



**I. PURPOSE**

- A. To ensure EMS patient delivery to a receiving facility is anticipated, announced, and coordinated prior to facility arrival without fail.
- B. To record geographic areas with weak radio or cellular signal.
- C. To document certain treatments provided during a period of communications failure.
- D. To provide a communication failure reporting methodology.
- E. To provide a method to improve communications reliability.

**II. AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797 and 1798.2; and California Code of Regulations, Title 22, Section 100146.

**III. DEFINITION(S)**

**Communications Failure:** A situation where EMS personnel are unable to contact a base hospital because of radio or cellular signal weakness, equipment failure (e.g., battery failed, antenna broken), inability to access the radio system with a ‘system busy’ tone or message, or inability to maintain understandable voice contact.

**III.IV. POLICY**

**A.** In the event that an Paramedic-EMS provider at the scene of an emergency attempts direct voice contact with a Base Hospital Physician or Mobile Intensive Care Nurse (MIGN) but cannot establish or maintain that contact and reasonably determines that a delay in treatment may jeopardize the patient, the Paramedic-EMS provider may initiate perform any adult or pediatric protocols listed as Standing Orders (SO) or Base Hospital Orders (BHO) within the approved County of San Diego EMS protocols. ~~Paramedic activity authorized by the County of San Diego, Emergency Medical Services (CoSD EMS) Medical Director in accordance with the CoSD EMS Treatment Protocols P-111 “Adult Standing Orders for Communication Failure” and P-113 “Pediatric Standing Orders for Communication Failure”,~~ The EMS provider may continue treatment within the protocols, listed as SO or BHO, until such direct communication may can

be established and maintained, or until the patient arrives at is brought to the receiving facility, a general acute care hospital. Direct voice communication with the a Base Hospital shall be reattempted attempted at the scene or in route. Communication failure shall not be declared for routine busy radio traffic periods, without reasonable attempts to contact more than one Base Hospital.

- B. In each instance where Advanced Life Support (ALS) assessments, treatments, or procedures are initiated performed in accordance with Section A of this policy, immediately upon ability to make voice contact, the Paramedic EMS provider who has initiated performed such procedures shall make a verbal report to the contacted Base Hospital Physician or MIGN. A "Communications Failure Form" (CoSD EMS P-405A (Attachment A)) shall be completed and submitted electronically to CoSD EMS within 24 hours via an online form<sup>1</sup> filed with the contacted Base Hospital Physician, when possible, immediately upon delivery of the patient to a hospital, but in no case shall the filing of such documentation be delayed more than 24 hours. If no base hospital contact is made, the form is filed with the paramedic unit's assigned Base Hospital. The Base Hospital Physician shall evaluate this report for QA concerns and trending. The Base Hospital shall and forward the report to the CoSD EMS Medical Director (or CoSD EMS designee) within 2 business days. 72 hours of receipt of report from Paramedic(s).

---

## V. PROCEDURES

### A. EMS Provider Responsibilities

It is imperative that EMS patient delivery to a receiving facility is anticipated, announced, and coordinated prior to facility arrival. EMS providers have a responsibility to facilitate this communication and shall use any of the following strategies if they are unable to contact their assigned base hospital:

1. Make a reasonable attempt to contact a different base hospital
2. Use a cellular phone to contact a base hospital
3. Request that the assigned communications center contact a base hospital to relay patient acuity and destination
4. Contact the receiving hospital via the BLS/MT1 zones on the Regional Communications System (RCS) network
5. Agencies using LEMSIS shall upload the prehospital care record (PCR) to the receiving facility prior to arrival

---

<sup>1</sup> In the event electronic submission via the online form is not available, EMS providers can download P-405A and email the completed form to EMSnotifications@sdcounty.ca.gov.

**IV.VI. ATTACHMENTS**

**A. P-405A (Attachment A): Communications Failure Form**