

Subject: Administration - Communications
Med-Net Communications Guidelines

Associated Policies:

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

- II. Purpose

This policy provides procedural guidelines by which base hospital and field providers may conduct Med-Net communications using the Med-Network, cell phones or other means of field to hospital communications.

- III. Policy
 - A. Enroute – Pre-alerts:
 - 1. Pre-alerts are encouraged for presumed high acuity medical and traumatic events (e.g., CPR in progress, entrapments, multi patient calls or MCIs)
 - 2. Base hospitals/or modified base hospital may request pre-alerts on all responses from prehospital providers.
 - 3. The field provider should advise the base hospital/or modified hospital of:
 - a. Responding crew identification.
 - b. Nature of the call and response code.
 - 4. Estimated time of arrival at scene.
 - 5. If a pre-alert is given, a follow up to that hospital should be given when the patient is not being transported to that facility. (i.e., cancelled, meets criteria for Trauma or STEMI bypass)

 - B. Initial Report to the Hospital:
 - 1. In the event of life-threatening, severe, or urgent medical emergencies, the field personnel will contact the base hospital with an initial report as soon as possible. The initial report should serve to warn the base hospital (or the receiving hospital via the base hospital) of the impending arrival of a patient to ensure that the receiving hospital has or mobilizes the resources needed to manage the patient(s). This should occur while on scene or as soon as possible once in transport. The initial report should be brief and include at a minimum:
 - a. medical vs. trauma and severity level:
 - 1) mild or level 1
 - 2) moderate or level 2
 - 3) severe/acute distress or level 3
 - 4) meets Trauma or STEMI criteria.

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- b. unavoidable delays (i.e., extrication, over the bank rescue, transporting unit still enroute to scene, etc.)
 - c. any brief additional patient information available:
 - 1) mechanism of injury or medical condition
 - 2) ABC's
 - 3) Anatomical region of major injury(s) or illness
 - 4) General type of injury or illness.
 - 5) If patient meets Trauma or STEMI Criteria, the EMT/paramedic should state that in their report to the hospital.
- C. Minimum EMS Radio Report Content/Format to the Hospital:
 - 1. Number of and relative severity of patient(s).
 - a. If the number of and severity of patients meets MCI criteria, the paramedic will notify the hospital that they are moving to the MCI Communication Policy # 2506.
 - 2. Transport code, patient # (if more than one patient, report on the most critical first) and the ETA to the hospital.
 - 3. Level of distress (mild, moderate, severe/acute or level 1, 2, or 3, as above) and whether medical, or trauma patient.
 - 4. Age and gender.
 - 5. Chief complaint.
 - 6. History of Present Illness (HPI) or Mechanism of Injury.
 - 7. Any abnormal Vital signs or ECG. (Report vitals as "stable" if ALL vital signs within normal limits).
 - a. Level of consciousness - Glasgow Coma Scale will be used for all trauma patients.
 - 9. Identify Treatment protocol followed and response. If the patient meets Trauma or STEMI Criteria, it should be stated in the report.
 - 10. Request for further treatment guidelines or orders.
- D. Bypass Requests/Reports:
 - 1. The paramedic will contact their base hospital and give a bypass report which includes the following:
 - a. Indication of bypass report
 - b. Destination reason/protocol
 - c. Age/sex
 - d. Chief complaint
 - e. ETA to the receiving facility

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- E. Transports to Hospital Helicopter Landing Zones (LZ)
 - 1. The paramedic will contact the hospital that they are utilizing the hospital designated LZ to rendezvous with air transport. The report should include:
 - a. Indication of need for air transport.
 - b. Age/sex
 - c. Chief complaint
 - d. ETA of the helicopter to the LZ.

- E. Basic Points of Procedure
 - 1. Identify both the hospital being called and the field unit with each transmission.
 - 2. Know what you are going to say before you begin your report.
 - 3. Give the report clearly and slowly enough that it can be written down.
 - 4. Break often during multiple patient reports to allow for questions or interrupts.
 - 5. If you are seeking order(s), concisely provide the information which clearly shows the presence of indications and absence of contraindications for the order(s) you seek. If working with a modified base, ensure that an EDMD is giving the order and document the physician's name in the ePCR.
 - 6. Any order received must be repeated back to the hospital giving the order for confirmation.
 - 7. After the complete report is given, repeated contact is unnecessary unless a change in the patient's status or significant change in the ETA or patients' condition occurs.
 - 8. The EMT/paramedic shall make every reasonable attempt to establish voice communication with the base hospital or alternate base hospital via radio or telephone in a timely manner as soon as practical before arrival at the receiving facility.

- E. Base Hospital Guidelines
 - 1. If a pre-alert is received:
 - a. Start a new Emergency Department Communication Record when contacted by the field unit responding to an emergency per Policy # 2503.
 - 2. Field reports.
 - a. Prehospital personnel will contact the hospital according to section III-A above.
 - b. Complete the corresponding sections of the Emergency

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- Department Communication Record during the field report.
 - c. If more than one person is involved in receiving the field report, it is essential that the information reported previously be passed on to the new receiving personnel.
- 3. Basic points of procedure.
 - a. Keep communications with prehospital personnel brief, concise and pertinent to the patient's survival and the capabilities of the field provider (i.e., do not ask for information not pertinent to care available in the field or not in preparation of the ED to receive the patient).
 - b. Only authorized hospital personnel can answer the radio and take reports.
 - c. Only a Mobile Intensive Care Nurse (MICN) or on-duty Emergency Department physician can give orders to field care providers via the phone or radio.
 - d. Speak slowly and clearly when communicating with field providers.
 - e. Document on the Emergency Department Communication Record age, gender and chief complaint and the treatment protocol being followed, and any orders that were given.
 - f. Sign the Emergency Department Communication Record.
- 4. After receiving a Bypass Report the Base hospital will then contact the receiving facility providing the below information
 - a. Notification of inbound ambulance
 - b. Bypass report given by paramedic, including ETA.
 - c. Physicians name on duty
- 5. Document the time and who received the report on the Emergency Department Communication Record.

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