

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 377

## **SUBJECT: EMT OPTIONAL SKILL: BASE HOSPITAL MEDICAL CONTROL REQUIREMENTS**

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### **PURPOSE:**

To establish the requirements and standards for base/modified base hospital medical control of EMT optional skill accredited EMT personnel. The EMT optional skills available in the S-SV EMS region are:

- A. Esophageal-tracheal airway device (ETAD),
- B. King Airway device,
- C. Administration of epinephrine by auto-injector for suspected anaphylaxis &/or severe asthma, or
- D. Administration of atropine and pralidoxime chloride by auto-injector (Mark-I / DuoDote Kit) or preloaded syringe for nerve agent exposure.

### **AUTHORITY:**

California Health and Safety Code, Division 2.5, Sections 1797.200, 1798, 1798.2 and 1798.104.

California Code of Regulations, Title 22, Chapter 2, Section 100064.

### **PROCEDURE:**

#### **Medical Control:**

The EMT optional skill designated base/modified base hospital shall provide medical control for EMT personnel accredited in any of the S-SV EMS Agency EMT optional skills. This shall include the following:

- A. Appointment of a physician medical director. A registered nurse / paramedic may assist the medical director with responsibilities of monitoring the EMT optional skill.
- B. Review all Patient Care Report (PCR) forms of all EMT optional skill contacts for compliance to S-SV policy/procedure. Follow-up action will be referred to the EMT optional skill service provider and the S-SV EMS Agency, as needed.

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**Effective Date: 07/01/2010**

**Date last Reviewed / Revised: 06/10**

**Next Review Date: 06/2013**

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**Approved:**

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**SIGNATURE ON FILE**  
S-SV EMS Medical Director

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**SIGNATURE ON FILE**  
S-SV EMS Regional Executive Director

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MEDICAL CONTROL REQUIREMENTS**

**BASE HOSPITAL**

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- C. Provide assistance with periodic training, skill's proficiency demonstrations, organized field care audits, structured clinical experience and continuous quality improvement in compliance with S-SV EMS policy.

**CROSS REFERENCES:**

Policy and Procedure Manual

EMT Optional Skill: Service Provider Application, Approval Process and Requirements and Responsibilities, Reference No. 477

- Service Provider Application Form, Addendum A
- Status Report Form, Addendum B.
- Skill Check Documentation Record - Form, Addendum C

Continuous Quality Improvement Process: EMT Optional Skill Accreditation Program, Reference No. 620-E

EMT Esophageal Tracheal Airway Device Treatment Guidelines, Reference No. 877

EMT Administration of Epinephrine by Auto-Injector for Suspected Anaphylaxis &/or Severe Asthma, Reference No. 872

Nerve Agent Treatment, Reference No. E-8

King Airway, Reference No. 1102

EMT Optional Skill Personnel Requirements for Accreditation, Reference No. 977