

From: Keith Conover, M.D., FACEP
To: ASRC Board of Directors via AMRG Operations Officer
Date: 11/13/2014
Subject: Medical Section, Draft Operations Manual

I suggest that the Board of Directors consider replacing the Medical section of the draft Operations Manual (section 5.3) with the following. Note that this is based on the current Articles of Incorporation and Bylaws; if these change then the wording of this section will necessarily change as well. A set of corresponding inserts for the Administration Manual appear at the end.

5.3: Medical

1. Background:

- a. ASRC member teams generally provide both search *and* rescue.
- b. Rescue generally involves evacuating the victim from the backcountry to a ground or air ambulance, as well as providing first aid or medical care at the scene and en route to the ambulance.
- c. When needed, member teams may also provide first aid or medical care for team members, members of other member teams, members of other organizations or spontaneous volunteers.

2. Level of Care: To avoid criminal or civil liability, individuals in ASRC Groups shall provide care to members and patients in accordance with Group policies, applicable state legislative and regulatory law, and common law principles. Member Groups may provide care at whatever level they wish, and may change this at any time. However, member Groups shall inform the other member Groups of the level of care they provide, and shall share their patient care policies and protocols with other Groups, through the Conference Medical Officer, who shall place such information in the ASRC Archive and ensure it is updated as appropriate. Generally such care will fit into one or more of the following categories:

- a. No first aid or medical care
- b. First aid level care
- c. Emergency Medical Services (EMS): Basic Life Support (BLS) level care
- d. Emergency Medical Services (EMS): Advanced Life Support (ALS) level care
- e. Wilderness Medical Care outside the state EMS system

3. **Committee Structure:** The ASRC has two committees dealing with medical issues. The *Medical Advisory Committee* consists solely of team member-physicians. The *Medical Committee* has a broader membership, including all members of the Medical Advisory Committee, all member Group Medical Officers for member Groups that have such an officer, and any other interested members of ASRC member Groups. Details of these structure and duties of these committees may be found in the ASRC Administration Manual.
4. **Group Medical Directors:** The Conference strongly recommends that all member Groups appoint a Group Medical Director. Details are provided in the ASRC Administration Manual.

Corresponding inserts for the ASRC Administration Manual

1. **Group Medical Directors:** The Conference strongly recommends that all member Groups appoint a Group Medical Director.
 - a. If a Group appoints a Medical Director, said Medical Director should be:
 - i. 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;
 - ii. an Active Member of the ASRC, and a member of the Group for which the physician provides medical direction; CQ certification or higher is strongly recommended, but is not required;
 - b. A Group Medical Director may serve as the Medical Director of more than one Group.
 - c. Medical Directors shall become non-voting ex-officio members of the ASRC Medical Advisory 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.
 - d. Group Medical Directors shall:
 - i. represent the first aid and medical interests of the Group to the ASRC Medical Advisory 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.
2. **Medical Advisory Committee:**
 - a. **Background:**

- i. Best practices for first aid, EMS and medical care during search and rescue operations differs significantly from that on the street. Although the underlying principles are the same, the search and rescue context requires different decision-making and sometimes different treatment.
 - ii. For both Groups and individual members, having formal expert advice on best practices for modification of “street” protocols protects against malpractice claims, criminal charges, and revocation of a state license or certification. Although the likelihood of such legal complications is low, it is prudent to protect against the as best we can. An example would be a recommended best practice of attempting to reduce shoulder dislocations in the field at the wilderness first aid level and above.
 - iii. For example, assume a member “violates” street protocols by attempting to reduce a shoulder dislocation in the field, but is unsuccessful.
 - 1. The patient might file a malpractice action against both member and Group for the member causing additional pain and suffering while violating standard “street” first aid and EMS protocols.
 - 2. The state might press criminal charges for the member practicing medicine without a license while violating standard “street” first aid and EMS protocols.
 - 3. If the member holds a First Responder or EMT certification, the state EMS agency might threaten to revoke the member’s certification for violating standard “street” first aid and EMS protocols.
 - iv. Expert advice on such best practices will carry the most weight in court if it comes from a committee of search and rescue physicians, as opposed to a group that is mostly non-physician. Thus, the ASRC has established a Medical Advisory Committee as well as a Medical Committee.
- a. Membership:** Members of the Medical Advisory 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 Advisory Committee must be licensed by at least one US state or territory as a physician or osteopathic physician;
 - ii. candidates for the Medical Advisory Committee must be Certified 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. Chair:** The Board of Directors shall select a member of the Medical Advisory 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 Advisory Committee shall serve this function.
- c. Meetings:** Meetings of the Medical Advisory 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.
- d. Duties:**
 - i. With the advice of the Medical Committee, 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, or by member Group protocols established by a Group Medical Director. When possible, these protocols should be evidence-based, and if that is not possible, protocols should in line with accepted standards of care, such as those promulgated by the Wilderness Medical Society.
 - ii. In concert with the Medical Committee, 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 Groups that provide advanced care.
 - v. 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 Advisory Committee*, which reports directly to the Board of Directors.

- vi. Review all first aid and medical care provided by the ASRC, with an eye to improvement in the quality of care.
- 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.
- viii. Complete other tasks assigned by the ASRC Board of Directors.

3. Medical Committee:

a. Membership:

- i. Members of the ASRC Medical Advisory Committee shall be ex-officio voting members of the Medical Committee.
- ii. For Groups who identify a Group Medical Officer or similar position, such Group officers shall be ex-officio voting members of the Medical Committee.
- iii. The Chair/CMO may appoint additional interested ASRC members to the Medical Committee with the advice and consent of the current Medical Committee membership.
- iv. The Chair/CMO may remove members from Medical Committee with the advice and consent of the current Medical Committee membership.

b. Chair/Conference Medical Officer:

- i. The Chair of the ASRC Medical Committee shall also be known as the Conference Medical Officer (CMO).
- ii. The Chair/CMO shall be appointed by the Conference Operations Officer with the advice and consent of the ASRC Board of Directors.
- iii. The Chair/CMO shall be supervised by, and report to, the Conference Operations Officer.
- iv. The Chair/CMO serves at the pleasure of the ASRC Board of Directors.

c. Vice-Chair/Assistant Conference Medical Officer:

- i. The Vice-Chair of the ASRC Medical Committee shall also be known as the Assistant Conference Medical Officer (Assistant CMO).
- ii. The Vice-Chair/Assistant CMO shall be appointed by the Conference Operations Officer with the advice and consent of the ASRC Board of Directors.
- iii. The Vice-Chair/Assistant CMO serves at the pleasure of the ASRC Board of Directors.

- iv. The Vice-Chair/Assistant CMO shall carry out duties as assigned by the Chair/CMO.
- v. The Vice-Chair/Assistant CMO shall serve as understudy for the Chair/CMO; the Chair/CMO shall mentor the Vice-Chair/Assistant CMO with the expectation that, at some point, the Vice-Chair/Assistant CMO shall become Chair/CMO.

d. Meetings: Meetings of the Medical 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. Duties:

- i. Assist the Medical Advisory Committee to 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, or by member Group protocols established by a Group Medical Director.
- ii. In concert with the Medical Advisory Committee, 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 Advisory Committee to harmonize advanced medical care provided by those Groups that provide such care.
- iv. Work with Group Medical Directors and the ASRC Medical Advisory Committee to develop and harmonize credentialing across the ASRC for Groups that provide advanced care.
- v. Develop, monitor and maintain a system for obtaining, compiling and securely archiving Group medical reports, analyzing them for patterns, and forwarding them to the Medical Advisory Committee for expert review.
- vi. Develop, maintain and disseminate to the Groups a comprehensive reference to laws, regulations and other considerations relevant to the practice of wilderness first aid, wilderness EMS and wilderness medicine in the states in which ASRC Groups operation.
- vii. Assist the Conference Operations Officer by making recommendations as to recommended team medical equipment, and lists of medical equipment required of ASRC Groups for certification.

- viii. Monitor developments in wilderness first aid, EMS and wilderness medicine, provide relevant information on such developments to the Groups as appropriate, and make recommendations to the Medical Advisory Committee for new formal recommendations as appropriate.
- ix. Perform other duties as assigned by the Conference Operations Officer.