

17-0108 – Communication Policy

AUTHORITY

Health and Safety Code Division 2.5, Health and Safety Code, Division 2.5 Section 1797.220

PURPOSE

To establish a procedure for prehospital personnel to efficiently communicate different types of patient report to the Base Hospital and/or Receiving Facilities while effectively utilizing hospital personnel.

BLS/ALS PROCEDURE

Base Hospital/Receiving Facility Responsibilities

1. Initial and Advisory Reports –
 - a. Initial and BLS and ALS Advisory reports may be answered by an RN, MICN, physician or other medical personnel, **which is defined as a hospital employee currently trained at a minimum of Certified Nurse's Assistant (CNA)**.
 - b. Any hospital employee who answers prehospital advisory communications and is not certified as a Base MICN, shall complete the training module objectives as outlined in the **Radio Communication Orientation** located in the Educational Programs Module, prior to answering any prehospital traffic.
2. Consultation Reports –
 - a. BLS Consultation Reports shall be answered by an RN, MICN, or physician.
 - b. ALS Consultation Reports shall be answered by a MICN or physician.
3. Identification - When answering the radio, the following information **shall** be given: Facility Name, Title, name or cert number, and the time:
 - a. Physicians answer as follows; i.e. "This is (Name of Hospital), Dr. Smith, the time is 1659, go ahead with patient report."
 - b. MICN's state title and Nor-Cal EMS certificate number; i.e. "This is (Name of Hospital), MICN #999, the time is 1659, go ahead with patient report."
 - c. "Other" medical personnel as follows; i.e. "This is (Name of Hospital), (LVN, CNA, EMT I, etc.) Smith, the time is 1659, go ahead with patient advisory report."
 - d. Any hospital personnel may answer the radio and say "Please stand-by for report."
4. Documentation - If the RF/BH utilizes "Other Medical Personnel" to answer radio, the Base Hospital/Receiving Facility Report Form (see policy [17-0108B Base Hospital Receiving Facility Report Form](#)) **shall** be used for all reports. Otherwise RF/BH may develop their own form.
 - a. Trauma Alert and Trauma Team Activation times shall be documented on the BH Report Form.
 - b. These forms shall be completed by the physician or RF/BH staff taking report. Forms will be kept in a binder for a minimum of ninety (90) days to be utilized as a radio log, recording all incoming prehospital reports to the receiving facility.
 - c. It is recommended that BHs develop a records retention policy per their risk management recommendations to track base report forms when ALS consultation/orders were given to ALS personnel.
5. Continuous Quality Improvement - If the prehospital report was called to the Receiving Facility and it was felt that the Base Hospital should have received the report or if the patient did not arrive as reported, a copy of this form must be forwarded to the Prehospital Care Coordinator (PCC) at the Base Hospital within twenty-four (24) hours for CQI purposes.

Prehospital Personnel Responsibilities:

1. Calling Report:
 - a. Reports are called to the Receiving Facility.

- b. If "consultation" or "orders" are needed and the Receiving Facility isn't a Base Hospital in the Nor-Cal EMS region, the ALS provider shall give report and receive orders from their Base Hospital and give a patient report to the Receiving Facility.
2. Reporting Format Identification – Prehospital personnel **shall** identify the reporting format being used when initially contacting the Base Hospital/Receiving Facility (i.e., "This is Ambulance, Unit X, enroute Code 2, with a 'ALS Advisory' report"). This alerts the appropriate medical personnel for report.
3. Communication Failure - If a Base physician or MICN is required for the type of reporting format being utilized and is not available at the Base Hospital or communications failure is experienced, a [17-0109A Communications Failure Failure Report](#) (CFR) located in the Miscellaneous Policies Module must be filled out by prehospital personnel. The original is sent to the Prehospital Care Coordinator (PCC) at the Base Hospital and a copy is sent to Nor-Cal EMS within twenty-four (24) hours with a clean copy of the Prehospital Care Report attached to both copies of the CFR.

BLS/ALS REPORTING FORMATS

"Initial" Report

This report should be brief, approximately 20-30 seconds duration (See [17-0109A Communications Failure Failure Report](#)).

1. This report format is called in to the destination facility as a "heads up" type of report.
2. Any member of the transporting team may call in this report to the BH/RF.
3. Radio traffic may be received by any medical personnel at the BH/RF.
4. For use with patients in the following situations, where:
 - a. Trauma alert activation is needed.
 - b. Life threatening condition(s) exist.
 - c. Patient report will be delayed, i.e. due to a long extrication or multiple patients.
 - d. Impact on the emergency department patient flow could be affected.

"Advisory" Report

1. This report format is called in to the destination facility as an "information only" report (see [17-0109A Communications Failure Failure Report](#)).
2. Prehospital provider administering patient care shall at a minimum call this type of report to the BH/RF for all patients transported.
3. Radio traffic may be received by any medical personnel at the BH or Receiving Facility.
4. For use with patients in the following situations, where:
 - a. Patients are refusing treatment (AMA), when in the field care provider's judgment the patient needs treatment and transport.
 - b. "BLS Advisory": BLS treatment has been rendered and *the patient has stabilized and/or no further order or direction is required*.
 - c. "ALS Advisory": ALS standing orders have been implemented by a Paramedic/MICN and the patient *has stabilized and/or no further order or direction is required*. Standing orders are defined in the **ALS Scope of Practice** policy and identified with the color green.

"Consultation" Report:

1. This report format is called in to the Base Hospital, regardless of patient destination.
2. Prehospital provider administering patient care must call this report to the BH/RF.
3. If the patient destination is not the Base Hospital where the patient report was called, then the MICN/MD who took report needs to give report to the Receiving Facility where the patient is being transported.
4. For use with patients:
 - a. "BLS Consultation": report where a prehospital *provider needs further direction/consultation or orders **must be received by an RN (non-MICN), MICN or Base Hospital Physician.***
 - b. "ALS Consultation": report where ALS standing orders have been implemented and *provider needs further direction/consultation or orders **must be received by MICN or Base Hospital Physician.***
 - c. This type of report is also used when patients are being diverted to another facility.

COMMUNICATIONS

Authorized Nor-Cal EMS UHF Radio Channels shall be utilized for EMS coordination, dispatching of ambulances, and providing patient reports to Receiving Facilities, see [17-0108C Med Net Repeater Freq and Tone Outline](#)

1. Prehospital personnel shall provide patient report to Receiving Facilities utilizing the [17-0108D Receiving Facility Channels](#) policy.
2. CTCSS (Carrier Tone-Coded Squelch System) Tone 8 is to be used only for out-of-area units responding or transporting into the local area. Routine use of Tone 8 by local units or aircraft is prohibited to prevent interference by activating distant repeaters on the same channel.
3. In accordance with FCC regulations, Channel 10 will be used only for dispatch.
4. As a guideline, Channel 9 is divided into two tactical coordination channels, Either can be used for either function as each event's operational needs dictate.
 - a. 9A is meant primarily for coordination of ground EMS units at an event.
 - b. 9B is meant primarily for coordination of aircraft.
5. Reasonable deviations from policy are permitted when necessary for effective emergency operations.