



**9-1-1 ADVANCED LIFE SUPPORT BASE CONTACT, STANDING ORDER,  
AND TRANSPORT CRITERIA**

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I. AUTHORITY:

California Health and Safety Code, Division 2,5, Sections 1797.220, 1797.222, 1797.250, 1797.257, 1798.0, and 1798.2.

II. APPLICATION:

This policy defines when 9-1-1 dispatched advanced life support units (ALS) must make base contact for EMS system coordination and medical direction of field patient care. This policy also provides authorization and criteria for use of Standing Orders (SO) and Procedures Prior to Base Contact by 9-1-1 ALS personnel and requirements for transportation of patients from the field to Emergency Receiving Centers (ERC).

III. CRITERIA:

**BASE HOSPITAL CONTACT:**

**Base Hospital contact is encouraged and appropriate at any time an OCEMS 9-1-1 dispatched paramedic determines there is a benefit or need to do so.**

**Base Hospital (BH) contact is required for the following types of cases:**

- Patients with unstable vital signs for whom there is not an applicable Standing Order. Unstable vital signs are defined as:

	<u>Adult/Adolescent</u>	<u>Newborn through 14 years</u>
Pulse (bpm)	<50 or >130	<60 or >200
Respirations (resp/min)	<12 or > 26	<12 or > 50
Systolic blood pressure (mm Hg)	<90	<80

- All persons identified in Standing Orders (SO) as requiring base contact. Base contact must be enacted prior to the initiation of transport when required by SO.
- For 9-1-1 emergency transports between acute care hospitals (see OCEMS P/P # 310.20).
- Patients for whom a 12-lead ECG is performed who request to sign out AMA for transport.
- Children with BRUE (ALTE) symptoms when caretaker requests to sign out AMA for ALS or BLS transport.
- Mass Casualty Incidents (MCI) for receiving ERC/TC destination, unless the Orange County Communications Center (OCC) is determined by field protocol as communication point for destination assignments.
- Cardiovascular Receiving Center (CVRC) patients to determine destination for an open cardiac catheterization laboratory. Indications for CVRC transport include:
  - Return Of Spontaneous Circulation (ROSC)
  - Automatic Implantable Cardioverter Defibrillator “firing” or defibrillating two or more times in less than fifteen minutes.
  - 12 lead EKG reading of acute MI
  - Patient with symptomatic bradycardia
  - Patient with a Left Ventricular Assist Device (LVAD)



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- Patients who meet Trauma or Replant Criteria (see SO-T-15).
  - Patients who meet Stroke-Neurology Center criteria.
  - Burn Center (see SO-E-05) patients to determine which center is available for receiving acute cases.
  - Triage decisions in which Base Hospital contact may assist field personnel, such as ALS level refusal of care when there is a question of patient mental capacity.

### **ALS STANDING ORDERS (SO): (Applies to ALS provider agencies approved to use Standing Orders)**

- SO are field medical orders for specific medical conditions. SO may be used by on-duty OCEMS Accredited Paramedics while working for an SO approved ALS provider agency.
- Base Hospital contact should be made when indicated in a specific SO. At times, patients may require care not specified in SO or care beyond that given using SO; when needed, BH contact should be established for further on-line medical direction and orders.
- When BH contact is made, further medical orders come from the BH. If base contact is discontinued after making contact, the appropriate SO may be initiated or resumed as necessary with no further BH contact.
- If a SO does not require BH contact, the paramedic may transport a patient to the appropriate ERC without contacting a BH.

### **PROCEDURES PRIOR TO BASE HOSPITAL CONTACT: (Applies to ALS Provider Agencies that are not approved to use Standing Orders)**

- Procedures Prior to Base Contact (SO-806.1, SO-806.2a, SO-806.2b) are protocols that allow paramedics who are not operating on SO to initiate time-critical procedures prior to Base Hospital contact.

### **TRANSPORT:**

- Persons who have stable vital signs or who do not meet Trauma, Burn, Cardiovascular or Stroke-Neurology Receiving Center criteria may request and be transported to their preferred Emergency Receiving Center.
  - Persons who meet Trauma, Burn, Cardiovascular, or Stroke-Neurology Center triage criteria should be ALS transported to an appropriate specialty center as determined by Base Hospital contact.
  - Persons meeting Cardiovascular or Stroke-Neurology Receiving Center triage criteria with stable vital signs and who are mentally competent may sign AMA to be transported to their preferred hospital (if not diverting patients) which may or may not be a CVRC or SNRC.
- An OCEMS Base Hospital has final authority to determine transport destination to an OCEMS ERC (including determination to route a patient to an ERC or specialty center that has declared it is on diversion).

