

From: Keith Conover, M.D., FACEP, ASRC Medical Director for Pennsylvania
To: ASRC Board of Directors
Date: 5/5/14
Subject: Medical Direction

I would like to suggest that the Board of Directors consider the following motion. As is standard, the "Whereas" preamble is informational, not part of the motion, and not to be voted on; only the "Resolved" is to be voted on, provided the BOD is willing to vote at this.

Whereas, the ASRC previously determined that its medical direction function should be managed on a state rather than a Group level;

Whereas, the ASRC is recognized as an EMS Agency in Virginia;

Whereas, the ASRC has had statewide medical protocols for Virginia and Pennsylvania, as well as a Pennsylvania Medical Policy to support the protocols for Pennsylvania;

Whereas, at the last BOD meeting, a proposed update (and significant expansion) of the Pennsylvania Medical Policy was rejected by the Board of Directors, with a suggestion that in the future such policies should be carried out at the Group level and not at the ASRC state level;

Whereas, some ASRC Groups wish to provide an advanced level of medical care whereas others prefer to stay at the first aid or Basic Life Support (BLS) level;

Whereas, state EMS agencies are used to dealing with advanced medical providers at an individual agency level than at a statewide conference level; be it

Resolved, that the ASRC:

1. discontinues the practice of having state medical directors, and thanks the current state medical directors for their service in this position;
2. rescinds the prior Virginia and Pennsylvania medical protocols;
3. will no longer be licensed as an EMS agency in any state (though Groups certainly may do so if they wish);
4. establishes a Medical Direction Committee, details of which shall be incorporated in the ASRC Administrative Manual, as follows:
 - a. Members of the Medical Direction Committee shall be appointed by the Board of Directors, using the following criteria, and shall serve at the pleasure of the Board of Directors without terms or term limits:

- i. candidates for the Medical Direction Committee must be licensed by at least one US state or territory as a physician or osteopathic physician;
 - ii. candidates for the Medical Direction Committee must be Active Members of the Appalachian Search and Rescue Conference;
 - iii. the Board of Directors shall show preference for candidates who have achieved Field Team Member or higher ASRC certification;
 - iv. the Board of Directors shall show preference to physicians or osteopathic physicians who serve as Medical Director of an ASRC Group.
 - b. The Board of Directors shall select a member of the Medical Direction Committee to serve as chair, who shall serve at the pleasure of the Board of Directors, without terms or term limits. For any external relations requiring the signature or assent of a single ASRC "Medical Director," the Chair of the Medical Direction Committee shall serve this function.
 - c. The Medical Direction Committee shall be charged to:
 - i. develop and maintain a set of wilderness protocols, at both first aid and BLS levels, that apply to ASRC members' care on all operations, unless superseded by specific state wilderness EMS protocols for that state. When possible, this should be evidence-based, and if that is not possible, in line with accepted standards care, such as those promulgated by the Wilderness Medical Society;
 - ii. work with state EMS offices, and in particular with state EMS Medical Directors, for the states in which the ASRC operates, to harmonize state wilderness EMS protocols across the states in which the ASRC operates;
 - iii. work with Group Medical Directors and the ASRC Medical Committee¹ to harmonize advanced medical care provided by those Groups that provide such care;
 - iv. work with Group Medical Directors and the ASRC Medical Committee to develop and harmonize credentialing across the ASRC for members who provide advanced medical care, for Groups that provide such care;
 - v. review all medical and first aid care provided by the ASRC, with an eye to improvement in the quality of care;
 - vi. work with the ASRC Medical Committee to develop, maintain and improve a system of medical and first aid reporting that is suitable for the field yet provides adequate information for quality improvement efforts;

¹ Note this is the ASRC *Medical Committee*, which is under the Operations Committee, not the ASRC *Medical Direction Committee*, which reports directly to the Board of Directors.

- vii. as appropriate, make formal written recommendations for improving first aid or medical care to the Medical Directors of ASRC Groups, or to the entire ASRC membership, via the Group Medical Directors; and
 - viii. complete other tasks assigned by the ASRC Board of Directors.
 - d. Meetings of the Medical Direction Committee shall be at the discretion of the Committee. Committee business may be conducted by email or other electronic means at the discretion of the Committee. Records of all votes, with relevant prior discussion, and all formal meetings, shall be filed with the conference Secretary and placed in the ASRC Archive.
 - e. The ASRC Medical Committee shall be charged with developing a system for obtaining and compiling all Group medical reports and forwarding them to the Medical Direction Committee for review.
- 5. requires that all ASRC Groups appoint a Group Medical Director, the method for which shall be incorporated in the ASRC Administrative Manual, as follows:
 - a. Group Medical Directors shall be licensed by at least one US state or territory as a physician or osteopathic physician, but this need not be the state in which the majority of the Group's members live, or the state in which the Group's official address lies;
 - b. Group Medical Directors shall be Active Members of the ASRC; while CQ certification or higher is strongly recommended, it is not required;
 - c. A Group Medical Director may serve as the Medical Director of more than one Group;
 - d. Group Medical Directors shall become a non-voting ex-officio members of the ASRC Medical Direction Committee, and may be appointed to a voting membership in the Committee by the Board of Directors, and serve in this capacity at the pleasure of the Board of Directors;
 - e. Group Medical Directors shall:
 - i. represent the first aid and medical interests of the Group to the ASRC Medical Direction Committee;
 - ii. monitor and oversee any first aid and medical care provided by members of the Group, and work to ensure that such care is of the highest quality possible, and whenever possible, in accordance with the ASRC Medical Committee's first aid and BLS protocols and other written recommendations; and
 - iii. provide other services as required by the Group or state licensing bodies.