



Plan for NH Licensed EMS Providers

Practicing at Preplanned

Medical Standby Coverage Events





PLAN FOR NH LICENSED EMS PROVIDERS PRACTICING AT PREPLANNED MEDICAL STANDBY COVERAGE EVENTS

Introduction

One of the roles that EMS providers have traditionally fulfilled in NH is the provision of “first aid “ coverage at a number of different venues such as fairs, large concerts, athletic events, auto and motocross races, bicycle races, marathons, summer camps and schools.

The practice of providing medical standby coverage by EMS providers arose from the desire to provide very quick access to medical care for event participants who become seriously ill or injured, while awaiting the response of the local EMS Unit. In many circumstances this is still the only purpose. However over time, EMS providers at events encountered individuals seeking attention for medical issues that were minor in nature and the EMS providers gave care for these minor complaints using a common sense approach.

The Division of Fire Standards and Training and Emergency Medical Services is charged by the NH Legislature to establish a plan that specifies circumstances under which a NH licensed EMS provider may provide care at one of these events. In the process of creating this plan the Division has also defined which levels of care are regulated by the Division and which are not.

This policy differs from NH EMS Protocols in that it addresses situations in which NH licensed EMS providers may render care outside of their normal EMS unit affiliation(s). In other words, NH EMS protocols require an individual to be affiliated with an EMS unit to utilize the NH EMS protocols. In contrast, this preplanned medical standby coverage policy addresses the practice of NH licensed EMS providers who are either affiliated with an EMS unit that is providing medical standby coverage or who are providing medical standby coverage outside of their unit affiliation(s).

Policy Summary

NH licensed EMS providers who engage in preplanned medical standby coverage may do so either as a member of a NH licensed EMS Unit or outside of an affiliation with a NH licensed EMS Unit. Non-urgent care (as defined below) rendered at such a venue is not considered “emergency medical services” as defined in RSA 153-A:2, VI. An individual who is experiencing a medical condition that exceeds this level of acuity is considered an EMS “patient” in accordance with RSA 153-A:2, XVI, and the provider must activate the appropriate transporting EMS Unit. The provider should render emergency medical care appropriate to their level of licensure until care is transferred to the transporting EMS Unit in accordance with Saf-C 5922.01 (c). The provider is required to document patient care that was provided prior to transferring care to the transporting unit (see Documentation section below).

Definitions

“Preplanned medical standby coverage” means the provision of care to individuals at preplanned venues such as sporting events, concerts, and camps and schools. Any request for emergency response or standby at an emergency scene is not considered preplanned medical standby coverage, and this policy does not apply.

“Non-urgent care” means the provision of care to an individual at a preplanned medical standby coverage venue, whose condition is of an apparent minor nature that, in the opinion of the EMS provider, poses no threat to life or significant health impairment. Such care is not considered “emergency medical services” as defined in RSA 153-A:2, VI.

Operations

EMS providers who choose to provide medical standby coverage should be prepared to act in the event of a serious illness or injury. The NH licensed EMS provider should treat any individual in this setting who presents with an apparent serious illness or injury until local EMS (or other appropriate transport Unit) arrives and assumes responsibility for the patient in accordance with NH EMS protocols.

EMS providers may choose to provide non-urgent care, as defined above, for persons at an event. Conversely, the EMS provider may choose not to provide non-urgent care at the event. This decision must be made before the event, in consultation with the event organizers / management. The decision should not be made on an ad-hoc basis after the start of the event.

The provision of non-urgent care and related decision-making is not taught in EMS education programs. There is no nationally credentialed course to teach such skills. Inherently, there is a risk for the EMS provider making a decision to “treat and release” a person who appears to have a minor condition that a more highly trained medical professional might recognize as a more serious condition.

NH EMS Protocols do not cover the provision of non-urgent care. The Division does not therefore regulate such practice. The EMS provider functioning without an affiliation must recognize that the full risk of doing so rests with the individual provider and the host organization.

A NH licensed EMS provider who is affiliated with a NH licensed EMS Unit that is providing preplanned medical standby coverage should render emergency medical care appropriate to his/her level of licensure until care is transferred to an appropriate licensed EMS provider or to hospital emergency department staff. The affiliated provider is required to document emergency care using TEMSIS as required for any emergency care provided by a NH licensed EMS Unit.

A NH licensed EMS provider who is providing preplanned medical standby coverage unaffiliated with a NH licensed EMS Unit should render emergency medical care

appropriate to his/her level of licensure until care is transferred to the local EMS Transport Unit in accordance with Saf-C 5922.01 (c). The unaffiliated provider is required to document patient care that was provided prior to transferring care to the transporting unit (see Documentation section below).

Insurance

Although the Division does not mandate that individuals providing preplanned medical standby coverage ensure that medical malpractice insurance is obtained for the event, it cannot stress enough that to provide services without insurance is extremely unwise. Coverage may be provided by the entity hosting the event, but EMS providers are advised to validate the level of protection afforded by such coverage.

The EMS provider who elects to provide non-urgent care at such a venue is advised to determine whether the malpractice insurance will cover non-urgent care.

Protocols

NH licensed EMS Providers providing medical standby coverage may render emergency medical care to individuals presenting with potentially serious illness or injury appropriate to their level of licensure under NH EMS Protocols until care is transferred to the responding 911 provider in accordance with Saf-C 5922.01 (c).

Education

The provision of emergency medical care to individuals in the preplanned medical standby coverage venue will be conducted within the training and scope of practice of the EMS provider. Medical treatment provided to persons meeting the conditions of non-urgent care are typically well within the training and scope of practice of EMS providers. There is however no generally recognized training of EMS providers to make the appropriate judgment whether a condition may be safely treated and released. Though a rare event, misjudgment by an EMS provider may have serious clinical and/or legal implications.

The Division strongly encourages any EMS provider who is contemplating providing non-urgent care services at a preplanned medical standby coverage event to seek out additional education.

Medications

EMS providers may provide medications within their level of EMS licensure during emergency care with the activation of 911 (or the NH licensed transporting EMS Unit contracted for the event) and while awaiting the transporting ambulance service.

In the setting of non-urgent care EMS providers should not administer any medications, as that would constitute 'dispensing medication,' which is illegal except for licensed pharmacists.

In the setting of non-urgent care EMS providers should not assist with the administration or dispensing of a patient's own prescribed medication, as this is outside their scope of practice.

Documentation

If emergency medical care is rendered at a prescheduled standby coverage event, the EMS provider shall either document the encounter in TEMSIS if available, or ensure that patient care information is provided to the Unit transporting the patient according to Saf-C 5922.01 (c).

If non-urgent care is rendered at a prescheduled medical standby coverage event, it is strongly recommended that the EMS provider maintain documentation or a log entry of each person encountered. It is further recommended that each person encountered in this setting should receive a document that the assessment they received was not provided by a physician, and advising them that evaluation by a physician is recommended.

Needs Assessment

Prior to any event the provider or Unit should perform a needs assessment for such things as:

- Anticipated volume of persons seeking medical attention
- Activities that will be occurring in order to anticipate the nature of injuries or illnesses that may be encountered
- Presence of alcohol
- Weather conditions anticipated
- Needed equipment and supplies
- How contact will be made with local EMS
- Notifying local EMS Unit about the event and the presence of preplanned medical standby coverage.

Disclosure

An EMS Provider or EMS Unit considering the provision of preplanned medical standby coverage at any venue shall fully disclose the conditions of this policy to the management of the entity seeking such services.

Policy Review

This policy will be reviewed at a minimum of every two years.

Approved: John Barthelmes, Commissioner
Effective January 1, 2013