



Solano County Health and Social Services Department

Mental Health Services
Public Health Services

Adult and Child Services
Substance Abuse Services

Eligibility and Employment Services
Public Guardian/Conservator

Donald R. Rowe, Director

Public Health Division
Thomas L. Charron, M.D., M.P.H.
Health Officer/EMS Medical Director
Deputy Director, Health & Social Services

EMERGENCY MEDICAL SERVICES AGENCY
Michael A. Frenn, Agency Administrator
1735 Enterprise Dr., Bldg. 3
P.O. Box 4090 MS 3-110
Fairfield, CA 94533-0677
(707) 421-6685 FAX# (707) 421-6682

POLICY MEMORANDUM: 6530

EFFECTIVE DATE: 05/01/97

APPROVED BY:

THOMAS L. CHARRON, M.D., M.P.H., SOLANO COUNTY HEALTH OFFICER/EMS MEDICAL DIRECTOR

REVIEWED BY:

ALLEN J. MORINI, D.O., F.A.C.E.P., SOLANO COUNTY ASSISTANT EMS MEDICAL DIRECTOR

SUBJECT: EMS COMMUNICATIONS POLICY

AUTHORITY: CALIFORNIA CODE OF REGULATIONS, TITLE 22, DIVISION 9, ARTICLE 2,
§100144.

PURPOSE/POLICY:

The purpose of this policy is to define the contact and documentation requirements for medical control and direction of both prehospital and MICN personnel.

I. DEFINITIONS FOR RADIO COMMUNICATION

- A. Communication means that the EMS worker has called over the designated radio airwaves or cellular telephone to either the Base Hospital designated for the area, or the receiving hospital designated to receive the patient. It is the paramedic's responsibility to have communications equipment available at each patient contact.
- B. Disrupted Communication means that radio communication as defined above has been attempted but is inadequate for orders or direction due to the poor quality of the radio/telephone transmission.
- C. ALS prior to Base Contact means the performance of any ALS procedure prior to Base Hospital medical direction.

II. BASE HOSPITAL CONTACT REQUIREMENTS

- A. All cases where ALS intervention may be required for the patient. In those cases where the patients' clinical condition will deteriorate if time is spent executing radio communications with the Base Hospital, ALS treatment protocols may be initiated as allowed per protocol until the patient reaches a stabilized condition or treatment has started thus allowing the Paramedic the time and the means to make Base Hospital contact.
- B. All AMA cases not strictly meeting the criteria of the AMA Policy for Solano County (#6120)
- C. All DNR calls where the DNR form on scene with the patient is insufficient, tampered, questionable and/or the EMT-P cannot validate the DNR request.
- D. All calls where an air ambulance is enroute.
- E. All transfer calls where ALS care has been initiated by the Transferring Facility and further ALS may be required during the Transfer.
- F. All patients that qualify under Policy #6145 (Major Trauma Alert).
- G. All emergency cases when there is a conflict, communication failure and/or confusion between an EMT-P attempting to initiate ALS care and other EMT-Ps, field incident commanders, police, fire, other medical professionals, and/or family members negatively impacting the ability of an EMT-P to provide immediate care.

III. DOCUMENTATION REQUIREMENTS

- A. Documentation of communication(s) with the Base Hospital shall be noted on the PCR Communications box.
- B. Documentation of the type of equipment used for medical communications with the Base Hospital, as well as the time of Base Hospital contact for ALS calls. BLS calls should also include the time the receiving hospital was notified when appropriate.
- C. Documentation of Radio Communication failure with on-line medical control (at the Base Hospital) is noted in the special scene conditions box using the Code #11 in the "other" category with a follow-up summary noted in the QA section of the Base copy of the PCR.
- D. An unusual occurrence form completed by the EMT-P responsible for the call shall be left with Base Hospital (and later routed to the EMS agency) for the following situations in which an EMT-P was required to initiate Base Contact and ALS prior to Base Contact was initiated.
 - 1. All cases where the Base did not respond timely to the initial request for Base consult (>2 minutes).
 - 2. All cases when an EMT-P elected not to have communication equipment immediately available at the patient's side and the patient subsequently needed ALS intervention.

3. All cases where the Base abruptly terminated the communication linkage with field forces and did not successfully respond to an EMT-P on-line medical control needs.
- E. A counseling form is required for all cases in which the Base Hospital retrospective audit determines the independent decision of an EMT-P to implement ALS care without Base Consult negatively impacted the patient's medical condition.