

**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 545  Page 1 of 5
Subject	Reporting Advanced Life Support Without Base Hospital Contact	
References	Division 2.5 of the Health and Safety Code; Title 22 of the California Code of Regulations	Effective 04/18/83

I. POLICY

Whenever a Fresno, Kings, Madera, Tulare County EMT-II or EMT-Paramedic performs ALS which requires Base Hospital contact and ALS personnel is unable to do so, this policy will be utilized. All care shall be consistent with the EMS treatment protocols and shall be documented according to approved procedures. This policy does not pertain to those ALS procedures that are allowed without Base Hospital contact according to the treatment protocols (EMS Policy #520 and EMS Policy #530), unless the EMT-II or EMT-Paramedic is unable to make Base Hospital contact during the call.

II. PROCEDURE

- A. The EMT-II or EMT-Paramedic that provides ALS therapy without base contact is responsible for the following:
1. Verbally report the situation to the Base Hospital Physician or MICN as soon as contact is established.
  2. Document on the Prehospital Care Report (PCR) what ALS was performed without Base Hospital contact and why.
  3. Notify the RN or MD receiving the patient that ALS was provided without Base Hospital contact and why.
  4. If the patient is delivered to a Base Hospital, the EMT-II or EMT-Paramedic shall:
    - a. Initiate an ALS Without Base Hospital Contact Report at the time the patient is delivered to the hospital.
    - b. Leave the ALS Without Base Hospital Contact Report and a copy of the PCR with the PLN (or in a designated place).
  5. If the patient is delivered to a non-Base Hospital, the EMT-II or EMT-Paramedic shall:
    - a. Upon arrival at the receiving hospital, call the appropriate Base Hospital (based upon EMS Policy #544) via landline with a patient report.

Approved By	Revision
EMS Division Manager <b>Daniel J. Lynch</b> (Signature on File at EMS Agency)	<b>04/19/2005</b>
EMS Medical Director <b>Jim Andrews, M.D.</b> (Signature on File at EMS Agency)	

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- b. Prior to completion of your shift, but no later than 24 hours, file an ALS Without Base Hospital Contact Report and a copy of the PCR with the PLN at the Base Hospital you contacted.
  6. Each ALS Without Base Hospital Contact Report Form shall contain the following information:
    - a. The reason or suspected reason for inability to contact the Base Hospital(s) and what was done to resolve this problem.
    - b. The patient's condition which indicated the need for ALS therapy.
    - c. Details of each advanced life support therapy that was provided without Base Hospital contact.
    - d. The patient's response to any and all therapy provided without Base Hospital contact.
    - e. Name of RN/MD at the receiving hospital that was notified of the ALS without Base Hospital contact.
- B. The Base Hospital Physician involved, or the Base Hospital Medical Director or his/her designee, shall be responsible for the following:
  1. Review the Patient Care Report (PCR) and ALS Without Base Hospital Contact Report for appropriateness of therapy.
  2. Provide written comments and his/her signature on the ALS Without Base Hospital Contact Report in the appropriate place.
  3. With the assistance of the PLN, provide the EMT-IIs or EMT-Paramedics involved with any necessary feedback, education or suggestions related to the call.
- C. The PLN receiving the report shall be responsible for the following:
  1. Obtain a review and signature from the Base Hospital Physician involved, or the Base Hospital Medical Director or his/her designee.
  2. Evaluate and comment on the report, including any system related issues that may prevent similar situations from occurring.
  3. With the assistance of the Base Hospital Medical Director or his/her designee, provide the EMT-IIs or EMT-Paramedics involved with any necessary feedback, education or suggestions related to the call.
  4. Forward the report and a copy of the PCR to the EMS Agency.
    - a. Any report that involved a medication error, airway complication, or significant deviation from protocol must be forwarded to the EMS Agency within 72 hours and filed on a Quality Improvement Report.
    - b. All other ALS Without Base Hospital Contact Reports will be forwarded to the EMS Agency within two weeks.

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- D. The local EMS Agency and the EMS Medical Director, or his/her designee, are responsible for the following:
1. Review and evaluate the PCR and ALS Without Base Hospital Contact Report Form for completeness and appropriateness.
  2. Provide any further feedback, remedial training or education, or counseling necessary.
  3. Review and, if appropriate, initiate action on any recommended system, policy or protocol changes.
  4. Mail a copy of the report, with comments from the EMS Medical Director, to the PLO of the individual(s) who initiated the report.
- E. The Prehospital Liaison Officer (PLO) of the agency involved is responsible for the following:
1. Assist the PLNs and the EMS Agency in obtaining any further information they may need.
  2. Provide prehospital care personnel with feedback received from the PLN, Base Hospital Medical Director and the EMS Agency on the ALS Without Base Hospital Contact Report that he/she completed.

**CENTRAL CALIFORNIA  
EMERGENCY MEDICAL SERVICES**

INCIDENT #

EMS AGENCY ONLY

**ADVANCED LIFE SUPPORT  
WITHOUT BASE HOSPITAL CONTACT REPORT**

*Type or Print Legibly in Ink*

INCIDENT DATE \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION OF COMMUNICATIONS FAILURE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ ☐ MALE ☐ FEMALE \_\_\_\_\_  
PCR NUMBER \_\_\_\_\_

**EMS PERSONNEL INVOLVED:**

EMT NAME _____	CERT. # _____	AGENCY _____
EMT NAME _____	CERT. # _____	AGENCY _____
EMT NAME _____	CERT. # _____	AGENCY _____

**BASE HOSPITAL CONTACT (S) ATTEMPTED:**

BASE HOSPITAL _____	# OF ATTEMPTS _____	METHOD OF CONTACT: <input type="checkbox"/> RADIO _____ / _____ CHANNEL/PL	<input type="checkbox"/> PHONE	<input type="checkbox"/> OTHER _____
BASE HOSPITAL _____	# OF ATTEMPTS _____	METHOD OF CONTACT: <input type="checkbox"/> RADIO _____ / _____ CHANNEL/PL	<input type="checkbox"/> PHONE	<input type="checkbox"/> OTHER _____
BASE HOSPITAL _____	# OF ATTEMPTS _____	METHOD OF CONTACT: <input type="checkbox"/> RADIO _____ / _____ CHANNEL/PL	<input type="checkbox"/> PHONE	<input type="checkbox"/> OTHER _____

**SUSPECTED REASON FOR COMMUNICATIONS FAILURE:**

☐ UNABLE TO ACTIVATE REPEATER ☐ BASE HOSPITAL EQUIPMENT FAILURE ☐ ALS UNIT EQUIPMENT FAILURE  
☐ OTHER \_\_\_\_\_

ACTION TAKEN TO RESOLVE PROBLEM: \_\_\_\_\_

PATIENT CHIEF COMPLAINT: \_\_\_\_\_

ALS PROVIDED WITHOUT BASE HOSPITAL CONTACT	PATIENT'S RESPONSE TO TREATMENTS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.

NAME OF R.N./M.D. AT RECEIVING HOSPITAL NOTIFIED OF ALS WITHOUT BASE HOSPITAL CONTACT: \_\_\_\_\_

EMT SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_ CERT. # \_\_\_\_\_

NOTE: THIS REPORT IS CONFIDENTIAL INFORMATION AND EMS PERSONNEL SHALL DISTRIBUTE IT CONSISTENT WITH EMS POLICY #545.  
THE INFORMATION IN THIS REPORT IS USED AS A PART OF THE EMS AGENCY'S QUALITY ASSURANCE PROGRAM AND FOR THE ATTORNEYS  
REPRESENTING THE FRESNO/KINGS/MADERA EMS AGENCY, AND IT WILL BE FORWARDED TO COUNTY COUNSEL BY THE EMS AGENCY.

<b>PREHOSPITAL LIAISON NURSE</b>			
NOTE: An "ALS Without Base Hospital Contact Report" must be submitted to the EMS Agency within 72 hours and filed on a Quality Improvement Report if it involves a medication error, significant advanced airway complication, or a significant deviation from treatment protocols. All other reports must be submitted to the EMS Agency within 2 weeks.			
_____ DATE RECEIVED	_____ DATE REVIEWED	_____ DATE FORWARDED TO EMS AGENCY	_____ PLN SIGNATURE

<b>BASE HOSPITAL MEDICAL DIRECTOR EVALUATION (EXPLAIN PERTINENT "NO" ANSWERS)</b>	
ON-SCENE TIME APPROPRIATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT DOCUMENTED
COMMENTS:	
TIME FIRST SET OF VITAL SIGNS TAKEN APPROPRIATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT DOCUMENTED
COMMENTS:	
TIME WHEN FIRST THERAPY APPROPRIATE:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT DOCUMENTED
COMMENTS:	
BASE HOSPITAL CONTACT ATTEMPTS DOCUMENTED ON PCR:	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	
REASON(S) ALS WITHOUT BASE HOSPITAL CONTACT DOCUMENTED ON PCR:	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	
ALS THERAPY WITHOUT BASE HOSPITAL CONTACT DOCUMENTED ON PCR:	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	
THERAPY APPROPRIATE (IF NECESSARY, CONSULT TREATING PHYSICIAN):	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	
ADDITIONAL COMMENTS (INCLUDE ACTION TAKEN TO RESOLVE IDENTIFIED PROBLEMS):	
BASE HOSPITAL MEDICAL DIRECTOR SIGNATURE	DATE

<b>EMS AGENCY/EMS MEDICAL DIRECTOR</b>	
SIGNATURE	DATE