TITLE: **FIELD TO HOSPITAL COMMUNICATION** EMS Policy No. **3410**

PURPOSE:

The purpose of this policy is to define the requirements and elements of medical communications between prehospital personnel and Base Hospitals or Receiving Hospitals in the prehospital environment.

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

DEFINITIONS:

A. "Base Hospital" and "Disaster Control Facility (DCF)" means a facility in San Joaquin County designated by SJCEMSA to perform the functions of a base hospital which is responsible for directing the prehospital care system in accordance with the policies and procedures of the SJCEMSA.
B. "Receiving Hospital" means a licensed general acute care hospital with a permit for basic or comprehensive emergency services authorized by SJCEMSA to receive patients from the prehospital environment.

POLICY:

It is the policy of SJCEMSA to require prompt and effective two-way prehospital communication between prehospital personnel and the Base Hospital or Receiving Hospitals.

PROCEDURE:

I. Paramedics may only accept on-line medical direction from a MICN or Base Hospital Physician (BHP) from a SJCEMSA designated Base Hospital.

II. When conducting radio communication between the field and a Receiving Hospital, no patient names, or other patient 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 sixty (60) seconds or less.

IV. Base Hospital contact shall be made as required by SJCEMSA policies and when prehospital personnel need to consult with a MICN or BHP.

V. Prehospital personnel shall use the med-net radio to make hospital contact. If radio

Approved: Signature on file
Medical Director

Signature on file
EMS Administrator

failure occurs or radio communication cannot be established the prehospital personnel may contact the Base Hospital or Receiving Hospital by using a cellphone or landline phone on the assigned recorded telephone line.

VI. Field to Hospital Communications shall be classified as follows:

1. MCI Pre Alert: The primary responding ambulance or ambulance provider supervisor shall notify the DCF in the event of a potential multi-casualty incident (MCI) or disaster. This notification shall be made as soon as an ambulance is dispatched to the incident. Early notification allows the DCF to obtain accurate bed and surgeon availability.

2. Alert Report: Should be brief and last no longer than sixty (60) seconds in duration with minimal questioning. The purpose of the Alert Report is to provide the Base or Receiving Hospital with notice to prepare appropriately for the specific conditions of the patient.
   a. Prehospital personnel shall use the Alert Report format in the following situations:
      i. Trauma, STEMI, Stroke, Sepsis, or Medical Alert.
      ii. Obstetric patient with imminent delivery.
      iii. Potential impact on emergency department operations such as the need for decontamination.
   b. The Alert Report format is a “heads up” type of report, which the treating paramedic shall provide. An MICN or Receiving Hospital nurse is required to accept these reports.

3. Standard Report: Called in to the Receiving Hospital as an “information only” report and used for patients when standing orders have been followed, treatment has been rendered, and the patient is or has been stabilized and no further orders or direction is required.
   a. The prehospital provider administering patient care shall provide a standard report to either the Base Hospital or Receiving Hospital (as appropriate) for all patients transported.
   b. Base and Receiving Hospitals shall ensure that only medically licensed personnel receive Alert Reports.

4. Base Hospital/Consultation Report:
   a. Report format used when:
      i. A patient’s medical condition requires that the paramedic seek medical direction or advice from the base physician or MICN.

ii. A patient is refusing treatment or transport against medical advice (AMA) after a patient has already received a BLS (e.g. oral glucose) or ALS intervention (e.g. naloxone) or if in the opinion of the attending paramedic the patient has a medical condition requiring transport to a receiving hospital.
iii. Assistance is needed with unusual patient presentation or to resolve disagreements between paramedics about patient treatment.

b. This type of consultation report is directed to the base hospital regardless of patient's intended destination.
c. The attending paramedic shall make this report personally unless prevented by the need to provide immediate patient care.

VII. Report Format, EMS Policy No. 3411, Radio Report Format.