



# Inland Counties Emergency Medical Agency

*Serving San Bernardino, Inyo, and Mono Counties*

*Tom Lynch, EMS Administrator  
Reza Vaezazizi, MD, Medical Director*

**DATE:** September 17, 2013

**TO:** EMS Providers - ALS, BLS, EMS Aircraft  
Hospital CEOs, ED Directors, Nurse Managers and PLNs  
EMS Training Institutions and Continuing Education Providers  
Inyo, Mono and San Bernardino County EMCC Members  
Other Interested Parties

**FROM:** Tom Lynch  
EMS Administrator

Reza Vaezazizi, MD  
Medical Director

**SUBJECT:** IMPLEMENTATION OF POLICY EFFECTIVE OCTOBER 15, 2013

After extensive work and endorsement on behalf of the Protocol and Education Committee, Trauma Systems Advisory Committee, EMS Officers and San Bernardino County Chiefs' Association, ICEMA Reference #15050 - Hospital Emergency Response Team (HERT) Policy will be effective on October 15, 2013.

The changes made to this policy include the addition of the recommended safety gear requirement and clarifications to existing processes.

Please insert and replace the enclosed policy and the Table of Contents in your EMS Policy, Procedure and Protocol Manual with the updated documents and ensure every station or facility has a reference copy. The ICEMA protocols and policies can also be found on ICEMA's website at [www.ICEMA.net](http://www.ICEMA.net) under Emergency Medical Services Information and select the EMS Policy, Procedure and Protocol Manual section.

If you have any questions related to this policy, please contact Chris Yoshida-McMath, RN, EMS Nurse Specialist, at (909) 388-5803 or via e-mail at [c.yoshida-mcmath@cao.sbcounty.gov](mailto:c.yoshida-mcmath@cao.sbcounty.gov).

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## HOSPITAL EMERGENCY RESPONSE TEAM (HERT) POLICY

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### I. 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 emergency medical services (EMS) provider.

### II. AUTHORITY

California Health and Safety Code, Division 2.5, Section 1798 (a)

### III. DEFINITIONS

Hospital Emergency Response Team (HERT): Organized group of healthcare providers from a designated Level I or II Trauma Center, with local emergency medical services agency (LEMSA) approval as a HERT provider, who are available 24 hours/day, 7 days/week (24/7) to respond and provide a higher level of on scene surgical expertise.

Incident Commander (IC): Designated officer with overall responsibility for the management of the incident.

### IV. PRINCIPLES

- A. 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 concept is utilized as a life-saving measure, not as a time saving measure.
- B. HERT should be assembled and ready to respond within twenty (20) minutes of a request with standard life-saving equipment in accordance with the HERT provider's internal policy on file with ICEMA.
- C. The standard life-saving equipment 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 may require augmentation.

### V. POLICY

#### A. Composition of a HERT

- 1. The composition of the HERT, and the identification of a Physician Team Leader, shall be in accordance with the approved HERT provider's internal policy on file with ICEMA.

2. The Physician Team Leader:
  - a. Is responsible for organizing, supervising, and accompanying members of the team to a scene where a physician field response has been requested.
  - b. Shall be familiar with base hospital operations and the ICEMA's policies, procedures, and protocols.
  - c. Is responsible for retrieving the life-saving equipment and determining if augmentation is required based upon the magnitude and nature of the incident.
  - d. Will determine the ultimate size and composition of the team based upon the magnitude and nature of the incident.
  - e. Will report to, and be under the authority of, the IC or their designee. Other members of the team will be directed by the Physician Team Leader.

B. Activation of a HERT

1. The anticipated duration of the incident should be considered in determining the need for a HERT. Before requesting a HERT, the IC should take into account that it may be a minimum of thirty (30) minutes before a team can be on scene.
2. The IC shall contact the appropriate communications center and request the HERT.
3. San Bernardino County Communication Center shall contact the approved HERT provider regarding the request. The Physician 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.
4. The IC will provide pertinent information regarding the incident through their communications center.
5. The Physician Team Leader shall inform the San Bernardino County Communication Center once the team has been assembled and indicate the number of team members.
6. San Bernardino County Communication Center will notify the IC of the estimated time of arrival and mode of transportation of the HERT.
7. Consider secondary air ambulance for patient transportation.

C. Transportation of a HERT

1. When either ground or air transportation is indicated, the San Bernardino County Communication Center will arrange emergency response vehicle transportation for the HERT.
2. Consider use of larger ground (CCT or bariatric) or air units for transport of patient and the HERT to a receiving hospital.
3. Upon the conclusion of the incident, the HERT will work with the IC to contact the San Bernardino County Communication Center to arrange transportation of the team back to the originating facility, if needed.

D. Responsibilities of a HERT On Scene

1. Upon arrival of the HERT, the Physician Team Leader will report directly to the IC. Access to the emergency medical scene will be at the discretion of the IC. The HERT members will have the recommended safety gear:
  - Safety goggles
  - Leather gloves
  - ANSI approved rescue helmet with HERT labeled on both sides (blue)
  - Nomex jumpsuit with HERT indicated on the back (blue)
  - DOT safety vests
  - ANSI/NFPA approved safety boot with steel toe and steel shank

Only personnel that meet the minimum safety gear requirements may be allowed into the area. All other responding personnel will be kept at a safe distance.

2. Documentation of care rendered will be completed on hospital approved trauma flow sheets (nursing notes) and physician progress notes.

E. Approval Process of a HERT

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 ICEMA for review and approval as a HERT provider.

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SERIES	SYSTEM POLICIES AND PROCEDURES	EFFECTIVE DATE
<b>1000</b>	<b>ACCREDITATION, CERTIFICATION and AUTHORIZATION</b>	
1010	Emergency Medical Dispatch Certification Requirements	01/01/93
1020	First Responder Certification Requirements	05/01/94
1030	EMT Certification Requirements	07/01/10
1040	Requirements for EMT-P Accreditation	09/15/11
1050	MICN Certification Requirements	03/15/11
1060	Certification/Accreditation Review Policy	09/15/11
1070	EMT Incident Investigation, Determination of Action, Notification and Administrative Hearing Process	07/01/10
1080	Flight Nurse Authorization	03/15/11
1090	Criminal History Background Checks (Live Scan)	04/01/13
1100	Advanced EMT Certification/Recertification	04/01/13
<b>2000</b>	<b>DATA COLLECTION</b>	
2010	Requirements for Patient Care Records	05/01/06
2020	ICEMA Abbreviation List	03/15/12
2030	Minimum Documentation Requirements for Transfer of Patient Care	03/15/12
2120	Instructions for the 01A/F1612 Forms	04/01/09
<b>3000</b>	<b>EDUCATION</b>	
3010	Annual Review Class (ARC)	09/15/11
3020	Continuing Education Provider Requirements	03/15/11
3030	EMT Continuing Education Requirements	03/15/11
<b>4000</b>	<b>QUALITY IMPROVEMENT</b>	
4010	Continuous Quality Improvement Plan	02/28/11
<b>5000</b>	<b>MISCELLANEOUS SYSTEM POLICIES</b>	
5010	Licensure Changes 911 Receiving Hospitals	01/01/10
5020	Base Hospital Selection Criteria	07/15/00
5030	Procedure for Adoption of Protocols and Policies	09/15/11
5040	Radio Communication Policy	03/15/11
5050	Medical Response to a Multi-Casualty Incident	04/01/13
5050 I/Mono Annex	Inyo and Mono Counties Medical Response to a Multi-Casualty Incident	05/01/11
5060	MCI Definitions/Key ICS Positions	01/01/10
5070	Medical Response to Hazardous Materials/Terrorism Incident	04/01/13
5080	ICEMA Ground Based Ambulance Rate Setting Policy-San Bernardino County	05/08/12
5090	2013/2014 Fee Schedule	07/01/13

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<b>6000</b>	<b>SPECIALTY PROGRAM/ PROVIDER POLICIES</b>	
6010	Paramedic Vaccination Policy	04/01/13
6030	AED Service Provider Policy - Public Safety	09/15/11
6040	Lay Rescuer AED Implementation Guidelines	09/15/11
6060	Specialty and Optional Scope Program Approval Policy	11/01/09
6070	Cardiovascular STEMI Receiving Centers	07/01/12
6080	Paramedic Blood Draw for Chemical Test at the Request of a Peace Officer	04/01/13
6090	Fireline Paramedic	03/15/11
6100	Stroke "NSRC" Receiving Centers	11/15/11
6110	Tactical Medicine Program	04/01/13
6120	Emergency Medical Dispatch Center Requirements <i>(San Bernardino County Only)</i>	<b>NEW</b>
6130	Medical Priority Dispatch Minimum Response Assignments for Emergency Medical Dispatch (EMD) Categories	<b>NEW</b>
<b>7000</b>	<b>STANDARD DRUG &amp; EQUIPMENT LISTS</b>	
7010	BLS/LALS/ALS Standard Drug and Equipment List	07/01/13
7020	EMS Aircraft Standard Drug and Equipment List	07/01/13
7030	Controlled Substance Policy	09/15/11
<b>8000</b>	<b>TRANSPORT/TRANSFERS AND DESTINATION POLICIES</b>	
8010	Interfacility Transfer Guidelines	09/15/13
8020	Nurse Staffed Units - Interfacility Transport Guidelines	05/01/06
8030	Burn Destination and Criteria Policy	09/15/11
8040	Continuation of Care of a STEMI Patient <i>(San Bernardino County Only)</i>	04/01/13
8050	Transport of Patients (BLS)	02/01/92
8060	Requests for Hospital Diversion Policy <i>(San Bernardino County Only)</i>	04/01/13
8070	Aircraft Rotation Policy <i>(San Bernardino County Only)</i>	04/01/13
8080	Bed Delay Patient Destination Policy <i>(SB County High Desert Area Only)</i>	09/15/11
8090	Fort Irwin Continuation of Trauma Care	06/25/10
8100	Continuation of Trauma Care	07/01/12
8110	EMS Aircraft Permit Policy	<b>NEW</b>
	<b>PATIENT CARE POLICIES</b>	
<b>9000</b>	<b>GENERAL PATIENT CARE POLICIES</b>	
9010	General Patient Care Guidelines	04/01/13
9020	Physician on Scene	04/01/13
9030	Responsibility for Patient Management Policy	04/01/13
9040	Reporting Incidents of Suspected Abuse Policy	04/01/13

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9060	Local Medical Emergency Policy	09/01/93
9070	Applying Patient Restraints Guidelines	05/01/06
9080	Care of Minors in the Field	05/01/06
9090	Patient Refusal of Care Guidelines - Adult	05/01/06
9100	Patient Refusal of Care or Other Patient Requests	04/15/96
9110	Treatment of Patients with Airborne Infections & Transport Recommendations	09/15/11
9120	Nausea and Vomiting	09/15/12
<b>10000</b>	<b>SKILLS</b>	
10010	King Airway Device (Perilaryngeal) - Adult	09/15/13
10020	King Airway Device (Perilaryngeal) - Pediatric	09/15/12
10030	Oral Endotracheal Intubation - Adult	09/15/12
10040	Oral Endotracheal Intubation - Pediatric	01/01/10
10050	Nasotracheal Intubation	09/15/12
10060	Needle Thoracostomy	09/15/11
10070	Needle Cricothyrotomy	09/15/11
10080	Insertion of Nasogastric/Orogastric Tube	09/15/12
10090	Vagal Maneuvers	09/15/12
10100	12-Lead Electrocardiography	09/15/12
10110	Transcutaneous Cardiac Pacing	09/15/11
10120	Synchronized Cardioversion	09/15/11
10130	Automatic External Defibrillation (AED) - BLS	09/15/11
10140	Intraosseous Infusion (IO)	09/15/13
10150	External Jugular Vein Access	09/15/12
10160	Axial Spinal Stabilization	04/01/13
10180	Continuous Positive Airway Pressure Device (CPAP) - Adult	06/12/13
<b>11000</b>	<b>ADULT EMERGENCIES</b>	
11010	Adult Respiratory Emergencies	04/01/13
11020	Airway Obstruction - Adult	04/01/13
11040	Bradycardias - Adult	09/15/13
11050	Tachycardias - Adult	09/15/13
11060	Suspected Acute Myocardial Infarction (AMI)	04/01/13
11070	Cardiac Arrest - Adult	04/01/13
11080	Altered Level of Consciousness/Seizures - Adult	05/01/13
11090	Shock (Non-Traumatic)	09/15/13
11100	Burns - Adult (15 years of age and older)	04/01/13
11110	Stroke Treatment - Adult (15 years of age and older)	11/15/11

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SERIES	PATIENT CARE POLICIES	EFFECTIVE DATE
<b>12000</b>	<b>END OF LIFE CARE</b>	
12010	Determination Of Death on Scene - Coroners Worksheet of Death - EMS Report of Death Form	04/01/13 09/15/12
12020	Withholding Resuscitative Measures - 2011 California POLST Form - EMSA Do Not Resuscitate (DNR) Report Form	09/15/13 04/01/11 01/01/09
<b>13000</b>	<b>ENVIRONMENTAL EMERGENCIES</b>	
13010	Poisonings	04/01/13
13020	Heat Related Emergencies	05/01/13
13030	Cold Related Emergencies	05/01/13
<b>14000</b>	<b>PEDIATRIC EMERGENCIES</b>	
14010	Respiratory Emergencies - Pediatric (Less than 15 years of age)	09/15/13
14020	Airway Obstruction - Pediatric (Less than 15 years of age)	09/15/13
14030	Allergic Reactions - Pediatric (Less than 15 years of age)	04/01/13
14040	Cardiac Arrest - Pediatric (Less than 15 years of age)	09/15/13
14050	Altered Level of Consciousness - Pediatric (Less than 15 years of age)	05/01/13
14060	Seizure - Pediatric (Less than 15 years of age)	05/01/13
14070	Burns - Pediatric (Less than 15 years of age)	09/15/13
14080	Obstetrical Emergencies	05/01/13
14090	Newborn Care	09/15/12
<b>15000</b>	<b>TRAUMA</b>	
15010	Trauma - Adult (15 years of age and older)	04/01/13
15020	Trauma - Pediatric (Less than 15 years of age)	04/01/13
15030	Trauma Triage Criteria & Destination Policy	11/15/11
15040	Glasgow Coma Scale Operational Definitions	04/01/13
15050	Hospital Emergency Response Team (HERT) Policy	<b>REVISED 10/15/13</b>