

**10A NCAC 13P .0404    RESPONSIBILITIES OF THE MEDICAL DIRECTOR FOR SPECIALTY CARE TRANSPORT PROGRAMS**

- (a) The medical director for a Specialty Care Transport Program is responsible for the following:
- (1) the establishment, approval, and updating of adult and pediatric treatment protocols as set forth in Rule .0406 of this Section;
  - (2) medical supervision of the selection, program orientation, continuing education, and performance of medical crew members;
  - (3) medical supervision of a scope of practice performance evaluation for all medical crew members in the program based on the treatment protocols for the program;
  - (4) the medical review of the care provided to patients;
  - (5) keeping the care provided up to date with current medical practice;
  - (6) approving the Specialized Ambulance Protocol Summary (SAPS) document listing of all medications, equipment, and supplies for all Specialty Care level ground vehicles and aircraft permitted by the OEMS; and
  - (7) in air medical programs, determination and specification of the medical equipment required in Rule .0209 of this Subchapter that is carried on a mission based on anticipated patient care needs.
- (b) Any tasks related to Paragraph (a) of this Rule may be completed, through written delegation, by assisting physicians, physician assistants, nurse practitioners, registered nurses, or medical crew members.
- (c) The medical director may suspend temporarily, pending due process review, any medical crew members from further participation in the Specialty Care Transport Program when it is determined the activities or medical care rendered by such personnel may be detrimental to the care of the patient, constitute unprofessional conduct, or result in non-compliance with credentialing requirements. During the review process, the medical director may:
- (1) restrict the EMS personnel's scope of practice pending completion of remediation on the identified deficiencies;
  - (2) continue the suspension pending completion of remediation on the identified deficiencies; or
  - (3) permanently revoke the EMS personnel's participation in the Specialty Care Transport Program.

*History Note:    Authority G.S. 143-508(b); 143-509(12);  
Temporary Adoption Eff. January 1, 2002;  
Eff. April 1, 2003;  
Amended Eff. January 1, 2009;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. February 2, 2016;  
Amended Eff. April 1, 2024.*