

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2200.20
	<u>PROGRAM DOCUMENT:</u> Medical Oversight	Initial Date:	08/10/93
		Last Approved Date:	06/10/21
		Effective Date:	07/01/22
		Next Review Date:	06/01/23

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

Definitions:

- A. **EMS Medical Director-(EMSMD):** “Every local EMS agency shall have a full or part-time licensed physician and surgeon as medical director, who has substantial experience in the practice of emergency medicine, as designated by the county or by the joint powers agreement, to provide medical control and to assure medical accountability throughout the planning, implementation and evaluation of the EMS system.”
- B. **Medical Oversight:** The medical direction and management of an emergency medical services (EMS) system shall be under the medical oversight of the medical director of SCEMSA.
- C. **Direct Medical Oversight (DMO):** Medical oversight that is rendered by direct voice contact between either a base hospital physician or mobile intensive care nurse (MICN) and a Paramedic that has been authorized by the EMSMD. DMO extends to medical license to treat patients from the on-duty base hospital physician to the Paramedic.
- D. **Indirect Medical Oversight (IMO):** Medical oversight that is rendered by Paramedics utilizing effective program documents. IMO extends to medical license to treat patients from the EMSMD to the Paramedics.
- E. **Advanced Life Support:** All services rendered by a Paramedic that are approved expansions to the State of California Scope of Practice for Paramedics by the SCEMSA and the State of California Scope of Practice for Paramedics.
- F. **Base Hospital Physician (BHP):** “Base hospital physician means a physician and surgeon who is currently licensed in California, who is assigned to the emergency department of a base hospital, and who has been trained to issue advice and instruction to prehospital emergency medical care personnel consistent with statewide guidelines established by the authority.”
- G. **Base Hospital Medical Director (BHMD):** A designated Paramedic base hospital shall: designate a Paramedic base hospital medical director who shall be a physician on the hospital staff, licensed in the State of California. This physician shall be regularly

assigned to the emergency department, have experience in and knowledge of base hospital radio (voice contact) operations and SCEMSA policies and procedures, and shall be responsible for functions of the base hospital including quality improvement as designated by the medical director of SCEMSA.

- H. **Base Hospital (BH):** An acute care hospital that has been designated by SCEMSA to provide DMO to Paramedics. The base hospital shall have a written contractual agreement to provide DMO per the policies established by SCEMSA.
- I. **Mobile Intensive Care Nurse (MICN):** A registered nurse who is functioning pursuant to Section 2725 of the Business and Professions Code and who has been authorized by the medical director of SCEMSA as qualified to provide prehospital advanced life support or to issue instructions to prehospital emergency medical care personnel within an EMS system according to standardized procedures developed by the local EMS agency consistent with statewide guidelines established by the authority.”
- J. **EMS Liaison Nurse (ELN):** Identify a MICN if utilized by the local EMS system, with experience in and knowledge of base hospital radio operations and local EMS agency policies and procedures as a prehospital liaison to assist the base hospital medical director in the medical direction and supervision of the paramedics.”
- K. **Receiving Hospital:** An acute care hospital, with a permit for basic or comprehensive emergency service, as determined by SCEMSA. This hospital is being utilized as part of the emergency medical services system.
- L. **Destination Hospital:** A hospital, base or receiving, to which the Paramedic unit is delivering the patient.
- M. **EMS Liaison Officer (ELO):** See program document 4003.
- N. **EMT-P Scope of Practice (SOP):** The State of California scope of practice that is approved for utilization by accredited Paramedics by SCEMSA. See program document # 2221.
- O. **Paramedic Expanded Scope of Practice (Optional):** The State of California undefined scope of practice that is approved by the EMS Authority and SCEMSA for utilization by accredited Paramedics. See program document 2221 for list of procedures and drugs. "Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use, in the professional judgment of the medical director of the local EMS agency, that have been approved by the Director of the Emergency Medical Services Authority when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications."
- P. **Base Physician Order (BPO):** An order given by a BHP who is in voice contact with a Paramedic. This order may be given directly by the physician or through an MICN.
- Q. **Base Hospital Order (BHO):** An order given by a Base Hospital Physician or a SCEMSA certified MICN [per effective SCEMSA program documents] who is in voice contact with a Paramedic.
- R. **Standing Order (SO):** The medical director of SCEMSA may approve policies and procedures allowing the Paramedic to initiate any Paramedic activity without voice contact for [direct] medical direction from a physician or mobile intensive care nurse, provided that quality assurance measures are in place.

- S. **Medical Consultation Report:** A report by the Paramedic to establish direct medical oversight with a designated base hospital.
- T. **Notification Report:** A report by the Emergency Medical Technician (EMT) or Paramedic informing a receiving hospital of the patient's pending arrival, complaint and prehospital treatment. The notification report shall not constitute establishing direct medical oversight unless the MICN or base hospital physician extends medical oversight to the Paramedic.

Policy:

A. Direct Medical Oversight:

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 requires 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 which can only be given by currently certified MICN's or 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:

1. BPOs are physician orders given by a BHP outside of existing SCEMSA policy/protocols, but which 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