SUBJECT: **HOSPITAL EMERGENCY RESPONSE TEAM (HERT)**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 817

PURPOSE: To establish a formal mechanism for providing rapid advanced surgical care at the scene in which a higher level of on-scene surgical 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:

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

VMED28: The radio frequency utilized for communications between the field providers and the Medical Alert Center (MAC).

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 expertise.

Incident Commander: 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.

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

Standard Precautions: combine 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.

APPROVED: Director, EMS Agency | Medical Director, EMS Agency

PRINCIPLES:

1. In general, a HERT is utilized in a situation where a **life-saving** procedure, such as an amputation, is required due to the **inability to extricate** a patient. Life before limb, utilized as a life-saving measure not as a time saving measure.

2. HERT members should be assembled and ready to respond 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.

3. PPE shall include universal precautions and the following:
   a. Safety Goggles
   b. Leather Gloves
   c. Bullard ® Advent ® royal blue helmet with HERT labeled on both sides;
   d. Nomex® royal blue jumpsuit; and
   e. National Fire Protection Association (NFPA) approved safety boot with minimum six inch rise, steel toe, and steel shank.

4. 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. Medical Control for the incident shall be in accordance with Reference No. 816, Physician at the Scene.

POLICY:

I. Composition of a Hospital Emergency Response Team:

   A. The composition of the HERT team, and the identification of a Team Leader, shall be in accordance with the approved HERT provider's internal policy on file with the EMS Agency.

   B. 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.

   C. The Team Leader shall be familiar with base hospital operations, scene hazard training, and the EMS Agency's policies, procedures, and protocols.

   D. 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.

   E. The Team Leader will determine the ultimate size and composition of the team based upon the magnitude and nature of the incident.

F. 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.

II. Activation of a Hospital Emergency Response Team:

A. The anticipated duration of the incident should be considered in determining the need for a HERT. Before requesting a HERT, the Incident Commander should take into account that it will be a minimum of 30 minutes before a team can be on scene.

B. The Incident Commander shall contact the MAC via VMED28. The determination of the appropriate mode of transportation of the team (ground versus air) will be mutually agreed upon.

C. 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.

D. The Team Leader shall inform the MAC once the team has been assembled and indicate the number of team members.

E. 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.

III. Transportation of a Hospital Emergency Response Team:

A. MAC will arrange transportation of the HERT through coordination with the Central Dispatch Office or the FOAC.

B. Upon the conclusion of the incident, HERT will contact the MAC and transportation of the team back to the originating facility will be arranged.

IV. Responsibilities of a Hospital Emergency Response Team on Scene:

Upon arrival of the HERT, the Team Leader will report directly to the on-scene Incident Commander. 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.

V. Approval Process of a Hospital Emergency Response Team:

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 to the EMS Agency for review and approval as a HERT provider.

CROSS REFERENCES:

Prehospital Care Manual:
Reference No. 201, **Medical Management of Prehospital Care**
Reference No. 502, **Patient Destination**
Reference No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Reference No. 504, **Trauma Patient Destination**
Reference No. 506, **Trauma Triage**
Reference No. 510 **Pediatric Patient Destination**
Reference No. 519, **Management of Multiple Casualty Incidents**
Reference No. 808, **Base Hospital Contact and Transport Criteria**
Reference No. 816, **Physician at the Scene**