

SUBJECT: COMMUNICATIONS FAILURE

Date: 7/01/2010

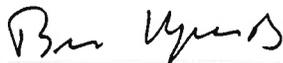
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- I. **Authority:** Health and Safety Code, Division 2.5, Section 1798 and 1798.2; California Code of Regulations, Division 9, Title 22, Section 100145.
- II. **Purpose:** To document the procedure for Paramedic activity during and reporting of communications failure.
- III. **Policy:**
  - A. In the event that an Paramedic at the scene of an emergency attempts direct voice contact with a physician or mobile intensive care nurse (MICN) but cannot establish or maintain that contact and reasonably determines that a delay in treatment may jeopardize the patient, the Paramedic may initiate any Paramedic activity authorized by the EMS Medical Director in accordance with the County of San Diego Treatment Protocols, "Standing Orders for Communications Failure", until such direct communication may be established and maintained or until the patient is brought to a general acute care hospital. Direct voice communication with the base hospital shall be attempted at the scene or en route.
  - B. In each instance where advanced life support procedures are initiated in accordance with Section A of this Policy, immediately upon ability to make voice contact, the Paramedic who has initiated such procedures shall make a verbal report to the contacted Base Hospital Physician or MICN. A "Report of ALS Services Provided Without Base Hospital Contact" form (Attachment A) shall be completed and filed with the contacted Base Hospital Physician, when possible, immediately upon delivery of

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Document revised 7/1/2010

Approved:



EMS Medical Director

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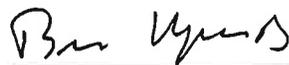
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the patient to a hospital, but in no case shall the filing of such documentation be delayed more than twenty-four (24) hours. If no contact is made, the form is filed with the assigned Base Hospital. The Base Hospital Physician shall evaluate this report and forward the report to the County of San Diego EMS Medical Director within seventy-two (72) hours of receipt of report from Paramedic(s).

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Document revised 7/1/2010  
Approved:



EMS Medical Director

COUNTY OF SAN DIEGO OFFICE OF EMERGENCY MEDICAL SERVICES

ATTACHMENT A

Report of ALS Services Provided without Base Hospital Contact: In accordance with Health & Safety Code, Division 2.5 Section 1798, any incident wherein advanced life support was rendered in the absence of direct communication with a Base Hospital must be verbally reported to the Base Hospital Physician or MICN immediately upon ability to make voice contact, and the following report must be completed; if more than one patient was treated, a separate form must be completed for each patient. Complete reports must be submitted to a Base Hospital Physician at the hospital to which you are regularly assigned within twenty-four (24) hours of the incident.

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Date of incident: \_\_\_\_\_ PM Agency: \_\_\_\_\_ Unit:

Paramedics - (Patient Care): \_\_\_\_\_ (Radio):

Base Hospital (if contact made): \_\_\_\_\_ Run Number:

Assigned Base Hospital: \_\_\_\_\_ EMS Form Number: \_\_\_\_\_ (Copy must be attached)

Completely describe the nature of the communication problem including suspected cause, exact geographic location, remedial actions taken, alternate modes attempted:

Detail the conditions and patient assessment that led you to believe the patient was in jeopardy of losing his/her life without ALS Treatment:

What specific ALS treatment was given without medical control?

What was the patient's condition on arrival at the hospital?

List witnesses at scene (first responders, other medical personnel)

Receiving RN Name: \_\_\_\_\_

MD Name: \_\_\_\_\_

Hospital receiving patient:

Incident Reported	Date:	Time:	Agency:	Person reported to:
Verbal report(s)				
Written report:				

We, the above paramedics affirm that the statements made on the report are complete and true to the best of our knowledge.

Signature: \_\_\_\_\_ Cert #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Cert #: \_\_\_\_\_ Date: \_\_\_\_\_

Written report received by:(signature)

Date & Time received: \_\_\_\_\_ Base Hospital: \_\_\_\_\_

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Base Hospital Physician Review:

P-405 "Communications Failure"

Attachment A

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Signature: \_\_\_\_\_, M.D. Date: \_\_\_\_\_

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Please attach copies of the following when submitting this report to the Division of Emergency Medical Services.

- A. All documentation provided by service provider agency and paramedics
- B. Copy of the MICN report form and copy of paramedic tape (if contact was made).
- C. Copy of EMS Prehospital Patient Record

Forward copies of all documentation with 72 hours to:

EMS Medical Director, County of San Diego  
Emergency Medical Services Branch  
6255 Mission Gorge Road  
San Diego, CA 92120

COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES

For Office Use Only

Date and time report received:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Report received by:

- EMS Medical Director
- EMS Chief
- EMS Paramedic Coordinator

Reviewer's Comments:

Recommended Action:

- A. Receive and file - no further action required ( )
- B. Forward summary of communication problems to County Communications for review and recommendations ( )
- C. Return to Base Hospital for further information ( ) Detail:

D. Return to Base Hospital for the following recommended action(s): ( )

E. Forward to service provider agency for review ( )

F. Other: ( )

Signature of Reviewer:

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Medical Director Review:

Recommended action(s):

EMS Medical Director

Date:

The Office of EMS will review and distribute its findings to the appropriate individuals listed below within thirty (30) days of receipt of this report.

Distribution      File

      Special Incident

      EMT-Paramedic - Name:

      EMT-Paramedic - Name:

      Base Hospital - Name: \_\_\_\_\_

     (            )                              Receiving                      Hospital                      -                      Name:

     (            )                              Service                      Provider                      Agency                      -                      Name:

      Other: \_\_\_\_\_