

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Base Hospital Contact/Patient
Transportation and Report –
Emergency Patients

POLICY NO: S-415
PAGE: 1 of 7
DATE: July 1, 2018

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.88 and 1798; California Code of Regulations, Title 22, Section 100170; and California Civil Code Section 25.8.

I. PURPOSE

To identify conditions under which Emergency Medical Technicians (EMTs), Advanced EMTs (AEMTs), and Paramedics shall, when encountering an emergency patient, contact a Base Hospital for notification, medical direction, or to give report; or (for EMTs), contact a receiving hospital to verify appropriate transport destination and give report.

II. BACKGROUND

A. Definitions

Aid Unnecessary: Calls in which the person whom 9-1-1 was called does not meet the definition of “emergency patient”.

Call Cancelled: Calls to which Emergency Medical Services (EMS) personnel were responding but the response was cancelled prior to encountering an emergency patient or potential patient.

Designated Decision Maker (DDM): An individual to whom a person has legally given the authority to make medical decisions concerning the person’s health care (i.e., a parent, legal guardian, an “attorney-in-fact” through a Durable Power of Attorney for Health Care (DPAHC), or an “agent” through an Advance Health Care Directive).

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
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SUBJECT: Base Hospital Contact/Patient
Transportation and Report –
Emergency Patients

POLICY NO: S-415
PAGE: 2 of 7
DATE: July 1, 2018

Elopement:

The departure from the scene of a patient in which the patient has refused to comply with established procedures for refusing care or transportation.

Emergency Patient:

Any person for whom the 9-1-1/EMS system has been activated and who meets the following criteria:

1. Has a chief complaint or suspected illness or injury
2. Is not oriented to person, place, time, or event
3. Requires or requests field treatment or transport
4. Is a minor who is not accompanied by a parent or legal guardian and is ill or injured, or appears to be ill or injured

Initial Notification:

A brief communication by the field personnel to provide the acuity, age, gender, and chief complaint of the patient to the Base Hospital to assist in determining appropriate patient destination. This communication is intended to verify resource capability and availability of the facility that will receive the patient.

Minor:

A person under the age of 18 and who is not emancipated

Radio Report:

A verbal report given to the Base Hospital MICN when there are data fields that do not electronically transfer upon download in real time to the Base Hospital.

1. Local Emergency Medical Services Information System (LEMSIS) Radio Report - A modified verbal report given to the Base Hospital Mobile Intensive Care Nurse (MICN) when connectivity allows data to be electronically transferred in real time to the Base Hospital

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Base Hospital Contact/Patient
Transportation and Report –
Emergency Patients

POLICY NO: S-415
PAGE: 3 of 7
DATE: July 1, 2018

- a. Computer Aided Dispatch (CAD) incident number
 - b. Age
 - c. Gender
 - d. Estimated weight (if pertinent)
 - e. Patient complaint(s), including duration of complaint
 - f. Anticipated destination facility and reason for destination
 - g. Estimated time of arrival
 - h. Any information that would affect hospital bed/triage assignment (infectious disease, spinal motion restriction, any anticoagulant use)
 - 1) Any time that a LEMSIS user does not have connectivity, the provider must provide a Standard Radio Report to the Base Hospital MICN
2. Standard Radio Report - A problem-oriented verbal communication which includes:
- a. CAD incident number
 - b. Age
 - c. Gender
 - d. Estimated weight (if pertinent)
 - e. Initial acuity
 - f. Patient complaint(s), including duration of complaint
 - g. Mechanism and cause of injury (if pertinent)
 - h. Pertinent history, allergies, medications, including all anticoagulants
 - i. Vital signs

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Base Hospital Contact/Patient
Transportation and Report –
Emergency Patients

POLICY NO: S-415
PAGE: 4 of 7
DATE: July 1, 2018

- j. Field treatment and response
- k. Anticipated destination facility and reason for destination
- l. Any information that would affect hospital bed/triage assignment (infectious disease, spinal motion restriction, and anticoagulant use)
- m. Estimated time of arrival

Release: A call outcome that occurs when the patient and the EMS personnel (including the Base Hospital if a base was contacted) agree that the illness/injury does not require immediate treatment/transport via emergency/9-1-1 services and the patient does not require the services of the prehospital system.

III. POLICY

- A. EMT – Hospital contact is required for all patients who are transported to the Emergency Department of a hospital.**
1. EMT shall contact the intended facility as soon as possible to verify their destination and to provide a complete patient report.
 2. EMT shall contact a base hospital:
 - a. If they have a question regarding the appropriate treatment or disposition of any patient.
 - b. Have administered IN naloxone and/or epinephrine by auto-injector.
 - c. Obtained an abnormal blood glucose result as defined in S-123 Altered Neurologic Function-Non Traumatic (adult), S-161 Altered Neurologic Function (pediatric) or “low”.
 - d. A designated trauma center for those patients who meet trauma center criteria (see County of San Diego, Emergency Medical Services (CoSD EMS) Policy T-460 “Identification of the Trauma Center Candidate Patient”).

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Base Hospital Contact/Patient
Transportation and Report –
Emergency Patients

POLICY NO: S-415
PAGE: 5 of 7
DATE: July 1, 2018

- e. UCSD base for those patients meeting Burn Center criteria (see CoSD EMS Policy S-124 “Burns”).
- f. Sharp Memorial for pediatric patients who meet trauma center criteria (see CoSD EMS Policy T-460 “Identification of the Trauma Center Patient”).

B. Paramedics and AEMTs – Base Hospital contact and a radio report are required in the following situations (except in cases of elopement – see Section II.A. of this policy):

1. Any emergency patient transport by Paramedics or AEMTs including transports by paramedic ambulance to a Basic Life Support (BLS) destination following downgrade to BLS.
2. Any emergency patient treatment involving medications and/or Advanced Life Support (ALS) skills (except 3-4 lead electrocardiogram (EKG) monitoring and/or initial blood glucose within normal limits. 12 Lead EKG requires base contact).
3. Any emergency patient assessment involving abnormal vital signs, or an altered level of consciousness.
4. Any suspicion that the emergency patient (or DDM) is impaired by alcohol or drugs.
5. The emergency patient/DDM is unable to comprehend or demonstrate an understanding of his/her illness or injury.
6. The emergency patient meets criteria as a trauma center patient (see CoSD EMS Policy T-460 “Identification of the Trauma Center Patient”).
7. The emergency patient is ≥ 65 years of age and has experienced an altered/decreased level of consciousness, significant mechanism of injury, or any fall.
8. An emergency patient who is a minor is ill or injured, or is suspected to be ill or injured.
9. Whenever Paramedics or AEMTs have a question regarding appropriate treatment or disposition of the patient.

C. Any other communications between the patient, DDM, family member, or caregiver and prehospital personnel regarding refusal of care or care that is in variance with San Diego County prehospital treatment protocols or CoSD EMS Policy S-414 “Do Not

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Base Hospital Contact/Patient
Transportation and Report –
Emergency Patients

POLICY NO: S-415
PAGE: 6 of 7
DATE: July 1, 2018

Resuscitate” (DNR) (such as an Advance Health Care Directive, Living Will, Comfort Care communication, verbal notification from family member or caregiver, DPAHC without attorney-in-fact present, etc.), shall immediately referred to the Base Hospital for evaluation. The Base Hospital shall evaluate this information and determine the plan of treatment and transport for the patient.

- D.** Treatment and transport decisions for emergency patients in involuntary or protective custody (i.e., under arrest by law enforcement, placed on a “5150” hold, or serving a prison term) are to be made by the authority under which they are being held.
- E.** Paramedics and AEMTs shall contact a Base Hospital as soon as possible to verify destination. Paramedics and AEMTs will first attempt to call their regularly assigned Base Hospital, unless the emergency patient meets one of the following criteria:
1. Adult Trauma – For all adult emergency patients who appear to meet trauma center patient criteria in CoSD EMS Policy T-460 “Identification of the Trauma Center Patient”, the first attempt shall be the trauma base in the catchment area of the incident.
 2. Pediatric Trauma – The first attempt shall be to contact Sharp Memorial which is the designated pediatric trauma base for pediatric trauma center patients (see CoSD EMS Policy T-460 “Identification of the Trauma Center Patient”).
 3. Burns – The first attempt shall be to contact the UCSD base for all emergency patients that meet burn center disposition criteria (see CoSD EMS Policy S-124 “Burns”).
- F.** For each Base Hospital contact, a standard radio report or LEMSIS radio report shall be provided to the MICN as soon as reasonably possible for all transported emergency patients to help receiving facilities prepare and ensure a smooth transition of patient care.
- G.** MICNs shall relay patient information received from the patient report to the appropriate receiving facility personnel.

Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Base Hospital Contact/Patient
Transportation and Report –
Emergency Patients

POLICY NO: S-415
PAGE: 7 of 7
DATE: July 1, 2018

H. Treatment and/or transport of a minor:

1. Treatment or transport of a conscious minor who is ill or injured, or suspected to be ill or injured, shall be with the verbal consent of the natural parent, legal guardian, or any adult authorized in writing by the legal guardian pursuant to Section 25.8 of the California Civil Code.
2. Treatment or transport of a conscious minor who is ill or injured, or suspected to be ill or injured, where the natural parents, legal guardian, or authorized person(s) are not present, will be under the direction of the Base Hospital.
 - a. Transport shall be to the most accessible, appropriate receiving or specialty care center.
3. Treatment or transport of a minor who is unconscious or suffering from a life-threatening disease, illness, or injury in the absence of a natural parent, legal guardian, or authorized person may be initiated without parental consent.

I. Base Hospital contact is NOT REQUIRED for individuals who meet the following criteria:

1. Obvious death (see CoSD EMS Policy S-402 “Prehospital Determination of Death”)
2. Discontinuation of Cardiopulmonary Resuscitation (CPR) with a DNR, Physician’s Order for Life Sustaining Treatment (POLST) with DNR order, or DPAHC with written DNR or attorney-in-fact on scene (see CoSD EMS Policy S-414 “Do Not Resuscitate”)
3. Release of a minor on scene who is neither ill nor injured, nor suspected to be ill or injured, may be permissible without Base Hospital contact if:
 - a. Parent or legal guardian so requests **OR**
 - b. A responsible adult other than the parent or legal guardian (i.e., school nurse, law enforcement, or person of similar standing) so requests
 - c. The field EMT, AEMT, or Paramedic shall document the circumstances and identification of the person accepting responsibility for the minor.
4. Patients who wish to be released and do not meet Base Hospital contact criteria.
5. Dispatched as a BLS call where ALS treatment or intervention has not been initiated, nor anticipated nor indicated.