ON-LINE MEDICAL DIRECTION

Pre-hospital providers will contact the receiving hospital regarding obtaining patient care orders within Region Five. If transporting outside Region Five, the sponsor Hospital will be contacted. This agreement includes all pre-hospital providers will establish medical oversight via a recorded line. All communications with the Hospital and Medical Authorization will be via C-MED (LCD). If the C-MED radio system is not functioning, call (860) 496-0711 Primary Recorded Telephone Line, and request a conference call.

In the event medical oversight is needed for a non transport emergencies, or non transporting issues, such a Refusal, or Presumption of death, medical oversight will be obtained through the Charlotte Hungerford Hospital.

COMMUNICATION FAILURE

In the event of complete communication failure, these Guidelines will act as the parameters for pre-hospital patient care. If communication failure occurs, the paramedic may follow the guidelines to render appropriate and timely emergency care to the patient.

Upon arrival at the receiving hospital, the EMS provider will immediately complete an incident report relating to the communication failure describing the events including the patient’s condition and treatment given. This incident report must be filed with the paramedic’s sponsor hospital EMS Medical Director and/or EMS Coordinator within 24 hours of the event. A copy of the patient’s run form will also accompany the incident report.

CMED Telephone Number for Telephone Patches (Conference call)

The Litchfield County Dispatch Center, Inc
LCD can be reached by telephone at the following numbers:
(860) 496-0711 Primary Recorded Telephone Line

Non recorded Communication: Cell phones and land Lines

The EMS Provider will not establish Medical Control via cell phone, unless LCD is unable to establish a conference call.

In the event the EMS Responder utilizes a non recorded means of communication: Upon arrival at the receiving hospital, the EMS provider will immediately complete an incident report relating to the communication failure describing the events including the patient’s condition and treatment given. This incident report must be filed with the paramedic’s sponsor hospital EMS Medical Director and/or EMS Coordinator within 24 hours of the event. A copy of the patient’s run form will also accompany the incident report.
<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Phone Numbers</th>
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| Charlotte Hungerford Hospital | (860) 496-6650  Emergency Department  
(860) 496-6666  Hospital Operator |
| Danbury Hospital            | (203) 739-6757  Emergency Department – Medical Control  
(203) 739-7101  Emergency Department – RN Station  
(203) 739-7000  Hospital Operator |
| New Milford Hospital        | (860) 350-7222  Emergency Department  
(860) 355-2611  Hospital Operator |
| Saint Mary's Hospital       | (203) 709-6004  Emergency Department  
(203) 709-6000  Hospital Operator |
| Sharon Hospital             | (860) 364-4111  Emergency Department  
(860) 364-4141  Hospital Operator |
| Waterbury Hospital          | (203) 573-6290  Emergency Department  
(203) 573-6000  Hospital Operator |