



**SPECIALIZED MEDICAL SERVICES
EMERGENCY MEDICAL SERVICES**

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DATE: November 26, 2024

TO: Emergency Receiving Center (ERC) Emergency Departments
ERC Hospitals' Chief Executive Officers
BLS and ALS Ambulance Service Providers
BLS/ALS Ambulance Chief Executive Officers

**SUBJECT: USE OF EMTs TO PROVIDE PATIENT SUPERVISION DURING DIRECT
PATIENT CARE INTERVENTIONS BY ERCs**

This is a somewhat difficult document to write, but a concerning practice involving patient care by both ERCs and 911 ambulance providers has occurred and requires immediate attention.

Patients are receiving direct care by staff at ERCs that is being overseen by prehospital EMTs without hospitals assuming formal responsibility for care. This must cease immediately. OCEMS is aware of a situation where a patient was supervised by EMTs from an ambulance company for over 2 hours while blood work, a CT scan and other care occurred directed by the ERC. During this time, the ERC staff failed to assume responsibility for direct patient care. Instead, they insisted the EMTs remain with the patient to oversee the patient's minute to minute status. The EMTs failed to implement OCEMS policy designed to prevent this unprofessional activity and initiate ERC responsibility for care.

As a result of this occurrence, OCEMS will implement the following actions should this behavior be repeated. Given that this practice presents an immediate risk to patient safety, OCEMS will immediately suspend the ERC designation for any hospital that engages in this practice while a formal investigation proceeds. Triggering events include, but are not limited to, the performance of blood work, radiology studies, fluid resuscitation, EKGs, and prescription medication administration.

In addition, ambulance companies that permit their employed EMTs to participate in this practice when their APOT exceeds one hour will also be subject to having their licenses suspended. EMTs are not authorized to oversee patients receiving direct care from ERC staff. If an EMT is confronted with this situation after more than one hour has elapsed, they need to place the patient on a cot and leave. If this occurs within the first hour after arrival, call the EMS Duty Officer.

Carl Schultz, MD
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I cannot over-emphasize enough the risk that exists when emergency department patient interventions occur that are beyond the EMT scope of practice but for which EMTs are asked to oversee. Many EMS Agencies specifically prohibit this practice already and now it seems OCEMS must do the same.

A handwritten signature in blue ink that reads "Carl Schultz, MD". The signature is written in a cursive, flowing style.

Carl H. Schultz, MD
EMS Medical Director

CHS:em#5293