

# LEON COUNTY E.M.S.

## Standard Operating Guideline

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Title: Communications – Alert Procedures  
Effective: June 6, 2005  
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Revision: 3  
Pages: 2

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### I. Purpose:

To identify the policies, procedures, and responsibilities involved with alerting aero-medical services and receiving facilities of critical patients and impending calls for service. Also, to minimize scene times once a critical patient has been identified.

### II. Policy:

It will be the policy of Leon County EMS to make every possible attempt to give receiving facilities advanced notice of critical patients, to include, but not be limited to: trauma alerts, stroke alerts, cardiac alerts, and multiple patient incidents. It will also be the policy of LCEMS to attempt to predetermine the need for possible helicopter assistance as early as possible after receipt of the initial call and notify the closest aero-medical service of an impending call for service.

### III. Responsibility:

It will be the responsibility of the responding crew to notify the System Status Controller (SCC) by radio, on LCEMS Channel 1, of any alert based on the condition of their patient. It will also be the responsibility of the responding crew to advise the SSC by radio, on LCEMS Channel 1, to have a helicopter stand-by, stand-down, launch, or cancel; the responding crew must also coordinate with other responding agencies regarding the best possible Landing Zone.

### IV. Guideline:

The System Status Controller will notify the Emergency Department Charge Nurse of the receiving hospital of the following Alerts: Trauma, Stroke, and Cardiac (STEMI). The SSC will provide an age, sex, and chief complaint of the patient, if available. It is not necessary to obtain a full report with vital signs at the time of the initial alert.

In the event of a call with multiple patients, the SSC should also make contact with the ED Charge Nurses of both hospitals and coordinate the number of patients that will be transported to each. (Sometimes, if there is a specialist currently in house at one hospital, a hospital may request to receive those patients while patients with other injuries should be split according to capacity. For instance, if CRMC has an Orthopedic Surgeon in house at present, and there are several severe neurological, and/or abdominal thoracic traumas, then pt's with severe orthopedic injury only, should be transported to CRMC and the others to TMH.)

The System Status Controller will monitor on-scene times. Once a critical patient alert has been received, and the on-scene time has reached 10 minutes, the System Status Controller will multi-select channels 1 and 2, broadcast an approximately 3 second alert tone (tone #3 on the radio), and advise the unit that 10 minutes have elapsed. The field unit does not necessarily need to respond to the notification. If a critical patient is identified by TFD prior to the LCEMS unit arrival, the 10 minute clock starts upon the unit's arriving on scene. Notes will be added to the CAD record to document the above notifications and requests.