

LOS ANGELES GENERAL MEDICAL CENTER POLICY

Subject: Hospital Emergency Response Team (HERT)		Original Issue Date: 1/11/11	Policy # 921
		Supersedes: 10/19/18	Effective Date: 05/08/23
Policy Owner(s): Chief of Surgery Executive Sponsor(s): Chief Medical Officer			
Departments Consulted: Quality Management Emergency Medicine Chief of Surgery Director, Pre-hospital Care	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Officer	Approved by: (Signature on File) Chief Medical Officer	
		(Signature on File) Chief Executive Officer	

POLICY:

In the event that the L.A. County pre-hospital care system determines that a patient or situation requires a higher level of care be transported to a scene remote to the hospital. Los Angeles General Medical Center will maintain the needed personnel, equipment, and procedures to assure that it can support a Hospital Emergency Response Team (HERT) 24 hours a day, seven days a week.

PROCEDURE:

The following principles are designed to assure that the process provides the needed on-scene support to the patient and Emergency Medical Services (EMS) while maintaining maximum provider safety and integrity of care at Los Angeles General Medical Center.

A. BACKGROUND

California Health and Safety Code (Div 2.5, Section 1798) dictates that “authority for health care management in an emergency shall be vested in that licensed or certified health care professional at the scene of an emergency who is most medically qualified to the provision of rendering emergency medical care”.

At the request of the Los Angeles County Emergency Medical Services (EMS) Agency, Los Angeles General Medical Center has established a policy for providing rapid advanced surgical and medical care in which a higher level of expertise is requested by the on-scene EMS provider.

In general, the Hospital Emergency Response Team (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. The concept of “life before limb” should be utilized as a life saving measure, not as a time saving measure. HERT staff will be authorized to provide care in an effort to treat potential life-threatening injuries in the field.

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B. ACTIVATION

The Incident Commander will contact the Medical Alert Center (MAC) via the Hospital Emergency Administrative Radio (HEAR). The MAC will notify the Emergency Department via the ReddiNet in the Radio Room. The Mobile Intensive Care Nurse (MICN) acknowledging the ReddiNet message will call a "Trauma Team Activation" (TTA) as well as make the attending in the Resuscitation area aware of the need to assemble a HERT. The Trauma Attending will notify the Trauma Medical Director (TMD) or their designee and together with the Emergency Medicine Attending will review the request and determine the appropriate team composition based on staffing, available resources, hospital operations and the presumed needs of the patient. It is at the discretion of these two attendings and the TMD or their designee how to best utilize hospital staff (physicians and nurses) to assemble a HERT. Team composition should have as minimal as possible impact of patient care and resident supervision at Los Angeles General Medical Center.

C. TEAM COMPOSITION

The Los Angeles General HERT team will at a minimum be composed of one Emergency Physician, Trauma Surgeon and when possible, a nurse. The leader of the team will be the most senior member of the team (i.e. if the team is composed of an Emergency Medicine Attending and a Trauma resident or fellow the Emergency Medicine Attending will be the team leader and vice versa). In the event that the HERT is composed of both Trauma and Emergency Medicine attendings in general, the Trauma Attending will be the team leader. This decision should be based upon clinical experience and should be mutually agreed upon. The HERT team may also be expanded to utilize the specialty skills of other hospital based services to meet the needs of the event and will be determined at the time the team is assembled.

D. EQUIPMENT AND SUPPLIES

A standard set of airway and surgical equipment and personal protective equipment (PPE) as listed (attachment 1) shall be readily available, clearly labeled and stored in the disaster storage room, located on the ambulance ramp just outside of the ED entrance. The Office of Pre-Hospital Care under the direction of the lead Pre-Hospital Care Coordinator will be primarily responsible for the equipment. The surgical equipment will be checked every 6 months by the TMD or their designee to insure that it is complete and ready to be deployed. The pharmacological component of the HERT response kit will be maintained and stored by the Los Angeles General Central Pharmacy. It will be the responsibility of the pharmacy to ensure that the medications are stocked and not expired. At the time of activation, it is the responsibility of the Trauma team to recover the airway bag and surgical equipment bag, and the Emergency Medicine attending to recover HERT medication box from Pharmacy and the Personal Protective Equipment (PPE)s.

A predetermined list of medications (attachment 2) will be preassembled by Pharmacy and labeled "HERT meds" and be stored in the main pharmacy and ready upon request by the Emergency Department (ED).

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E. ROLES AND RESPONSIBILITIES

It is critical that the roles and responsibilities of each member of the HERT are clearly identified so that there is no delay in responding to a call. This includes preparation of equipment at the medical center before the team leaves and interventions on scene.

Prior to departure it is the responsibility of the Trauma Attending to:

1. Notify the Trauma Medical Director or their designate to identify the surgical member of the Los Angeles General HERT
2. Notify the in-house non-Trauma surgeon that there has been a HERT activation
3. Gather equipment for field interventions, specifically the preassembled bags of airway and surgical supplies needed for a field intervention

Once the Los Angeles General HERT is at the patient's side it will be the responsibility of the surgeon to conduct all surgical field interventions (i.e. amputation and disarticulation) and any additional postoperative wound care.

Prior to departure it is the responsibility of the Emergency Medicine physicians in the ED to:

1. Identify which Emergency Medicine provider is most qualified to be the member of the HERT
2. Immediately obtain the HERT field medication box from the pharmacy
3. Assemble the needed PPE from the secure storage area in the ED
4. Coordinate transportation with EMS through communication with the Medical Alert Center (MAC)

Once the Los Angeles General HERT is at the patient's side it will be the responsibility of the Emergency Physician to provide airway management, establish IV access, perform resuscitation as needed and provide sedation/pain management for the patient.

F. TRANSPORT

The HERT will gather at the ED ambulance triage area and be ready for transport to the scene in no more than 20 minutes after initial activation.

The Emergency Medicine Attending will coordinate with the MAC to establish ground transportation for the HERT through the Los Angeles County Central Dispatch Office. If County-sponsored transportation is not immediately available, the base station MICN will contact MAC to determine whether 9-1-1 transport is indicated. If indicated, MAC will contact the appropriate 9-1-1 EMS service to provide transport.

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When air transportation is indicated, the on-scene pre-hospital provider requesting HERT will be responsible for arranging the transportation in conjunction with the MAC. In cases where helicopter transportation is required the Los Angeles General HERT will muster on the helipad. Upon the conclusion of the incident, HERT will contact the MAC who will coordinate transportation of the team back to Los Angeles General Medical Center.

G. DOCUMENTATION

The Trauma attending and Emergency Medicine attending shall complete a Los Angeles General Progress note to document the nature of the HERT response and their actions on scene. If the patient is transported to Los Angeles General Medical Center, this progress note shall become part of the patient's medical record. If the patient is transported to another facility, a copy of this progress note shall be given to the treating physician at the receiving facility. This progress note shall include the following:

1. Date of incident
2. Time of request and time on scene
3. Provider agency in charge of incident
4. Sequence # (to be provided by paramedics on scene from their pre-hospital care report)
5. Description of course of events on scene, physical exam, interventions performed, patient response, any complications and vital signs. This should be in the form of a standard emergency progress or consultation note.
6. Description of any injury(ies) sustained by members of the HERT during the response.
7. A copy of the HERT note along with a copy of the paramedic's pre-hospital care report shall be provided to Los Angeles General administration upon completion of the incident and return of the team to Los Angeles General.

H. QUALITY REVIEW

All HERT activations will be reviewed by the Combined Trauma Quality Improvement (QI) committee for appropriateness of care and efficiency of activation.

I. SAFETY

Safety of the HERT team members is of paramount concern. All responding members of the HERT shall first don assigned PPE prior to departing Los Angeles General. This shall include:

1. One-piece HERT team coverall
2. HERT team steel-toed boots
3. HERT team helmet
4. HERT team leather gloves

No HERT team member shall depart Los Angeles General to respond to an incident without wearing assigned PPE.

Upon arrival to the incident, the HERT team leader shall check in with either the incident commander (IC) or the medical group supervisor. All HERT team members must follow

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operational directions provided by members of the provider agency on scene and/or law enforcement. HERT team members must remain vigilant that while on scene they are working in an austere environment which may pose many hazards.

At least two members of the HERT team must accompany the patient during transport to the hospital after performing any advanced medical or surgical interventions that go beyond the paramedics' scope of practice.

RESPONSIBILITY

Quality Management
 Medical Administration
 Emergency Medicine
 Department of Surgery
 Pre-hospital Care

ATTACHMENT

HERT Supply List (Attachment I)
 Predetermination list of medications (Attachment II)

REVISION DATES

October 8, 2013; April 11, 2017; October 19, 2018, May 08, 2023