Designation: F1149 – 22

Standard Practice for Qualifications, Responsibilities, and Authority of Individuals and Institutions Providing Medical Direction of Emergency Medical Services[1]

This standard is issued under the fixed designation F1149; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

1. Scope

1.1 This practice covers the qualifications, responsibilities, and authority of individuals and institutions providing medical direction of emergency medical services.

1.2 This practice addresses the qualifications, authority, and responsibility of a Medical Director (off-line) and the relationship of the EMS (Emergency Medical Services) provider to this individual.

1.3 This practice also addresses components of on-line medical direction (direct medical control) including the qualifications and responsibilities of on-line medical physicians and the relationship of the pre-hospital provider to on-line medical direction.

1.4 This practice addresses the relationship of the on-line medical physician to the off-line Medical Director.

1.5 The authority for control of medical services at the scene of a medical emergency is addressed in this practice.

1.6 The requirements for a Communication Resource are also addressed within this practice.

1.7 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the Development of International Standards, Guides and Recommendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.*

2. Referenced Documents

2.1 *ASTM Standards:*[2]

F1031 Practice for Training the Emergency Medical Technician (Basic)

F1086 Guide for Structures and Responsibilities of Emergency Medical Services Systems Organizations

3. Terminology

3.1 *Definitions of Terms Specific to This Standard:*

3.1.1 *communication resource*—an entity responsible for implementation of direct medical control. (Also known as medical control resource.)

3.1.2 *delegated practice*—only physicians are licensed to practice medicine; pre-hospital providers must act only under the medical direction of a physician.

3.1.3 *direct medical control*—when a physician or authorized communication resource personnel, under the direction of a physician, provides immediate medical direction to pre-hospital providers in remote locations. (Also known as on-line medical direction.)

3.1.4 *emergency medical services system (EMSS)*—all components needed to provide comprehensive pre-hospital and hospital emergency care including, but not limited to: Medical Director, transport vehicles, trained personnel, access and dispatch, communications, and receiving medical facilities.

3.1.5 *intervener physicians*—a licensed M.D. or D.O., having not previously established a doctor/patient relationship with the emergency patient and willing to accept responsibility for a medical emergency scene, and can provide proof of a current medical license.

3.1.6 *medical direction*—when a physician is identified to develop, implement, and evaluate all medical aspects of an EMS system. (*syn.* medical accountability.)

3.1.7 *medical director off-line*—a physician responsible for all aspects of an EMS system dealing with provision of medical care. (Also known as System Medical Director.)

3.1.8 *on-line medical physician*—a physician immediately available, when medically appropriate, for communication of medical direction to non-physician pre-hospital providers in remote locations.

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[2] For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

3.1.9 *pre-hospital provider*—all personnel providing emergency medical care in a location remote from facilities capable of providing definitive medical care.

3.1.10 *protocols*—standards for EMS practice in a variety of situations within the EMS system.

3.1.11 *standing orders*—strictly defined written orders for actions, techniques, or drug administration when communication has not been established with an on-line physician.

4. Significance and Use

4.1 Implementation of this practice will ensure that the EMS system has the authority commensurate with the responsibility to ensure adequate medical direction of all pre-hospital providers, as well as personnel and facilities that meet minimum criteria to implement medical direction of pre-hospital services.

4.1.1 The state will develop, recommend, and encourage use of a plan that would ensure the standards outlined in this document can be implemented as appropriate at the local, regional, or state level (see Guide F1086).

4.1.2 This practice is intended to describe and define responsibility for medical directions during transfers. It is not intended to determine the medical or legal, or both, appropriateness of transfers under the Consolidated Omnibus Budget Reconciliation Act and other similar federal or state laws, or both.

5. Medical Director

5.1 *Position*—System Medical Director (off-line Medical Director).

5.1.1 Each EMS system shall have an identifiable Medical Director who, after consultation with others involved and interested in the system, is responsible for the development, implementation, and evaluation of standards for provision of medical care within the system.

5.1.1.1 All pre-hospital providers (including EMT (Emergency Medical Technician) basics) shall be medically accountable for their actions and are responsible to the Medical Director of the EMS agency (local, regional, or state) that approves their continued participation.

5.1.1.2 All pre-hospital providers, with levels of certification above EMT basic, shall be responsible to an identifiable physician who directs their medical care activity.

5.1.2 The Medical Director shall be appointed by and accountable to the appropriate EMS agency in accordance with Guide F1086.

5.2 *Requirements of a Medical Director:*

5.2.1 The medical aspects (see 5.3) of an emergency medical service system shall be managed by physicians who meet the following requirements:

5.2.1.1 Licensed physician, M.D. or D.O.

5.2.1.2 Experience in, and current knowledge of, emergency care of patients who are acutely ill or traumatized.

5.2.1.3 Knowledge of and access to local mass casualty plans.

5.2.1.4 Familiarity with Communication Resource operations where applicable, including communication with and direction of pre-hospital emergency units.

5.2.1.5 Active involvement in the training of pre-hospital personnel.

5.2.1.6 Active involvement in the medical audit, review, and critique of medical care provided by pre-hospital personnel.

5.2.1.7 Knowledge of the administrative and legislative process affecting the local, regional, or state pre-hospital EMS system, or combinations thereof.

5.2.1.8 Knowledge of laws and regulations affecting local, regional, and state EMS.

5.3 Authority of a Medical Director includes but is not limited to:

5.3.1 Establishing system-wide medical protocols (including standing orders) in consultation with appropriate specialists.

5.3.2 Recommending certification or decertification of non-physician pre-hospital personnel to the appropriate certifying agencies.

5.3.2.1 Every system shall have an appropriate review and appeals mechanism, when decertification is recommended, to ensure due process in accordance with law and established local policies. The Director shall promptly refer the case to the appeals mechanism for review, if requested.

5.3.3 Requiring education to the level of approved proficiency for personnel within the EMS system. This includes all pre-hospital personnel, EMTs at all levels, pre-hospital emergency care nurses, dispatchers, educational coordinators, and physician providers of on-line direction (see Practice F1031).

5.3.4 Suspending a provider from medical care duties for due cause pending review and evaluation.

5.3.4.1 Because the pre-hospital provider operates under the license (delegated practice) or direction of the Medical Director, the director shall have ultimate authority to allow the pre-hospital provider to provide medical care within the pre-hospital phase of the EMS system.

5.3.4.2 Whenever a Medical Director makes a decision to suspend a provider from medical care duties, the process shall be prescribed by previously established criteria.

5.3.5 Establishing medical standards for dispatch procedures to ensure that the appropriate EMS response unit(s) are dispatched to the medical emergency scene when requested and the duty to evaluate the patient is fulfilled.

5.3.6 Establishing under what circumstances non-transport might occur.

5.3.6.1 All decisions by pre-hospital providers regarding non-transport shall be based on defined protocol or on-line communications.

5.3.6.2 Develop a procedure for record keeping when the reason for non-transport was the result of a patient's refusal, including the appropriate forms and review process.

5.3.7 Establishing under which circumstances a patient may be transported against his or her will in accordance with state law, including procedure, appropriate forms, and review process.

5.3.8 Establishing criteria for level of care and type of transportation to be used in pre-hospital emergency care (that is, advanced life support versus basic life support, ground, air, or specialty unit transportation).

5.3.9 Establishing criteria for selection of patient destination.

5.3.10 Establishing educational and performance standards for Communication Resource personnel.

5.3.11 Establishing operational standards for Communication Resource.

5.3.12 Conducting effective system audit and quality assurance.

5.3.12.1 The Medical Director shall have access to all relevant EMS records needed to accomplish this task. These documents shall be considered quality assurance documents and shall be privileged and confidential information.

5.3.13 Ensuring the availability of educational programs within the system and that they are consistent with accepted local medical practice.

5.3.14 May delegate portions of his or her duties to other qualified individuals.

6. Direct Medical Control (On-Line Medical Direction)

6.1 *The Practice of Direct Medical Control:*

6.1.1 On-line medical direction capabilities shall exist and be available within the EMS system, unless impossible due to distance or geographic considerations.

6.1.1.1 All pre-hospital providers above the certification of EMT-basic shall be assigned to a specific on-line communication resource by a predetermined policy.

6.1.2 Specific local protocols shall exist which define those circumstances under which on-line medical direction is required.

6.1.3 On-line medical direction is the practice of medicine and all orders to the pre-hospital provider shall originate from or be under the direct supervision and responsibility of a physician.

6.1.4 The receiving hospital shall be notified prior to the arrival of each patient transported by the EMS system unless directed otherwise by local protocol.

6.2 *The On-Line Medical Physician:*

6.2.1 This physician shall be approved to serve in this capacity by the system Medical Director (off-line).

6.2.1.1 This physician shall have received education to the level of proficiency approved by the off-line Medical Director for proper provision of on-line medical direction, including communications equipment, operation, and techniques.

6.2.1.2 This physician shall be appropriately trained in pre-hospital protocols, familiar with the capabilities of the pre-hospital providers, as well as local EMS operational policies and regional critical care referral protocols.

6.2.2 This physician shall have demonstrated knowledge and expertise in the pre-hospital care of critically ill and injured patients.

6.2.3 This physician assumes responsibility for appropriate actions of the pre-hospital provided to the extent that the on-line physician is involved in patient care direction.

6.2.4 The on-line physician is responsible to the system Medical Director (off-line) regarding proper implementation of medical and system protocols.

7. Authority for Control of Medical Services at the Scene of Medical Emergency

7.1 *General:*

7.1.1 Control of a medical emergency scene shall be the responsibility of the individual in attendance who is most appropriately trained and knowledgeable in providing pre-hospital emergency stabilization and transport.

7.1.2 When an advanced life support (ALS) squad, under medical direction, is requested and dispatched to the scene of an emergency, a doctor/patient relationship has been established between the patient and the physician providing medical direction.

7.1.3 The pre-hospital provider is responsible for the management of the patient and acts as the agent of medical direction.

7.2 *Patient's Private Physician Present:*

7.2.1 When the patient's private physician is present and assumes responsibility for the patient's care, the pre-hospital provider should defer to the orders of the private physician if they do not conflict with established system protocols and the private physician documents the orders in a manner acceptable to the EMS system.

7.2.2 The Communication Resource shall be contacted for record keeping purposes to notify the on-line medical physician.

7.2.3 When the medical orders of the private physician differ from system protocol, the Communication Resource shall be contacted and the private physician placed in communication with the on-line physician. If the private physician and the on-line physician are unable to agree on treatment, the private physician must either continue to provide direct patient care and accompany the patient to the hospital, or defer all remaining care to the on-line physician.

7.2.4 The pre-hospital provider's responsibility reverts to the systems Medical Director or on-line medical direction any time the private physician is no longer in attendance.

7.3 *Intervener Physician Present and Non-Existent On-Line Medical Direction:*

7.3.1 When an intervener physician has been satisfactorily identified as a licensed physician and has expressed his or her willingness to assume responsibility and document his or her intervention in a manner acceptable to the local emergency medical services system (EMSS), the pre-hospital provider should defer to the orders of the physician on the scene if they do not conflict with system protocols.

7.3.2 If treatment by the intervener physician at the emergency scene differs from that outlined in a local protocol, the physician shall agree in advance to assume responsibility for care, including accompanying the patient to the hospital.

7.3.3 In the event of a mass casualty incident or disaster, patient care needs may require the intervener physician to remain at the scene.

7.4 *Intervener Physician Present and Existent On-Line Medical Direction:*

7.4.1 If an intervener physician is present and on-line medical direction does exist, the on-line physician should be contacted and the on-line physician is ultimately responsible.