



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 advanced life support interventions for which on-line medical control is required and the paramedic is unable to establish or maintain communications with the base hospital / pediatric resource center OR if base hospital / pediatric resource center contact is required for a high risk AMA and the patient has left the scene

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 of high-risk AMA where the patient is no longer on scene, base hospital / pediatric resource center contact should not be made. Complete the form as described in E below.
- E. When base hospital / pediatric resource center contact is required but not made, a paramedics must complete the OCEMS Report of ALS Services Provided Without Base Hospital Contact form



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(attachment) or complete the 330.15 questions within the ePCR. If completed electronically, a report is automatically generated to OCEMS.

If a paper form is completed, it should be submitted to OCEMS within forty-eight hours of the incident.

If deployed out-of-county, submit a paper form for each patient within forty-eight hours of return to Orange County. The incident number must be available for OCEMS review of the PCR.

- 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 treatment provided without base hospital / pediatric resource center contact will be trended at the OCEMS-level and also should be included in the base hospital / pediatric resource center quality improvement - monitoring plan as a quality indicator.

Approved:

OCEMS Medical Director

OCEMS Administrator

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 Reviewed Date(s): 9/2014; 12/2018
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