Medical Supervision Plan Development Guide

The MSP can include more than the criteria that are on this list, and it can be submitted in an organizational structure that differs from the one below. Including this table at the beginning of the MSP, with page numbers referenced in your plan, will assist the EMS Bureau to verify that your agency is in compliance with the listed requirements.

Please include the agency or agencies name(s), area(s) of service, and medical director's name in the introduction.

A. EMS Personnel Credentialing Process *Describe procedures; include copies of forms and policies, etc.* *(See* Credentialing of EMS Personnel *for additional information.)*	**EMSPC Standards Manual** Page 8	**Located on MSP page**
1. EMS Bureau License Verification		
2. Affiliation to the Agency		
3. Qualifications, Proficiencies, and Affiliation Review		
4. EMS Agency Orientation		
a. EMS Agency Policies		
b. EMS Agency Procedures		
c. Medical Treatment Protocols		
d. Radio Communications Procedures		
e. Hospital/facility Destination Policies		
f. Unique System Features (if any)		
B. Indirect (Off-line) Supervision *(See* Protocols *and* Quality Improvement *for more information)*	**EMSPC Standards Manual** Page 9-10	
1. Written Standing Orders and Treatment Protocols (including direct [on-line] supervision criteria)		
2. Description of authorized optional psychomotor skills and patient care interventions (as defined by the Commission)		
3. Initial and Continuing Education (in addition to those required by the EMS Bureau)		
4. Methods of Assessment and Improvement		
5. Periodic Assessment of Psychomotor Skill Proficiency		
6. Medical Supervision of Licensed EMS Personnel in Disaster or Incident Response		
7. Off-Duty EMS Response		
8. Credentialing of EMS Personnel for Emergency Response		

9. Emergency Response Based on Dispatch Information		
10. Triage, Treatment, and Transport Guidelines		
11. Scene Management for Multiple Agency Response		
12. Patient Destination Determination Criteria		
13. Utilization of Air Medical Services		
14. Patient Non-Transport Scenarios • Patient refusal • Treat and release • POST, DNR, and other valid orders • Determination of death • Termination of resuscitation • Other non-transport scenarios		
15. Cancellation/Response Modification Criteria		
16. Equipment Authorized for Patient Care		
17. Medical Communications Guidelines		
18. Documentation Methods and Elements		
19. STEMI policies and protocols (see STEMI Toolkit on website for more information)		
20. Policy for recognition and utilization of bystander providers not credentialed by local EMS system		
C. Direct (On-line) Supervision	**EMSPC Standards Manual** Page 10	
1. Physicians designated to provide direct supervision *(Include contracts or agreements with hospitals, physicians, etc. to provide direct supervision)*		
2. Clinicians designated to provide direct supervision (if any) *(include written agreements describing roles & responsibilities, and authorization from a supervising physician for Physician Assistants)*		
3. On-scene supervision procedures *(see* Protocols*)* • Designated physician supervisor • Patient's private physician • Bystander physician • EMS Provider-supervisor		

D. Supervision and Training of EMS Students *Include if your agency participates in EMS Training Programs*	**EMSPC Standards Manual** Page 10	
1. Clinicals		
2. Internships		
3. Ride-Alongs		
4. Other Training		
E. Other Suggested Components		
1. EMS Bureau Notification Requirements and Deadlines *(who is responsible for reporting to the EMS Bureau and when?)*		
2. Deployment of Personnel Resources *(Describe staffing, call schedule, call response, etc.)*		
3. Collaboration With Other Medical Directors		
4. System Integration *(describe how this service will integrate with the local, county, or regional disaster preparedness plans)*		
5. Contracted Training Services *(Identify locations that will provide training services for the agency)*		
6. Quality Improvement Plan *(See* Quality Improvement *for more information)*		
7. Interfacility Transfer (if applicable) • Hospital <-> Nursing Home • Hospital <-> Hospital • Home <-> Hospital • Personnel Used (for patients needing higher level of care than available by agency)		
8. Review-Update Procedures and Timelines • Protocol Review • Credentialing Review • Equipment/Facilities Review • Staffing Review		