


<b>Title: On-line Medical Control – Armstrong – Primary Care &amp; Advanced Care Paramedics</b>	<input checked="" type="checkbox"/> Policy	<input checked="" type="checkbox"/> Procedure	<input type="checkbox"/> SOP
<b>Category:</b> Medical Control <b>Dept/Prog/Service:</b> Base Hospital Program	<b>Distribution: Superior North EMS, Thunder Bay CACC, TBRHSC Emergency Department, Base Hospital Physicians</b>		
<b>Approved:</b> Program Medical Director & Program Manager	<b>Approval Date: Nov 2005</b>		
<b>Signature:</b> 	<b>Reviewed/Revised Date: May 2017</b>		

**CROSS REFERENCES:** On-line Medical Control PCP (MC-100); On-Line Medical Control PCP Back-up (MC-100A); On-line Medical Control ACP (MC-100B)

## 1. PURPOSE

Base Hospital recognizes that Armstrong is in a unique situation therefore this policy is to clarify the on-line medical control procedures specifically for ARMSTRONG.

## 2. POLICY STATEMENT

There is no portable radio or cell service available in Armstrong for contacting the BHP. Only satellite radio (located inside the ambulance; not portable) or a residential telephone can be used to reach the BHP in Thunder Bay Regional Health Sciences Centre. Every call will likely present a challenge; therefore, the paramedic will need to utilize excellent patient assessment skills and good judgment when deciding how and when they will proceed with contacting the BHP.

## 3. DEFINITIONS

- i. Ambulance Call Report (ACR): is either a written or electronic and contains all the required documentation and information as per the Ontario Ambulance Documentation Standards
- ii. Controlled Act: as set out in subsection 27 (2) of the Regulated Health Professions Act, 1991
- iii. Paramedic: as defined in subsection 1(1) of the Ambulation Act Ontario Regulation 257/00
- iv. Primary Care Paramedic (PCP): as defined in subsection 8 (1) of the Ambulation Act Ontario Regulation 257/00
- v. Advanced Care Paramedics (ACP): defined in subsection 8 (2) of the Ambulation Act Ontario Regulation 257/00

## 4. PROCEDURE

- i. When the medical directive indicates “contact the BHP” the Paramedic must follow this directive.
- ii. You may contact the BHP anytime you feel you need medical direction or advice. Given the unique challenges of a rural ACP and the geographical barriers the threshold for patching may be lower than with the urban ACP service.
- iii. Anticipation of future patient care needs is essential when given the geographical barriers. What is in the best interest of the patient. Are they stable or unstable at this time and is their potential for deterioration.
- iv. Is the air ambulance responding and what is their ETA; do not delay transfer of care to a higher medical authority
- v. Is the satellite radio working properly; you may need to use the telephone before you begin transport if your satellite radio is not working.
- vi. The Armstrong Clinic is not seen as a place of “higher medical authority” at this time.

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### Satellite Phone Procedure

- a) **Dial 475-0159 1-866-776-6449**
- b) This number will connect you directly to the dedicated patch phone at Thunder Bay Regional HSC Emergency Department. NOTE: This number may be busy if another patch is being conducted.
- c) You will advise the person who answers the phone that you would like to speak with a Base Hospital Physician. Stay on the line until the physician comes to the phone.
- d) If your attempt to connect directly to the TBRHSC Emergency Department (item1) has failed, but you believe your satellite phone is functional, the Paramedic will request TB CACC Communication Officer to *page* the Medical Director on-call. The Medical Director on-call will be directed to call in to Thunder Bay CACC to coordinate the patch with them. For example; the Paramedic may be able to call directly to the Medical Director at his/her residence or cell phone from the satellite phone to complete the patch. *Note: This conversation will not be recorded. Excellent documentation is required by both the Paramedic and Medical Director when these types of patches occur.*
- e) If after 2 attempts to contact TBRHSC Emergency Department (item a) or the Medical Director (item d) has failed, proceed with the telephone procedure below, if possible. Otherwise continue your efforts to patch by satellite phone while en-route.

### Telephone Procedure

Telephone Must Be Available For Use

- a) **Dial 1- 800- 348-5019 the “toll free in-watts line”**. This number will connect you directly to Thunder Bay CACC and no charges will apply to the home or business where you are calling from.
- b) Advise the Communication Officer who answers that you would like to speak with a Base Hospital Physician at TBRHSC.
- c) Stay on the line. Wait for further direction from CACC.
- d) If TB CACC is unable to connect to the TBRHSC Emergency Department, the Paramedic will request the Communication Officer *page* the Medical Director on-call. The Medical Director on-call will be directed to call in to Thunder Bay CACC to coordinate the a patch with them. For example; the Medical Director may be able to call directly to the Paramedic at the residence or business phone to complete the patch. *Note: This conversation will not be recorded. Excellent documentation is required by both the Paramedic and Medical Director when these types of patches occur.*
- e) If after two attempts to contact TB CACC (item 1) or the Medical Director (item 4) has failed, the Paramedic will consider transporting the patient and will continue efforts to patch by satellite phone while en-route.

### When ALL Attempts to Contact the BHP Have Failed

Should the situation arise when the paramedic is unable to contact the BHP by any means, the Paramedic will continue patient care as indicated by the medical directive(s) and determine if a higher level of care is available to provide care for the patient at this time:

- A. If higher medical care is available the paramedic crew must respond to their location. E.g. is there an ACFP/CCFP/ACP waiting on the tarmac or are they en-route.
- B. If higher medical authority is not available the Paramedic must begin transport and continue their attempt to patch via satellite radio while en-route.

**NOTE:** *At this time, the Armstrong Clinic Nurse Practitioner is not considered of higher medical authority. Patients taken to the clinic for any reason will remain in the care of the appropriate level Paramedic and patient care will be provided accordingly.*

### **DELIVERING THE PATCH:**

- I. Confirm the connection is adequate and then identify yourself.
- II. Identification to the BHP will include:
  - i. your name and your rural location
  - ii. level of training (PCP or ACP)
  - iii. vehicle number
  - iv. anticipated transport/wait time
- III. Proceed with the patch.
- IV. Include the ETA to your destination or meet

### **DOCUMENTING THE PATCH:**

- I. Document the patch information onto the ACR after the call.
- II. Documentation of each patch made will include:
  - i. time of patch request (incl. unsuccessful attempts\*)
  - ii. time patch received
  - iii. order(s) given
  - iv. Physician who gave the order(s)
  - v. attach the BHP Log Form to the ACR, if possible

**NOTE:** You must document any unsuccessful attempts to contact the BHP onto the ACR and include the time each attempt was made. When there are failed attempts to contact the BHP \*A ***CONTROLLED MEDICAL ACT INCIDENT REPORT MUST BE SUBMITTED TO BASE HOSPITAL WITH THE ACR.*** This will confirm your attempts to contact the BHP, and it will allow Base Hospital to correct any deficiencies with the on-line medical control process. There are copies of this form in the paramedic documentation room in Thunder Bay RHSC and at each COTB Ambulance Base. It is also available on the Base Hospital website.

**NOTE:** The Physician who gave you the order(s) is responsible to fill out the Base Hospital Physician Log Form. This form can be found at the physicians' desk in C Area. When completed this form will verify any order(s) you were given. It is part of your legal ACR documentation; however, it will be collected and attached to the ACR by a Base Hospital Staff Member.

Should the transport of the patient not end at the TBRHSC, such as when a Transfer of Care occurs, Base Hospital staff will attempt to locate the BHP Log Form and match it with the ACR.

## **5. RELATED PRACTICES AND/OR LEGISLATIONS**

- i. *Ambulance Act (Ontario) and Ontario Regulation 257/00*
- ii. *Emergency Health Services Branch (EHSB), Ontario Ministry of Health and Long-term care (MOHLTC) and Thunder Bay Regional Health Sciences Centre (TBRHSC) Performance Agreement (PA), 2008*

## **6. REFERENCES**

- i. *Current EHSB MOHLTC Basic Life Saving (BLS) & Advanced Life Saving (ALS) Patient Care Standards(PCS)*
- ii. *Current EHSB MOHLTC Ontario Ambulance Documentation Standards*