General Considerations

Standard Operating Procedures
The purpose of the SOP’s is to provide pre-hospital care personnel with the guidance in the pre-hospital treatment of persons who utilize the EMS system. Refer to section II for guidance in the use of the treatment protocols.

Medical Control
Contact shall be made with a HEMS approved medical control hospital, or approved medical control free standing facility, to report patient condition and to receive appropriate instructions from a physician or a physician designee concerning the patient’s treatment and/or destination.

Communications Failure
Purpose: To allow for continued patient care activities in the event of a communications failure or inability to contact medical control.
Procedure
1. With a communications failure or inability to contact medical control, EMS personnel may initiate medical treatment protocols and procedures including interventions identified after the “Post-Medical Control” section (unless specifically prohibited in the Protocol).
2. Contact medical control as soon as communications can be established and inform them of the situation, including care or procedures rendered.
3. A written report describing the situation, actions taken, and description of the communication failure shall be provided to the HEMS within 24 hours (See Radio Failure Report).

NOTE: This procedure is considered a protocol deviation and will only be used in exceptional circumstances.

Protocol Deviation
1. It is acknowledged that there are situations in which deviation from the protocols, policies and procedures may be needed in the interest of patient care.
   A. In those situations, EMS personnel should request permission for deviation from on-line medical direction whenever possible.
   B. Unavailability of on-line medical direction and the immediacy of patient care needs may, in very rare instances, prohibit such requests, but those situations should occur rarely.
2. All instances of protocol deviation must be documented in the EMS patient care record, noting the deviation which occurred and the reason for that deviation.
3. All deviations must be reported to medical control.
4. All deviations will be reviewed within the medical control quality improvement
program.

Patient Care Record & EPCR and Transfer of Care
See Patient Care Record & EPCR and Transfer of Care

Initial Patient Assessment
Mechanism of injury – Overview the scene/patient (note age, sex, build, general state of health of patient, check for major visible injuries/bleeding).

Primary survey:
1. Airway/C-Spine immobilization, if suggested by mechanism of injury
2. Breathing
3. Circulation
4. Stop bleeding
5. Assess for shock
6. Chief Complaint

Secondary survey:
1. Head to toe exam including vital signs, level of consciousness
2. History of episode

Radio Communications
An ambulance transporting a patient to a Wayne County facility will contact HEMS via the HEAR radio (340 or 400 VHF), UHF radio or the 800 MHZ Trunk System (MPSCS) at the earliest opportunity. On priority #1 patients, units should make radio contact en-route to the closest appropriate facility. On priority #2 and #3 patients, first complete assessment and pre-radio treatment. Then call the hospital prior to leaving the scene unless an exception arises placing crew or patient in jeopardy, (sooner, if conditions dictate).

Radio Traffic Should Proceed As Follows For Priority #1 And #2 Patients:
Ambulance: “HEMS radio, HEMS radio, this is Alpha 725 with priority 2 traffic, how do you copy?”
HEMS: “This is HEMS radio, go ahead A725.”
Ambulance: “HEMS please patch us through to hospital X priority 2”
HEMS: If the requested hospital is Status B or C announce to the ambulance and ask if a patch to the requested hospital is still wanted or a patch to another hospital.
HEMS: As necessary request ambulance to switch to a different talk group/med channel.
Ambulance: Confirms switch to talk group/med channel.
HEMS: “Hospital X, hospital X, I have Alpha 725 with priority 2 traffic how do you copy?”
Hospital: “This is hospital X go ahead Alpha 725.”
Ambulance: “Hospital X, this is Alpha 725, how do you copy?”
Hospital: “Copy you loud and clear, go ahead.”
Ambulance: Proceed with patient report
Include: Priority
Age/Sex
Chief Complaint (As appropriate state STEMI, Stroke, Cardiac/Respiratory Arrest, Trauma or Sepsis Alert)
GCS/ Vital Signs/Physical Findings
Other pertinent information (See Mass Causality Incidents and Scene and Patient Management)
Treatment initiated
ETA
Are there any questions or further orders?
Hospital: “We will be expecting your arrival. Hospital X clear.”
Ambulance: “HEMS, HEMS, Alpha 725 is clear at this time. Thank you.”
HEMS: “HEMS radio clear at 14:25, call sign as necessary.”

**Priority 3 Radio Report: Radio Format for Priority #3 Patients**

Ambulance: “HEMS radio, HEMS radio, this is Alpha 725 with priority 3 traffic, how do you copy?”
HEMS: “This is HEMS radio, go ahead A725.”
Ambulance: “This is (unit #) with priority #3 traffic for (hospital_____), with a chief complaint of _____, patient requires (or does not require) a stretcher, ETA __________.”
HEMS: “OK Alpha 725 hospital______will be notified of your priority #3 transport and report”. *(If the requested hospital is Status B or C announce to the ambulance and ask if the requested hospital is still to be notified or another hospital.)*
Ambulance: “HEMS, HEMS, Alpha 725 is clear at this time. Thank you.”
HEMS: “HEMS radio clear at 14:25.”
HEMS: “Hospital_______this is HEMS priority #3 announcement: unit_______, chief complaint of_________, patient requires (or does not require) a stretcher, ETA_________”.
“Repeat Hospital________this is HEMS priority #3 announcement: unit_______, chief complaint of_________, patient requires (or does not require) a stretcher, ETA_________”.
HEMS “HEMS radio clear at 14:26”.

**The EMS provider may utilize HEMS radio to establish contact with the hospital for providing a direct Priority 3 report.**
Patient Prioritization

1. Priority 1
   A. Critically ill or injured patient with an immediate life-threatening condition.
   B. Examples include, but are not limited to:
      1. Unstable or deteriorating vital signs
      2. Compromised airway
      3. Severe respiratory distress/failure
      4. Cardiac arrest or post cardiac arrest
      5. Stroke or STEMI
      6. GCS < 10
      7. Significant blunt or penetrating trauma including but not limited to:
         a. Airway compromised
         b. Respiratory distress
         c. Signs of inadequate perfusion
      8. Actively seizing patient

2. Priority 2
   A. Seriously ill or injured patient without immediate life-threatening condition.
   B. Examples include, but are not limited to:
      1. GCS 11-14
      2. Medical conditions such as chest pain, suspected sepsis, respiratory distress without immediate threat to life.
      3. Altered level of consciousness, responding to verbal or painful stimuli
      4. Significant mechanism of injury in patient with stable vital signs

3. Priority 3
   A. Ill or injured patients not fitting the above two categories who require medical attention and do not have a life-threatening problems.