

### **EMS RISK AND LIABILITY**

A Case Study: The Use of Ketamine to Subdue Individuals by EMS Personnel in North Carolina

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# **Emergency Medical System (EMS)**

 GS 143-517 County Emergency Medical Services ("EMS") has a defined scope of practice and medical director to provide oversight of the EMS System.



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#### North Carolina Medical Board

 GS 143-514 North Carolina Medical Board determines scope of practice for credentialed EMS personnel by establishing medical skills and medications that may be used by credentialed EMS personnel at every level of patient care.



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# Components of Medical Oversight for

- 10A NCAC 13P.0401
  - Medical director

**EMS System** 

- Written treatment protocols
- If Emergency Medical Dispatch, then
  EMDPRS approved by the Medical Director
- EMS Peer Review Committee
- Written Procedures for EMS Personnel to obtain on-line medical direction



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## **Practice Setting for EMS Personnel**

- 10A NCAC 13P .0506
  - Credentialed EMS Personnel may function in practice settings set forth in the Code in accordance with the protocols approved by the Office of EMS and by the Medical Director.



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### TACTICAL EMS

- Tactical Paramedic are "embedded" with Law enforcement
  - Conduct medical threat assessments to determine the potential impact of medical/health factors on a mission and serves as the "Team Medical Officer."
  - Serve as a health information resource for law enforcement team members and as an advisor to the Special Response Team (SRT) Leader on matters relating to the health of team members.
  - In addition to rendering immediate medical care, properly trained medical providers assigned to law enforcement teams are able to assist commanders with developing pre-deployment medical risk assessment, implementing risk reduction strategies, providing logistical support, and serve as a liaison to coordinate medical operations with local emergency medical services (EMS).

# EMS PEER REVIEW COMMITTEE FOR EMS SYSTEM

- 10A NCAC 13P.0408
  - Key Components: Membership defined in GS 131-155(6b);
  - Use system data to analyze and evaluate ongoing quality of patient care and medical direction of system;
  - Establish and implement written procedures to guarantee due process review for personnel temporarily suspended by Medical director;
  - Adopt system performance improvement guidelines;
  - Adopt written guidelines for Peer Review Committee.

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