

# SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 890

## SUBJECT: COMMUNICATION FAILURE

---

### PURPOSE

To define the specific conditions under which an EMT-Paramedic may utilize Advanced Life Support (ALS) drugs and procedures for patient care, in the event of communication failure.

### AUTHORITY

California Health and Safety Code, Division 2.5, Sections 1797.84, 1797.185, 1797.220, 1798, 1798.100, 1798.102.  
California Code of Regulations, Title 22, Division 9.

### POLICY

In the event that an EMT-Paramedic at the scene of an emergency attempts direct voice contact with a base hospital but cannot establish or maintain that contact:

The EMT-Paramedic may initiate necessary ALS procedures specified in the approved S-SV EMS policies and protocols.

However, **base contact is required to perform the procedures(s) and/or to administer medication(s) that are identified in S-SV policy/protocol as “Base Hospital Physician Order Only.”** In the event of communication failure those procedures/medications **shall not** be performed / administered.

### PROCEDURE

In each instance where ALS procedures are initiated or attempted under the conditions specified for communication failure, the EMT-Paramedic shall:

1. Attempt to establish base hospital contact throughout the call, as circumstances permit.
2. Immediately upon voice contact, provide a verbal report to the base hospital physician or mobile intensive care nurse.

### EXCEPTION:

---

Effective Date: 02/01/07

Date last Reviewed / Revised: 11/06

Next Review Date: 11/09

Page 1 of 2

Approved:

William J. Koenig, MD  
S-SV EMS Medical Director

Leonard R. Inch  
S-SV EMS Regional Executive Director

**SUBJECT: COMMUNICATION FAILURE**

---

The EMT-Paramedic, functioning within a modified base hospital response area, renders patient care based on S-SV approved policy/protocol (standing orders) without “on-line” medical control.

The following procedures are some examples **(not all)** of the Base/Modified Hospital Physician Order Only:

1. Second needle thoracostomy
2. Terminating resuscitative efforts if pulseless arrest is present more than 20 minutes
3. Synchronized Cardioversion for a pediatric patient with Tachycardia with pulses & poor perfusion
4. Adenosine administration to a pediatric patient with Tachycardia with pulses & poor perfusion
5. Administration of Epinephrine via HHN to a pediatric patient with Respiratory distress and suspected epiglottitis /croup

**CROSS REFERENCES:**

Policy and Procedure Manual

Modified Base Hospital, Reference No. 305.

Base Hospital Contact, Reference No. 812.