

closest facility regardless of diversion request with two exceptions:

1. The closest hospital is on diversion due to an internal disaster (i.e., power failure, bomb scare, etc.).
 2. A second hospital (open) is nearly as close (i.e., the major medical center hospitals example: CPR in progress – 3 of 4 equally close hospitals are all open. One is closed due to ICU saturation – take the patient to one of the completely open hospitals).
- C. During the process of contacting the Base Station for patient transport destination, the Base Station will notify the unit if the intended hospital is on diversion. Members will then discuss the hospital's request for diversion with the patient. The Base Station shall be updated on the final destination decision.
- Example of an unacceptable situation: The emergency transport of a sick patient to the patient's hospital of choice. Upon arrival at hospital X, the ED staff asks "Didn't you know we were on diversion?" and the EMS answer is "No, we did not know." Not knowing is not a defensible answer. Conversely, after reporting the emergency destination to Base Station and learning that the patient's hospital is on diversion and explaining the consequences to the patient and the patient chooses to proceed, then it is appropriate to take them to a hospital on diversion.
- D. The diversion status of each hospital is available on the EMSsystems website at the Base Station. Hospitals are responsible for updating their individual diversion status.
- E. In the event the intended hospital destination has requested diversion (and that diversion request applies to the patient/condition) the member will advise the patient and agree on an "open" hospital, or provide the Base Station with a reason the patient will be transported to the original hospital destination requesting diversion.
- F. HFD apparatus will honor diversion requests provided that:
1. The apparatus estimates that it can reach an "open" and appropriate medical facility within 15 minutes transport from the incident location. If there are no "open" facilities within this time frame, the apparatus will be directed to the most appropriate facility, regardless of its diversion status (exception: internal disaster).
 2. The patient does not exhibit an uncontrolled problem in the field such as an unmanageable airway, or cardiopulmonary arrest with CPR in progress. Patients with these types of problems will be transported to the closest appropriate facility.
 3. The patient is not suffering from an acute exacerbation of a chronic illness which is evaluated and managed by that particular hospital/hospital system which is on diversion.

6.03 Communication

- A. Contact the Base Station (channel alpha-charlie 3) for all patient transports as part of emergency ambulance routing.
- B. Inform the Base Station of the transport code for the patient.
 1. Priority 1 : Emergent transport, immediate life-threatening situation or CPR in progress. Base Station will contact hospital to give a verbal report.
 2. Priority 2 : Emergent transport, no CPR. Base Station will contact hospital to give a verbal report.
 3. Priority 3 : Non-emergent transport (no lights and sirens) of a stable patient. Base Station will not give verbal report to receiving hospital. If the patient would benefit from an advanced hospital notification, specifically request the Base Station personnel to inform the hospital.
- C. All units who have contacted the Base Station and initiated a Form 1106 shall contact the Base Station and close out their Form 1106 before returning to service.
- D. Any unit having problems or conflicts with communications shall contact an EMS Supervisor.
- E. When communication with the Base Station fails or is not possible, firefighters are expected to provide care to the patient according to the patient's needs in accordance with fire department

policies, training, and scope of practice as recognized by HFD.

- F. Each occurrence of communication failure will be considered a breakdown in system operations and will be reviewed to determine if the occurrence was due to equipment failure or member non-compliance with department policy, procedure or guidelines.

6.04 Confidential Patient Information

- A. It is the responsibility of all HFD personnel, particularly those members who have direct contact with patient information, to ensure that patient information is kept confidential. Texas law prohibits the disclosure of any patient information to unauthorized individuals or entities.
- B. Texas Health and Safety Code, Chapter 773, Emergency Medical Services, Subchapter D. Confidential Communications (773.091): Records of the identity, evaluation, or treatment of a patient by EMS personnel or by a physician providing medical supervision that are created by EMS personnel or physician or maintained by an EMS provider are confidential and privileged and may not be disclosed with the following exceptions:
 1. Medical or law enforcement personnel, EMS personnel, the physician providing medical supervision, or EMS provider determines that there is a probability of imminent physical danger to any person or if there is a probability of immediate or emotional injury to the patient;
 2. Governmental agencies if the disclosure is required or authorized by law;
 3. Qualified persons to the extent necessary for management audits, financial audits, program evaluations, system improvements, or research, except that any report of the research, audit, or evaluation may not directly or indirectly identify a patient;
 4. Any person who bears a written consent of the patient or other persons authorized to act on the patient's behalf for the release of confidential information as provided by Section 773.093;
 5. The department for data collection or complaint investigation;
 6. Other EMS personnel, other physicians, and other personnel under the direction of a physician who are participating in the diagnosis, evaluation, or treatment of the patient;
 7. Individuals, corporations and/or governmental agencies involved in the payment or collection of fees for emergency medical services rendered by EMS personnel.
- C. Any other request for patient information shall be directed to the HFD Records Section. They are the official custodians of records for HFD.

6.05 Controlled Substances Accountability

- A. In order to carry and administer controlled substances (i.e. narcotics), members are required to comply with the Federal Government's daily accountability regulations for Schedule II drugs.
- B. At the beginning of each shift, the Controlled Substances Accountability Form shall be completed according to the current Controlled Substances Accountability Guideline.
- C. When there is a change in the in-charge paramedic, the Controlled Substances Accountability Form shall be completed according to the current Controlled Substances Accountability Guideline.

6.06 Documentation

- A. Documentation provides a record of what you did or did not do while additionally serving as a Medical Record and a Legal Document.
- B. Each unit involved in direct patient care shall complete the appropriate record. For quality assurance and other purposes, other EMS professionals, physicians, nurses, insurance companies, Medicare/Medicaid personnel and the legal community frequently examine these records. They are also used in court cases, grand rounds at the hospitals and reviewed by the Texas Department of State Health Services and the local media.
- C. When EMS responds to a request for service and finds individuals not meeting the definition of a patient (*Ref. Def. 3.28*), the record should be appropriately coded.