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|  | <b>COUNTY OF SACRAMENTO</b><br><b>EMERGENCY MEDICAL SERVICES AGENCY</b> | <b>Document #</b>          | <b>2200.22</b>  |
|   | <b>PROGRAM DOCUMENT:</b><br><br><b>Medical Oversight</b>                | <b>Initial Date:</b>       | <b>08/10/93</b> |
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

- A. To describe medical oversight.
- B. To describe the philosophy of medical oversight utilized by Sacramento County Emergency Medical Services Agency (SCEMSA).

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Policy:**

- A. Direct Medical Oversight (DMO)
  1. Shall be extended to any SCEMSA-accredited Paramedic that is functioning in the out-of-hospital setting within the EMS system by SCEMSA-designated base hospitals.
  2. Shall be extended to any Paramedic student of an approved Paramedic training program that is functioning in the out-of-hospital setting within the EMS system by SCEMSA designated base hospitals.
  3. Shall be extended to any SCEMSA-accredited Paramedic that is functioning in a stand-by capacity at a special event as part of the out-of-hospital setting within the EMS system by SCEMSA-designated base hospitals.
  4. Shall be extended, on a humanitarian basis, to any State-certified Paramedic, not accredited by SCEMSA, while at the scene of a medical emergency or during transport, or during interfacility transfer contacts a SCEMSA designated base hospital. The orders given shall not exceed the Paramedic's accredited scope of practice from the local EMS agency of origin.
  5. This policy shall not limit or make null and void any contractual arrangements made between a SCEMSA-designated base hospital and other local EMS agencies in the offering of DMO.
  6. ALS provider agencies are not assigned to any individual base hospital for DMO. ALS provider agencies derive their DMO from the EMS system.
  7. Shall be utilized in the following situations:
    - a. whenever the Paramedic wishes to utilize a base hospital;
    - b. when the protocol indicates base hospital or base physician orders only;
    - c. when the patient's complaint does not match a protocol;
    - d. when the Paramedic wishes to deviate from a protocol, this is a base hospital physician order only.

B. Standing Orders (SO):

1. SOs shall be utilized only after an assessment has been performed and clinical indications are present to initiate an ALS level of service as directed by an effective program document or ALS Criteria.
2. SOs are both approved and authorized orders by the EMSMD and require no base hospital contact or DMO to implement. When SOs are utilized, the Paramedic shall contact the receiving hospital with a notification report prior to arrival.

C. Base Hospital Orders (BHO):

1. BHOs are protocol-driven orders from SCEMSA policies that can only be given by currently certified MICNs or Base Hospital Physicians (BHP).
2. MICNs shall only give BHOs that have been authorized and contained in effective program documents by SCEMSA.
3. Once a BHO is given, it is applicable to all Paramedics involved in the care of the patient(s).

D. Base Physician Orders (BPO):

1. BPOs are physician orders given by a BHP outside of existing SCEMSA policy/protocols but must be within medic Standard Operating Procedures (SOP).
2. BPOs must be approved by a BHP but can be communicated to the medics by the MICN.
3. This order shall not exceed the SCEMSA SOP or the State of California SOP, whichever has the broadest scope.
4. Once a BPO is given, it is applicable to all Paramedics involved in the care of the patient(s).

**Cross Reference:** PD# 2060 – Hospital Services Program Document  
PD# 2221 – Paramedic Scope of Practice  
PD# 2525 – Prehospital Notification