

**ALS TREATMENT WITHOUT BASE HOSPITAL CONTACT WHEN REQUIRED  
BY STANDING ORDER OR DURING RADIO COMMUNICATION FAILURE****I. AUTHORITY:**

*Health and Safety Code, Division 2.5, Section 1798. California Code of Regulations, Division 9, Title 22, Section 100145, 100169.*

**II. APPLICATION:**

This policy defines the steps to be followed in the event that a patient requires or receives an advanced life support intervention for which on-line medical control is necessary and one of the following occurs: 1) the paramedic is unable to establish or maintain communications with the base hospital / pediatric resource center; or 2) the patient has left the scene before base hospital / pediatric resource center contact occurs.

*This policy does not apply to the use of "standing orders" utilized prior to initiating contact with a base hospital / pediatric resource center.*

**III. OBJECTIVES:**

- A. To provide a mechanism for review of care provided in the absence of required on-line medical control.
- B. To identify communication failures within the Orange County EMS system to allow for correction of possible communication system deficiencies.

**IV. DEFINITION:**

**"Communication failure"** means the inability of a paramedic to communicate with a base hospital / pediatric resource center due to equipment, transmission, and/or reception problems.

**"Absence of standing order required on-line medical control"** refers to lack of base hospital / pediatric resource center contact when required by standing order

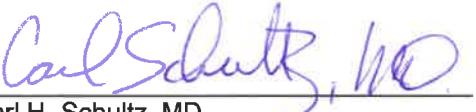
**V. PROCEDURE:**

- A. When a paramedic has established that a direct or an alternative communication link with a base hospital / pediatric resource center is required, but not possible, and the patient(s) condition requires immediate intervention, the paramedic may initiate or maintain ALS treatment until communication is established, or the patient(s) is delivered to an Emergency Receiving Center (ERC), or a physician at the scene assumes responsibility for the care of the patient.
- B. A Prehospital Care Report (PCR) will be completed as per usual to document the patient's assessment, treatment, and response to treatment.
- C. The paramedic is responsible to contact the Emergency Receiving Center to give report and to advise them of the patient's impending arrival.
- D. In cases where a patient receives or requires an ALS intervention but is no longer on scene, base hospital / pediatric resource center contact should not be made solely for the purpose of documentation but may be made for other reasons. Regardless of whether base hospital / pediatric resource center contact is made, paramedics must complete the documentation as described in E below.

**ALS TREATMENT WITHOUT BASE HOSPITAL CONTACT WHEN REQUIRED  
BY STANDING ORDER OR DURING RADIO COMMUNICATION FAILURE**

- 
- E. When base hospital / pediatric resource center contact is required but not made, paramedics must complete the OCEMS Report of ALS Services Provided Without Base Hospital Contact section (complete the 330.15 questions) within the ePCR. A report is automatically generated to OCEMS.
  - F. The OCEMS ALS Coordinator shall review and evaluate each incident for appropriateness of ALS interventions within ten (10) days of the occurrence. The ALS Coordinator is responsible for notification of the OCEMS Medical Director of all cases as well as the appropriate Base Hospital Coordinator.
  - G. All occasions of ALS interventions provided without base hospital / pediatric resource center contact will be trended at the OCEMS-level and be included in the base hospital / pediatric resource center quality improvement - monitoring plan as a quality indicator.

**Approved:**

  
Carl H. Schultz, MD  
OCEMS Medical Director

  
Tammi McConnell, MSN, RN  
OCEMS Administrator

Original Date: 3/1985  
Reviewed Date(s): 9/2014; 12/2018; 2/2021  
Revised Date(s): 12/14/2018; 02/25/2021  
Effective Date: 04/01/2021