

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	MEDICAL CONTROL		P-405A
	COMMUNICATIONS FAILURE FORM		
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Report of Communications Failure

Incident Information	Agency Information
<u>Incident #:</u>	<u>Agency/Unit #:</u>

Communication Information
<p>What was your approximate location when you first attempted to make contact¹?</p> <p>_____</p> <p>Was this an equipment issue or a technical issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was this a routine busy radio traffic issue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Transport destination: _____</p> <p>Select all base hospitals you attempted to contact:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Palomar Medical Center Escondido</div> <div style="width: 33%;"><input type="checkbox"/> Scripps Mercy Hospital San Diego</div> <div style="width: 33%;"><input type="checkbox"/> UCSD Medical Center Hillcrest</div> <div style="width: 33%;"><input type="checkbox"/> Sharp Grossmont Hospital</div> <div style="width: 33%;"><input type="checkbox"/> Scripps Memorial Hospital La Jolla</div> <div style="width: 33%;"><input type="checkbox"/> No contact attempted</div> <div style="width: 33%;"><input type="checkbox"/> Sharp Memorial Hospital</div> <div style="width: 33%;"><input type="checkbox"/> Tri-City Medical Center</div> </div> <p>Select which alternate communication strategy was used:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Used a cellular phone to contact base hospital</div> <div style="width: 50%;"><input type="checkbox"/> Contacted the receiving hospital via the BLS/MT1 zones on the Regional Communications System (RCS) network</div> <div style="width: 50%;"><input type="checkbox"/> Requested that the assigned communications center contact a base hospital to relay patient acuity and destination</div> <div style="width: 50%;"><input type="checkbox"/> Uploaded the prehospital care record (PCR) to the receiving facility prior to arrival (LEMSIS agency)</div> <div style="width: 50%;"><input type="checkbox"/> No notification was made to the receiving facility</div> </div> <p>Was the required verbal report with a base hospital completed after patient transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

¹ Approximate geographical location (e.g., I-15 South at Deer Springs Road). This information will be used to record geographic areas with weak radio or cellular service.