

1 10A NCAC 13P .0403 is proposed for amendment as follows:

2  
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(5) of this Section is available 24 hours a  
6 day, seven days a week;
- 7 (2) the establishment, approval, and annual updating of adult and pediatric treatment ~~protocols;~~  
8 protocols as set forth in Rule .0405 of this Section;
- 9 (3) EMD programs, the establishment, approval, and annual updating of the ~~Emergency Medical~~  
10 ~~Dispatch Priority Reference System;~~ EMDPRS, including subsequent editions published by the  
11 EMDPRS program utilized by the EMS System;
- 12 (4) medical supervision of the selection, system orientation, continuing education and performance of  
13 all EMS personnel;
- 14 (5) medical supervision of a scope of practice performance evaluation for all EMS personnel in the  
15 system based on the treatment protocols for the system;
- 16 (6) the medical review of the care provided to patients;
- 17 (7) providing guidance regarding decisions about the equipment, medical supplies, and medications that  
18 will be carried on all ambulances and EMS nontransporting vehicles operating within the system;
- 19 (8) determining the combination and number of EMS personnel sufficient to manage the anticipated  
20 number and severity of injury or illness of the patients transported in Medical  
21 Ambulance/Evacuation Bus Vehicles defined in Rule .0219 of this Subchapter; and
- 22 (9) keeping the care provided up-to-date with current medical ~~practice;~~ and practice.
- 23 ~~(10) — developing and implementing an orientation plan for all hospitals within the EMS system that use~~  
24 ~~MICN, EMS NP, or EMS PA personnel to provide on-line medical direction to EMS personnel.~~  
25 ~~This plan shall include:~~
- 26 ~~(A) — a discussion of all EMS System treatment protocols and procedures;~~
- 27 ~~(B) — an explanation of the specific scope of practice for credentialed EMS personnel, as~~  
28 ~~authorized by the approved EMS System treatment protocols required by Rule .0405 of~~  
29 ~~this Section;~~
- 30 ~~(C) — a discussion of all practice settings within the EMS System and how scope of practice may~~  
31 ~~vary in each setting;~~
- 32 ~~(D) — a mechanism to assess the ability to use EMS System communications equipment,~~  
33 ~~including hospital and prehospital devices, EMS communication protocols, and~~  
34 ~~communications contingency plans as related to on-line medical direction; and~~
- 35 ~~(E) — the completion of a scope of practice performance evaluation that verifies competency in~~  
36 ~~Parts (A) through (D) of this Subparagraph and that is administered under the direction of~~  
37 ~~the 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, EMDs, or paramedics.  
3 The EMS System Medical Director may delegate physician medical oversight for a licensed EMS provider at the EMT  
4 level of service that does not back up the emergency 911 EMS System. Any decision delegating medical oversight for  
5 a licensed provider shall comply with the EMS System franchise requirements in Rule .0204 of this Subchapter.  
6 Medical oversight delegated for a licensed EMS provider shall meet the following requirements:

7 (1) a medical director for adult and pediatric patients. The medical director and assistant medical  
8 directors shall meet the criteria defined in "The North Carolina College of Emergency Physicians:  
9 Standards for Medical Oversight and Collection;"

10 (2) treatment protocols must be adopted in their original form from the standard adult and pediatric  
11 treatment protocols as defined in the "North Carolina College of Emergency Physicians: Standards  
12 for Medical Oversight and Data Collection;" and

13 (3) establish an agency peer review committee that meets quarterly. The agency peer review committee  
14 minutes shall be reported to the EMS System peer review committee.

15 (c) The Medical Director may suspend temporarily, pending review, any EMS personnel from further participation  
16 in the EMS System when he or she determines that the individual's actions are detrimental to the care of the patient,  
17 the individual committed unprofessional conduct, or the individual failed to comply with credentialing requirements.  
18 During the review process, the Medical Director may:

- 19 (1) restrict the EMS personnel's scope of practice pending completion of remediation on the identified  
20 deficiencies;
- 21 (2) continue the suspension pending completion of remediation on the identified deficiencies; or
- 22 (3) permanently revoke the EMS personnel's participation in the EMS System.

23  
24 *History Note: Authority G.S. 143-508(b); 143-508(d)(3); 143-508(d)(7);*  
25 *Temporary Adoption Eff. January 1, 2002;*  
26 *Eff. April 1, 2003;*  
27 *Amended Eff. January 1, 2009; January 1, 2004;*  
28 *Readopted Eff. January 1, ~~2017~~. 2017;*  
29 *Amended Eff. April 1, 2024.*