

**9-7-2018 Ready for BEMS – DHSS review**

**19 CSR 30-40.303 Medical Director** Required for All: Ambulance Services and Emergency Medical Response Agencies That Provide Advanced Life Support Services, Basic Life Support Services Utilizing Medications or Providing Assistance With Patients' Medications, or Basic Life Support Services Performing Invasive Procedures Including Invasive Airway Procedures; Dispatch Agencies Providing Pre-Arrival Medical Instructions; and Training Programs

PURPOSE: This rule describes the qualifications and requirements related to medical directors of ambulance services, emergency medical response agencies, dispatch agencies, and training programs.

(1) As used in this rule, the following terms shall have the meanings specified:

- (A) ACLS—advanced cardiac life support;
- (B) ALS—advanced life support;
- (C) ATLS—advanced trauma life support;
- (D) BCLS—basic cardiac life support;
- (E) BLS—basic life support;
- (F) Board eligibility—a physician who has applied to a specialty board and has received a ruling that s/he has fulfilled the requirements to take the board examination and the board certification must be obtained within five (5) years of the first appointment;
- (G) EMS—emergency medical services;
- (H) EMT-Basic—emergency medical technician-basic;
- (I) EMT-Paramedic—emergency medical technician-paramedic;
- (J) PALS—pediatric advanced life support; and
- (K) Primary care specialty—family/general practice, internal medicine, or pediatrics.
- (L) BC/BE-Board certification or board eligibility

(2) Ambulance Services, Licensed Emergency Medical Response Agencies, Dispatch Agencies which provide pre-arrival medical instructions, and all EMS Training Entities shall comply with this section of the regulation.

(A) Each entity shall have a medical director who is licensed as a doctor of medicine or a doctor of osteopathy by the Missouri State Board of Registration for the Healing Arts and who has:

1. BC/BE in EMS by the American Board of Emergency Medicine; or
2. BC/BE by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine
3. BC/BE in the field specific to the scope of practice for the specific service; or
4. BC/BE, previous experience or training approved by the Department in EMS medical direction, and actively practiced emergency care during the past year; or
5. Active practice in the community, previous experience or training approved by the Department in EMS medical direction, who develops a written agreement with a physician who meets the requirements in (2)(A)1 or (2)(A)2 to review and approve the processes required in (2)(C), (2)(D), and (2)(E).

(B) The medical director of an ambulance services or licensed emergency medical response Agency, in cooperation with the service administrator, shall develop, implement and annually review the following:

1. Protocols for medical, trauma, and pediatric patients;
2. Protocols for triage and transport or transfer;
3. Protocols for do-not-resuscitate requests;
4. **Protocols for mass-casualty incidents;**
5. Medications and medical equipment to be utilized;
6. Prolonged ambulance scene, response or transport times;
7. Incomplete run documentation;
8. Ambulances that are diverted from their original destinations;
9. Compliance with triage, treatment and transport protocols (or sample hereof);
10. Skills performance (or sample thereof); and
11. Any other activities that the medical director deems necessary

(C) The medical director of a dispatch agency, in cooperation with the dispatch agency administrator, shall develop, implement and annually review the following:

1. Medical pre-arrival instruction protocols;
2. Standards related to the administration of those protocols;
3. Prolonged ambulance or emergency medical response agency dispatch times;
4. Compliance with medical pre-arrival instruction protocols (or sample thereof); and
5. Any other activities that the administrator or medical director deem necessary.

(D) The medical director of an EMS training entity, in cooperation with the program administrator, shall be responsible for the following:

1. Ensure an accurate and thorough presentation of the medical content of the education and training program; and
2. Ensure that the student has met the education and skill competencies based on current national standards and scope of practice for each level of licensure and/or certification

**(E) The medical director shall require that all licensed service personnel meet the education and skill competencies necessary for their level of license and/or patient care environment. The medical director shall have the authority to require additional education and training. The medical director shall have the authority to limit the patient care activities, pre-arrival instruction delivery, or education delivery of personnel who fail to meet established standards.**