

**TITLE: BASIC LIFE SUPPORT UNIT EMERGENCY FIELD  
TO HOSPITAL COMMUNICATION**

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EMS Policy No. **3412**

**PURPOSE:** The purpose of this policy is to define the requirements for basic life support (BLS) unit, medical communications between prehospital personnel and receiving hospitals.

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

**DEFINITIONS:**

- A. "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.
- B. "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. Emergency Patients:
  - A. If a BLS ambulance encounters an emergency patient, the crew shall contact dispatch and request an advanced life support (ALS) ambulance be dispatched. If the ALS unit is significantly delayed or if the patient's condition warrants, the BLS ambulance may transport the patient to the closest approved emergency department as directed by the Base Hospital.
  - B. While enroute to the closest receiving hospital the Emergency Medical Technician (EMT) responsible for patient care shall contact the intended receiving hospital as soon as possible. Upon contact the EMT shall provide the following information:

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1. Unit ID
2. Name of crewmember making report
3. Level of transport (i.e., Code 2)
4. Age, Sex, Weight
5. Chief complaint
6. History of incident/mechanism of injury
7. Trauma Triage Criteria met (if applicable)
8. Medical history/PMD
9. Medications
10. Allergies
11. Vital signs to include: BP, pulse, respirations, LOC, pupils, skin signs
12. Pulse oximetry reading (If available)
13. All treatment rendered
14. Secondary physical exam
15. Estimated time of arrival (ETA)

III. Non-Emergency Patients:

- A. Radio and emergency telephone reports for non-emergency BLS patients being transferred to an acute care hospital shall not be routinely provided to the receiving hospital's emergency department.
- B. Non-emergency telephone communication is the primary method for providing non-emergency BLS patient reports to the hospital unit, ward or department receiving the patient.

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