

	<h2 style="margin: 0;">Southern Tier Regional Emergency Medical Advisory Committee</h2> <p style="margin: 10px 0 0 0;">Policy Statement</p>	<p>Policy # 99-04</p> <p>Subject: Coordination of EMS Resources</p> <p>Issued: 5/20/99</p> <p>Supercedes:</p>
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I. Statement of Authority:

- A. Pursuant to Public Health Law Section 3004-a, the REMAC “shall develop policies, procedures and triage, treatment and transportation protocols which address specific local conditions.”
- B. Consistent with NYS DOH Bureau of Emergency Medical Services Policy Statement 98-05, the Southern Tier Regional Emergency Medical Advisory Committee, the REMAC for the Southern Tier Regional Emergency Medical Services System(Council Bylaws page 2 Article III, Section 5.), does enact this policy effective 07/01/99.

II. Impacted Personnel:

- A. All Emergency Medical Service Providers certified by the State of New York, responding as part of an EMS Agency’s Response System within the Southern Tier Regional Emergency Medical Services System in the counties of Chemung, Schuyler, and Steuben are effected by this policy.
- B. Agencies authorized as EMS Providers are those agencies who are dispatched and respond to Emergency Medical Service calls within Chemung, Schuyler or Steuben counties.

III. Policy:

- A. Consistent with **state and** county policy, the National Interagency Incident Management System (NIIMS) is established as the standard for Incident Command and the local public safety official in charge of the overall scene command is recognized as the Incident Commander and is in charge and is responsible for the safety of all personnel involved.
- B. Prehospital care personnel responding with authority are those New York State certified prehospital care providers who respond as part of an agency’s response system, duly dispatched and asked to respond to an emergency medical service call.
- C. Patient care responsibilities are the responsibility of the New York State certified prehospital care personnel responding with authority.
- D. The individual provider having the highest level of regional credentialing, responding with authority, will have the authority to direct patient care.
- E. When two or more EMS providers with the same level of certification respond from more than one agency, operating at the same scene, the EMS provider of the transporting agency will have the authority to direct patient care.

- F. When two or more EMS providers with the same level of certification respond from more than one agency, operating at the same scene neither of whom will transport the patient, the EMS provider with the most seniority, as evidenced by the date first credentialed in the STREMS system will have authority to direct patient care.
- G. When two or more EMS providers with the same level of certification respond from the same agency, operating at the same scene, the EMS provider with the most seniority as evidenced by the date first credentialed in the STREMS system will have authority to direct patient care.
- H. EMS providers with the authority to direct patient care may provide that care or delegate another New York State certified provider to provide care.
- I. Transfer of care between two certified providers shall occur consistent with regional protocols, and on the authority of the provider authorized to direct patient care and/or by on-line medical control authorization.
- J. All EMS providers will provide care consistent with NYS Statewide and regional protocols and policies.
- K. The authority to direct patient care includes the authority to request specialized medically related EMS resources such as HAZMAT intervention or ALS Interface as well as transport mode (including aeromedical evacuation) and destination, consistent with regional protocols. The Incident Commander shall be informed of any request(s) for specialized EMS resources.
- L. All EMS providers must wear regionally approved and issued picture identification that delineates date first credentialed, date credentialed, level of certification and status.
- M. All EMS providers will document care on the New York State PCR
- N. All EMS providers will document problems encountered with this policy and its implementation on the PCR's comment section.
- O. If a situation arises where the resolution of a conflict as a result of this protocol does not readily occur, on-line medical control will be contacted to resolve such a conflict.
 - 1. Conflict resolution, medical control contact and the involved EMS providers' identifications will be documented on the PCR.
- P. All PCRs with documentation of coordination of EMS resources problem will be reviewed by the region's appropriate QI Coordinator and, if appropriate, referred to the area or Regional QI Committee and/or the STREMAC for further action.
- Q. Physicians who become involved at an EMS scene shall be dealt with according to the STREMS BLS Policy #1, Physician on the Scene.

STREMAC Approval 04-14-99

STREMS Council approval 05/20/99