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DATE: March 10, 2025

TO: Emergency Receiving Center (ERC) Emergency Departments
ERC Hospitals' Chief Executive Officers
BLS and ALS Ambulance Service Providers
BLS/ALS Ambulance Chief Executive Officers
911 Providers

SUBJECT: UPDATE TO MEMO #5293 ADDRESSING PATIENT CARE AT ERCs WHILE BEING SUPERVISED BY PREHOSPITAL PROVIDERS

After the release of letter #5293 in November 2024, confusion remains regarding several aspects of patient care at ERCs while patients are supervised by prehospital providers. This letter will attempt to address those issues.

When a patient transported by 911 providers (EMTs and Paramedics) first arrives at an ERC, initial screening interventions are permitted, including EKGs, pulse oximetry measurements, and fingerstick glucoses and hemoglobin/hematocrits. These tests must be performed on arrival and are meant to identify an acutely ill patient. These are essentially "bedside" tests and provide immediate results. If screening is negative, the patient is frequently assigned a position in the emergency department in a holding area to await placement in a bed and are supervised by 911 providers for a limited period of time.

If further testing is ordered after placement in the holding area ("on the wall"), this will trigger release of the patient to the ERC, including placing the patient on a cot if necessary, and departing the emergency department. 911 providers are not nurses or hospital employees, and as such, are prohibited by law from supervising such advanced care in a fixed facility.

Feel free to contact me if you have questions.

Carl H. Schultz MD
EMS Medical Director

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