

Falmouth Fire-EMS Operating Guideline

Ambulance Communications and Hospital Call-ins

Objective:

To provide guidelines for communications on EMS incidents. Includes hospital call-ins with patient information.

General Information:

Falmouth Fire-EMS transports patients to various hospitals on a daily basis. This policy covers the information to be shared with the hospital and the procedure for making the call-in to the hospital.

Guidelines:

A. Policy on EMS-Specific Communications Procedures

1. Signing on duty:
 - a. The Per Diem firefighter / paramedic and firefighter / EMT will sign on duty through I Am Responding.
 - b. A volunteer member performing a shift on the ambulance shall sign on duty through I Am Responding.
2. Responding to Emergency Calls:
 - a. Ambulances should sign on with dispatch when responding and include the crew size and highest EMS level. Be sure to hail dispatch, wait for them to answer, and then provide your message. Example: "Fire Alarm from Ambulance 2". After dispatch responds you say: Falmouth Ambulance 2 responding with 3 at the Paramedic level."
 - b. If the ambulance is responding from a location other than the fire station where the ambulance is housed the crew should add the location from where they are responding. For example: "Falmouth Ambulance 2 responding with 3 at the Paramedic level from Mountain Road."
3. Multiple patients or significant injury patients with extended on-scene time.
 - a. In order to allow a receiving hospital preparation time for a multiple patient or significant injury patient with an extended on-scene time the hospital should be called from the scene as early as practical.

- b. Hospital should be notified of number of patients and priority with approximate ETA. Priority from most important to least is 1, 2 & 3.
 - c. Updated information should be provided as is practical.
- 4. Transporting a patient to the hospital:
 - a. Ambulances should notify dispatch when transporting a patient to the hospital with the starting mileage and the hospital destination.
 - b. Ambulances should notify dispatch when arriving at the hospital with the ending mileage down to the tenth of a mile.
- 5. Hospital Communications (via radio or cell phone)
 - a. The following format will be used to transmit information to the hospital about a patients' status:
 - i. Provider level (Basic, Intermediate, Paramedic)
 - ii. Level of Consciousness
 - iii. Patient Age
 - iv. Patient Sex
 - v. Patient Doctor's name
 - vi. Patient Chief Complaint
 - vii. Patient history of Present illness
 - viii. Vital signs
 - ix. Basic **pertinent** medical history, allergies and medications.
 - x. Treatments and any changes in patient condition.
 - xi. Approximate ETA to hospital
 - b. Do not use patient's name or initials over the radio. Respect a patient's privacy with issues of possible rape, domestic assault or other incidents deemed by the crew as sensitive. In these situations, the cell phone is the preferred method to be used to communicate with the hospital.
 - c. If the patient is a STEMI field activation it is preferred that you notify MMC via cell phone to REMIS at 662-2950.
 - d. All personnel will adhere to HIPAA Privacy Act guidelines regarding patient information transmitted over the radio. Refer to the HIPAA Privacy Act located in Section 300-7.
 - e. This entire report should be a basic summary and should last no more than 1 minute.

These guidelines may be changed or altered by the Fire-EMS Chief at any time.