



HVREMSCO and HVREMAC Policy and Procedures Manual

Policy Name: Communications	
Policy Number: CP-4	
Approved by: REMAC	Effective Date: 6/5/2017
Revision Date(s):	Page 1 of 1

Purpose: To provide guidance for routine communications between the provider and medical control, as well as for dealing with communications failures.

- Any Provider may contact Medical Control at any time.
- The Provider *must* contact Medical Control;
 - Any time a medical control physician option is necessary for patient care.
 - Whenever there is a patient who requires ALS services or already has ALS services initiated, but refuses treatment or transport.
 - When an ALS Provider operates on the scene of an ALS call in excess of 20 minutes beyond patient access.
 - When establishing communications with the hospital, the ALS provider should state the purpose of the contact:
 - “medical control orders requested” (restricted to a medical control facility)
 - “notification only”
- Providers must identify themselves by agency, level of certification, MAC number (unless BLS).

Communications Failure:

1) In the situation where voice contact with medical control cannot be established by radio/telephone/cellular apparatus/telemetry, the ALS Provider will complete appropriate standing orders. At this point if the patient is unstable, e.g. (chest pain, AMS, severe respiratory distress, signs of hypoperfusion or hypotension with SBP <90), initiate any medical control options appropriate to the pertinent protocol[s]; however, **controlled substances may only be utilized as they appear in standing orders**. The ALS provider may only apply those for which the provider and agency have been approved.

2) Continuing attempts to establish voice contact should be made with any available Regional Medical Control Facility.

3) Upon completion of a call in which there has been a communication failure, medical control must be contacted and advised of the situation.

4) PCR documentation must include all attempts to contact medical control and reasons for communication failure.

5) Whenever an ALS provider is unable to establish communications with Medical Control, as defined above the ALS Provider will document the incident in detail and notify the Chief Operations Officer of the agency, or designee in writing. The case must be reviewed by the agency Medical Director and that review forwarded to HVREMS office (to the attention of QA/QI coordinator).