

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **STANDING FIELD TREATMENT  
PROTOCOLS**

REFERENCE NO. 813

PURPOSE: To allow approved provider agencies to utilize the Los Angeles County Standing Field Treatment Protocols (SFTP).

AUTHORITY: Health and Safety Code 1798 (a), 1797.218, 1797.220, 1798.218  
California Code of Regulations, Title 22, §§100145(d), 100147(d) and 100402(b)

PRINCIPLES:

1. SFTPs are to be used ONLY by paramedics trained in Los Angeles County SFTPs and employed by an SFTP provider.
2. In lieu of making base hospital contact, patients outlined in Reference No. 808 may be assessed, treated and transported in accordance with the appropriate SFTP(s).
3. Provider agencies utilizing SFTPs must maintain a continuous quality improvement (QI) program, with indicators specific to SFTPs and the quarterly reporting requirements of the EMS Agency.

POLICY:

- I. Paramedics must be approved by their provider agency to utilize SFTPs as follows:
  - A. Perform a thorough patient assessment and utilize one or more protocols on patients who have chief complaints or exhibit specific signs and symptoms identified in the protocols.
  - B. Document all assessment findings, treatment interventions, and treatment protocol(s) used on the EMS Report Form.
- II. Base hospital contact shall be made:
  - A. If indicated in the protocols.
  - B. If a patient has a chief complaint, or exhibits signs and symptoms not covered by any of the approved SFTPs and patient acuity indicates the potential need for ALS intervention.
  - C. In non-traumatic patients with poor perfusion (excluding SFTP providers approved to use the Medical Cardiac Arrest protocol).
  - D. If unlisted treatments may be necessary.

EFFECTIVE: 3-31-97

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REVISED: 12-15-08

SUPERSEDES: 3-27-08

APPROVED:

  
Director, EMS Agency

  
Medical Director, EMS Agency

- E. For STEMI notification and destination, SFTP providers are responsible for assuring the SRC is notified of the patient's pending arrival and contacting the base hospital to provide minimal patient information, including the analysis of the 12 lead EKG and the patient destination (base contact may be performed after the transfer of care if the base hospital is not the receiving SRC).
- F. When paramedics have administered all the treatments indicated in the appropriate protocol and the patient's condition deteriorates or protocol requires base contact at that decision point.
- G. In any situation in which consultation with the base hospital would be helpful.

### III. EMS Agency Responsibilities

- A. The EMS Agency Medical Director shall, in consultation with the SFTP provider agencies, develop and approve specific SFTPs for utilization by paramedics that are consistent with State and County regulations, statutes, and standards.
- B. Approve the provider agency's QI plan specific to SFTPs.
- C. Provide adequate standardized training materials and updates for paramedic education on the use of SFTPs.
- D. Maintain a countywide QI program that addresses the utilization and evaluation of SFTPs used by provider agencies.
- E. Provide compliance reports and fall-out data on an annual basis with pertinent countywide SFTP data. This data shall be solely used for the purposes of system-wide QI and shall be blinded in that it shall not contain names or identifiers relating to a provider agency or individual paramedics.

### IV. SFTP Provider Agency Responsibilities

- A. Submit a written request or letter of intent with a start date to participate in the SFTP program and adhere to the specific SFTP QI plan requirements and follow up.
- B. Submit a written policy, plan or statement that includes the following:
  - 1. At least one of the paramedics assigned to the unit will have a minimum of one (1) year of ALS experience as a paramedic, and each paramedic staffing the unit must have received the standardized SFTP orientation/training program.
    - a. The SFTP Provider Agency Medical Director may petition the EMS Agency for a waiver of the experience requirement.
    - b. The request for a waiver must include the justification and the provider agency's experience requirement.
  - 2. A description of the primary method used to notify receiving hospitals as well as a secondary mechanism that may be used as a

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back up plan.

- C. Have a mechanism to ensure that personnel only utilize SFTPs approved and authorized by the EMS Agency Medical Director and adhere to all policies and procedures regarding SFTPs.
- D. Have a mechanism to ensure that only paramedics who have received the initial SFTP training are utilizing SFTPs. Ensure that the most recent changes to SFTP training and any recent mandatory training are included.
- E. New SFTP providers will submit training rosters documenting those paramedics that have had the primary SFTP education. Current SFTP providers will retain training rosters for a period of four (4) years for any updates that have been done.
- F. Have a mechanism to identify hospitals on diversion.
- G. Submit a comprehensive QI Plan specific to SFTPs
  - 1. For the first three months following implementation, 100% of SFTP runs shall be reviewed by departmental personnel utilizing, at minimum, the EMS Agency approved QI tools. A summary of the department's findings for each SFTP category must be provided to the EMS Agency in addition to a copy of each EMS Report Form where an SFTP was utilized.
  - 2. If no concerns are identified in the first three months following implementation, the EMS Agency may place the department on the usual system-wide quarterly QI review schedule.

**CROSS REFERENCE:**Prehospital Care Policy Manual:Ref. No. 808, **Base Hospital Contact and Transport Criteria**Ref. No. 513, **ST Elevation Myocardial Infarction Patient Destination**Ref. No. 620 **EMS Quality Improvement Program**Ref. No. 620.1 **EMS Quality Improvement Program Guidelines**

Standing Field Treatment Protocols