Procedure for Advanced Practice Paramedics on Scene Calls

Purpose:
To provide additional resources to specific types of scene medical responses.

Background:
MedStar EMS recently provided additional training to eight (8) paramedics. These Advanced Practice Paramedics (APPs) also carry additional, specialized equipment they can use in the assessment and treatment of patients in the field. To make most effective use of the APPs, they are assigned to a “fly car” (MedStar 602) and will be dispatched, when available, to high acuity/low frequency calls and to low acuity/high frequency calls.

The APPs are assigned a specific radio ID for ease of dispatching and identification. These IDs are as follows:
- 610 = Jimmy Aycox
- 611 = Sean Burton
- 612 = Mike Potts
- 613 = Tim Penic
- 614 = Macara Trusty
- 615 = Andrea Sprang
- 616 = Nina Pannell
- 617 = Tobias Theisen
- 618 = John Elder (Critical Care Coordinator)

Procedure - High Acuity 9-1-1 Calls:
The on-duty APP will be dispatched to all “ECHO” level calls. These calls are considered time/life sensitive and the APP may be able to provide additional scene treatments unavailable to other medical personnel on the scene.

Examples include:
- Allergic Reactions/Envenomations with ineffective Breathing (EMD Code 2-ECHO-1)
- Breathing Problems with ineffective breathing (EMD Code 6-ECHO-1)
- Suspected “Workable” Cardiac Arrest, (EMD Codes 9-ECHO-1 through 6) including:
  - Electrocution
  - Hanging
  - Drowning
- Unconsciousness with ineffective breathing (EMD Code 31-ECHO-1)

Once on scene, the Level 6/APP will provide on-scene care in accordance with the Level 6/APP protocols approved by the Emergency Physician’s Advisory Board (EPAB). The Level 6/APP will work in close coordination with the other on-scene medical personnel (both MedStar and first responders) to assure effective and efficient on scene medical care. In the rare event that there is a difference of opinion regarding the manner and course of treatment, the final decision will rest with the highest level credentialed care provider in accordance with established EPAB protocols.
Procedure - **Low Acuity 9-1-1 Calls:**

The on-duty APP will be dispatched to all “OMEGA” level calls, if available, as a back-up to the responding ambulance. These calls are considered by the National Academy of Emergency Dispatch guidelines to potentially appropriate for non-medical transportation or referral to alternative care. The APPs may be able to provide additional assessments and referrals not able to be recommended by other on-scene medical personnel.

*Examples Include:*
- Sick person with no priority symptoms (*EMD Code 26-OMEGA-1-28*)
- Expected death/No CPR (*EMD Code 9-OMEGA-1*)

Once on scene, the Level 6/APP will provide on-scene care in accordance with the Level 6/APP protocols approved by the Emergency Physician’s Advisory Board (EPAB). If arriving with other medical personnel on-scene, the Level 6/APP will work in close coordination with the other on-scene medical personnel (both MedStar and first responders) to assure effective and efficient on scene medical care. In the rare event that there is a difference of opinion regarding the manner and course of treatment, the final decision will rest with the highest level credentialed care provider in accordance with established EPAB protocols.

Procedure - **Community Health Program Calls** (non-9-1-1 calls):

Patient enrolled in MedStar’s Community Health Program (CHP) have been instructed to call MedStar’s non-emergency access number if they would like a non-emergency medical assessment. Certain facilities (such as the Salvation Army and Presbyterian Night Shelter) have also been trained to call MedStar’s non-emergency number if one of their clients is in need of a non-emergency medical evaluation.

When these calls are received, if no priority symptoms are present, the APPs can be dispatched alone to assess the patient’s needs and determine the appropriate disposition of the request.

Procedure – **Field Clinical Quality Assurance:**

Level 6/APP medics may choose to respond, if available, to observe medical calls for the purposes of on-site quality assurance observation of clinical care provided in the field. Feedback from the observations may be documented and provided to the on-duty Field Supervisors and EPAB.

The purpose for this Q/A role is to identify content for continuing education programs.