

SUBJECT: **MEDICAL OVERSIGHT DURING
AN INFECTIOUS DISEASE SURGE**

PURPOSE: To provide guidance on the role of the EMS Agency Medical Officer on Duty to assist in patient management and destination decisions during an infectious disease surge.

AUTHORITY: California Health and Safety code 1797.94, 1797.153, and 101310

DEFINITIONS:

Administrator on Duty (AOD): Designated administrator of the Emergency Medical Services (EMS) Agency.

Emerging Infectious Disease (EID): Infectious diseases that have newly appeared in a population or have existed but are rapidly increasing in incidence or geographic range, or that are caused by one of the National Institute of Allergy and Infectious Diseases (NIAID) Category A, B, or C priority pathogens.

EMTALA: Emergency Medical Treatment and Active Labor Act.

Immediate Patient: These are patients who exhibit severe respiratory, circulatory or neurological symptoms that would likely result in significant morbidity or mortality if not addressed within one hour. These patients require rapid assessment and medical intervention.

Medical Alert Center (MAC): Department of Health Services, EMS Agency disaster coordination communication center.

Medical Officer on Duty (MOD): Designated medical officer of the EMS Agency.

PRINCIPLES:

1. Los Angeles County is experiencing an outbreak of an EID pathogen or other infectious disease, resulting in a surge of patients in the emergency department (ED).
2. Hospitals are managing a large surge of patients and ambulances may experience extended offload times for patients, including those who may be critically ill.
3. Immediate patients with time-sensitive emergencies require rapid assessment and treatment to reduce morbidity and mortality.
4. Stable patients may be safely transported a greater distance to receive care.
5. If a hospital does not have the capacity to treat a patient arriving by ambulance who has not yet been offloaded from the ambulance, it may be in the best interest of that patient to be transported to another nearby hospital that does have the capacity to treat them.

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APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

6. The implementation of MOD oversight is to minimize patient harm due to an EID or infectious disease surge that has severely impacted the LA County EMS and hospital system.
7. Implementation of Reference No. 1114: *Hospital EMS Surge Assistance Plan* will proceed in addition to the steps outlined in this policy.

POLICY:

I. CRITERIA FOR CONSIDERATION FOR PATIENT REDIRECTION:

- A. All available patient treatment areas, including hallways, within the ED are fully occupied and ambulance patients are being managed outside of the ED, and;
 - B. Three (3) or more ambulances are waiting to offload patients for greater than one (1) hour; **or**;
 - C. Three (3) or more Immediate patients are being managed by EMS personnel in ambulances waiting to be triaged by ED personnel; **or**;
 - D. The patient in question is considered to have a time-critical emergency who may experience harm due to the expected offload delay
- II. When Section I criteria are met and patient redirection is being considered, EMS Provider Agency personnel or Base Hospital personnel will contact the Los Angeles County EMS Agency's Medical Alert Center (MAC) for authorization from the MD to redirect the patient.
- III. MAC will contact the MOD and will send an email notification to the AOD.
- IV. The MOD will communicate with the EMS Personnel and/or Base Hospital, facilitated by the MAC, including video conferencing with the patient as needed to perform an assessment and to determine if redirection of the patient is appropriate.
- V. The MOD will work with the MAC to determine the closest 9-1-1 Receiving Facility with the necessary capacity and capabilities.
- VI. If the MOD authorizes redirection of the patient, the EMS personnel caring for the patient will immediately transport the patient to a secondary triage facility outlined in Ref. No. 1143.1 as directed by the MOD, and will provide notification to that facility of the incoming patient as per Ref. No. 1200.1.
- VII. The MOD will contact the ED charge nurse at the secondary triage facility to provide a brief report on the necessity of the transport.
- VIII. The EMS Provider should document the MOD who authorized the rerouting in the narrative, and the MAC documentation of the incident should be according to operational policy.
- IX. The EMS Agency will conduct 100% case review as part of the EMS Agency Quality Improvement Plan.

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REFERENCE NO. 1143

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 1114, **Hospital EMS Surge Assistance Plan**

Ref. No. 1143.1, **Secondary Triage Hospitals**

Ref. No. 1200.1, **Treatment Protocol: General Instructions**