DISTRICT OF COLUMBIA
FIRE AND EMERGENCY MEDICAL SERVICES DEPARTMENT

BULLETIN NO. 96 **April 2013**

Emergency Medical Liaison Officer (ELO) Duties and SOG's

Purpose

The Emergency Medical Services Liaison Officer (ELO) is a D.C. Fire and Emergency Medical Services Department (Department) operational position located within the Office of Unified Communication (OUC) at 2700 Martin Luther King Jr. Avenue SE. The purpose of the EMS Liaison Officer is to provide system management, centralized routing of EMS patient distribution, medical quality assurance, and operational supervision for the Emergency Medical Services (EMS) system. The ELO also serves as the primary point of operational contact between the Department and hospitals in the National Capitol Region. The ELO position is designed to add a critical level of operational oversight and medical expertise in an effort to facilitate deployment of resources and coordinate responses to requests for emergency assistance as received by the OUC. Listed below are the Standard Operating Guidelines and Procedures for the ELO.

General Responsibilities

There will be two ELO positions assigned and stationed at the OUC. These positions will support the efficient distribution of patients transported by the Department so that patients are routed to medically and operationally appropriate receiving facilities based upon Department protocols.

The ELO will provide operational and clinical support to Department field units by reviewing and approving non-transport requests, and connecting units with additional supervisory resources when indicated.

The ELO supports unit availability through monitoring radio channels and the Computer Automated Dispatch (CAD). The incident coordinates out of service requests from transport units with the Operations Deputy Fire Chief and Battalion Management Team, and manages the Delayed Response Program. The ELO also monitors transfer of care times and notifies the hospital administrator and/or Emergency Department Charge Nurse of units that have not off loaded patients after a 30minute duration. The ELO will match the serial numbers of units with proper CAD identification and submit a list of units that are out of service to the Operations Deputy at 0600 and 1800 hours.

The ELO shall also document and report occurrences that are outside department guidelines. This includes maintaining professional exchanges on the radio & telephone, and terminating unprofessional communication traffic.

The ELO also serves as the EMS liaison to the OUC, hospital administrators and physicians. This includes coordinating hospital closure requests with the DC Fire & EMS Medical Director or his/her designee. If the hospital is granted a period of closure or partial closure of services provided, the ELO will immediately document such closure and activate appropriate Fire and EMS emergency operational plans.

Unit Availability Responsibilities

The ELO, Battalion EMS Supervisors and Chief Officers shall each be responsible for monitoring the "transfer of patient care" and "return to service " times of transport units at all hospitals. The ELO shall make radio or telephone contact with transport units at hospitals for status checks if a transport unit's "transfer of patient care" time exceeds 20 minutes or if a transport unit's "Return to service time exceeds the time allowed based on patient transport priority. The ELO shall also be responsible for contacting Battalion EMS Supervisors by radio, MDT, text message, email or phone if status update contact cannot be made with any single transport unit at a hospital. The ELO is also responsible for continuous transport unit status updates if there are more than three (3) transport units simultaneously located at any (1) hospital with drop times outside departmental guidelines.

If any transport unit's "transfer of patient care" time exceeds 30 minutes, the ELO shall text message all on-duty Battalion EMS Supervisors and the Battalion Fire Chief responsible for the unit regarding status update. Additionally, the ELO shall contact the hospital's emergency department Charge Nurse, Nurse Manager and/or the Hospital Nursing Supervisor, per protocol.

If any transport unit's "transfer of patient care" time exceeds 45 minutes, the ELO shall immediately notify the Deputy Chief of Operations and the on-call Medical Director by text message, email, or telephone.

If any transport unit's "return to service" time exceeds 60-minutes, the Department ELOs shall text message, email or call the on-duty EMS Supervisor and Battalion Fire Chief responsible for the unit regarding status update. If any transport unit's "return to service" time exceeds 75-minutes, Department ELOs shall immediately notify the Deputy Fire Chief of Operations and the Medical Director by text message, email, or telephone.

The ELO will inform the authorized hospital personnel that the following actions will be taken by D.C. Fire & EMS providers. Patients who have been assessed and are declared a Priority 3 transport status will be escorted to the waiting room intake area by D.C. Fire and EMS personnel and presented to the hospital's ambulatory patient intake personnel for management in the same fashion as other ambulatory patient arrivals. The patient will then be transferred to the patient waiting area and the Fire & EMS Department unit will return to service.

The following are exceptions to this policy and these patients shall be brought to the Ambulance Triage Station in the main emergency department:

1. Patients who have received medications or oxygen from D.C. Fire and EMS providers as part of their management.

2. Patients under the influence of intoxicants

3. Patients with altered mental status or psychiatric illness.

Unit Transport Responsibilities

Transport destinations will be selected by the ELO. Units operating on medical locals will continue to operate on Channels 011 & 012 until the point of transport. When units are ready for transport they will switch to Channel 013 and contact the ELO who will assign an appropriate transport destination based upon the patient's needs and the real-time status of all local and regional receiving facilities.

Unit Non-Transport Responsibilities

All non-transports must be approved by the ELO or EMS supervisor prior to any unit on the scene leaving a person and returning to service.

This policy shall apply to calls where contact is established, regardless of whether the person initiated the request for service, with the exception of field termination of resuscitation, PDOA, Mass Casualty Incidents (9 or more patients), or Comfort Care scenarios.

The communications procedure for non-transports will follow SO-2009-41.

Additional Responsibilities

During a Mass or Multiple Casualty Incident, the ELO acts as the coordinator on channels 13 and 14. This includes notifying Coalition Notification Center to determine capability and capacity on Channel H-03and working in conjunction with the Medical Branch Director/Transportation.

The ELO coordinates and cooperates with OUC Watch Commander to evaluate the need for unit transfers according to Fire and EMS policy, and to ensure on-coming and off-going shifts coordinate all necessary operational matters.