

## **BASE HOSPITAL COMMUNICATIONS/ DISRUPTED COMMUNICATIONS**

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### **I. PURPOSE**

- A. To define the role of the base hospital.
- B. To define the procedure when base contact is required and communication is disrupted.

### **II. BASE HOSPITAL ROLE**

- A. Contra Costa EMS Policies and Procedures, including the Prehospital Care Manual, are the guidance documents that direct the actions of prehospital personnel. The base hospital is available at all times to provide additional medical direction and advice. Base contact may be necessary to address any of the following issues:
  - 1. Base hospital orders for medical care as required by Field Treatment Guidelines;
  - 2. Base hospital orders for care not outlined in the Field Treatment Guidelines;
  - 3. Patient destination concerns;
  - 4. Determination of death or cessation of resuscitative efforts;
  - 5. Other policy concerns that may need additional input and guidance (e.g. patient refusal of care, physician on scene).
- B. Emergency medical care personnel are encouraged to contact the base hospital if they have any questions regarding patient treatment or disposition.

### **III. DISRUPTED COMMUNICATION**

When a paramedic is directed by a field treatment guideline to contact the base hospital and he/she is unable to establish or maintain base contact and determines that a delay in treatment may jeopardize the patient, the paramedic may initiate indicated ALS care as specified in the Field Treatment Guidelines until base contact can be established or until the patient is delivered to the closest appropriate receiving facility. The paramedic shall transport the patient as soon as possible while providing necessary treatment en route.

If ALS procedures normally requiring base contact are performed under disrupted communications, the paramedic shall:

- A. Immediately following delivery of the patient to the receiving hospital:
  - 1. Complete the PCR documenting the ALS skills performed;
  - 2. Notify, or request that the agency dispatcher notifies Sheriff's Dispatch of the communication problem, if the paramedic suspects that any radio problem was due to a situation other than location.
- B. Within 24 hours, send a copy of the completed PCR and a written report explaining the reason(s) or suspected reason(s) for communication failure to the paramedic provider agency QI coordinator.
- C. The paramedic provider agency QI coordinator shall evaluate paramedic reports and submit reports on a quarterly basis to the Emergency Medical Services Agency. The paramedic shall be prepared to demonstrate that the treatment delivered was appropriate.