

PURPOSE: The purpose of this policy is to define the requirements for ALS medical communications between paramedics and base or receiving hospitals.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220, 1798 et seq.

DEFINITIONS:

- A. "Base Hospital" and "Disaster Control Facility (DCF)" mean San Joaquin General Hospital which is responsible for directing the prehospital care system in accordance with the policies and procedures of the EMS Agency.
- B. "Receiving Hospital" means a licensed general acute care hospital with a permit for basic or comprehensive emergency services.

POLICY:

- I. Paramedics may only accept on-line medical direction from a MICN or Base Hospital Physician (BHP) from San Joaquin General Hospital.
- II. When conducting radio communication between the field and a receiving hospital, no patient names, or other identifying information shall be used, except at the request of the physician and with the patient's approval.
- III. Standard patient presentations to the base hospital or receiving hospital should be kept to 60 seconds or less. A longer time may be appropriate if the base hospital or receiving hospital personnel request additional patient information.
- IV. Base hospital contact shall be made as required by EMS Agency treatment policies and when prehospital personnel need to consult with a BHP.
- V. ALS communications:
 - A. Paramedics may contact the base hospital using the med-net radio or telephone on the recorded line. The med-net radio should be used whenever possible.
 - B. ALS Communications shall be classified as follows:
 - 1. MCI Pre Alert: The medical dispatch center shall notify the DCF in the event of a potential multi-casualty incident (MCI) or disaster. This notification shall be made as soon as field units are dispatched to the incident. Early notification allows the DCF to obtain accurate bed and surgeon availability.
 - 2. ALS Early Notification/Alert Report: Should be brief and last no longer than 20 to 30 seconds in duration. The purpose of the ALS Initial Notification/Alert Report is to provide the base or receiving hospital with

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Approved: Signature on File
Medical Director

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- notice to prepare for the patient.
- a. ALS personnel should consider the use of this report format in the following situations:
 - i. Trauma, MCI, disaster, multiple patients, cardiac, or stroke alert activation if warranted.
 - ii. Uncontrolled life-threatening condition(s) that exist.
 - iii. Patient report or transport or both will be delayed.
 - iv. Potential impact on emergency department operations such as the need for decontamination or multiple patients in spinal precautions or categorized as delayed.
 - b. The ALS Initial Report format is a “heads up” type of report, which any member of the transport team may provide. A MICN is not required to accept these reports. However, base and receiving hospitals shall ensure that only qualified personnel with proper training are used in field to hospital communications.
2. Advisory Report: Called in to the receiving hospital as an “information only” report.
- a. At a minimum, the prehospital provider administering patient care shall provide an advisory report to either the base hospital or receiving hospital (as appropriate) for all patients transported.
 - b. Base and receiving hospitals shall ensure that only trained and qualified personnel receive advisory reports
 - c. For use with patients in the following situations:
 - i. BLS treatment has been rendered and the patient has stabilized and/or no further order or direction is required.
 - ii. ALS standing orders have been implemented by a Paramedic and the patient has stabilized and/or no further order or direction is required.
3. Base Hospital/ALS Consultation Report:
- a. Report format used when:
 - i. A patient’s medical condition requires that the paramedic seek medical care per the direction of the base MICN or BHP, or;
 - ii. A patient is refusing treatment (AMA) when a patient has received ALS care, or anytime that the paramedic determines that the patient needs treatment and transport, or;
 - iii. Assistance is needed with unusual patient presentations or to resolve disagreements about optimal patient treatment.
 - b. This report is directed to the base hospital regardless of patient destination.
 - c. The ALS provider administering patient care must call this report to the base hospital.

- d. If the patient destination is not the base hospital where the patient report was called, it is the responsibility of the base hospital to provide a patient report to the receiving hospital where the patient is being transported.
 - C. Paramedic Interns: Are required to make base hospital contact on all ALS patients utilizing the ALS Consultation Report format.
- VI. Report Format, EMS Policy No. 3411, ALS Radio Report Format.