

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 311
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References	Title 22, Division 9, Chapter 4, Article 7	Effective 01/01/82

I. POLICY

Base Hospitals for the medical control of EMS Personnel shall be selected by the EMS Agency based upon appropriate criteria and the needs of the EMS System.

II. PROCEDURE

A. BASE HOSPITAL MUST:

1. Be licensed by the State Department of Health as a general acute care hospital.
2. Be accredited by the Joint Commission on Accreditation of Hospitals.
3. Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of Title 22, Division 5.
4. Have the approval and support of hospital administration, medical staff and Emergency Department staff to participate as a Base Hospital.
5. Agree to provide care to all emergency patients regardless of ability to pay.
6. Demonstrate an on-call system that assures a promptly available specialist and admitting physician and commitment for care of all critically ill patients regardless of ability to pay.
7. Agree to abide by the letter and intent of the Health and Safety Code, Division 2.5.
8. Comply with all County regulations and policies regarding Base Hospitals.

B. BASE HOSPITAL OPERATIONAL REQUIREMENTS

Base Hospitals designated as such and under contract with the EMS Agency must comply with the following requirements:

Approved By	Daniel J. Lynch	Revision
EMS Division Manager	(Signature on File at EMS Agency)	04/01/2007
	Jim Andrews, M.D.	
EMS Medical Director	(Signature on File at EMS Agency)	

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1. Operations

- a. Procure operational radio communications equipment meeting specifications established by the County and install such equipment in the Emergency Department, for the purpose of communications with prehospital and interfacility transport units operating pursuant to this agreement. All radios and telephones to be used for communication with prehospital personnel must be equipped with recording devices.
- b. Assure that recordings are made on all prehospital communications concerning patient care.
- c. Maintain written records of Base Hospital/prehospital and interfacility runs for a minimum of seven years or in accordance with hospital policy. Maintain the tapes of paramedic calls for a minimum of 180 days.
- d. Operate communications equipment as directed by procedures and protocols established by the County and approved by the EMS Medical Director. Develop and utilize a workable maintenance plan and repair policy for communications equipment.
- e. Have a telephone immediately available in the Emergency Department for exclusive use in contacting a Receiving Hospital to provide medical information on patient's enroute to the receiving facility.
- f. Designate a Mobile Intensive Care Nurse certified by the EMS Agency who is employed by the Base Hospital as a Prehospital Liaison Nurse for the hospital.
- g. Designate an Emergency Department Physician as a Base Hospital Medical Director. Responsibilities are identified in the Base Hospital Director role description.
- h. Facilitate interfacility transfers in an appropriate manner as described in EMS Policy.
- i. Utilize the following which have been approved by the EMS Medical Director:
 1. Paramedic Field Treatment Protocols and Guidelines
 2. Base Hospital Report Form
 3. Patient Care Report (Field Assessment Form)
- j. Cooperate with the EMS Agency in gathering and providing statistics and information needed for monitoring and evaluating EMS programs.
- k. Comply with an infection control policy and notification procedure for all prehospital care providers and first responders developed by the designated County Health Services Agency.
- l. Comply with procedures for decontamination of patients and rescuers exposed to hazardous materials as outlined in the hazardous materials plan developed by the EMS Agency.
- m. Participate in EMS public education programs.

C. NEW BASE HOSPITALS

Newly designated Base Hospitals must establish a Base Hospital Committee within the hospital composed of, at a minimum, the Base Hospital Medical Director, the Prehospital Liaison Nurse

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and a representative of hospital administration to meet and confer regarding operations of the Base Hospital and maintain liaison with members of the Prehospital Care Team and the EMS Agency. This committee will meet regularly for one year, or until Base Hospital operations are running smoothly, whichever is longer.

D. BASE HOSPITAL STAFFING AND PERSONNEL

The Base-Hospital shall have:

1. A currently certified Mobile Intensive Care Nurse or Base Hospital Physician in the Emergency Department immediately available at all times to give radio direction to prehospital personnel or interfacility transfer personnel according to the standards and protocols developed by the EMS Agency.
2. A Certified Base Hospital Physician available at all times to provide immediate medical direction to the Mobile Intensive Care Nurses and/or prehospital personnel or interfacility.

E. BASE HOSPITAL EDUCATION PROGRAMS, EVALUATION, AND QUALITY IMPROVEMENT

The Base Hospital will:

1. Provide for the continuing education of certified prehospital personnel and Mobile Intensive Care Nurses in accordance with criteria established by the EMS Medical Director including supervised clinical exposure for paramedics in the Emergency Department and other patient care divisions which would expand the paramedic's understanding of medical management.
2. Encourage prehospital personnel to attend in-house lectures, classes, demonstrations, and seminars which have been approved in advance by the EMS Agency for continuing education credits.
3. Provide patient follow-up information for purposes of education to paramedics.
4. Recommend Mobile Intensive Care Nurses for certification and recertification.
6. Advise the EMS Agency of any change in employment status of Mobile Intensive Care Nurses employed in the hospital.
7. Provide quality improvement of care provided by EMS personnel in accordance with Policy.

F. BASE HOSPITAL INTERFACE WITH EMS SYSTEM

The Base Hospital will:

1. See that the Base Hospital Medical Director and the Prehospital Liaison Nurse are scheduled to attend the Emergency Medical Services Operations Committee meetings and other EMS System meetings where their expertise would be valuable, e.g., Medical Control Committee, Base Hospital Committee, Tape Reviews, Emergency Medical Care Committee, and Continuous Quality Improvement.

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2. Base Hospitals will be authorized through agreements between the approved hospital and the EMS Agency.