

**TITLE: ADVANCED LIFE SUPPORT FIELD TO HOSPITAL
COMMUNICATION**

EMS Policy No. **3410**

PURPOSE: The purpose of this policy is to define the requirements for advanced life support (ALS) medical communications between emergency prehospital personnel and base or receiving hospitals.

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

DEFINITIONS:

- A. "Base Hospital" means a hospital approved and designated by the EMS Agency to provide immediate medical direction and supervision to prehospital personnel in accordance with policies and procedures established by the EMS Agency.
- B. "Hospital" means an acute care hospital licensed under Chapter 2 (commencing with Section 1250) of Division 2, with a permit for basic or comprehensive emergency service, or an out-of-state acute care hospital which substantially meets the requirements of Chapter 2 as determined by the local EMS agency which is utilizing the hospital in the emergency medical services system, and is licensed in the state in which it is located.
- C. "Receiving Hospital" means a hospital authorized pursuant to EMS Agency policy to receive emergency patients treated or transported by an emergency ambulance service provider.

POLICY:

- I. Patient, incident information, treatment provided, and the time treatment was provided shall be accurately documented on the patient care report (PCR) in accordance with EMS Policy. 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.
- II. ALS providers may only accept base hospital direction and receive prehospital treatment orders from San Joaquin General Hospital.
- 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 protocols and when prehospital personnel need to consult with a BHP.

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V. ALS communications:

- A. Communication shall be classified as follows:
 - 1. Pre-Alert
 - 2. ALS Initial Notification Report
 - 3. ALS Advisory Report
 - 4. ALS Consultation Report
- B. Pre Alert: The medical dispatch center shall notify the disaster control facility (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.
- C. ALS Initial 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 notice to prepare for the patient.
 - 1. ALS personnel should consider the use of this report format in the following situations:
 - a. Trauma, MCI, disaster, multiple patients, cardiac, or stroke alert activation if warranted. During a MCI or disaster alert the number of patients should be given and their severity. Categorize the patients by utilizing START terms; “immediate”, “delayed, or “minor”.
 - b. Uncontrolled life-threatening condition(s) that exist.
 - c. Patient report or transport or both will be delayed.
 - d. Potential impact on emergency department operations such as the need for decontamination or multiple patients in spinal precautions or categorized as delayed.
 - 2. The ALS Initial Report format is a “heads up” type of report, which any member of the transport team may present. A mobile intensive care nurse (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.
- D. ALS Receiving Hospital Report: Called in to the receiving hospital as an “information only” report.
 - 1. Prehospital provider administering patient care shall at a minimum call this type of report to the base hospital/receiving hospital for all patients transported.
 - 2. 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.

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3. For use with patients in the following situations:
 - a. Basic Life Support (BLS) Advisory: BLS treatment has been rendered and the patient has stabilized and/or no further order or direction is required.
 - b. ALS Advisory: ALS standing orders have been implemented by a Paramedic and the patient has stabilized and/or no further order or direction is required.
- E. ALS Consultation Report
 1. This report format is called into the base hospital regardless of patient destination.
 2. Prehospital provider administering patient care must call this report to the base hospital.
 3. 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.
 4. "ALS Consultation": When ALS standing orders have been implemented and/or provider needs further direction/consultation or orders by a MICN or BHP. If no MICN or BHP is available, the paramedic will give an advisory report, and proceed with care under the provision of the **ALS without Base Hospital Contact** Policy No. 5310.
 5. A Patient is refusing treatment (AMA), when in the field care provider's judgment the patient needs treatment and transport.
- F. Paramedic Interns: Will be required to call in all patient contacts as if it were an ALS Consultation Report. BLS reports and advisory reports may be done on the med-net radio, but they shall be done in the ALS Consultation Report Format.

VI. Report Format (See Policy Nr. 3411)

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