

Resolution 19-025 backup information

Medical Director Scope:

The City of Homer is seeking the services of a Medical Director to lead in the oversight and medical direction of the Homer Volunteer Fire Departments ALS Ambulance Service and the Homer Police Departments Emergency Medical Dispatch programs.

Qualifications

The medical director will be required to meet the qualifications set in 7AAC 26.630.

1. Licensed to practice in the State of Alaska
2. Participate in an orientation provided by the Fire and Police Departments.
3. Maintain an AHA ACLS certification.
4. Be an active member of SPH Medical Staff and a participant in ER Core.

Responsibilities

The Medical Director will be responsible for the medical direction and oversight of emergency medical services for Homer Volunteer Fire Department as stated in accordance with 7AAC 26.610 through 7aac 26.690 and 12 AAC 40.300 through 12AAC 40.390, which include, but not limited to:

1. Direct or indirect supervision of the medical care provided by each state certified ETT, EMT-1, EMT-2, EMT-3 with ACLS and Expanded Scope Procedures, MICP. Meeting any required changes under Alaska standards for EMS.
2. Conducting medical case reviews for fire department personnel on a monthly basis. (4hrs/month est.)
3. Review and participate in the **departments'** quality assurance program, including a weekly review of EMS documentation w/ FD Assistant Chief. (2hrs/month est.)
4. Participate in the review and development **of the Fire Departments'** Medical Operations Manual, standard operating procedures on an annual basis. (.5 hrs/month est.)
5. May be required to provide consultation and recommendations to the Fire Departments' administration regarding employee health questionnaires, fitness-for-duty assessments and return-to-work documentations. (.5hrs as needed)
6. Assisting with delivery of HVFD EMS training programs (1hr/ month est.)

911 Dispatch: 7 AAC 26.555

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1. Approve an emergency medical dispatch priority reference system; caller interrogation questions, pre-arrival EMS Instructions, and protocols matching the **dispatchers'** evaluation of severity of injury or illness.
2. Provide indirect supervision of the medical triage decisions and treatments instructions by EMD's.
3. Quarterly review a sample of medical triage decisions and treatment instructions **provide by EMD's to callers.**

Medical Director Statues for Reference

Alaska [7 AAC 26.610. Purpose](#) The purpose of [7 AAC 26.610](#) - [7 AAC 26.690](#) is to promote the health and safety of the people of Alaska by establishing uniform minimum standards for a medical director for a person or entity certified, or seeking certification, under this chapter. Nothing in [7 AAC 26.610](#) - [7 AAC 26.690](#) is intended to prohibit a physician from authorizing a state-certified emergency medical technician to use a drug or procedure in an emergency situation that is not specifically covered by the EMT-I, EMT-II, or EMT-III certification.

[7 AAC 26.630. Medical director qualifications](#) (a) To be a medical director for a state-certified EMT-II or EMT-III, for an EMT-II or EMT-III training course, or for a state-certified basic life support emergency medical service, advanced life support emergency medical service, or aeromedical service, a person must (1) be currently (A) licensed to practice medicine in this state, or, for an aeromedical service, in this state or the state in which the service is based; or (B) working as a physician in the regular medical service of the United States armed services or the United States Public Health Service; and (2) participate in an orientation provided by the department or its designee, within one year after accepting medical director responsibilities. (b) To be a medical director for a state-certified EMT-III, a person must be trained by the American Heart Association in advanced cardiac life support.

[7 AAC 26.640. Medical director responsibilities: certified persons](#) (a) A medical director's approval of standing orders for a state-certified EMT-I, EMT-II, or EMT-III, for the activities described in [7 AAC 26.040](#), must be in writing. Additional medications or procedures not listed in [7 AAC 26.040](#) may be approved by direct voice contact with an on-line physician, or by written standing orders from the medical director in accordance with [7 AAC 26.670](#). (b) The medical director for a state-certified EMT-I, EMT-II, or EMT-III shall (1) provide direct or indirect supervision of the medical care provided by each state-certified EMT-I, EMT-II, or EMT-III; (2) establish and annually review treatment protocols; (3) approve medical standing orders that delineate the advanced life-support techniques that may be performed by each state-certified EMT-I, EMT-II, or EMT-III and the circumstances under which the techniques may be performed; (4) provide quarterly critiques of patient care provided by the EMT-I, EMT-II, or EMT-III, and quarterly on-site supervisory visits; the department will, in its discretion, grant a written waiver of this requirement based on difficult geographic, transportation, or climatic factors; and (5)

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approve a program of continuing medical education for each state-certified EMT supervised.
(c) Repealed 12/26/2014.

[7 AAC 26.650. Medical director responsibilities: certified organizations](#) (a) The medical director for a state-certified basic life support or advanced life support emergency medical service under [7 AAC 26.210](#) - [7 AAC 26.285](#) shall (1) approve treatment protocols or medical standing orders that delineate the medical procedures that may be performed by the certified or licensed medical care personnel; (2) review, at least quarterly, the patient care provided by each certified or licensed medical person; the department will, in its discretion, grant a written waiver of this requirement, based on difficult geographic, transportation, or climatic factors; (3) establish transportation/transfer arrangements in cooperation with emergency department physicians at the nearest appropriate referral hospitals: these arrangements shall specify the primary destination of all categories of emergency patients, including burns, central nervous system injuries, pediatric emergencies, high risk infants, behavioral emergencies, and cardiac emergencies; (4) establish a written policy for how certified personnel are to deal with an intervener physician or the patient's private physician who wishes to assume responsibility for patient care at the scene or en route to the hospital; and (5) establish a written policy for how certified personnel are to deal with a cardiac arrest patient who was treated with an automated external defibrillator before the certified personnel's arrival. (b) The medical director for a state-certified medevac service, critical care air ambulance service, or specialty aeromedical transport team ([7 AAC 26.310](#) - [7 AAC 26.390](#)) shall (1) approve treatment protocols or medical standing orders that delineate medical procedures that may be performed by the certified or licensed medical care personnel; (2) review, at least quarterly, the patient care provided by each certified or licensed medical person; the department will, in its discretion, grant a written waiver of this requirement, based on difficult geographic, transportation, or climatic factors; and (3) advise on the medical requirements of patient transportation in the airborne environment.

[7 AAC 26.655. Emergency medical dispatcher medical director](#) (a) The medical director for emergency medical service dispatch services using emergency medical dispatchers (EMD's) shall (1) approve an emergency medical dispatch priority reference system; the system must include caller interrogation questions, pre-arrival EMS instructions, and protocols matching the dispatcher's evaluation of severity of injury or illness and the number of victims with vehicle response modes and configurations; (2) provide indirect supervision of medical triage decisions and treatment instructions provided by EMD's; (3) periodically review on at least a monthly basis a sample of medical triage decisions and treatment instructions provided by EMD's to callers. (b) The medical director of the emergency medical dispatcher services may be the medical director of an ambulance service dispatched by the same agency or business.

[7 AAC 26.670. Approval of additional medications and procedures](#) (a) In order for a medical director to authorize a state-certified EMT-I, EMT-II, or EMT-III to use additional medications or procedures not covered under [7 AAC 26.040](#)(a), (b), or (c), the medical director shall (1) submit to the department a request for approval; the request must include a plan for training and

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evaluation covering the additional skills; and (2) if the request is approved, following the training and evaluation, send the department a list of individuals who are authorized to use the additional medications or procedures. (b) The department will maintain a list of the approved additional medications or procedures for an authorized EMT-I, EMT-II, or EMT-III.

[7 AAC 26.680. Delegation of certain medical director responsibilities](#) If approved by the department, a medical director may delegate review of EMS reports under [7 AAC 26.245](#) or patient care forms under [7 AAC 26.350](#) to another physician, mobile intensive care paramedic, registered nurse, mid-level practitioner, or EMT with supervisory experience. The person acting as delegate shall send to the medical director copies of the EMS reports or patient care forms.

[7 AAC 26.690. Withdrawal of directorship](#) (a) If a medical director withdraws directorship, that person shall notify the department, and each person or entity certified under this chapter for whom the withdrawing person acted as medical director. (b) If the medical director of a service or team certified under this chapter withdraws directorship, that service's or team's certificate is suspended until the service or team provides written verification, on a form provided by the department, that it has a medical director who meets the qualifications set out in [7 AAC 26.630](#). The service or team may continue to respond to emergencies, but, until the suspension is lifted, may not offer any advanced life support services. (c) An EMT-I, EMT-II, or EMT-III, or manual defibrillator technician who is without a medical director may perform only those basic life support procedures as defined in [7 AAC 26.999](#) that are within the scope of activities for a state-certified EMT-I.