

Inside the Emergency Services

What happens at the Emergency Services?

SAMU (*centre 15*) provides medical regulation for emergency calls, determines the appropriate response, and coordinates resources. Responses range from telephone advice to dispatching a SMUR mobile intensive care unit, private or public ambulances, general practitioners, or fire and rescue services (SDIS). Activities are framed by law [1], national instructions from the Ministry of Health [2], and professional societies such as SFMU. SAMU integrates with hospital emergency departments and regional health authorities (ARS).

Operation flow

- 1) Call intake (15 or 112).** An *assistant de régulation médicale* (ARM) performs identity capture, location, and chief complaint using structured questions. Validation and triaging by regulating physician [2].
- 2) Dispatch and coordination.** Computer-aided dispatch triggers SMUR, ambulance, or referral to primary care; real-time liaison with SDIS and law enforcement when needed; pre-alert to receiving Emergency Department [2, 3].
- 3) Prehospital care.** SMUR delivers advanced life support: airway/ventilation, circulatory support, analgesia/sedation, point-of-care tests, ultrasound, time-critical pathways (STEMI, stroke, trauma).
- 4) Handover and continuity.** Structured handover on arrival; electronic patient care reporting (ePCR) exported to the hospital EHR; incident closed with coded data and times for quality indicators [2, 4].
- 5) Major incidents.** Mass-casualty response under Orsec plans with medical command and triage on scene [5].

Core equipment

Regulation center. Multi-line telephony, audio recording, call-back, geolocation when available; regulation software with medical triage support; secure messaging.

Communications. Fixed and mobile radios, vehicle modems, 4G/5G data links, redundant routing; interoperability with 112.

SMUR vehicles. Defibrillator-monitor with 12-lead ECG and capnography, transport ventilator, syringe/volumetric pumps, suction, oxygen, point-of-care testing (glycemia, lactate), portable ultrasound, immobilization, PPE, drugs for RSI, analgesia, anaphylaxis, cardiac arrest.

Documentation & traceability. Electronic patient care report (ePCR), drug and device tracking with barcodes / DataMatrix, times and GPS traces, audio logs retained per policy [2, 4].

Team and safety culture

The service runs on predefined roles, real-time communication, and structured checklists. ARM and regulating physicians co-triage; SMUR teams apply ALS protocols, pediatric adaptations, and major-incident triage. Routine drills, double-listening of calls, debriefs, and incident learning sustain quality.

GDPR-compliant recording, secure documentation, equipment standardization, and inter-agency exercises with SDIS, police, and hospitals maintain reliability and reduce risk.

References

- [1] *Articles R6311-1 à R6311-5 du Code de la santé publique*. https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000006072665/LEGISCTA000006161032/2025-02-21.
- [2] Ministère de la Santé. *Guide relatif aux interventions paramédicalisées des structures mobiles d'urgence et de réanimation*. https://sante.gouv.fr/IMG/pdf/20240715_guide_interventions_paramedicalisees_smur.pdf.
- [3] Samu-Urgences de France, Société Française de Médecine d'Urgence. *Guide d'aide à la régulation*. <https://www.guide-regulation-medicale.fr>
- [4] Agence du Numérique en Santé (ANS). *Espace de publication CI-SIS*. <https://esante.gouv.fr/offres-services/ci-sis/espace-publication>.
- [5] *Articles R741-1 à R741-6 du Code de la sécurité intérieure*. https://www.legifrance.gouv.fr/codes/section_lc/LEGITEXT000025503132/LEGISCTA000029657124/2022-04-17.