

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 2052
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Supersedes: August 1, 2011

PARAMEDIC FIELD SUPERVISOR

I. PURPOSE

- A. To establish minimum qualifications and scope of responsibilities for field paramedics supervisors.
- B. Identify the ALS provider agency responsibilities when providing field supervisors.

II. POLICY

- A. Paramedic supervisors are responsible for the day-to-day clinical and operational supervision of field paramedics and supervisory roles within the ICS structure during a multi-casualty incident.
- B. All ALS Providers shall have at a minimum at least one Paramedic Field Supervisor on duty and available to respond 24-hours a day. The Paramedic Supervisor staffing ratio shall be one on-duty Paramedic Field Supervisor for every 10 on-duty ALS response or transport vehicles in order to maintain a reasonable span of control and availability for a field response. The EMS Medical Director may approve alternate supervisor to staff ratios provided only if they are included in the individual Paramedic Service Provider Agreement.

III. PARAMEDIC SUPERVISOR MINIMUM QUALIFICATIONS

- A. Meet all San Francisco EMS paramedic accreditation standards as outline in *Policy 2050 Paramedic Accreditation*.
- B. Have two years experience as a paramedic (full time or equivalent) in an urban or suburban area that included 911 emergency responses.
- C. Successfully complete an approved Paramedic Supervisor Training course within six months of placement.
- D. Have proof of training or participation in the following:
 - 1. Incident Command System (ICS) 100, 200, 300 and IS 700 or Standardized Emergency Management System (SEMS) Orientation, Basic, Intermediate and Advanced courses, or an approved equivalent;

2. Incident Command System (ICS) 100, 200, 300 and IS 700 or Standardized Emergency Management System (SEMS) Orientation, Basic, Intermediate and Advanced courses, or an approved equivalent;
 3. San Francisco EMS Policies and Protocols with emphasis on the Medical Group Supervisor role in Multi-Casualty Incidents and Level I, II, and III disasters;
 4. At least one annual MCI training and exercise with participation in a supervisory role within the ICS structure;
 5. Radio communications protocols and troubleshooting;
 6. Provider Internal Disaster Plan;
 7. Federal HIPPA and EMTALA regulations relating to EMS;
 8. California Code of Regulations, Title 22, Division 9 and California Health and Safety Code, Division 2.5 (The "EMS Act").
 9. Techniques for basic incident investigation and follow up; and
 10. Conflict resolution & interpersonal communication.
- C. Paramedics are prohibited from being a Paramedic Field Supervisor for any of the following reasons:
1. Have currently pending action or past action in the previous three years against any medical license, accreditation, or certification.
 2. Are currently on probation or suspension as a result of any action against any medical license, accreditation, or certification.
 3. Paramedics who were on probation which exceeded the 3 year exclusionary period may be a Paramedic Field Supervisor upon successful completion of the probationary period, provided no more recent licensure actions are pending or have been taken.

IV. FIELD DEPLOYMENT

- A. Paramedic Field Supervisors will respond when requested by the DEC, provider dispatch, hospital, or field personnel and in accordance with provider policy.
- B. Paramedic Field Supervisors may respond on any call when their agency is responding, or to assist another agency's personnel as requested by that agency.

V. PATIENT CARE AUTHORITY

- A. **The Base Hospital Physician has the final authority over patient care decisions in the field. Paramedic Field Supervisors may not authorize deviations from EMS Agency policy or protocol, or in any way act as a substitute for the Base Hospital Physician.**
- B. Paramedic Field Supervisors may assist and provide clinical guidance with patient care without assuming all patient care responsibilities. Paramedic Field Supervisors

- are **not** considered to have expanded clinical authority under EMS Agency Policy or State law.
- C. Paramedic Field Supervisors may not unilaterally assume care of a patient from another paramedic unless it is a mutually agreed to transfer of care. No Paramedic Field Supervisor shall assume authority over another agency's personnel except under the following circumstances:
1. Under prearranged agreements between individual agencies;
 2. When directed to do so by the Base Hospital Physician; and
 3. During a multi-agency response in which the Paramedic Field Supervisor has been assigned by an Incident Commander to be branch or section leader in the ICS structure (e.g. Medical Group Supervisor) and the personnel are reporting to that branch or section are directly involved in the multi-agency response.
- D. In any event when a Paramedic Field Supervisor assumes all patient care responsibilities, the Paramedic Field Supervisor must accompany the patient to the hospital and document care provided on the patient's Prehospital Care Report.

VI. **AUTHORITY**

California Health & Safety Code, Division 2.5, Section 1797.220
U.S. Code of Federal Regulations 42 1395dd