

EMS AGENCY MEDICAL DIRECTOR AGREEMENT

I, the undersigned physician, represent that I satisfy the criteria listed below and will continue to meet the requirements as listed in order to serve and perform the duties of the EMS Agency Medical Director. I also understand that the sections of this agreement that are underlined do not apply to a QRS or BLS ambulance service unless they have EMS providers at or above the Advanced EMT level.

(Name of EMS Agency)

AFFILIATE #: _____ License # _____

(Address) _____

(City) _____ (State) _____ (Zip) _____

Qualifications:

NOTE: This does not include a current emergency medicine resident physician that functions as a medical command physician within an emergency medicine residency training program.

I am an approved medical command physician in _____

(Region)

or meet the following requirements:

1. Be a physician.
2. Satisfy one of the following:
 - a. Have successfully completed an emergency medicine residency program accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.
 - b. Have successfully completed a residency program in surgery, internal medicine, family practice, pediatrics or anesthesiology, accredited by a residency program accrediting body recognized by the State Board of Medicine or the State Board of Osteopathic Medicine.

The physician shall have also have successfully completed or taught the ACLS course acceptable to the department within the preceding 2 years and have completed, at least once, an ATLS course, acceptable to the department and an APLS course or other programs determined by the department to meet or exceed the standards of these programs.

(Copies of certificates and other proof must be submitted.)

- c. Have served as an ALS medical director under the Emergency Medical Services Act (35 P. S. §§ 6921-6938) (repealed by the act of August 18, 2009 (P. L. 308, No. 37)) prior to February 16, 2010.

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3. Have a valid Drug Enforcement Agency number.
4. Have completed the EMS agency medical director course, an EMS fellowship or other EMS training program that is determined by the department to be equivalent. This training shall assure that the EMS agency medical director has knowledge of:

- (i) The scope of practice of EMS providers
- (ii) The provision of EMS pursuant to department approval protocols
- (iii) The interface between EMS providers and medial command physician
- (iv) Quality improvement and peer review principals
- (v) Emergency medical dispatch principals and EMS agency communication capabilities
- (vi) EMS system design and operation
- (vii) Federal and State Laws and Regulations regarding EMS
- (viii) Regional and State mass casualty and disaster plans
- (ix) Patient and EMS provider safety principles.

☐ I accept the following Roles and Responsibilities associated with being an EMS agency medical director:

1. Reviewing department approve EMS protocols that are applicable to the EMS agency and ensuring that its EMS providers and other relevant personnel are familiar the protocols applicable to them.
2. Participating in and reviewing quality improvement reviews of patient care provided by the EMS agency and participating in the Statewide and Regional quality improvement programs.
3. Providing medical guidance and advice to the EMS agency.
4. Maintaining a liaison with the regional EMS medical director.
5. Recommending to the department suspension, revocation or restriction of EMS provider's certification.
6. Reviewing regional mass casualty and disaster plans and providing guidance to the EMS agency regarding its provision of EMS under those plans.
7. Performing other functions as the department may impose by regulation.
8. Providing guidance to the EMS agency with respect to the ordering, stocking and replacement of drugs, and compliance with laws and regulations impacting upon the agency's acquisition, storage and use of those drugs.
9. For the BLS and/or QRS EMS agency the medical director will specify which programs and/or medications the EMS agency will be meeting system requirements for: (check all that are appropriate)

- | | |
|---|-----------------------------|
| _____ CPAP (EMT) | _____ Hemostatic Agent |
| _____ Naloxone (EMR & EMT) | _____ AED (EMR & EMT) |
| _____ Epinephrine Pen Auto Injector (EMT) | _____ Glucometer (EMT) |
| _____ Check and Inject Epinephrine (EMT) | _____ Nebulizer (EMT) |
| _____ Carbon Monoxide Co-Oximeter (EMT and Above) | _____ Mechanical CPR Device |
| _____ Other - Specify | |

Additional Medical Director Responsibilities for EMS Agencies with EMS providers at or above the Advanced EMT Level.

1. Conducting for and reporting to the EMS agency the following;

(i) An initial assessment of an EMS provider at or above the advanced EMT level to determine whether the EMS provider has demonstrated competency in the knowledge and skills one must have to competently perform the skills within the scope of practice of the EMS provider at that level, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level. This subparagraph does not apply if the EMS provider was working for the EMS agency at the same level prior to the physician becoming the medical director for the EMS agency and the EMS provider was credentialed at that EMS agency within the last year as being able to perform at the EMS provider’s certification level.

(ii) At least annually, an assessment of each EMS provider at or above the advanced EMT level as to whether the EMS provider has demonstrated competency in the knowledge and skills an EMS provider must have to competently perform the skills within the scope of practice of the EMS provider at that level, and a commitment to adequately perform other functions relevant to the EMS provider providing EMS at that level.

I agree that I will provide the EMS Agency with 30 days written notice prior to terminating this agreement. I understand that this agreement must be renewed upon re-registration of the EMS agency’s license.

Signature Medical Director License Number

Printed Name of Medical Director Date

Signature EMS Agency Representative

Title

Printed EMS Agency Representative

Date