

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.
- IV. Base hospital contact shall be made as required by EMS Agency policies and when prehospital personnel need to consult with a BHP.
- V. ALS communications:
 - A. Paramedics shall use the med-net radio to make base hospital contact. If radio failure occurs or radio communication cannot be established the paramedic may contact the base hospital using a cellphone or landline phone on the assigned recorded telephone line.
 - 1. Paramedics using telephone communication with the base hospital shall submit a Med-Net Radio Problem Report Form to the EMS Agency within 24 hours of occurrence.

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- B. ALS 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. ALS Early Notification/Alert Report: Should be brief and last no longer than 20 to 30 seconds in duration with minimal questioning. The purpose of the ALS Early Notification/Alert Report is to provide the base or receiving hospital with notice to prepare for the patient.
 - a. ALS personnel should consider the use of this report format in the following situations:
 - i. Trauma, STEMI, stroke alert.
 - ii. Obstetric patient with imminent delivery.
 - iii. Uncontrolled life-threatening condition(s).
 - iv. Patient report or transport or both will be delayed.
 - v. Potential impact on emergency department operations such as the need for decontamination.
 - b. The ALS Early Notification/Alert 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.
 3. 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.

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4. Base Hospital/ALS 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.
 - 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.

VI. Report Format, EMS Policy No. 3411, ALS Radio Report Format.

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