



## EMS Telehealth Guidelines

**Effective:** 7/1/2023

**Review:** 7/1/2026

**Approved:** [Link to Record of Revisions and Approvals](#)

### I. Purpose

To provide guidance for Alameda County EMS personnel on safe and appropriate utilization of telehealth in the pre-hospital environment. Telehealth connects EMS patients directly with advanced practitioners and is intended to supplement the existing “Assess and Refer Guidelines.”

### II. Indications for Utilizing Telehealth

- a. The appropriate candidate for telehealth is a clinically stable patient, as defined below, that is:
  - i. open to the option of not being transported to the hospital
  - ii. identified by an EMS clinician as not requiring transport to the hospital and;
  - iii. consents to being seen by a telehealth clinician
  
- b. Telehealth can be utilized for a wide variety of patients that have low acuity concerns that do not necessitate, or would not benefit from, transport to an emergency department. Additionally, it allows for continuity of medical care and social services for patients with limited or no access to healthcare. Below are examples of these services; this is not an exhaustive list:
  - i. Assisting the patient in navigating the complexities of their healthcare system
  - ii. Providing information about the patient’s medical conditions or diagnoses
  - iii. Developing a care plan for the patient
  - iv. Transportation arrangements to a pharmacy, physician’s office, urgent care, etc.
  - v. Prescription refills; excludes opioids and controlled substances (e.g., Xanax)
  - vi. Referrals for follow-up care
  - vii. Referrals to dental care

### III. Clinical Criteria

- a. All clinical criteria below **must** be met:
  - i. Heart Rate <120 and >60



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- ii. Respiratory Rate <20 and >10
- iii. Systolic BP <180mmHg and >100 mmHg iv. Diastolic BP <100mmHg and >60mmHg
- v. Blood Glucose <250mg/dL and >60mg/dL
- vi. Pulse Oximetry on room air >94%
- vii. Alert and Oriented to person, place, time, and event or at baseline mentation with a guardian, caregiver, or responsible party accompanying them
- viii. Full patient assessment completed
- ix. Patient is  $\geq$  18 yrs. or guardian has legal and mental decision-making capacity and consents to Telehealth consultation; or
  - 1. Patient is  $\geq$  15 who is legally emancipated and has mental decision-making capacity and consents to Telehealth consultation; or
  - 2. Patient is pregnant and seeking pregnancy related care

#### IV. Contradictions for Utilizing Telehealth

- a. Do not utilize telehealth in the following circumstances:
  - i. The patient does not meet the above Clinical Criteria
  - ii. The patient meets criteria for a Trauma, STEMI, or Stroke Alert
  - iii. Serious or life-threatening illness or injury is present
  - iv. Impairment due to substance use
  - v. When Base Hospital physician consultation is the more appropriate action, for example:
    - 1. The patient is resistant to transport and does not meet the above Clinical Criteria
    - 2. Hospital destination determination is needed
    - 3. Determination of death in the field is needed
    - 4. Requesting medication orders outside of locally approved dosing or scope
  - vi. The patient meets any criterion outlined in “Section 4: BASE CONTACT” of the Consent and Refusal Guidelines

#### V. Procedure for Utilizing Telehealth

- a. Collect the patient’s full name, DOB, address, and phone number
- b. Request and obtain consent from the patient or their legal guardian to contact an advanced practitioner via telehealth
- c. Access your agency’s telehealth platform in accordance with established procedures
- d. Provide a brief report to the telehealth practitioner
- e. Obtain the telehealth practitioner’s full name and incident reference number
- f. Allow the telehealth practitioner to engage with the patient and/or the patient’s guardian
- g. Remain on scene initially, to ensure successful communication between patient and practitioner, offering assistance if needed



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- h. Clear the scene when reasonably appropriate to do so. There is no expectation EMS will remain on scene for the duration of time the practitioner engages with the patient. This can be a timely process upwards of 1-2 hours in some cases. For this reason, it is
- i. highly suggested that patient engagement with the telehealth provider be done with an electronic device that belongs to the patient when possible. This enables EMS resources to return to service more expeditiously, provides the patient the opportunity to have private interaction with the telehealth provider, and empowers the patient to seek future telehealth engagement on their own when appropriate.

**VI. Documentation**

- a. Complete an ePCR for the patient contact per the Alameda County EMS field guide
- b. In the FLOWCHART section, under OTHER, complete "Telemedicine Consultation"
- c. In the narrative, provide a summary of the telehealth encounter including the reason for utilizing telehealth and the practitioner's full name, if possible.
- d. For the disposition:
  - i. If utilizing MDAllly, select MDAllly as the destination facility. This action transfers the patient information to MDAllly electronically and initiates the telehealth consultation.
  - ii. If utilizing platform other than MDAllly, select "Patient Treated, Transferred Care to a Telehealth Provider," if the patient is not transported as a result.