MEDICAL COMMUNICATION POLICY

The West Virginia OEMS protocols are designed to allow EMS personnel the ability to provide a wide variety of treatments to many types of patients by utilizing off-line protocols. However, since protocols cannot cover all situations, on-line medical direction is essential to a quality EMS system. Medical Command serves several purposes: guiding providers in times of need, documenting patient care for medico-legal reasons, and data collection for WVOEMS.

EMS personnel shall contact their region's Medical Command for on-line medical direction as outlined in the protocols. Contact may also be initiated anytime additional consultation is indicated by the provider.

A. EMS personnel shall notify Medical Command on all inter-facility transports being received by an emergency department not less than fifteen (15) minutes prior to arrival at the receiving facility.

B. 911 responses where treatment and transport has been provided, require notification of Medical Command prior to arrival at the receiving facility when patient condition and transport time make this process applicable. This notification shall take place as soon as patient care allows in order for the receiving facility to have advanced notice of the patient's arrival. To provide for the most efficient and accurate communication between the provider and the Medical Command Communicator, the procedures outlined in
"C – H" will be used when communicating with Medical Command.

C. To quickly and effectively identify the level of interaction required to properly manage the patient, the following terminology will be used:

1. **EMERGENCY TRAFFIC**

   a. ***(STEMI, CVA, TRAUMA, Respiratory, SEPSIS or Cardiac Arrest) -*** Provider is caring for a patient who meets an alert criterion and requires immediate notification to the receiving facility for a specialized team to be activated.

   In the event you have "EMERGENCY TRAFFIC"; identify as "ACME EMS 123 EMERGENCY TRAFFIC. When acknowledged, provide destination, chief complaint, and ETA. Continue with a detailed report if time and patient condition permits at the request of the communicator.

   b. Alerts shall be called to Medical Command as soon as they are identified by the provider. Critical staff may not be on site and must respond from alternate destinations. Early notification reduces the time a patient may have to wait for specialized treatment. Alerts can be initiated with minimal

information.

2. **ORDERS NEEDED**

a. Provider has administered care to patient following protocol to the point where contact with Medical Command is required to proceed with additional treatment(s). These treatments identified in the protocols will include the words, “by order of Medical Command” or “in consultation with Medical Command” or “contact Medical Command.” Consultation also allows the provider and the Medical Command Communicator to confer and confirm that the direction of treatment is appropriate by jointly interpreting the patient assessment and in guiding the use of protocol. If there is a disagreement in treatment the MCP shall direct care.

b. Provider has administered care to patient and has followed protocol to the point where consultation with Medical Command Physician (MCP) is required to proceed with additional treatment(s). These treatments identified in the protocols will include the words, “by order of MCP” or “by MCP order” or “in consultation with MCP”. The Medical Command Communicator is permitted to relay consult information between the provider and the MCP as well as communicate the orders back to the provider from the MCP.

In the event you have “orders needed” traffic; Identify as “ACME EMS 123 ORDERS NEEDED. When acknowledged, provide destination, chief complaint, and ETA. Continue with a detailed report and orders requested at the request of the communicator.

Note: If any uncertainty exists during this process, then the provider, communicator, or MCP may speak directly between the MCP and provider.

3. **PATIENT REPORT**

a. Provider has administered care to a patient following off-line protocol and no further consultation or orders are required at this time. Medical Command is being notified to receive a report on the patient to confirm the treatment given, identify the protocol(s) utilized, and to provide notification to the appropriate facility.

b. Medical Command notification is required for all transported patients regardless of whether treatment was fully rendered following off-line protocol.

D. If you are not in need of medical direction you may be asked to call the receiving facility direct and then provide an after the fact report per protocol.

E. If the designated Medical Command is unable to be reached an **alternate** Medical Command may be contacted for calls requiring MCP orders/consultation. Calls to medical command simply to provide a report can be handled as "After the Fact" see Section G-1.

F. When initiating contact with Medical Command, the provider should use the following format. Unit # and Call priority (EMERGENCY TRAFFIC, ORDERS NEEDED, PATIENT REPORT), Acme EMS #, ALS/BLS, destination, ETA. This allows the communicator to triage calls based on severity in times of heavy traffic.

G. Methods for contacting Medical Command

1. UHF /VHF or IRP Radio: **Direct radio contact with Medical Command is the preferred method of contact** to give report or seek resources.

2. **Telephone** (landline): Should be used whenever the patient's location and condition permit.

3. **Cellular Phone:** Cell phone is an acceptable method of contact if landline is not available, however, when in a mobile unit, **it is not a substitute for radio** contact if the coverage is available. ***Texting a report is not an acceptable means of reporting.***

H. Inability to contact Medical Command: If the provider is unable to make contact with Medical Command by any of the above means, properly authorized EMS personnel may continue to follow the appropriate protocol(s) in the best interest of the patient. However, the provider must then:

1. Immediately upon arrival at the receiving facility and transferring patient care, contact Medical Command and provide a full patient report with the method, time, and location of the unsuccessful efforts to reach Medical Command. This is called an "After-the-Fact" report.

2. If this report is made prior to leaving the receiving facility, no further reporting is required by the provider.

3. If Medical Command is not contacted prior to leaving the receiving facility, by law, the provider must submit a report (Appendix H) to the State Office of Emergency Medical Services on the appropriate form within 48 hours.

I. Details of Call-in:

1. Acme EMS unit #, call priority, ALS/BLS, destination, ETA.

2. Medical Command on Med C and the communicator will assign you a designated channel.

3. Once you have changed channels Identify again, Acme EMS unit number is on “Med B” and await a reply from the communicator. Do NOT just switch and begin giving your report.

4. Once acknowledged, provide your report including the following information:

   a. Certification number (If calling for your partner who is providing care use their number)
   b. Age and gender of the patient
   c. Chief complaint/ mechanism of injury
   d. Brief history of **present** condition
   e. Patient assessment findings: with skin, lung sounds, mental status, vital signs, ECG if applicable
   f. Pertinent past medical history
   g. Medications **(If pertinent or orders are being requested**)
   h. Allergies **(If pertinent or orders are being requested)**
   i. Treatments
   j. Requested orders, if applicable

5. If the patient’s condition changes or new complaints develop, Medical Command shall be re-contacted with updated findings and treatment.