

Genesee County Medical Control Authority

System Protocols

ORDER OF REPORT TO MEDICAL CONTROL & COMMUNICATION CONTENT

Initial Date: 6/4/2009

Revised Date: 4/1/2021

Section 8-42

Order of Report to Medical Control & Communication Content

The purpose of this protocol is to provide a uniform reporting format for EMS personnel. The format is designed to provide the minimum desired patient information in a complete, concise outline. Information should be summarized within one minute. One should remember that radio communications are monitored, and that such communications may become public information. For this reason, the use of patient names is to be avoided, except in unusual circumstances.

Communications should be brief and pertinent.

For Priority 1 & 2 patients only:

After establishing contact with medical control, the EMS unit will give a radio report in the following format:

1. Identify Ambulance Service (agency name);
2. Identify yourself (i.e. A185);
3. Identify priority of patient;
4. Approximate age and sex of patient;
5. Chief complaint(s). (If hospital requests, include history and nature of the problem (if traumatic, the cause of the injury, i.e., motor vehicle accident, and cause of significant injuries);
6. Vital signs and level of consciousness;
7. Estimated time of arrival;
8. Other information as requested by the receiving hospital;
9. Status updates of changes in patient's conditions in route.

For Priority 3 patients only:

After establishing contact with medical control, the EMS unit will give a radio report in the following format:

1. Identify Ambulance Service (agency name);
2. Identify yourself (i.e. A185);
3. Identify priority of patient;
4. Chief complaint(s).
5. Estimated time of arrival;
6. Other information as requested by the receiving hospital;
7. Recontact the hospital if patient's priority changes.

Pre-hospital treatment, utilizing Basic, Limited, or Advanced EMS skills, is permitted to the extent of the standard operating protocols listed. Radio contact and direct communications with the Medical Control physician must be made as soon as possible.

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*Direct communication may be interpreted as utilization of VHF, telephone contact, or 800 mhz.

Since most GCMCA protocols include pre-radio contact decisions and treatments, communication prior to loading the patient is not required. Should communication fail, continue patient care protocols. Communications systems failure should be reported to the appropriate involved agencies. In rare circumstances where all communication modalities have failed and post-radio orders are determined to be necessary, they may be performed with documentation in the run record of the communications failure.