

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	MEDICAL CONTROL		P-405
	COMMUNICATIONS FAILURE		
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I. PURPOSE

- A. To ensure EMS patient delivery to a receiving facility is anticipated, announced, and coordinated prior to arrival.
- B. To record geographic areas with weak radio or cellular signal.
- C. To document treatments provided during a period of communications failure.
- D. To provide a communication failure reporting methodology.
- E. To provide a method to improve communications reliability.

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- II. **AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797 and 1798.2; and California Code of Regulations, Title 22, Division 9, Chapter 3.3, Section 100091.02.
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III. DEFINITION(S)

Communications Failure: A situation where EMS clinicians are unable to contact a base hospital because of radio or cellular signal weakness, equipment failure (e.g., battery failed, antenna broken), inability to access the radio system with a 'system busy' tone or message, or inability to maintain understandable voice contact.

IV. POLICY

- A. In the event that an EMS clinician at the scene of an emergency attempts direct voice contact with a Base Hospital but cannot establish or maintain that contact and reasonably determines that a delay in treatment may jeopardize the patient, the EMS clinician may perform any adult or pediatric protocols listed as Standing Orders (SO) or Base Hospital Orders (BHO) within the approved County of San Diego EMS protocols. The EMS clinician may continue treatment within the protocols, listed as SO or BHO, until direct communication can be established and maintained, or until the patient arrives at the receiving facility. Direct voice communication with a Base Hospital shall be reattempted at the scene or in route. Communication failure shall not be declared for routine busy radio traffic periods, without reasonable attempts to contact more than one Base Hospital.

- B.** In each instance where assessments, treatments, or procedures are performed in accordance with Section A of this policy, immediately upon ability to make voice contact, the EMS clinician who performed such procedures shall make a verbal report to the contacted Base Hospital. This EMS clinician shall complete a “Communications Failure Form” (CoSD EMS P-405A (Attachment A)) and submit the form electronically to CoSD EMS within 24 hours via an online form.¹
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V. PROCEDURES

A. EMS Clinician Responsibilities

It is imperative that EMS patient delivery to a receiving facility is anticipated, announced, and coordinated prior to facility arrival. EMS clinicians have a responsibility to facilitate this communication and shall use any of the following strategies if they are unable to contact their assigned base hospital:

1. Make a reasonable attempt to contact a different base hospital
 2. Use a cellular phone to contact a base hospital
 3. Request that the assigned communications center contact a base hospital to relay patient acuity and destination
 4. Contact the receiving hospital via the BLS/MT1 zones on the Regional Communications System (RCS) network
 5. Agencies using LEMSIS shall upload the prehospital care record (PCR) to the receiving facility prior to arrival
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VI. ATTACHMENTS

A. P-405A (Attachment A): Communications Failure Form

¹ In the event electronic submission via the online form is not available, EMS clinicians can download P-405A and email the completed form to EMSnotifications@sdcounty.ca.gov.