ADVANCED LIFE SUPPORT TREATMENT IN COMMUNICATIONS FAILURE OR WITHOUT BASE HOSPITAL CONTACT

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 EMT-P is unable to establish or maintain communications with the assigned base hospital. This policy does not apply to the use of "standing orders" utilized prior to initiating base hospital (BH) contact, patients meeting ALS no-contact criteria, or care provided during a medical disaster.

The provisions of this policy are limited to on-duty Orange County Emergency Medical Services (OCEMS) accredited EMT-Ps functioning on an approved advanced life support (ALS) unit or paramedic assessment unit (PAU), whether within Orange County or when out-of-county on a strike team response.

III. OBJECTIVES

A. To allow the provision of timely, appropriate care when on-line medical control cannot be initiated or maintained

B. To provide a mechanism for review of care provided in the absence of on-line medical control.

C. To identify communication failures within the Orange County EMS system to allow for correction of possible communication system deficiencies.

IV. DEFINITION:

A. "**Communication failure**" means the inability of an EMT-P to communicate with a BH due to equipment, transmission, and/or reception problems.

B. "**Absence of on-line medical control**" refers to those rare occasions in which paramedics may not be able to establish base contact when required, or when emergent care is needed during out-of-county strike team responses.

V. PROCEDURE:

A. When the EMT-P has reasonably established that a direct or an alternative communication link with a BH is not possible and the patient's condition requires immediate intervention, the EMT-P may initiate or maintain ALS treatment within the Orange County EMS paramedic scope of practice until communication is established, or the patient is delivered to a paramedic receiving center (PRC), 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 EMT-P is responsible to contact the paramedic receiving center to give report and to advise them of the patient's impending arrival.

D. EMT-Ps must complete the OCEMS Report of ALS Services Provided Without Base Hospital Contact approved form (attachment) and submit to the assigned BH within twenty-four hours of the incident or return to Orange County if deployed out of county; a copy of the PCR must also be included.

E. The BH prehospital care coordinator shall review and evaluate each incident for appropriateness of ALS interventions within ten (10) days of the occurrence. The Base Hospital shall forward documentation of the incident (PCR, BHR, and OCEMS Report of ALS Services Provided Without Base Hospital Contact) to the OCEMS Medical Director within 3 business days of the review.

F. All occasions of ALS treatment offered without BH contact must be included in the BH's quality improvement and monitoring plan.