the trauma care system.