



**EMS COMMUNICATIONS NOTIFICATION
Operational Policy**

POLICY The EMS unit provider (MED, PFR, BLS) will notify the OEM EMS Communications Center on Channel 9 for:

- Code STEMI or Code Stroke Pre-Notifications (BEFAST+ and LVO+/-)
- Radio report for patient transport to an emergency department or hospital unit only
 - Mandatory elements to include in your succinct radio report to EMSCOM:
 - MED unit number
 - Case number
 - Hospital destination and estimated time of arrival
 - Age
 - Gender
 - BP, pulse, respiratory rate,
 - Paramedic primary impression and key interventions
 - Isolation, Opioid, and Sepsis Alerts as appropriate
 - Key elements of a trauma report to enable the EMS Communication Center Command Duty Officer to determine the appropriate hospital trauma team notification.
 - Hospital resources that should be mobilized (security, respiratory, translator, etc.)
- Requests for On-Line Medical Control physician consultation
- **Requests for Medical Director special consultation**
- Potential mass casualty incidents:
 - When 3 or more EMS units are dispatched to a single incident or for a unique circumstance that may stress the EMS system's resources
 - Identify your MED unit number and describe incident type, location, and approximate patient count and conditions
 - Ensure Incident Command keeps EMSCOM apprised of overall patient numbers, conditions, transport destinations, and other updates.

**General updating and review;
content reaffirmed**

In the event of a radio failure, call EMS Communications directly at 414.278.4343.

The patient care record narrative will provide a complete picture of the patient presentation, pertinent findings, pertinent negatives, ongoing development of the patient care event, care and treatment provided, and condition at end of call. The patient care record events and procedures charts will provide a complete list of attempted procedures, obtained or imported vital signs, and assessments completed. **Narrative and events documentation should describe and support medical decision-making by EMS providers throughout the call regarding assessment, treatment, transport, and transfer of care.**