

## RC-2002- 043

**DATE:** September 24, 2002

**SUBJECT:** Revision of Medical Command Authorization Form

TO: Regional EMS Directors THRU: Director

EMS Regional Medical Directors EMS Office

**FROM:** Douglas F. Kupas, MD

Commonwealth Emergency Medical Director

Please distribute this memo and the attached form to all ALS ambulance services and ALS service medical directors.

The Medical Command Authorization Form has been revised, and the attached form should be used for all medical command authorization requests for the 2003 calendar year. This form was developed using input from regions and regional EMS medical directors. The following is a summary of some of the changes:

- The practitioner's name, affiliate number, and calendar year are prominently labeled for quick reference. A separate Medical Command Authorization Form must be completed for each service with which an ALS practitioner desires medical command authorization.
- There is no requirement for a Health Professional Physician to obtain medical command authorization, but ALS services or regions may want to use this form to identify all individuals within an ALS service that may be performing ALS treatment in the field. Therefore, the form contains a check box to identify HP Physicians.
- To assist ALS service medical directors, each practitioner is required to identify all services
  that have granted the practitioner medical command authorization within the preceding five
  years.
- Restrictions to medical command authorization have been split into two categories: restricted for preceptoring and restricted for other reason. This removes any stigma attached to restricting medical command authorization for the purpose of initial preceptoring of an ALS practitioner with a new ambulance service. The restriction for preceptoring may only be used for the initial preceptoring with a service. Once an ALS practitioner has been granted unrestricted medical command authorization with a service, any additional restrictions must use the "restricted for other" reason option. The Medical Command Authorization Form must be completed by the ALS practitioner and approved by the ALS service medical director before any practitioner may provide any care within the scope of practice of an ALS practitioner, unless the individual is a student in a recognized

- EMT-paramedic or PHRN class and is completing fieldwork under the auspices of the ALS training institute as a formal part of the training program.
- By signing the form, the ALS practitioner now gives the ALS service and its medical director
  permission to investigate answers provided on the form and permits third parties to release
  information related to the individual's professional competence to the ALS service medical
  director.
- The second page clarifies the options that the ALS service medical director has in making various decisions for individuals in various situations. The worksheet concludes with the decision rendered options. This simplified form only requires the name and signature of the ALS service medical director in one place when approving medical command authorization.
- The final page is only completed if medical command authorization is denied, restricted, withdrawn, or requires completion of additional continuing education to address an identified deficiency in competence. If any of these decisions are rendered, the ALS service medical director must document the reason(s) for such decision and a copy of this page must be provided to the individual who sought medical command authorization.

All completed Medical Command Authorization Forms must be submitted to the appropriate EMS council. ALS services should discontinue the use of the previous Medical Command Authorization Form by 12/31/02, and all medical command authorizations for the year 2003 should be done using the attached form.

Attachment