

PURPOSE:

This protocol describes the steps an EMT or Paramedic should follow in contacting On-Line Medical Control (OLMC) and describes the contents of the various reports.

DEFINITIONS:

1. **HEAR**-Hospital Emergency Ambulance Radio—This communication is typically between the pre-hospital provider and ED charge nurse. HEAR reports are a courtesy to the receiving Emergency Department as a notification the ambulance is en route to their location with a patient.
2. **OLMC**-On Line Medical Control—This communication is between the physician in the Emergency Department and an EMS provider on scene. This is specific to when an EMT or Paramedic is looking for direction or guidance on treatment, or to ask permission for specific Class B Medications or Class B Procedures.
3. **TSE**-Time Sensitive Event—This term defines situations where predesignated teams exist to handle specific situations. These teams exist for HEART-1, Stroke-1, and Trauma. All TSE activations should be communicated to the receiving facility via phone or radio.
4. **PIC**-Person in Charge or Paramedic in Charge.

PROCEDURE:

- A. Calls to the Receiving Hospital (HEAR): providers shall contact the Receiving Hospital by radio or telephone in the following situations:
 1. As required by the protocols.
 2. Prior to arriving at the Emergency Department.
- B. When providing a HEAR report, the following information must be relayed
 1. Agency / Unit number
 2. Purpose of call (Identify the protocol being followed)
 3. Age and gender of patient.
 4. Patient's chief complaint
 5. Brief history, prior medical history, pertinent medications, and/or allergies
 6. Vital signs
 7. Pertinent physical findings
 8. Treatment / Medications Provided
 9. Estimated Time to Emergency Department.

- C. All scenes requiring OLMC contact:
1. One person at the scene must be designated as the contact person in charge of communications. The provider designated as “in charge” of communications shall contact the Receiving Hospital by the time transport has begun, including all air ambulance transports.
 2. For OLMC, contact the Receiving Hospital and ask to speak to the ED Physician.
 3. If BLS responders have initiated OLMC communications, ALS responders shall continue to use that medical direction source.
- D. When requesting OLMC, the following information must be relayed
1. Agency / Unit number
 2. Purpose of call (Identify the protocol being followed)
 3. Age and gender of patient
 4. Patient’s chief complaint
 5. Brief history, prior medical history, pertinent medications, and/or allergies
 6. Vital signs
 7. Pertinent physical findings
 8. Treatment / Medications Provided
 9. Specific OLMC request.
 10. Estimated Time to Emergency Department.
- E. Time Sensitive Event (TSE) Team Activation. When patients meet criteria for inclusion into HEART-1, Stroke-1, or Trauma System Activation. The PIC or designee shall call the receiving emergency department at their earliest opportunity via phone or radio and provide the following:
1. Agency / Unit number
 2. Purpose of call (HEART-1, Stroke-1, or Trauma) with specific findings that support inclusion into the specific category.
 3. Age and gender of patient
 4. Patient’s chief complaint
 5. Vital Signs
 6. Estimated Time to Emergency Department.
- Team Activations require early notification to the receiving facility. As a general rule and if feasible, 15 minutes is an adequate amount of time for a receiving facility to assemble a team and prepare for the arrival of a patient.
- F. All MCI/MPI Events will continue to be coordinated through the transfer center by calling **541-706-5816**.

DOCUMENT:

1. Time OLMC or HEAR report completed.
2. Specific Orders Received.
3. Physician’s name providing orders.