Wintergreen Fire and Rescue Standard Administrative Policy	
Subject:	Community Paramedicine
Reference Number:	OPER 03-025
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Last Revision Date:	
Signature of Approval	Curtis Sheets, Chief

Definitions:
Mobile Integrated Healthcare – A system for providing services with a range of allied health care professionals, including but not limited to community paramedics.

Community Paramedic – A paramedic that has been released to practice at the Community Paramedic level by the agency's medical director, and who has been trained and released on all policies and procedures related to the Community Paramedic Program.

First respond – For the purpose of this SOG, the definition of "first respond" shall be instances where CP-1 arrives on scene of a 911 call for service before a VAOEMS licensed vehicle.

Community Paramedicine Shifts:
Each Community Paramedic shall sign up for one eight-hour Community Paramedicine shift per month in Aladtec. Ideally, two Community Paramedics will be scheduled per week. The Community Paramedic may choose to be scheduled from 0800-1600, 0900-1700, or 1000-1800. The Community Paramedic should sign up for shifts by the 15th of the month prior to allow plenty of time for visits to be pre-scheduled.

If a Community Paramedic needs to call in sick for their shift, they should notify the officer in charge of scheduling. It will be the responsibility of the Community Paramedic calling in sick to contact the clients scheduled for that shift to notify them of the cancellation. It is advised to dial *67 before the client's phone number, if calling from your personal phone. If the Community Paramedic calling in sick is unable to contact the clients, they should contact the Community Paramedic designated for client scheduling.

Referrals:
Self-referrals, community referrals, and WFR/NEMS initiated referrals will be accepted. Self-referrals and community referrals will be accepted by phone, email, and referral form on the Wintergreen Fire and Rescue website. WFR/NEMS initiated referrals will be

received directly from ESO. There are no specific criteria a patient must meet in order to be referred to the Program.

Scheduling:
All referrals will be consolidated into the central referral database in AppSheet. As soon as possible, the referred individual will be contacted to schedule a home visit by the Community Paramedic designated to schedule visits. Every effort should be made to attempt contact with a referred individual within one week of receiving the referral.

Scheduled visits will be maintained on the calendar within AppSheet.

When the Community Paramedic designated to schedule visits will not be available to contact referrals for an extended period, they shall request another Community Paramedic to handle scheduling for that period. The Community Paramedic on duty may contact referrals for scheduling while on duty if they do not have a full caseload for the day.

For the purposes of scheduling, a full caseload for a shift shall be defined as two initial visits or three visits that consist of initial visits, follow up visits, and follow up phone calls. On-shift downtime shall be used to learn the available community resources as well as the processes for connecting clients with those resources.

Conducting the Visit:
Home visits should not be made without prior contact with the individual to ensure safety of the Community Paramedic. The Community Paramedic on duty shall attempt to confirm scheduled appointments for their shift at the beginning of their shift.

Prior to conducting the home visit, the Community Paramedic shall review all pertinent EHRs in ESO related to the referral to form an understanding of the needs of the individual. The Community Paramedic shall then gather and review resources that may be needed for the visit.

During the visit, the Community Paramedic should reference the Intake Guide, the Home Safety Inspection Checklist, and the Resource Guide found in the shared Google Drive as needed throughout the home visit.

Community Paramedics shall not perform interventions considered “treat and release” (ex. wound care, IV therapy, etc.).

Documentation:
The Community Paramedic will complete, lock, and sync the ESO EHR within 12 hours of initiating patient contact.

Follow the Documentation Guide in Appendix A for Community Paramedicine reports in ESO.

After finishing a visit, select the appropriate disposition in AppSheet and add the incident number to the appropriate field.

Phone Follow Ups:
Details of the phone follow up shall be documented in the visit notes section of the referral in AppSheet or in the addenda of the initial visit EHR in ESO. The addenda option shall only be used if the Community Paramedic conducting the phone follow up is the same CP that completed the EHR for which the addenda is being added.

Radio Procedures:

- The Community Paramedic call sign shall be "CP-1."
- CP-1 will operate on NC2, unless responding to a 911 call for service, at which time they will operate on the assigned incident frequency.
- CP-1 will mark "on-duty" and "off-duty" with Nelson Dispatch via radio on NC2.
- CP-1 shall notify Nelson Dispatch via radio of the address they are en route to, when arriving on scene, and when clear of the scene.
- The Community Paramedic shall keep a radio on and on their person during the visit to maintain communications with Nelson Dispatch.

Community Paramedicine Cell Phone:
The Community Paramedicine cell phone will be the official phone number for the Wintergreen Fire and Rescue Community Paramedicine Program. The Community Paramedic shall ensure that the cell phone remains at the NEMS station upon the completion of their shift. The cell phone has mobile hotspot capabilities. The hotspot shall only be used for official purposes to include completing the EHR, searching for resources, accessing the Google Drive and Community Paramedicine email, etc.

HIPAA Compliance:
Before contacting a referral resource on the behalf of the patient, fill out the "AUTHORIZATION FOR RELEASE OF VERBAL COMMUNICATION AND EXCHANGE OF WRITTEN INFORMATION" form and have the patient sign. The signed release form must be uploaded as an attachment to the EHR. After confirming the

uploaded form has been attached to the EHR, the original shall be shredded. Leave a copy of the "Notice of Privacy Practices" with each client.

ADM 05-014 also applies.

CP-1 Vehicle:
CP-1 is not a VAOEMS licensed EMS response vehicle and as such, is only equipped with an AED and a first-aid kit. CP-1 should only "first respond" to 911 calls for service where the equipment and personnel on CP-1 would be lifesaving.

In extenuating circumstances, clients may be given rides in CP-1 when deemed necessary by the Community Paramedic. Instances for which clients may be given a ride include, but are not limited to, picking up prescription medications from pharmacies within Nelson County and to and from medical or mental health appointments within Nelson County. Mental health patients should not be transported to the Emergency Department in CP-1 unless two providers can complete the transport and the patient's mental condition is deemed stable.

In any circumstance where the client is transported in CP-1, the Community Paramedic must evaluate the circumstances and the client's condition to ensure that the transport can be done safely. Patient's currently experiencing unstable mental health conditions should not be transported in CP-1 and should be transported via ambulance instead. Examples of clients who should not be transported in CP-1 include but are not limited to clients experiencing active suicidal ideation with a plan who are inconsolable, clients exhibiting homicidal ideation, and clients who are actively exhibiting or have recently exhibited violent behavior. The Community Paramedic reserves the right to refuse transport to any client in CP-1.

Responding to Calls for Service:
Community Paramedics will be expected to first-respond to calls for service for which they are the closest unit **AND** where the equipment and personnel on CP-1 would be lifesaving. These calls include, but are not limited to, calls where the patient is not breathing or is experiencing uncontrolled bleeding.

The Community Paramedic may respond to assist crews with cardiac arrests, lifting assistance, ALS assists, RSI (if released), and at the request of the crew. The Community Paramedic, in coordination with the on-duty officer, may complete a crew for a pending call during times of high call volume.

Every effort shall be made to not have a call for service interfere with a scheduled Community Paramedicine visit, with the exception of life-threatening calls. If a life-threatening call for service will interfere with a scheduled Community Paramedicine visit, every effort shall be made to notify the individual for which the scheduled visit will be affected.

Appendix A
Community Paramedicine ESO Documentation Guide

Incident Information

- Ensure completion of all "Incident" fields.
- Ensure incident number is consistent with number found on CAD sheet or ActiveAlert. Import incident details from CAD when available.
- Unit Number = call sign (should always be CP1)
- Vehicle = the vehicle you are responding in
    - If using R9 for the day due to CP-1 being OOS, the unit number would be CP1 and the vehicle number would be R9.
- Disposition
    - **"Assist, Public**" shall be used for all scheduled Community Paramedic visits.
    - **"Treated, Transferred Care"** shall be used if the Community Paramedic visit results in an EMS transport unit being called to the scene for transport of the patient to the hospital.
    - **"Canceled (No Patient Contact)"** shall be used if the Community Paramedic was unable to make contact with the client upon arriving at the scheduled location.
    - If responding to a 911 call for service, use appropriate disposition in accordance with ADM 05-008.

Patient Information

- Document name, gender, date of birth, weight, height, race, ethnicity, mailing address, phone number, resident status, Veteran status, physician name, advanced directives, history, allergies, and medications

Vitals/Flowchart/Assessment

- Document vital signs, if obtained
- Document any pertinent procedures under "Flowchart"
- Document a minimum of skin condition, mental status, and neurological assessment under "Assessment"

Narrative

- Complete impression, signs/symptoms, barrier to care, and narrative sections
- Narrative will be completed in SBAR format (See appendix B)

Billing

- Document the patient's primary insurance type under Method of Payment

Signatures

- Sign the “Provider Signature” section
- Patient signature is not required for scheduled Community Paramedic visits

Appendix B
SBAR Narrative Format

S - Situation
• How was the client referred? • Why were they referred? • Is this an initial visit or a follow up?
B - Background
• Circumstances and factors contributing to the patient's needs • Social determinants of health • Disabilities • Social/family support • Occupational status • Financial status • Accessibility of care as needed • Patient's medical history
A - Assessment
• Physical assessment • Mobility • Self-care • Psychological well-being • Cognitive status • Vital signs
R - Recommendations/Referrals
• Recommendations • Patient education provided • Referrals • Deficiencies noted in home safety inspection and recommendations for remedy • Follow up needed? Follow up by phone or in person? How soon is follow up needed?