Emergency Medical Services Division
Policies – Procedures – Protocols

TELEHEALTH (1017.00)

I. Purpose

Incorporating telehealth into our EMS operations will allow us to provide access to a higher level of patient care providing equity in our community. Telehealth shall be utilized by both BLS and ALS providers who have received proper training and have been provided the mandatory equipment. Telehealth can allow stable patients to be treated and released on scene (Treatment in Place) (all treatment must still remain within the personnel scope of practice) and can avoid medically unnecessary ambulance transports or overcrowding in an emergency department with extreme wait times.

All medication doses shall be consistent with current protocols. Fentanyl and Ketamine shall not be used for treatment in place. If administered the patient shall be transported.

Telehealth *shall* be contacted for all high-risk refusals and patients who meet the criteria for treatment in place, consultation for buprenorphine/naloxone administration, or a recall to the same patient indicating further follow up or interventions. Telehealth allows an emergency physician to assist with decision-making, arrange follow-up care and prescribe any necessary medications. A patient care coordinator will then make contact with all patients who are not transported to help navigate them to primary care and social services to reduce their dependence on the communities' resources in the pre-hospital and hospital system for non-emergent conditions or for the appropriate pathway to their healthcare needs. This improves patient outcomes and makes our resources more available for time-critical calls.

II. High Risk AMAs

Telehealth *shall* be contacted for all high-risk refusals meeting specialty center criteria which are defined as the following.

Chest Pain or cardiac symptoms, suspected heart attack, especially with shortness of breath, diaphoresis, and nausea.

Stroke symptoms, time sensitive conditions where early intervention is critical.

High Risk Trauma (red & yellow criteria), significant head trauma or loss of consciousness, high speed collision, falls, or falls from a significant height, penetrating injuries, (stabbing or gunshot wounds)

Pediatric (<18), a parent or guardian, must be present for refusal.

Geriatric (>65), (power of attorney (POA) must be present for refusal if patient has impaired judgment or communication)

A Recall within 48 hours, often re-response or re-called to an incident indicates that the patient likely is in need of further interventions or follow up.

Hypoglycemia after treatment, after blood sugar is corrected but the patient refuses transport and is not in the care of a responsible party.

Syncope or unexplained collapse, could indicate cardiac, neurological, or metabolic issues.

Hypothermia or Hyperthermia, causes metabolic issues.

Overdose or poisoning, will frequently deteriorate rapidly or relapse into unconsciousness even after naloxone administration.

Psychiatric or suicidal, suicidal ideation or severe psychiatric disturbance, delusions, hallucinations, or behaviors suggesting danger to self/others.

Note – *988 / MET (also has telehealth) and law enforcement should be contacted in this case. Hospitals are not always the appropriate route for individuals experiencing a psychiatric, behavioral crisis.*

Procedure to Contact Telehealth

1. Telehealth should only be contacted *after* a complete patient assessment has been performed, including

    a. Complete set of vital signs that fall within established parameters, including BP, HR, RR, and SpO2.
    b. Any diagnostics as indicated (blood glucose, 4 lead ECG, or 12 lead ECG).

2. Tap the telehealth link/app on your mobile device.

3. Select the appropriate incident displayed on the CAD list and initiate an encounter. If there is no CAD connection, click "*Proceed Without an Encounter"*.

4. Fill out the required fields on the patient's intake form. Any additional information that is not required is highly recommended.

5. Take a photo of the patient's ID card or driver's license or health insurance card (if available) This can be done via the OCR function which will auto populate required fields, or they can be manually entered with photo of cards uploaded.
6. Allow access to the mobile device's microphone and camera.

7. When the physician joins, indicate if an interpreter is needed, and for what language, then proceed with a brief patient report.

8. The telehealth physician will obtain verbal consent for the patient consultation.

9. Field crews are not responsible for obtaining telehealth consent.

10. Flip the camera to the patient when prompted by the telehealth physician.

11. The patient's disposition will be final as per the telehealth physician and the patient.

12. The ePCR shall indicate that telehealth was contacted and enter the final patient disposition, which will be one of the following:

    a. Treatment in Place (no transport)
    b. Transport to a hospital ED
    c. Patient refusal of transport/ high risk (AMA)

III. Contraindications for Consulting Telehealth

Telehealth is not for:

Pregnancy related symptoms, primary OB or hospital is most appropriate.

Combative/aggressive individuals

Individuals that do not meet the criteria of a **"patient"** as defined in the Kern County Ordinance Chapter 8.12 – *XX. "patient" – An apparently wounded, injured, sick, invalid, convalescent, or other incapacitated person in need of a medical observation, intervention, or treatment during transportation.*

Any scene where a physician, physician assistant or nurse practitioner, operating under the direction of a physician, is present and has provided treatment or direction for treatment and/or transport for a patient.
This would include but not be limited to:

1. Urgent Cares
2. Dr. Offices
3. Clinics

Note- This would not include Skilled Nursing Facilities where a physician is not present.