



**SAN MATEO COUNTY HEALTH
EMERGENCY
MEDICAL SERVICES**

EMS POLICY

404

Effective:

April 2022

Approval: EMS Director
Travis Kusman, MPH

Signed:

Approval: EMS Medical Director
Greg Gilbert, MD

Signed:

BASE HOSPITAL COMMUNICATIONS

I. PURPOSE

This policy defines the role of the Base Hospital and procedures, including the circumstance in which Base Hospital contact is required but communication with the Base Hospital is impossible.

II. AUTHORITY

California Health and Safety Code Division 2.5, §1797-1797.207; California Code of Regulations, Title 22, Division 9, §100128 and §100170

I. DEFINITIONS

Advanced Life Support (“ALS”) Ambulance [or “Paramedic Ambulance”]: An ambulance authorized by LEMSA to provide ALS emergency services within San Mateo County.

Advanced Life Support (“ALS”) First Responder Unit (“FRU”): A first responder unit authorized by LEMSA to provide ALS emergency services within San Mateo County.

Base Hospital: A hospital authorized by LEMSA to provide online physician medical control to prehospital providers. A Base Hospital can provide basic and advanced life support medical direction.

Electronic Health Record (“EHR”): The official and legal patient care record completed by EMS personnel. Formerly referred to as ePCR.

Emergency Medical Services Agency (“LEMSA”) [or “Agency”]: The San Mateo County EMS Agency is designated as the Local Emergency Medical Services Agency (LEMSA) and is statutorily charged with primary responsibility for administration and medical control of emergency medical services in San Mateo County.

III. BASE HOSPITAL ROLE

A. LEMSA policies, protocols and field procedures are guidance documents that direct the actions of prehospital personnel. The Base Hospital is available at all times to provide medical direction and advice. Base Hospital contact may be necessary to address any of the following issues:

1. Orders for medical care as required by protocol;
2. Orders for care not outlined in protocol;



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3. Patient destination determinations;
4. Determination of death or cessation of resuscitative efforts; and
5. Other matters related to the direct delivery of clinical care requiring additional consultation, direction and guidance (e.g., patient refusal of care, physician on scene, variation order, etc.).

B. Prehospital personnel are encouraged to contact the Base Hospital if they have any questions regarding patient treatment or disposition.

IV. DISRUPTED COMMUNICATIONS

When a paramedic is directed by a protocol to contact the Base Hospital, is unable to establish or maintain contact with the Base Hospital and determines that a delay in treatment may jeopardize the patient, the paramedic may initiate indicated ALS care specified in the protocol as requiring Base Hospital order(s) until Base Hospital contact can be established or until the patient is delivered to the closest appropriate receiving hospital. The paramedic shall transport the patient as soon as possible while providing necessary treatment enroute.

If ALS procedures normally requiring Base Hospital contact are performed under Disrupted Communications authority delegation, the paramedic shall:

- A. Immediately following delivery of the patient to the receiving hospital:
 1. Complete the required EHR, documenting the ALS skills performed; and
 2. If the paramedic suspects that any associated radio or telecommunication problem was due to a situation other than geographical location in an area with known signal strength deficiency, notify Public Safety Communications and the on-call LEMSA Duty Officer of the communication problem.
- B. Within twenty-four (24) hours, the prehospital provider(s) that delivered the ALS care shall notify and send a copy of the completed EHR and a written report explaining the reason(s) or suspected reason(s) for communication failure to the paramedic provider agency QI coordinator/ JPA Supervisor. The paramedic shall be prepared to substantiate that the decision(s) made, and treatment(s) rendered under the circumstances were appropriate.