



Communications/Operations

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Introduction (1 of 3)

- Communication is the transmission of information to another person.
 - Verbal
 - Nonverbal (through body language)
- Verbal communication skills are important for EMTs.
 - Enable you to gather critical information, coordinate with other responders, and interact with other health care professionals



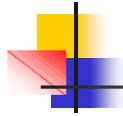
Introduction (2 of 3)

- Documentation
 - Patient's permanent medical record
 - Demonstrates appropriate care was delivered
 - Helps others in patient's future care
- Complete patient records
 - Guarantee proper transfer of responsibility
 - Comply with requirements of health departments and law enforcement agencies
 - Fulfill your organization's administrative needs



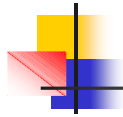
Introduction (3 of 3)

- Radio and telephone communications
 - Link you to EMS, fire department, and law enforcement
 - You must know:
 - What your system can and cannot do
 - How to use system efficiently and effectively



Verbal Communication (1 of 2)

- Asking questions is a fundamental aspect of prehospital care.
 - Open-ended questions require some level of detail.
 - Use whenever possible.
 - Example: “What seems to be bothering you?”



Verbal Communication (2 of 2)

- Closed-ended questions can be answered in very short responses.
 - Response is sometimes a single word.
 - Use if patients cannot provide long answers.
 - Example: “Are you having trouble breathing?”

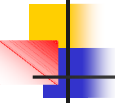
Communicating With Older Patients (1 of 4)



- Identify yourself.
- Be aware of how you present yourself.
- Look directly at patient.
- Speak slowly and distinctly.

Communicating With Older Patients (2 of 4)

- Explain what you are going to do before you do it.
- Listen to the answer the patient gives you.
- Show the patient respect.
- Do not talk about the patient in front of him or her.
- Be patient!



Communicating With Older Patients (3 of 4)

- Older patients:
 - Often do not feel much pain
 - May not be fully aware of important changes in their body systems
 - You must be especially vigilant for objective changes.



Communicating With Older Patients (4 of 4)

- When possible, give patients time to pack a few personal items before leaving for hospital.
- Locate hearing aids, glasses, and dentures before departure.



Communicating With Children

(1 of 4)

- Emergency situations are frightening.
 - Fear is most obvious and severe in children.
- Children may be frightened by:
 - Your uniform
 - The ambulance
 - A crowd of people gathered around them



Communicating With Children

(2 of 4)

- Let a child keep a favorite toy, doll, security blanket.
- If possible, have a family member or friend nearby.
 - If practical, let parent or guardian hold child during evaluation and treatment.

Communicating With Children (3 of 4)

- Be honest.
 - Children easily see through lies or deception.
- Tell the child ahead of time if something will hurt.
- Respect the child's modesty.

Communicating With Children (4 of 4)



- Speak in a professional, friendly way.
- Maintain eye contact.
- Position yourself at the child's level.
 - Do not tower over the child.



Base Station Radios

- Base station contains transmitter and receiver in a fixed place.
- Two-way radio consists of transmitter and receiver.



Mobile and Portable Radios

(1 of 2)



- Mobile radio is installed in a vehicle.
- Used to communicate with:
 - Dispatcher
 - Medical control
- Ambulances often have more than one.



Mobile and Portable Radios


(2 of 2)

- Portable radios are hand-held devices.
- Essential at the scene of an MCI
- Helpful when away from the ambulance to communicate with:
 - Dispatch
 - Another unit
 - Medical control



Responding to the Scene (1 of 2)

- All EMS systems depend on skill of dispatcher.
 - Determines relative importance of 9-1-1 call
 - Assigns appropriate EMS response unit(s)
 - Provides key information to responding units, including nature of emergency and exact location



Transport Operations

Emergency Vehicle Design

Table 36-1 Basic Ambulance Designs

Type I	Conventional, truck cab-chassis with a modular ambulance body that can be transferred to a newer chassis as needed
Type II	Standard van, forward-control integral cab-body ambulance
Type III	Specialty van, forward-control integral cab-body ambulance

Emergency Vehicle Design



Source: www.ems.gov

- Ambulance licensing or certification standards are established by state.
- The Star of Life[®] emblem is affixed to the sides, rear, and roof of the ambulance.



Phases of an Ambulance Call

Table 36-2 Phases of an Ambulance Call

1. Preparation for the call
2. Dispatch
3. En route
4. Arrival at scene
5. Transfer of the patient to the ambulance
6. En route to the receiving facility (transport)
7. At the receiving facility (delivery)
8. En route to the station
9. Postrun



Dispatch Phase

- Dispatcher should gather and record:
 - Nature of the call
 - Name, present location, call-back number
 - Location of patient
 - Number of patients and severity of their conditions
 - Other pertinent information



En Route to the Scene

- Most dangerous phase for EMTs
- Collisions cause many serious injuries.
 - Fasten seatbelts and shoulder harnesses before moving the ambulance.
- **Review dispatch information.**
- Prepare to assess and care for the patient.



Arrival at the Scene (1 of 7)

- Perform a scene size-up and report your findings to dispatch.
 - Look for safety hazards.
 - Evaluate the need for additional units.
 - Determine the mechanism of injury or nature of illness.
 - Evaluate the need for spinal stabilization.
 - Follow standard precautions.



Arrival at the Scene (2 of 7)

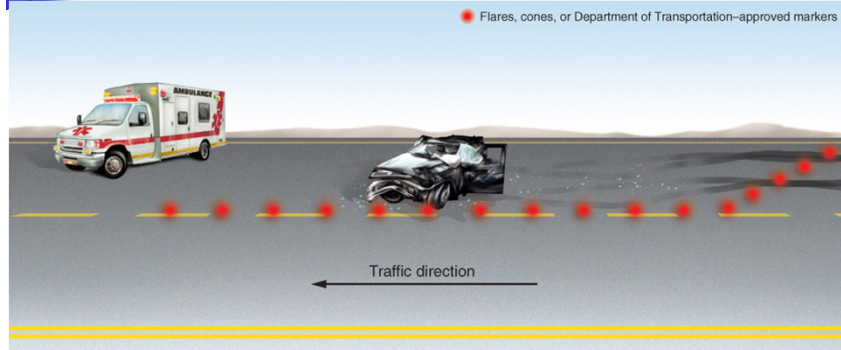
- Mass-casualty incidents
 - Estimate and communicate the number of patients to the incident commander.
 - Request additional units through dispatch.
 - The incident command system will be established.



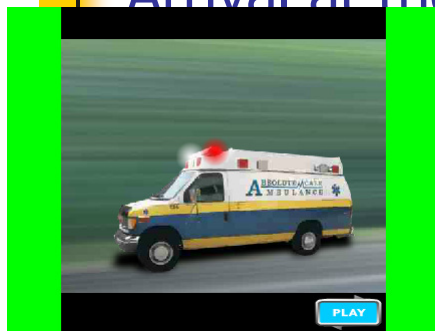
Arrival at the Scene (3 of 7)

- Safe parking
 - Allow efficient traffic flow and control around an emergency scene.
 - Park 100' before or past the crash scene.
 - Do not park alongside a crash scene.

Arrival at the Scene (4 of 7)



Arrival at the Scene (5 of 7)



- Safe parking (cont' d)
 - **Park uphill and/or upwind of smoke or hazardous materials.**
 - Leave warning lights or devices on.
 - Keep distance



Arrival at the Scene (6 of 7)

- Safe parking (cont' d)
 - Stay away from fires, explosive hazards, downed wires, and unstable structures.
 - Set the parking brake.
 - Facilitate emergency medical care and rapid transport from the scene.
 - If it is necessary to block traffic, work quickly and safely.



Arrival at the Scene (7 of 7)

- Traffic control
 - Provide care and ensure scene safety first.
 - The purpose of traffic control is to ensure orderly traffic flow, warn other drivers, and prevent another crash.
 - Place warning devices on both sides of the crash.

Transfer Phase



- The patient must be packaged for transport.

- Secure the patient to a backboard, scoop stretcher, or wheeled ambulance stretcher.
- Lift the patient into the compartment.
- Secure the patient with at least 3 straps.

Transport Phase (1 of 2)

- Excessive speed is unnecessary and dangerous.
- When you are ready to leave with the patient, inform dispatch of:
 - Number of patients
 - Name of receiving hospital
 - Beginning mileage of ambulance



Transport Phase (2 of 2)

- Monitor the patient's condition en route.
 - Recheck a stable patient every 15 minutes.
 - Recheck an unstable patient every 5 minutes.
- Contact the receiving hospital.
- Do not abandon the patient emotionally.



Delivery Phase

- Notify dispatch of your arrival at the hospital.
- Report your arrival to the triage nurse.
- Physically transfer the patient.
- Present a complete verbal report.
- Complete a detailed written report.
- Restock items, if possible.

En Route to the Station



- Inform dispatch whether you are in service and where you are going.
- Back at the station:
 - Clean and disinfect the ambulance and equipment.

Postrun Phase

- Complete and file additional written reports.
- Inform dispatch again of status, location, and availability.
- Perform routine inspections.
- Refuel the vehicle.

Defensive Ambulance Driving Techniques

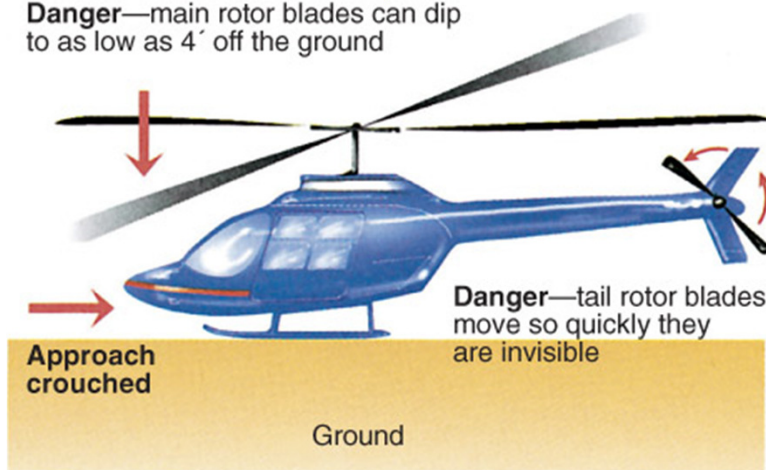


Source: © Gary Lloyd, The Decatur Daily/AP Photos

- Over 6,000 ambulance crashes occur each year, some of which are fatal.
- An ambulance involved in a crash delays patient care, at a minimum

Air Medical Operations

Danger—main rotor blades can dip to as low as 4' off the ground





Medivac Issues

- Because of the cabin's confined space, assess the number and size of the patients that can be safely transported in a medivac helicopter.
- Typical medivac flights cost between \$8,000 and \$10,000.
 - Ambulance transport costs \$400 to \$1,000.



Communication

- Documentation – Why?
- The Ambulance Call Report
 - “ACR”
- Presenting your patient
- On the radio



Why document?

- To tell the story
- To provide continuance of care
- To serve as a record of care
- To provide a patient history and result of the physical exam



Reporting Errors

- If you leave something out or record it incorrectly, do not try to cover it up.
- Falsification:
 - Results in poor patient care
 - May result in suspension and/or legal action



REMEMBER THIS!

- The ACR becomes part of the patients hospital record
- Can **AND WILL** be used in a court of law



Proper documentation

- Several good ways
- SOAP
- HPI, PMH, PE, Treatment
- Whatever you do make sure that its organized!



SOAP

- **S**ubjective assessment
 - What did you see (signs)
- **O**bjective Assessment
 - What did the patient tell you (symptoms)
- **A**ssessment (and physical exam)
- **P**lan
 - Treatment
 - What did you do for the patient
 - **What "indicated" treatment did you not do AND WHY**



HPI, PMH...

- **H**istory of **P**resent **I**llness
- **P**ertinent **M**edical **H**istory
- **P**hysical **E**xam
- Treatment



Some guidelines

- Vital signs must be taken at least twice on “almost” every patient contact
- If a patient refuses treatment – that’s their right!, but protect yourself
- Be very careful with RMAs
 - Documentation!
 - Follow local rules



More guidelines

- If you speak with medical control **make sure that you get AND RECORD** the doctor’s name
- If you speak with a patient’s doctor and they tell you not to transport – **but you feel that transport is indicated** – request assistance from a medical control physician
 - RECORD THE DOCTOR’S NAME

AMBULANCE
CALL
REPORT

**CHEVRA HATZALAH
VOLUNTEER AMBULANCE CORPS**
For Information Only (718) 851-4400

DATE: 08/07/08
CALL TIME: 08:08
FIRST ALS: 08:08
SECOND ALS: 08:08
AMBUANCE: 08:08
DEFERRED HOSPITAL: 08:15
ARRIVE AT HOSPITAL: 08:26

CALL LOCATION: 540 East 20 St. 1A
PATIENT NAME: John Doe
ADDRESS: 123 MAIN STREET
TELEPHONE: 212-555-1234
SOCIAL SECURITY NUMBER: 1111-22-3333
PHYSICIAN: Dr. Murdock
TELEPHONE: 718-123-4567

CHIEF COMPLAINT: My stomach hurts
HISTORY: None
MEDICATION: Albuterol spray inhaler, Meclizine, Accupril
ALLERGIES: None
VITAL SIGNS: Temp 98.6, HR 100, RR 20, SpO2 98, BP 120/80
PHYSICIAN: None
ALS: None
ARRIVAL: 08:26
DISPOSITION: None

REMOVED TO VEHICLE: Ambulance
TRANSPORT POSITION: Seated
DISPOSITION: Discharge
 Admitted
 E.D.A.
 Deceased
 Transfer

Case # 0450
Unit 0451
Officer 0452

- ## Presenting the patient
- Your opportunity to plead the case for your patient
 - How you present may affect immediate and ongoing care of the patient
 - What you say
 - How you say it
 - Be brief and to the point
 - Speak clearly



Presenting the patient

- Answer the triage nurses questions
 - Become familiar with the triage form or computerized triage system
- Be helpful
 - Offer to take vital signs
- **If the patient's condition changed while under your care make it clear both on the ACR and in presentation**



Completing the job

- Get a signature on the ACR
- Transfer the patient to the hospital bed/gurney
- Hand in the ACR and other documents to registration
- Help the family PRN
- **Wash your hands**
- Change the stretcher sheets
- **Go home!**



Radio communication

- Speak slowly
- Speak clearly
- Don't speak too little
- **Don't speak too much!**
- Avoid "unit to unit" communication except on private non-emergency channels



And finally...

- Respect your patient
- Respect the patient's family
- Respect other members no matter how much you think that you know
- **Have some self respect!**