Emergency Medical Support Plan For he President of the United States and VIPs

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Editor's note: The following plan for emergency medical support for the President is offered as a guideline to emergency physicians and other EMS personnel when involved with emergency medical support of any public official or VIP. It is not meant to imply that the quality of emergency care available to the President is inadequate.

INTRODUCTION

Prior to the visit of the President to a designated community in the United States, a physician director must be identified in that region who will assume the responsibility for his emergency medical care. This physician director will work closely with the White House medical staff and be informed of any pertinent medical history that would influence the President's emergency health care.

In preparation for the President's visit, the physician director will ready the personnel and equipment necessary to provide advanced life support to the President in the event of injury or illness. In addition, the physician director will make arrangements for transfer of the President to the appropriate critical care facilities. It is recommended that the physician director not issue a professional fee for coordinating the health care or for his availability for emergency care.

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PREHOSPITAL PHASE

A mobile advanced life support unit (LSU) should be strategically located, properly identified, and have specific capabilities for rendering life support to the President in the event of an emergency at the onset of the illness or injury. The personnel in the advanced mobile LSU must be able to establish and maintain airway and circulation, monitor cardiac rhythms, treat cardiac dysrhythmias, stabilize the President's condition, and transport him to the appropriate emergency department for continuing care.

PERSONNEL

The mobile advanced life support unit must be staffed by either the physician director, by specially trained nurses, or paramedical personnel who are authorized to perform advanced life support. Paramedical personnel must be trained to a level of emergency medical technician – paramedic (EMT II) or greater, as delineated by the certifying authority of the state involved so as to be capable of performing advanced life support.

The physician director, knowledgeable and skilled in the management of cardiopulmonary emergencies, must assume medical responsibility for the unit as well as the care of the President.

In the event that the physician director is not in attendance in the LSU, the nurse or EMT II must be familiar with the use of voice communication and telemetry equipment so that they will be in contact continuously with the physician director in the emergency department.

EQUIPMENT AND DRUGS

The minimal equipment and drugs necessary for the mobile advanced LSU are concerned with maintaining the airway ventilation and circulation and are listed in the Check List of the Emergency Medical Support Plan for the President (Figure 1).

COMMUNICATION

Physician Staffing Mobile LSU

At a minimum, two-way voice communication is necessary between the mobile advanced LSU and the hospital emergency department to which the President will be delivered.

Nurse or EMT II Staffing Mobile LSU

This two-way communication system must be augmented with telemetry for remote monitoring and rhythm consultation by the physician director.

TRANSFER AGREEMENTS

Each mobile advanced LSU must have an established policy for referral of the President. This policy should be based on the medical capabilities of the hospitals in the vicinity and the ability of the mobile advanced LSU to communicate and consult with these facilities at all times. Furthermore, the emergency department that receives the President must have a written policy of the hospital's functional capacity to treat specific conditions ie, general trauma, cardiac, burns, spinal cord, and poisoning (Figure 2). In the event that the hospital does not have such capability, the hospital should designate the referral center to which the President would be transferred.

EMERGENCY DEPARTMENT WITH ADVANCED LIFE SUPPORT CAPABILITY

The physician director must be continuously in attendance either in the emergency department or in the mobile advanced LSU. The emergency department must have the equipment and drugs listed in the Check List of the Emergency Medical Support Plan for the President (Figure 1). At least four units of the President's type specific blood or a similar amount of type O blood must be available in the hospital's blood bank.

EMERGENCY DEPARTMENT_____ REVIEWER _____

ADDRESS _____ NAME _____

PHONE _____ DATE _____

Position	Name
Personnel	
Physician Director	
Nurse	
EMT II	

Type	Yes	No	Comments
Communication			
Two-way voice			
Telemetry			

Facility	Yes	No	Name
Transfer Agreement			
Emergency department			
General trauma			
Cardiac			
Burn			
Spinal cord			
Poisoning			

Mobile ALS Unit	Yes	No	Comments
Equipment and Drugs			
Monitor			
Defibrillator			
Bag-valve mask			
Suction			
Laryngoscope			
Assorted adult-sized cuffed endotracheal tubes			
Esophageal obturator airway-optional			
O_2 supply and reserve			
Venous infusion sets			
$NaHCO_3$			
Epinephrine			
Atropine			
Lidocaine			
Morphine			
Calcium chloride			
Dopamine and/or norepinephrine			
Isoproterenol			
Ethacrynic acid or furosemide			

Emergency Department	Yes	No	Comments
Equipment and Drugs			
Mobile ALS equipment and drugs			
Criocothyrotomy and tracheostomy set			
Pleural drainage tubes, underwater seal or vacuum chest bottles			
Volume or pressure controlled respirator			
Blood bank with blood for President			

Fig. 1. Check list of the Emergency Medical Support Plan for the President of the United States

HOSPITAL TREATMENT POLICY

General Trauma

Does your hospital and its medical and nursing staffs care for patients with combined systems injury, open fractures, maxillofacial injuries blunt abdominal trauma with hypotension and/or penetrating abdominal injuries; head injuries? **Yes** **No**

Usual care requirements: blood bank immediately available; physicians immediately available; surgeons experienced in trauma, special care capability such as cardiopulmonary bypass and renal dialysis; physicians of all major medical subspecialties.

If you do not care for any of the types of patients described above, where are these patients usually transferred for treatment?

Cardiac

Does your hospital and its medical and nursing staffs care for patients with refractory arrhythmias, conduction defects, requiring permanent pacemakers, profound cardiac failure, patients requiring specialty studies or surgery? **Yes** **No**

Usual care requirements. Immediately available cardiologists and cardiac surgeons; cardiac catheterization, angiography, and cardiopulmonary bypass.

If there is referral of any of the types of patients described above, where are these patients usually transferred for treatment?

Burns

Does your hospital and its medical and nursing staffs care for adults with burns over 40% of their total body surface area (BSA); patients with inhalation injuries, burns of the hands, feet, or genitalia, or electrical burns? **Yes** **No**

Usual Care Requirements Medical director, nursing staff, occupational and physical therapists devoted to burn care, hydrotherapy tank in a dressing and treatment area, skin bank

If there is referral of any of the types of patients described above, where are these patients usually transferred?

Spinal

Does your hospital and its medical and nursing staffs care for patients with spinal injuries with neurologic deficit to any degree? **Yes** **No**

Usual Care Requirements. Medical director, nursing staff, occupational and physical therapists devoted to the care and rehabilitation of the patient with spinal cord injury

If there is referral of any of the above types of patients, where are these patients usually transferred?

Poisoning

Does your hospital and its medical and nursing staffs care for patients with severe intoxication and complications of poisonings (ie, coma, aspiration, esophageal burns)? **Yes** **No**

Usual Care Requirements Experienced physicians available for treatment of the complications; respiratory support equipment, renal dialysis

If there is referral of any of the types of patients described above, where are these patients usually transferred for treatment?

Fig. 2. *Hospital functional capacity for specific conditions*