Communications Failure

Indications: The prehospital care provider is unable to establish communications with a medical command facility after at least 2 attempts each on 2 different means of communications (HEAR, COR, cell phone, or telephone).

Policy: Every reasonable effort must be made to establish communications with the receiving facility and/or Medical Control as outlined in the *COR Radio Reporting* (Communications Policies & Procedures, page 2) and *HEAR Radio Reporting* (Communications Policies & Procedures, page 3) policies. In the event that a communications failure should occur, technicians may proceed with the appropriate protocol and then follow-up the incident as outlined in *Medical Control Interventions During Communication Failure* (Administrative Policies & Procedures, page 11).

Procedure:

1. Provide care within your scope of practice as guided by the Peninsulas EMS Council Prehospital Care Protocols; **never exceed your scope of practice**.
2. Use the appropriate protocol as standing orders indicated by **E I P**, *as appropriate for your level of certification* (e.g., **EMT-E** cannot carry out **I** or **P** orders).
3. Proceed with treatments listed as **[E] [I] P** in the protocol as the clinical situation warrants, **as appropriate for your level of certification** (e.g., **EMT-E** cannot carry out **I** or **P** orders).
4. Transport the patient as quickly as possible to the nearest appropriate facility.
5. Carefully document events including:
   - ✱ Time of call
   - ✱ Nature and location of the communication problem
   - ✱ Clinical status of the patient
   - ✱ Protocol(s) used
   - ✱ Patient response
6. Contact your supervisor as soon as possible.
7. Complete all follow-up as outlined in *Medical Control Interventions During Communication Failure* (Administrative Policies & Procedures, page 11).

COR System Reporting

Indications:

1. On-line physician consultation
2. Transmission of ECG telemetry

Policy: The COR (Consultation, Orders, Refusals) system shall be used for direct contact with Medical Control in any situation where physician consultation is appropriate. Reports should follow the recommended regional format. (See also *On-Line Medical Control* (Communications Policies & Procedures, page 4).

Cellular telephone users should use the "ED Telemetry" telephone number for physician consultation and ECG telemetry.

Procedure:

1. Obtain an adequate patient assessment and history.
2. EMS providers are strongly encouraged to establish communications as soon as possible, directly from the scene, when a patient's condition requires Medical Control intervention.
3. Select the correct radio channel or phone number.
4. Listen for other users before transmitting.
5. Key the microphone for 1 full second before speaking.
6. Speak in a normal, conversational tone, with the microphone close to the mouth.
7. Transmit ECG telemetry as required (15 second segments recommended).
8. Confirm any treatment orders you receive.
9. Provide follow-up reports as needed.

Notes:

Telephone numbers and radio information can be located in the following:

- PEMS Prehospital Patient Care Protocols
- Virginia EMS Communications Directory

HEAR System Reporting

Indications: Hospital notification of basic and advanced life support patients NOT requiring on-line physician intervention. The HEAR system may be used for physician consultation only when COR access is not available.

Policy: HEAR system reporting should be **brief** and follow the recommended regional format. **A detailed patient report should be given to the receiving hospital staff upon arrival**.

Procedure:

1. Initiate the call with sufficient notice for hospital preparation.
2. Select the correct radio channel.
3. Listen for other users before transmitting.
4. Initiate the correct dial or touch-tone signal *if your radio is not programmed with the proper tone squelch code ("PL")*. This will open the receiver on the hospital's HEAR system.
5. Key the microphone for 1 full second before speaking.
6. Speak in a normal, conversational tone, with the microphone close to the mouth.

Notes:

Telephone numbers and radio information can be located in the following:

- PEMS Prehospital Patient Care Protocols
- Virginia EMS Communications Directory

On-line Medical Control

Indications:

1. Physician authorization for medication administration or procedures as required by PEMS Prehospital Patient Care Manual.
2. Any unstable medical patient: Contact the **closest** appropriate hospital before transporting an unstable medical patient to a more distant facility.
3. Multi-trauma patients: See *Trauma Triage* (Administrative Policies & Procedures, page 41) for the hospital destination of trauma patients.
4. Air Ambulance Transport.
5. Physician consultation regarding patient refusal.
6. ALS technician release of patient care to BLS providers.
7. Physician direction is needed.

Policy: On-line Medical Control should be established whenever these circumstances are encountered. Patient reports should follow the regional uniform communications format whenever possible.

Procedure: See the following protocols:

- *COR System Reporting* (Communications Policies & Procedures, page 2)
- *Uniform Communications Format* (Communications Policies & Procedures, page 5)

Notes: ***Mass-casualty or disaster incidents:***

All PEMS providers may perform skills at their level of training without Medical Control, as the circumstances require. See *PEMS Mass Casualty Response Guide*.

Uniform Communications Format

Indications: Radio / telephone patient reporting.

Policy: This procedure shall be used for all patient reports and physician consultations. Efforts should be made to minimize radio traffic while relaying patient reports.

Procedure:

1. Agency / unit number / technician ID / estimated time of arrival (ETA)
2. Patient age, sex, and chief complaint
3. History of present illness (or injury)
4. Pertinent medical history
5. Significant physical findings
6. Vital signs
7. Treatment rendered