Pennsylvania Department of Health Bureau of Emergency Medical Services

Medical Command Facility Accreditation Application

I. Facility Information	n			
Name of Medical Co	mmand Facility:			
Medical Command I	acility Number:			
Address:				
City:			State:	
Zip:		County:		
Telephone:				
	-			
II. Administrator Inf	ormation 			
Last Name:			Т	-
First Name:			Middle Initial:	
Title:				_
E-mail:				_
III. License/Accredit	ation Information			
-		at of Health?	Voc	. No
Is your facility licensed by the Department of Health?		Yes	S No	
If your facility a	Lice ccredited by the Joint	nse Expiration Date:		
	on of Health Care Org		Yes	s No
		ion Expiration Date:		
IV. Medical Comma	nd Information			
List the counties wh prehospital provide	ere your medical con r:	nmand physicians wi	II provide medical di	rection to
Are emergency serv	ices provided throug	h an organized		
department of emergency medicine?		Yes	. No	
Is the director of the department a physician?		Yes	S No	
Is the individual employed on a full-time basis?		Yes	. No	
Is the director of the	e emergency departm	ent the same		
individual as the medical command facility medical director?		Yes	s No	
	mmand facility direc			
	ell as clerical authorit	y in the		
department?			Yes	S No

IV. Medical Command Information (cont.)		
Does the facility have a coordinated plan for medical		
communications within the medical control service area for		
use during disaster conditions?	Yes	No
If not, will such a plan be developed?		
When?		
Who is the medical director who will function as the medical		
command facility medical director?		

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v.	POLICY	Ŏ.	Operations	Information

The facility must adhere to and maintain medical command policies consistent with all state/regional regulations, policies, and procedures.

Medical command facility policies and procedures should include, but not be limited to:

- a) Goals/objectives
- b) Requirements for pre-hospital personnel to receive and maintain medical command
- c) Pre-hospital personnel continuing education and skill requirements
- d) Pre-hospital provider status
- e) Clinical operations, such as standing orders, use of protocols (when medical commander is not notified), withholding of advanced life support, dispatch coordination, dealing with obviously deceased individuals, regional ALS treatment, triage and transfer protocols, utilization of air helicopter/transport services, acute care procedures for relay of information through non-physician intermediary, recordkeeping requirements, medication control/accountability requirements, plans for mass casualty incidents, and policies to inform prehospital personnel if they have been exposed to a transmittable disease

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Attach copies of all policies		Attached
Is there a separate medical command station (MCS)?	Yes	No
Where is the station located?		
Is the medical command station operational on a 24-		
hour/day basis?		
Does the facility have the capability to provide immediately		
available emergency physician medical command or ALS		
units in the medical service area?	Yes	No
How many ALS agencies does your medical command facility		
provide or will provide direction?		
How many calls per month does your medical command		
facility provide medical command to prehospital providers?		

V. Policy & Operations Information (cont.)		
What procedures have been established to permit the comma	and physician to consult on-cal	I
specialists? Please be specific.		
Attach documentation of procedures		Attached
·		Attached
Does your facility operate EMS and bio-medical communications equipment?	Yes	No
Please list the equipment.	res	INO
riease list the equipment.		
Is the equipment located within the		
medical command station?	Yes	No
Is the equipment compatible with and		
integrated into the regional system?	Yes	No
If no, why?		
Does the facility monitor all EMS radio channels in use		
within the medical control service area?	Yes	No
If not, is the monitoring done by a		
central communications center?	Yes	No
Within the facility's geographical area, is there a need for		
specific channel allocation to facilitate communication?	Voc	No
Does your facility maintain the ability to communicate by	Yes	No
radio or telephone with other facilities in the service area		
and with those facilities in adjacent service areas?	Yes	No
Does the facility cooperate with all other facilities to provide	Tes	140
complete and immediate details regarding EMS patients		
being directed to the receiving hospital?	Yes	No
Does your facility document and tape record all		
communications involving medical command direction?	Yes	No
How long is the information stored and		
maintained?		
Where is the information stored?		
Do records contain specific information		
on patients for whom medical		
command is sought?	Yes	No
Does the written documentation become a part of the		
patient's permanent chart?	Yes	No

V. Policy & Operations Information (cont.)		
What specific information is documented on the medical		
command record?		
Attach a copy of the written documentation form (medical		Attached
command record).		Attacheu
Does the facility maintain appropriate programs for training		
emergency department staff in the effective use of		
telecommunications equipment?	Yes	No
Does your facility employ sufficient staff to ensure at least		
one approved medical command physician, meeting the		
requirements in Section 1029 of the EMS Rules and		
Regulations relating to medical command physicians, is		
present in the facility 24-hours/day, seven days/week?		
present in the facility 24-nours/ day, seven days/ week:	Yes	No
Attach a copy of the staffing patterns to document sufficient medical command physician availability		Attached
Describe operational procedures utilized when special circum	stances require your facilit	v to initiate
arrangements with another medical command facility to prov	• •	y to illitiate
How do you notify the EMS agency when they need to contact	t another medical comman	nd facility for
command?		ia iadinity ioi
Is all prehospital care documented on the state patient care		
report?	Yes	No
Does a copy of the patient care report become a part of the		
patient's permeant medical record?	Yes	No
Is there an orientation program for all medical command		
physicians which provides familiarization with state and		
regional EMS standards?	Yes	No
Attach a copy of the context outline for the orientation		Attached
program		

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must agree to supervise medical control	ency medicine or medical command facility medical director of EMS operations within the medical control service area in adopted regulations, policies, and procedures, including but r, and hospital assignment protocols.
The facility must agree to participate in t	he regional EMS council's quality assurance program.
All of your medical command physicians command direction to prehospital persor	must adhere to regionally adopted protocols when providing nnel.
·	rector must be willing to assume responsibility for adherence , and transfer protocols of those command physicians under
Please have the physician noted as the mhe/she is aware of this requirement.	edical command facility medical director sign below that
Director Signature:	
Director Name:	
Date:	
VII. Facility Administrator Acknowledgme	ent and Signature:
The facility's administrator, president of	the medical staff, director of emergency medicine, medical
command facility medical director, and d as a medical command facility.	irector of nursing are supportive of the facility's participation
Administrator or CEO of the Facility's	
Signature:	
Administrator or CEO of the Facility's	
Name:	
Date:	
Director of the Emergency	
Department's Signature:	
Director of the Emergency	

VI. Director Acknowledgment and Signature:

5 Revised 07/2016

Department's Name:

Director's Signature:

Director's Name:

Medical Command Facility Medical

Medical Command Facility Medical

Date:

Date: