



EMS and Law Enforcement

Medical Oversight and Role of the Base Hospital

Brian Schwartz MD

Director, Division of Prehospital Care
Sunnybrook & Women's College Health
Sciences Centre



April 15, 2005



EMS and Law Enforcement

- State of the Art, 1995
- State of the Art, 2004:
 - ◆ Ontario
 - ◆ Toronto
- Role of Paramedic support & medical control:
 - ◆ ETF, PSU
 - ◆ CBRN
 - ◆ Mass gathering events



1995 – Response to trauma

- Fire-based First Responders
- Primary Care Paramedic
- Advanced Care Paramedic



1995

- Fire-based First Responders:
 - ◆ CPR
 - ◆ Defibrillation
 - ◆ Basic haemorrhage control
- Primary Care Paramedic
- Advanced Care Paramedic



1995

- Fire-based First Responders
- Primary Care Paramedic: Add,
 - ◆ Assessment & reporting skills
 - ◆ Basic airway management
 - ◆ Immobilization, splinting
 - ◆ “Symptom relief” drugs
 - ◆ Triage & transport
- Advanced Care Paramedic



1995

- Fire-based First Responders
- Primary Care Paramedic
- Advanced Care Paramedic: Add,
 - ◆ Advanced airway management
 - ◆ IV fluids, drugs
 - ◆ Advanced assessment & decision making
 - ◆ Contact with Base Hospital Physicians



1995

- ACP's only present in Toronto, Oshawa & Hamilton
- No special law enforcement protocols or procedures



2004 - Ontario

- Advanced Paramedics in over 25 communities in Ontario
- Improved trauma management
 - ◆ Prehospital treatment & transport
 - ◆ Network of trauma centres



2004 - Ontario

- Emergency planning/CBRN programs in Toronto, Ottawa and Windsor
- Ottawa has special events procedures
- No provincial organized special events or law enforcement programs



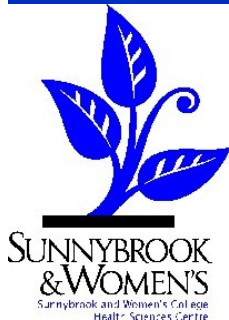
ETF Project in Toronto

- 1997:
 - ◆ EMS support
 - ◆ Paramedic selection & training (Advanced Care crews)
 - ◆ Special medical directives
 - ◆ Exercises
 - ◆ Launch

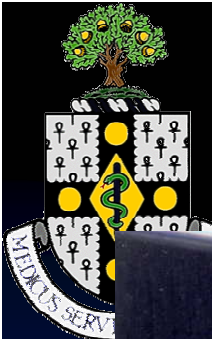


1997-2004

- Medical director review, revision and evolution of special medical directives, procedures & protocols
- Introduction of Tasers
- CBRN training with medical control
- Mass gatherings – World Youth Day, SARS-stock
- Interaction with Public Health



CBRN Team - 2002





Special Directives

Sunnybrook & Women's College Health Sciences Centre
Base Hospital Program – ETF/PSU Medical Directive

Dr. Brian Schwartz, Medical Director

PRE-HOSPITAL INTRAVENOUS ACCESS

This Medical Directive may be used by Emergency Task Force and Public Safety Unit Level 3 paramedics while rendering care during ETF/PSU calls. When the following conditions exist, a paramedic can establish intravenous access and administer fluid therapy according to the following protocol.

INDICATIONS

Need for intravenous medication or fluid therapy.

PROCEDURE

Intravenous access will be by IV line with 0.9% Normal Saline. The drip rate upon completion of a fluid bolus will be "Keep Vein Open" (30-60 ml/hr). The pediatric drip rate will be "Keep Vein Open" (15ml/hr).

FLUID BOLUS:

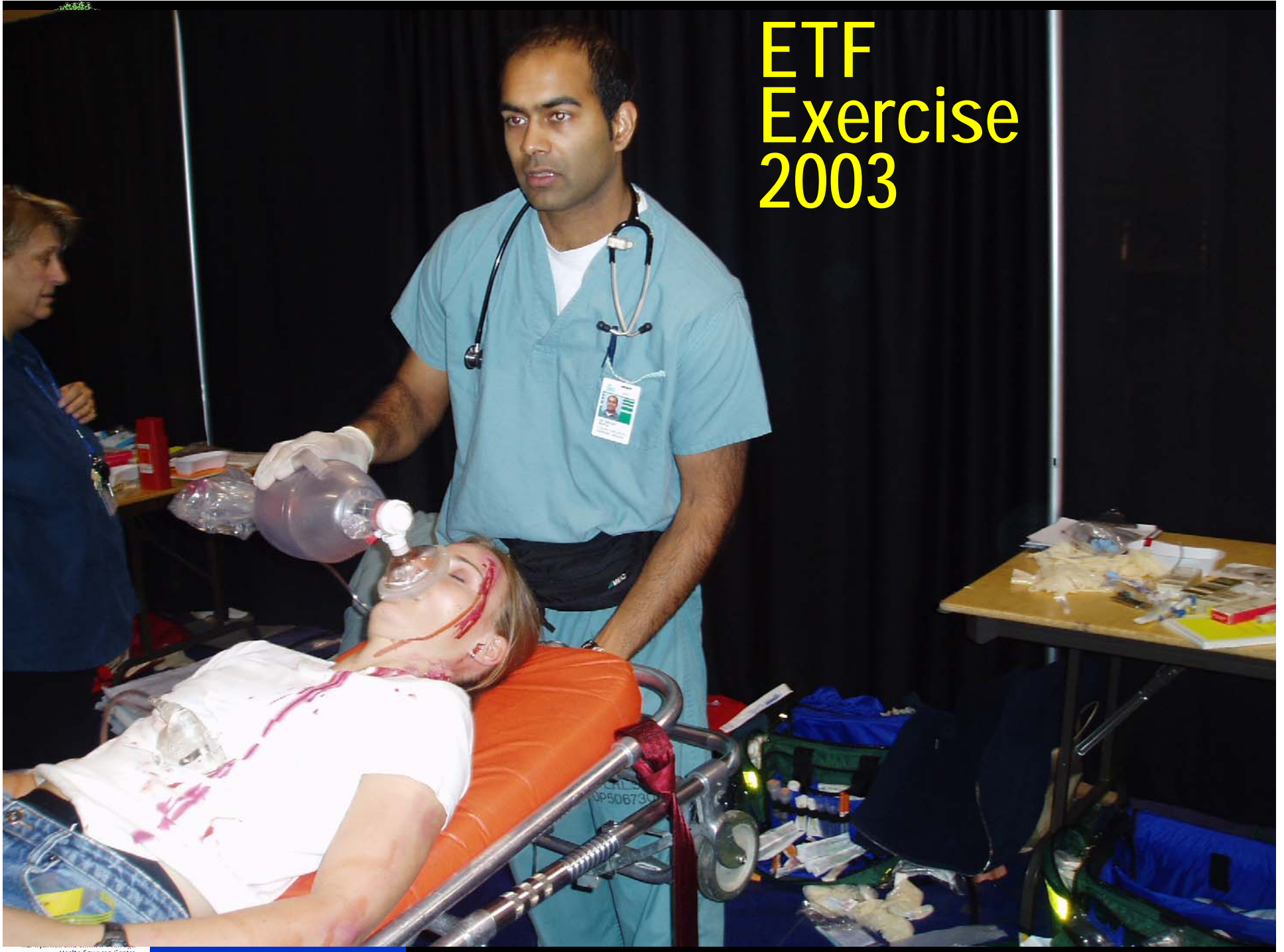
Pediatric ≤12 y/o	Adult (> 40kg)
<i>Symptomatic Hypotension</i>	<i>Symptomatic Hypotension</i>
<p>Conditions: BP <70, No crackles on auscultation</p> <p>Fluid Bolus: 20 ml/kg; check vital signs and perform a chest assessment q 100ml. Return to TKVO rate (15ml/hr) on completion of fluid bolus or as soon as the systolic BP reaches 70mmHg.</p>	<p>Conditions: BP <90, No crackles on auscultation</p> <p>Fluid Bolus: 500ml; check vital signs and perform a chest assessment q 250ml. Return to TKVO rate (30-60ml/hr) on completion of the fluid bolus or as soon as the systolic BP reaches 90mmHg.</p>
<i>Hypovolemia</i>	<i>Hypovolemia</i>
<p>Conditions: BP <70 due to trauma or haemorrhage or acute GI bleed</p> <p>Fluid Bolus: 20 ml/kg; check vital signs and perform a chest assessment q 100ml. Return to TKVO rate (15ml/hr) on completion of fluid bolus or as soon as the systolic BP reaches 70mmHg.</p>	<p>20cc/kg Bolus</p> <p>Systolic BP > 90?</p> <p>YES → NS TKO</p> <p>NO → Pentaspan 500cc Bolus</p> <p>Systolic BP > 90?</p> <p>YES → NS TKO</p> <p>NO → Patch</p>

Level 3 paramedics will establish Base Hospital contact if no improvement occurs or if additional orders are required



Operational as of December 12, 2001
Version 2001.01
ETF/PSU PARAMEDICS ONLY

ETF Exercise 2003





Requirements for special ops programs:

- Advanced Care Paramedic crews
- Community need – specific
- Initial & ongoing training
- Medical control with special ops knowledge/training
- CQI



Roles for EMS

- Care of injured/ill patients
- Care of injured/ill team members
- ?Participation in law enforcement response
- Health and safety role in training & response
- Health maintenance of team



Roles of Medical Oversight

- Initial:
 - ◆ Introduction as a part of the team
 - ◆ Consultation on scope of practice
 - ◆ Training +/-certification
 - ◆ Medical directives & protocols
 - ◆ Medical equipment /pharmaceuticals



Roles of Medical Oversight

- Maintenance:
 - ◆ Evaluation of calls & CQI
 - ◆ Review of needs of team members
 - ◆ Revision of policies & procedures
 - ◆ Continuing education
 - ◆ Consultation with colleagues - seamlessness



Questions - Discussion

