



San Benito County Emergency Medical Services Agency

EMS MEDICAL CONTROL

Policy : 1000
Effective : May 1, 2010
Reviewed : May 1, 2010

I. Purpose

To define and set the guidelines for medical control for San Benito County's Emergency Medical Services System.

II. Procedure

The Medical Director of the San Benito County EMS Agency shall establish and maintain medical control in the following manner:

- A. Prospectively, by assuring the development of written medical policies and procedures to include at a minimum:
 1. Treatment protocols that encompass the paramedic scope of practice.
 2. Medical control policies and procedures as they pertain to the paramedic base hospital, paramedic service providers, paramedic personnel, patient destination, and the local EMS Agency.
 3. Criteria for initiating specified emergency treatments on standing orders or for use in the event of communication failure.
 4. Criteria for initiating specified emergency treatments prior to voice contact.
 5. Requirements to be followed when it is determined that the patient will not require transport to the hospital by ambulance or when the patient refuses transport.
 6. Requirements for the initiation, completion, review, evaluation, and retention of a patient care record. These requirements shall address but not be limited to:
 - Initiation of a record for every patient response.

- Responsibilities for record completion.
 - Record distribution to include EMS Agency, receiving hospital, paramedic base hospital, and paramedic service provider.
 - Responsibilities for record review and evaluation.
 - Responsibilities for record retention.
- B. Establish policies which provide for direct voice communication between a paramedic and a base hospital physician or mobile intensive care nurse as needed.
- C. Retrospectively, by providing for organized evaluation and continuing evaluation for paramedic personnel. This shall include but not be limited to:
1. Review by a base hospital physician or mobile intensive care nurse of the appropriateness and adequacy of paramedic procedures initiated and decisions regarding transport.
 2. Maintenance of records of communications between the service provider(s) and the base hospital through tape recordings and through emergency department communication logs sufficient to allow for medical control and continuing education of the paramedic.
 3. Organized field care audit(s).
 4. Organized opportunities for continuing education including maintenance and proficiency of skills.

III. AUTHORITY

California Health & Safety Code Sections 1797.90, 1797.202, 1798; California Code of Regulations, Title 22, Article 5 "Local Responsibilities," Sections 100218 - 100228