



RADIO COMMUNICATION POLICY

I. PURPOSE

To define the requirements for communication reports between EMS field personnel and hospitals. The purpose of communication between EMS field personnel and hospitals is to relay essential information to allow the hospital to prepare for the patient, and as necessary, to allow a base hospital to provide medical control and consultation to the EMS field personnel.

II. PROCEDURE

A. General Guidelines

- The communication report should be brief, concise, and include only the information that impacts the care of the patient in the field, and when the patient initially arrives in the hospital.
- It should not include unnecessary information, or impede the EMS field personnel's focus on patient care.
- The communications report is not intended to be the complete patient report nor is it equivalent to the "face-to-face" report to the Emergency Department (ED) staff at the hospital.
- Communication reports should be given to the hospital by EMS field personnel while on scene, or as soon as possible after departing the scene.
- Transport of unstable patients or patients meeting Trauma Triage Criteria shall not be delayed for a communications report.
- EMS field personnel may only accept orders from base hospitals within the ICEMA region.
- Patient names shall not be given over the radio except at the request of the base hospital physician, and with the prior approval of the patient.
- Base hospital physicians may give any medically appropriate order within the EMS field personnel's scope of practice.

B. Basic Life Support (BLS) Units

BLS communication reports contain minimal information since BLS units:

- Cannot be diverted; and
- Cannot carry out medical control orders.

BLS communications reports contain:

- The EMS unit identifier, and that it is a BLS report;
- The patient's age, sex, chief complaint/injury, and estimated time of arrival (ETA);
- Vital signs, Glasgow Coma Scale, and other pertinent signs/symptoms and information.

C. Advanced Life Support (ALS) Units**Receiving Hospital:**

Receiving hospital communication reports are for informing the receiving hospital (base hospital or otherwise) of incoming patients **not** requiring medical control orders or consultation.

Receiving hospital communications reports contain:

- The EMS unit identifier, that it is a receiving hospital report, and the EMS field personnel's name/certification level;
- The patient's age, sex, chief complaint/injury and ETA;
- Information that impacts patient care.

Base Hospital:

Base hospital communication reports are for:

- Requesting consultation or medical control orders from a base hospital;
- Informing or consulting with a specialty base hospital (Trauma, STEMI, stroke center, etc.).

- Patients receiving ALS interventions:
 - Who do not improve; or
 - Who are not being transported by ambulance; or
 - Prior to terminating resuscitative efforts.
 - Unsuccessful procedures per ICEMA Reference #10190 - Procedure - Standard Orders.
- All patients under nine (9) years old that are not transported by ambulance (parent or guardian refusal). Base hospital contact shall be made while the EMS field personnel is on scene (if safe) per ICEMA Reference #9080 - Care of Minors in the Field.
- Interfacility transfers needing medications and/or a destination change per ICEMA Reference #8010 - Interfacility Transfer Guidelines.
- Multi-Casualty Incidents (MCI) per ICEMA Reference #5050 - Medical Response to a Multi-Casualty Incident.

Base hospital communications reports shall contain:

- The EMS unit identifier, that it is a base hospital report, and the EMS field personnel's name/certification level;
- The severity of the patient, and if the patient is a "specialty care" patient (Trauma, STEMI, stroke, etc.);
- Patient age, sex, general appearance, weight in kilos, and level of responsiveness (or Glasgow Coma Scale when appropriate);
- Chief complaint/injuries, and mechanism of injury/patient situation;
- Vital signs, cardiac monitor reading, and remarkable physical exam findings;
- Pertinent medical history;
- Prior to contact treatment initiated and patient response;
- Information that impacts patient care;
- ETA.

Base hospitals will provide:

- Contact time, and the name of the Mobile Intensive Care Nurse (MICN) (and base hospital physician when present).
- Consultation and medical control orders appropriate to the patient condition.
- Acknowledgement of prior to contact medications and patient response.

D. EMS Aircraft Transports

In San Bernardino County, the San Bernardino County Communications Center (Comm Center) will assign the destination hospital for trauma patients when a request for EMS aircraft is received.

- When possible, Comm Center will notify the ground and air transportation provider of the assigned destination hospital.
- Trauma base hospital contact should be made as soon as practical by the ground EMS field personnel or the flight crew.
- Whenever possible, **Trauma base hospital contact will be made with the Trauma Center that will actually be receiving the patient.**
- Upon arrival of the EMS aircraft, the ground EMS field personnel will give a patient report to the flight crew, and include:
 - The assigned destination hospital (if known);
 - If Trauma base hospital contact has been made (and with which Trauma base hospital); and
 - If the assigned destination hospital was changed (and the reason for the change).
- The flight crew will contact the actual receiving Trauma Center to:
 - Request a landing pad assignment;
 - Provide a patient report, or update on patient condition; and
 - Inform them if Trauma base hospital contact was originally made with a different Trauma base hospital.

If the original Trauma base hospital contact was made with a different Trauma base hospital, the actual receiving Trauma Center will notify the original Trauma Base of the change in destination.

E. Interfacility Transfer (ICEMA Reference #8010 - Interfacility Transfer Guidelines)

Interfacility transport patients with a deteriorating condition significant enough to require medication administration and/or a destination change require base hospital contact.

- EMS field personnel may initiate prior to contact protocols, and shall make base hospital contact. The base hospital will be notified of the status change of the patient, the medications administered prior to contact and any need for further orders or destination changes.
- The base hospital shall notify both the referral hospital and the original receiving hospital of a destination change.
- The base hospital will include an evaluation of any destination change in the base hospital CQI report.

III. REFERENCES

<u>Number</u>	<u>Name</u>
5050	Medical Response to a Multi-Casualty Incident
8010	Interfacility Transfer Guidelines
9080	Care of Minors in the Field
10190	Procedure - Standard Orders