



## MEMORANDUM

**DATE :** July 6, 1999

**TO:** Paramedics and Base Hospital Personnel

**FROM:** Kenneth Stiver, MD, North Coast EMS Medical Director

**RE:** **Radio Communications: PLEASE POST**

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The North Coast EMS medical community has thus far expressed its desire to maintain a standard of online medical control for prehospital care.

Both state and nationwide movement has been towards gradually increasing autonomy for paramedics. North Coast EMS has and will continue to support such increasing autonomy strictly as evidence warrants.

Generally, North Coast region paramedics have expressed a desire to accelerate this evolution. It is important to remember that any increase in autonomy brings with it greater responsibility and increased exposure to liability.

Presently our system of medical control requires base contact be made on all calls. It is vital that proper radio etiquette be maintained during all radio communications. Whether or not base contact is required in the future, the base hospital physician will remain the ultimate arbiter of optimal patient care. California State law has designated the MICN as the base hospital physician's intermediary for radio communications with prehospital care providers.

North Coast EMS will continue to clarify accepted standards for radio communications as conditions dictate. Radio communications should be restricted to an exchange of information needed to determine proper patient care during transport (please refer to North Coast EMS Policy # 2508). In the majority of cases, paramedic protocols will suffice to determine this care. Unusual or complicated cases should be carefully described to base hospital medical control using the most economical language possible. Base control should limit questions to items that might directly effect prehospital patient care or imply significant hospital preparations for the arriving patient. Non-pertinent question should be avoided.

Suspected failures to observe proper communications should not be addressed "on the air." All questions originating with either medical control or transporting personnel should be answered as conditions permit.

Failures to observe proper communications either on the part of prehospital personnel or medical control should be discussed with the individual in question confidentially (under no circumstances should protocol disagreements be discussed in the presence of the patient). Repetitive failures should be reported in a Case Review form per North Coast EMS Policy # 2104. This report should be forwarded to the Prehospital Care Nurse Coordinator (PCNC) of the base hospital in question.

Professionalism during radio communications and continued demonstrations of expertise in prehospital patient care will clearly influence future developments in base hospital/prehospital care provider responsibilities.