

**PEORIA AREA EMS SYSTEM  
PREHOSPITAL CARE MANUAL**

**EMS  
Communications & Documentation**

**PEORIA AREA EMS SYSTEM  
PREHOSPITAL CARE MANUAL**

**Off-Line Medical Control, Standing  
Medical Orders & Protocols Policy**

The Prehospital Care Manual, developed by the EMS Medical Director reflects nationally recommended treatment modalities for providing patient care in the prehospital setting. This Prehospital Care Manual, containing Standing Medical Orders, Protocols, Policies & Procedures, is intended to establish the standard of care which is expected of the Peoria Area EMS System provider.

1. Standing Medical Orders, Protocols, Policies & Procedures contained in this Prehospital Care Manual are the written, established standard of care to be followed by all members of the Peoria Area EMS System for treatment of the acutely ill or injured patient.
2. The EMS provider will initiate patient care under these guidelines and contact Base Station Medical Control in a timely manner for those treatments which require on-line physician's order. Diligent effort must be made to contact Medical Control in a timely manner via cellular telemetry, landline phone or VHF MERCI radio. Delay or failure to contact Medical Control for required on-line orders is a quality assurance indicator.
3. These Standing Medical Orders will be utilized as Off-Line Medical Control under the following circumstances:
  - In the event communication cannot be established or is disrupted between the Prehospital provider and Medical Control (or the receiving hospital).
  - In the event that establishing communications would cause an inadvisable delay in care that would increase life threat to the patient.
  - In the event the Medical Control physician is not immediately available for communication.
  - In the event of a disaster situation, where an immediate action to preserve and save lives supersedes the need to communicate with hospital-based personnel, or where such communication is not required by the disaster protocol.
4. Inability to contact Medical Control should not delay patient transport or the provision of life-saving therapies. Patient destination and transport decisions are set forth in these Standing Medical Orders / Protocols.

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**On-Line Medical Control  
Policy**

**On-Line Medical Control**

Base Station Medical Control is designed to provide immediate medical direction and consultation to the Prehospital EMS provider in accordance with established patient treatment guidelines.

On-line Medical Control is utilized to involve the expertise of an Emergency Medical Physician in the treatment plans and decisions involving patient care in the Prehospital setting.

1. Voice communications shall be categorized as “**MERCI**” for calls that do not require medical orders and “**Telemetry**” for *medical or trauma calls* requiring medical orders or base station physician contact and/or consultation.
2. EMS communications requiring on-line contact with a base station physician shall be conducted using cellular telemetry (309)655-6770.
3. Use of **telemetry** is required for patient care requiring interventions beyond the *Routine BLS, ILS or ALS* standing medical orders. Situations requiring Medical Control contact include, but are not limited to:
  - Anytime an order is required for BLS, ILS or ALS medications.
  - Anytime orders are needed for *procedures*.
  - Any instance an EMS provider desires *physician involvement*.
  - Any situation that involves *bypassing* a closer hospital.
  - Anytime an EMS provider feels a *deferral* is warranted.
  - Anytime a Field Training Instructor (FTI) feels a student needs to further develop communication skills.

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**On-Line Medical Control  
Policy**

**On-Line Medical Control (Continued)**

- **Anytime a prehospital 12-Lead EKG is acquired.**
  - Suspected stroke patients.
  - Circumstances involving a Death at Scene (**DAS**) or cases involving advanced directives (**DNR** et al).
  - **High risk refusals** (*see next page*).
  - *First Responder low risk refusals* (*see item #10 of this policy*).
  - Use of **restraints** (including handcuffs).
  - **Trauma** cases or **potential trauma cases** (based on mechanism of injury).
4. **“Telemetry” calls** include all medical complaints requiring Medical Control contact, refusals, traumas and consultations.
  5. **“Trauma Traffic”** includes calls that are related to injuries or mechanisms of injury that meet (or potentially meet) *Minimum Trauma Field Triage Criteria* (*see Critical Trauma Procedure*). Trauma traffic **does not include refusals** (including accident refusals).
  6. **“MERCİ” calls** are made via MERCİ radio and called directly to the receiving hospital (or in cases where telemetry communication is not possible and consult with a physician is necessary). MERCİ communication is adequate for patient care that does not require interventions beyond *Routine BLS, ILS or ALS Care*. Specifically, patients that have received only oxygen, monitor, IV and/or medications without the need for additional orders or in cases where Medical Control contact is not required.

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**On-Line Medical Control  
Policy**

**On-Line Medical Control (Continued)**

- If MERCI traffic prevents contact with the receiving hospital, Medical Communications (MEDCOM) should be contacted at the Resource Hospital (OSF Saint Francis Medical Center) for assistance in proper routing of communications.
  - If the receiving hospital deems that further care is necessary or requests additional interventions be performed, the EMS provider should contact Medical Control.
  - If the receiving hospital requests discontinuation of treatment established by the prehospital provider, Medical Control contact should be established.
7. **High Risk Refusals** require Medical Control consultation prior to securing and accepting the refusal and terminating patient contact. High risk refusals involve cases where the patient's condition may warrant delivery of care in accordance with implied consent of the *Emergency Doctrine* or other statutory provision.

**High risk refusals** include, but are not limited to:

- ➡ Head injury (based on mechanism or signs & symptoms)
- ➡ Presence of alcohol and/or drugs
- ➡ Significant mechanism of injury (*e.g.* rollover MVA)
- ➡ Altered level of consciousness or impaired judgment
- ➡ Minors (17 years old or younger, regardless of injury)
- ➡ Situations that involve bypassing a closer hospital
- ➡ Paramedic initiated refusals (patient wants to be transported but the paramedic feels it is unnecessary).

8. **Low Risk Refusals** do not require Medical Control consultation (for BLS, ILS & ALS levels) if the prehospital provider determines that the patient meets the *Low Risk Criteria* and there is no doubt that the patient understands the risk of refusal. The patient cannot be impaired and must be able to consent to the refusal. Medical Control should be contacted if there are any concerns about the patient's ability to refuse.

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**On-Line Medical Control  
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**On-Line Medical Control (Continued)**

**Low risk refusals** may include:

- Slow speed auto accidents *without* injury
- Isolated injuries not related to an auto accident or other significant mechanism of injury
- False calls or “third party” calls where no illness, injury or mechanism of injury is apparent.
- Lifting assistance or “public assist” calls (for which EMS is called for assistance in moving a patient from chair to bed, floor to bed, car to home, etc.) **do not require a refusal form.** This assumes the EMS agency is routinely called to assist this patient, the patient is assessed to ensure there is no complaint or injury and there has been no significant change in the patient’s condition. EMS crews must complete a patient care report indicating all assessment findings and assistance rendered.

9. **If the EMS provider has not been able to contact Medical Control** via cellular telemetry, telephone or MERCI radio, the EMS provider will initiate the appropriate protocol(s). Upon arrival at the receiving hospital, an incident report must be completed and forwarded to the EMS Office within 24 hours of the occurrence. This report should document all aspects of the run with specific details of the radio/communications failure and initiation of the Peoria Area EMS System *Standing Medical Orders and Standard Operating Procedures.*
10. First Responders may handle **low risk** refusals only (as defined above). However, First Responders must contact Medical Control via cellular telemetry at (309)655-6770. **Under no circumstance should a First Responder take a high risk refusal.**

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**Radio Communications  
Protocol**

Radio communications is a vital component of prehospital care. Information reported should be concise and provide an accurate description of the patient's condition as well as treatment rendered. Therefore, **a complete patient assessment and set of vital signs should be completed prior to contacting Medical Control or the receiving hospital.**

Regardless of the destination, **early** and **timely** notification of Medical Control or the receiving hospital is essential for prompt care to be delivered by all involved.

**Components of the Patient Report**

- ◆ Unit identification
- ◆ Destination & ETA
- ◆ Age/sex
- ◆ Chief complaint
- ◆ Assessment (General appearance, degree of distress & level of consciousness)
- ◆ Vital signs:
  1. Blood pressure (**auscultated** {or palpated if unable to auscultate})
  2. Pulse (rate, quality, regularity)
  3. Respirations (rate, pattern, depth)
  4. Pulse oximetry, if indicated
  5. Pupils (size & reactivity)
  6. Skin (color, temperature, moisture)
- ◆ Pertinent physical examination findings
- ◆ SAMPLE History
- ◆ Treatment rendered and patient response to treatment

NOTE: Items listed in **red** should be transmitted without delay.

If Medical Control contact is necessary to obtain physician orders (where indicated by protocol), diligent attempts must be made to establish base station contact via:

1. Cellular telemetry (309)655-6770
2. Telephone landline direct to MEDCOM (309)655-6770
3. MERCI radio

If unable to establish contact, then initiate protocol. If Medical Control contact is not necessary, contact the receiving hospital via MERCI.

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**Patient Right of Refusal  
Policy**

A patient may refuse medical help and/or transportation. Once the patient has received treatment, he/she may refuse to be transported if he/she does not appear to be a threat to themselves or others. ***Any person refusing treatment must be informed of the risks of not receiving emergency medical care and/or transportation.*** NOTE: Family members cannot refuse transportation of a patient to a hospital unless they can produce a copy of a *Durable Power of Attorney for Healthcare*.

**Refusal Process**

1. Assure an accurate patient assessment has been conducted to include the patient's chief complaint, history, objective findings and the patient's ability to make **sound** decisions.
2. Explain to the patient the risk associated with his/her decision to refuse treatment and transportation.
3. Secure Medical Control approval of **high risk refusals** (low risk refusals for First Responders) in accordance with the *Online Medical Control Policy*.
4. Complete the *Against Medical Advice/Refusal Form* and have the patient sign the form. If the patient is a minor, this form should be signed by a legal guardian or *Durable Power of Attorney for Healthcare*. **NOTE:** Parental refusals may be accepted by voice contact with the parent (i.e. by telephone) if the EMS provider has made reasonable effort to confirm the identity of the parent and the form may be signed by an adult witness on scene. This should be clearly documented on the refusal form and in the patient care report.
5. If available, it is preferable to have a police officer at the scene act as the witness. If a police officer is not present, any other bystander may act as a witness. However, his/her name, address & telephone number should be obtained and written on the back of the report.
6. If the patient refuses medical help and/or transportation after having been informed of the risks of not receiving emergency medical care and refuses to sign the release, clearly document the patient's refusal to sign the report. Also, have the entire crew witness the statement and have an additional witness sign your statement, preferably a police officer. Include the officer's badge number and contact Medical Control.

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**Patient Right of Refusal  
Policy**

**Refusal Process (continued)**

7. The top (white) original of the *AMA/Refusal Form* is maintained by the agency securing the refusal. The **yellow** copy is forwarded to the EMS Office with the appropriate copies of the patient care report. The patient is provided with the **pink** copy of the *AMA/Refusal Form*.

INSERT AMA/REFUSAL FORM AFTER THIS PAGE

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### Incident Reporting Policy

Prehospital care providers shall complete a Peoria Area EMS System (or the individual agency) *Incident Report Form* whenever a System related issue occurs. In order to properly assess the situation and determine a solution to the issue, the following information needs to be provided on the form:

1. Date of occurrence
2. Time the incident occurred
3. Location of the incident
4. Description of the events
5. Personnel involved
6. Agency and/or institution involved
7. Copy of the patient care record and/or any other related documents

#### Incident Report Process

1. All incident report forms shall be given to the EMS provider's immediate supervisor, training officer, or quality assurance coordinator who will assess the incident and will forward the report to the Peoria Area EMS System Quality Assurance Coordinator.
2. The EMS QA Coordinator will review the incident and notify the EMS Medical Director and the appropriate course of action will be determined.
3. The EMS provider originating the report will be notified of the resolution.

#### Incident Report Indicators

Situations requiring EMS Office notification include:

- *“Any situation which is not consistent with routine operations, System procedures or routine care of a particular patient. It may be any situation, condition or event that could adversely affect the patient, co-worker or the System.”*
- Any deviation from Peoria Area EMS System policies, procedures or protocols.

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**Incident Reporting Policy**

**Incident Report Indicators (continued)**

- **Medication errors**
- **Treatment errors**
- Delays in patient care or scene response
- Operating on protocol when Medical Control contact was indicated but unavailable
- Violence toward EMS providers that results in injury or prevents the provider from delivering appropriate patient care
- Equipment failure (e.g. cardiac monitor, glucometer)
- Inappropriate Medical Control orders
- Repeated concerns/conflicts between agencies, provider/physician or provider/hospital conflicts
- Patterns of job performance that indicate skill decay or knowledge deficiencies affecting patient care

Situations subject to review and resolution at the agency level include:

- Conflicts between employees
- Conflicts between agencies (that do not impact patient care)
- Operational errors (that do not impact patient care)
- Behavioral issues (that do not impact patient care)

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**EMS Patient Care Reports  
Policy**

Documentation of patient contacts and care is a vital aspect of assuring continuity of care, providing a means of quality assurance and historical documentation of the event. It is just as important as the care itself and should be an accurate reflection of the events that transpired. **It is imperative that written documentation is left with the patient at the receiving facility.**

**Patient Care Reports**

1. All EMS providers must complete a patient care report for each patient contact or *request* for response (e.g. agency is cancelled en route to a call then a “cancelled call” chart must be completed).
2. Ideally, a patient care report will be completed in its entirety and provided to the receiving hospital’s Emergency Department immediately after transferring care to the ED staff and **prior to** departing the hospital.
3. If the patient care report cannot be completed prior to departing the ED, then a Peoria Area EMS System *Preliminary Field Medical Report Form* **must** be completed and left with the ED staff. The patient care report should then be completed and faxed to the ED as soon as possible.
4. Documentation must be completed on System approved forms and/or System approved electronic reporting systems.
5. Failure to leave written documentation will be reported to the EMS Office by ED personnel. Agencies and/or personnel failing to comply with documentation requirements will be reported to the EMS Medical Director and corrective action may be taken to assure documentation policies and procedures are followed.

**PEORIA AREA EMS SYSTEM  
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**Patient Confidentiality &  
Release of Information Policy**

All Peoria Area EMS System personnel are exposed to or engaged in the collection, handling, documentation or distribution of patient information. Therefore, all EMS personnel are responsible for the protection of this information.

Unnecessary sharing of confidential information will not be tolerated. Peoria Area EMS System personnel must understand that breach of confidentiality is a serious infraction and violation of HIPAA with legal implications. Corrective action will be taken including System suspension or termination.

**Confidential Information Guidelines**

**1. Written and Electronic Documentation**

- a) Confidentiality is governed by the “*need to know*” concept.
- b) Only Peoria Area EMS System personnel and hospital medical staff directly involved in a patient’s care or personnel involved in the quality assurance process are allowed access to the patient’s medical records and reports. Authorized medical records and billing personnel are allowed access to the patient’s medical records and reports in accordance with hospital and EMS provider policies.
- c) Requests for release of patient care related information (from third party payers, law enforcement personnel, the coroner, fire department or other agencies) should be directed to the EMS agency’s medical records department.

**2. Verbal Reports**

- a) Peoria Area EMS System personnel are **not** to discuss specific patients in public areas.
- b) EMS providers should not discuss any confidential information regarding patient care with friends and relatives or friends and relatives of the patient. This includes hospitalization of a patient and/or the patient’s condition.
- c) Information gained from chart or case reviews is considered confidential.

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**Patient Confidentiality &  
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**Confidential Information Guidelines (continued)**

**3. Radio Communications**

- a) No patient name will be mentioned in the process of prehospital radio transmissions utilizing MERCI radio.
- b) Customarily, when calling in a “direct admit” the patient’s initials can be included in the radio report. This is necessary for identification and is acceptable to transmit.
- c) Sensitive patient information regarding diagnosis or prognosis should not be discussed during radio transmissions.

**4. Communication at the Scene**

- a) Every effort should be made to maintain the patient’s auditory and visual privacy during treatment at the scene and en route.
- b) EMS personnel should limit bystanders at the scene of an emergency. Law enforcement personnel may be called upon to assist in maintaining bystanders at a reasonable distance.