

SUBJECT: **REGIONAL MOBILE RESPONSE TEAMS**

PURPOSE: To establish a formal mechanism for providing rapid advanced emergency medical care at the scene in which a higher level of on-scene emergency medical expertise, physician field response, is requested by the on-scene prehospital care provider.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1798. (a)

DEFINITIONS:

9-1-1 Jurisdictional Provider: The local governmental agency that has jurisdiction over a defined geographic area for the provision of prehospital emergency medical care. In general, these are cities and fire districts that have been defined in accordance with the Health and Safety Code, Division 2.5, Section 1797.201.

Exclusive Operating Area (EOA) Provider: Prehospital emergency medical transportation agencies/companies that have the exclusive rights to provide emergency 9-1-1 medical transportation in predefined geographic areas. These include cities and ambulance companies that have exclusive emergency transportation rights as defined by the Health and Safety Code, Division 2.5, Section 1797.201 and Section 1797.224, and referenced in the Los Angeles County EMS Plan.

Fire Operational Area Coordinator (FOAC): Los Angeles County Fire Department is the FOAC for the County, which is contacted through its Dispatch Center.

Hospital Emergency Response Team (HERT): Organized group of health care providers from a designated Level I Trauma Center, with Emergency Medical Services (EMS) Agency approval as a HERT provider, who are available 24 hours/day to respond and provide a higher level of on-scene surgical and medical expertise.

Incident Commander: The highest-ranking official of the jurisdictional agency at the scene of the incident and responsible for the overall management of the incident.

Medical Alert Center (MAC): Serves as the control point for the VMED28 and ReddiNet® systems and the point of contact when a HERT is requested. The MAC shall contact an approved HERT provider based on the incident location.

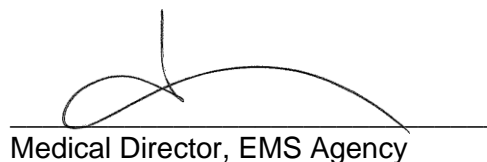
Mobile Stroke Unit (MSU): Organized group of health care providers with highly specialized equipment associated with a designated Comprehensive Stroke Center, who are available to respond and provide a higher level on-scene stroke care. A MSU is approved by the EMS Agency to be deployed in the prehospital setting to provide rapid assessment of a suspected stroke patient utilizing a mobile computed tomography (CT) scanner. If indicated, the MSU may also provide rapid treatment with intravenous thrombolytic therapy.

EFFECTIVE: 12-01-92
REVISED: 04-01-25
SUPERSEDES: 10-01-23

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APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

Physician Field Response: Is a situation in which a higher level of on-scene emergency medical or surgical expertise is warranted due to the nature of the emergency and requested by the on-scene prehospital care provider.

Qualified Specialist: A physician licensed in the State of California who is Board Certified or Board Eligible in the corresponding specialty by American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA).

Standard Precautions: Is a combination of the major features of Universal Precautions (UP) and Body Substance Isolation (BSI). Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene, use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices.

VMED28: The VMED28 frequency is the primary method of communications with paramedic providers to coordinate patient destination activities with the Medical Alert Center (MAC). The VMED28 also serves as a back-up communication system for intra-hospital communication and between hospitals and the MAC.

POLICY:

I. Hospital Emergency Response Team (HERT):

A. Composition of a HERT

1. Each HERT deployment shall identify a Team Leader who is a qualified specialist with the training in accordance with the approved HERT provider's internal policy on file with the EMS Agency.
2. The Team Leader is responsible for organizing, supervising, and accompanying members of the team to a scene where a physician field response has been requested.
3. The Team Leader shall be familiar with base hospital operations, scene hazard training, and the EMS Agency's policies, procedures, and protocols.
4. The Team Leader is responsible for retrieving the life-saving equipment and PPE and determining if augmentation is required based upon the magnitude and nature of the incident.

PPE shall include the following:

- a. Safety Goggles
- b. Leather Gloves
- c. Helmet with HERT labeled on both sides (e.g., Bullard ® Advent ®);
- d. Jumpsuit (e.g., Nomex®); and
- e. National Fire Protection Association (NFPA) approved safety boot with minimum six-inch rise, steel toe, and steel shank.

The standard life-saving equipment and PPE referenced above shall be predetermined, preassembled, readily available, clearly labeled, and stored in a predetermined location. Based upon the magnitude and nature of the incident, the standard life-saving equipment and PPE may require augmentation.

5. The Team Leader will determine the ultimate size and composition of the team based upon the magnitude and nature of the incident.
6. At least one physician on the HERT shall be a qualified Los Angeles County Base Hospital Physician.
7. The Team Leader will report to, and be under the authority of the Incident Commander or their designee. Other members of the team will be directed by the Team Leader.

B. Purpose of the HERT:

1. A HERT is utilized in a situation where additional medical or surgical expertise is needed on scene.
2. This includes, but is not limited to, the following situations:
 - a. A life-saving procedure, such as an amputation, is required due to the inability to extricate a patient by any other means.
 - b. Prolonged entrapment of a patient requiring extended scene care.
 - c. Need for assistance with analgesia, sedation, and/or difficult airway management.
 - d. A mass casualty incident with need for field triage of a large number of patients.

C. Activation of the HERT:

1. The Incident Commander or designee shall contact the MAC via the VMED28. The determination of the appropriate mode of transportation of the team (ground versus air) will be mutually agreed upon. The anticipated duration of the incident should be considered in determining the need for a HERT; it will typically be a minimum of 30 minutes before a team arrives on scene.
2. MAC shall contact an approved HERT provider regarding the request. The Team Leader will organize the team and equipment in accordance with the HERT provider's internal policy, and the magnitude and nature of the incident.
3. The Team Leader, or designee, shall inform the MAC of the number of team members that will require transport, and the total estimated weight of equipment to be transported with the HERT.
4. HERT members should be assembled and ready to depart within

20 minutes of a request with standard life-saving equipment and in appropriate level of personal protective equipment (PPE) in accordance with the HERT provider's internal policy on file with the EMS Agency.

5. MAC will notify the Incident Commander of the ETA of the HERT if they are arriving by ground transportation. When air transport is utilized, MAC will indicate the time that the HERT is assembled with the standard life-saving equipment and prepared to leave the helipad.
6. MAC will maintain records of all HERT activations to include clinical and operational considerations that prompted need for the HERT, information on responding EMS and HERT units or teams, and incident after action reviews when necessary.

D. Transportation of the HERT:

1. MAC will arrange transportation of the HERT through coordination with the Central Dispatch Office or the FOAC.
2. Upon the conclusion of the incident, HERT will contact the MAC and transportation of the team back to the originating facility will be arranged.

E. Responsibilities of a HERT:

1. Upon arrival of the HERT, the Team Leader will report directly to the on-scene Incident Commander or designee (i.e., Medical Group Supervisor). HERT members will, at a minimum, have visible identification that clearly identifies the individual as a health care provider (physician, nurse, etc.) and a member of the HERT.
2. Medical Control for the incident shall be in accordance with Ref. No. 816, Physician at the Scene.

F. Approval Process of a HERT:

1. Level I Trauma Centers interested in providing a HERT must develop internal policies to comply with all requirements and submit evidence of the ability to meet all requirements of this policy, as well as an initial and continuing education plan for HERT members, to the EMS Agency for review and approval as a HERT provider.
2. The internal policy will include a HERT Medical Director and a HERT Program Manager who are responsible for oversight of the HERT and serve as the points of contact for communications from the EMS Agency.

II. Mobile Stroke Unit (MSU) Program

A. General Requirements:

1. Be approved by the EMS Agency
 2. Have, at minimum, one MSU that has been licensed by the California Department of Motor Vehicles as an emergency response vehicle.
 3. Designate a MSU Medical Director who shall be responsible for the functions of the MSU. The MSU Medical Director shall be a qualified specialist, licensed in the State of California and Board Certified in Neurology, Neurosurgery or Neuroradiology.
 4. Staff the MSU with a critical care transport nurse, paramedic and a CT technician. A stroke neurologist may also be included as part of the response team on the vehicle or by telemedicine.
 5. Implement a quality improvement program for program monitoring and evaluation.
 6. Designate a MSU Program Manager who shall be responsible for ensuring timely and accurate data collection and who works with the MSU Medical Director to develop a data collection process and a quality improvement program.
- B. The MSU Program shall develop an activation and dispatch procedure in collaboration with the 9-1-1 jurisdictional provider.
- C. A written Agreement between an Exclusive Operating Area (EOA) Provider and the MSU Program shall be in place if the MSU will be used to transport stroke patients. The written Agreement shall address, at minimum, the following:
1. Dispatch
 2. Interaction between staff of the MSU and the 9-1-1 Jurisdictional Provider/EOA Provider
 3. Transportation arrangements
 4. Billing
 5. Data Collection
 6. Liability
- D. The MSU Program shall develop policies and procedures that address patient care and include the following: patient assessment and identification of patients requiring MSU services; indications for CT and procedures for transmission and reporting, indications and contraindications for thrombolytic therapy, and reporting of adverse events.
- E. Approval Process of a MSU
1. MSU Programs shall submit a letter of intent to the EMS Agency

outlining the following:

- a. Qualifications of the composition of MSU program
 - b. Proposed response area
 - c. Deployment and dispatch plan for integration with the 9-1-1 jurisdictional provider
 - d. Data collection and quality improvement process
2. If the MSU will be used to transport stroke patients, submit a copy of the written Agreement with the 9-1-1 Jurisdictional Provider/EOA Provider.
3. The EMS Agency will review and verify the submitted information. If the submitted information is satisfactory, the EMS Agency will approve the MSU program.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 201, **Medical Management of Prehospital Care**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 504, **Trauma Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 521, **Stroke Patient Destination**
Ref. No. 816, **Physician at the Scene**