

1 10A NCAC 13P .0403 is proposed for readoption with substantive changes as follows:

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3 **10A NCAC 13P .0403 RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR EMS SYSTEMS**

4 (a) The Medical Director for an EMS System is responsible for the following:

- 5 (1) ensuring that medical control as set forth in Rule .0401 of this Section is available 24 hours a ~~day;~~  
6 day, seven days a week;
- 7 (2) the establishment, approval and annual updating of adult and pediatric treatment protocols;
- 8 (3) EMD programs, the establishment, approval, and annual updating of the EMDPRS;
- 9 (4) medical supervision of the selection, system orientation, continuing education and performance of  
10 all EMS personnel;
- 11 (5) medical supervision of a scope of practice performance evaluation for all EMS personnel in the  
12 system based on the treatment protocols for the system;
- 13 (6) the medical review of the care provided to patients;
- 14 (7) providing guidance regarding decisions about the equipment, medical supplies, and medications  
15 that will be carried on all ambulances and EMS nontransporting vehicles operating within the  
16 system;
- 17 (8) determining the combination and number of EMS personnel sufficient to manage the anticipated  
18 number and severity of injury or illness of the patients transported in Medical  
19 Ambulance/Evacuation Bus Vehicles defined in Rule .0219 of this Subchapter;
- 20 ~~(8)~~ (9) keeping the care provided ~~up-to-date~~ up-to-date with current medical practice; and
- 21 ~~(9)~~ (10) developing and implementing an orientation plan for all hospitals within the EMS system that use  
22 MICN, EMS-NP, or EMS-PA personnel to provide on-line medical direction to EMS ~~personnel,~~  
23 which includes personnel. This plan shall include:
- 24 (A) a discussion of all EMS System treatment protocols and procedures;
- 25 (B) an explanation of the specific scope of practice for credentialed EMS personnel, as  
26 authorized by the approved EMS System treatment protocols as required by Rule .0405  
27 of this Section;
- 28 (C) a discussion of all practice settings within the EMS System and how scope of practice  
29 may vary in each setting;
- 30 (D) a mechanism to assess the ability to ~~effectively~~ use EMS System communications  
31 equipment including hospital and prehospital devices, EMS communication protocols,  
32 and communications contingency plans as related to on-line medical direction; and
- 33 (E) the ~~successful~~ completion of a scope of practice performance evaluation ~~which that~~  
34 verifies competency in Parts (A) through (D) of this Subparagraph and ~~which that~~ is  
35 administered under the direction of the ~~medical director.~~ Medical Director.

1 (b) Any tasks related to Paragraph (a) of this Rule may be completed, through the Medical Director's written  
2 delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, ~~EMT's,~~ EMDs, or  
3 ~~EMT P's,~~ paramedics.

4 (c) The Medical Director may suspend temporarily, pending ~~due process~~ review, any EMS personnel from further  
5 participation in the EMS System when it is determined ~~the activities or medical care rendered by~~ such personnel are  
6 detrimental to the care of the patient, constitute unprofessional conduct, or result in non-compliance with  
7 credentialing requirements. During the review process, the Medical Director may:

8 (1) restrict the EMS personnel's scope of practice pending successful completion of remediation on  
9 the identified deficiencies;

10 (2) continue the suspension pending successful completion of remediation on the identified  
11 deficiencies; or

12 (3) permanently revoke the EMS personnel's participation in the EMS System.

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14 *History Note: Authority G.S. 143-508(b); ~~143-508(d)(3),(d)(7);~~ 143-508(d)(3); 143-508(d)(7); ~~143-509(12);~~  
15 Temporary Adoption Eff. January 1, 2002;  
16 Eff. April 1, 2003;  
17 Amended Eff. January 1, 2009; January 1, ~~2004,~~ 2004;  
18 Readopted Eff. January 1, 2017.*