

**WILL/GRUNDY EMERGENCY MEDICAL SERVICES SYSTEM**

# **400 SERIES**

**POLICY AND PROCEDURES**

**WILL/GRUNDY EMERGENCY MEDICAL SERVICES SYSTEM**

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**400 SERIES**

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**WILL/GRUNDY EMERGENCY MEDICAL SERVICES SYSTEM**

**TITLE: EMS COMMUNICATIONS SYSTEM CONFIGURATION & OPERATIONS**

**POLICY:**

The Will/Grundy EMS System's Primary Communications Center is located in Silver Cross (Resource) Hospital, Emergency Department, and will serve as the System's central access point for all ILS and ALS emergency run communications, and as Hospital Medical Command in the event of a Mass Casualty Incident (MCI). The Will/Grundy EMS System will utilize two (2) modes of provider agency/EMS vehicle – hospital communication:

- Cellular Phone Telemetry Communications and ECG modulator
- M.E.R.C.I. (Medical Emergency Radio Communication of Illinois) Radio Communications, VHF

It is required that all BLS provider agencies of the System have M.E.R.C.I, including radio frequencies and designated lines capable to communicate with local police/fire, dispatch centers and other EMS Systems. All ILS/ALS provider agencies of the System are required to have M.E.R.C.I, cellular telemetry with ECG modulator as well as radio frequencies and designated lines capable to communicate with local police/fire, dispatch centers and other EMS Systems

The Communications Center has the capability to scan, monitor and listen to ILS/ALS cellular/telemetry calls taking place in the System. This gives the Resource hospital the capability to effect changes if transmission quality deteriorates and to override the medical direction by any associate hospital if necessary. The current equipment will allow the simultaneous monitoring of all field-hospital communications within the entire System by the EMS Medical Director or designee and Emergency Department ECRN's. All communications channels on the resource hospital's console equipment are in open mode to effectively monitor continuous System communications. All communications and medical orders/direction are tape recorded by the resource hospital's primary "Dictaphone" recording device as well as the run being simultaneously taped by the associate hospital's console equipment.

**Hospital-to-hospital** communications are performed through designated direct-access System hospital phone-line extensions. All phone lines in the system are power failure protected.

**I. ILS/ALS Cellular Phone Telemetry Communications**

The cellular phone telemetry console system is a mechanism by which ECG data and voice communications are transmitted and received on ILS/ALS runs via public access cellular wave stations and dedicated standard telephone lines between portable field/EMS vehicles and hospital monitoring consoles. Cellular communications with the resource hospital communications center will also be utilized for provider agency bypass requests, medical control issues, and multiple patient incidents.

- A. System ambulances dial the Resource Hospital's primary EMS receiving phone line of **815-740-7908**. This system-access phone line will be utilized by all ILS/ALS System provider agency EMS vehicles, regardless of their location within the System. Once communications have been established, the call will be forwarded to the appropriate receiving facility through an automated selection attendant accessed by the providers for continued medical direction. The system is equipped with one (1) primary and eight (8) alternate cellular phone lines.

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**TITLE: EMS COMMUNICATIONS SYSTEM CONFIGURATION & OPERATIONS**

**POLICY: CONTINUED**

- B. All radio and cellular/telemetry communications within the System will be recorded for all calls through a System-wide recording device located at the resource hospital.
- C. Control points for the cellular phone telemetry communications system are located in the System's Resource and Associate hospitals. The EMS Communications Center and the provider agency will determine the consulting hospital based upon the following criteria:
  - 1. The System hospital which is to be the transport destination/receiving facility.
  - 2. Region VII protocols allows System agencies to contact out-of System receiving facility hospitals direct, as long as the hospital falls within the geographical boundaries of the Region, which will allow for consistent and timely medical control.
- D. Medical control/direction will be provided by an ECRN (Emergency Communications Registered Nurse), or an Emergency Department physician, from the Resource or System Associate hospitals.
- E. In the event of an agency entering into "dead area" of radio contact, they may re-contact medical control via MERCI or re-establish contact with an alternate associate hospital.
- F. In the event that medical control needs to re-establish radio contact with pre-hospital personnel after the termination of a run, hospitals may phone dispatch centers and relay the request that the provider agency re-contacts the receiving or requesting facility.

**II. MERCI Radio Communications**

MERCI is a statewide radio network that allows for EMS vehicle/provider agency – hospital communications over VHF frequency radio waves.

- A. MERCI radio communications is primarily utilized for BLS type EMS runs, and as a backup, communications support mechanism to ILS/ALS cellular telemetry phone equipment malfunctions.
- B. All System EMS vehicles, as well as the resource and associate hospitals of the System are required to have operational MERCI radios.
- C. If medical control/direction over MERCI radio is required it will be provided according to section I. (D) of this policy.

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**TITLE: EMS COMMUNICATIONS SYSTEM CONFIGURATION & OPERATIONS**

**POLICY: CONTINUED**

- D. The MERCI frequency for all hospitals and EMS vehicles within the System is 155.340. Usage of this frequency is verified through ownership of a FCC license.

**III. Mass Casualty Incident Communications**

The System Communications Center will function as the central control point for all communications in the event of a Mass Casualty Incident within the System.

- A. Field-hospital communications may be conducted over ILS/ALS cellular telemetry phone lines, MERCI radio, or alternate, designated standard telephone lines.
- B. All communications will be conducted in the manner prescribed in the System Disaster Plan.

**IV. Contingency Plan for Communications Equipment Malfunctions/Failures & Prevention**

- A. The hospital's Biomedical Department performs routine/preventative maintenance on all communications equipment.
- B. The System's Communication Center equipment has 24 hour servicing with a local electronics company.
- C. The System's primary Dictaphone recording device has 24 hour servicing with the manufacturer.
- D. All parts for all communications equipment is under same day or 24-hour servicing.
- E. In the event of any equipment malfunction or failure, Emergency Department personnel contacts the EMS Department representative for direction and calls are placed in a timely fashion to contracted service centers requesting repair service, to ensure rapid restoration and operations of the communications system. In the event of delay in repairs, the resource hospital may designate a System Associate hospital to take over primary communication operations and or medical control.
- F. All System communication center equipment has standby backups for continuous operation.

**EFFECTIVE DATE:** 09-01-94

**REVISED DATE:** 05-27-98

**WILL/GRUNDY EMERGENCY MEDICAL SERVICES SYSTEM****TITLE: OPERATIONAL GUIDELINES FOR FIELD - HOSPITAL COMMUNICATIONS****POLICY:**

All pre-hospital patient care EMS vehicles initiating field-hospital communications within the System will adhere to the following guidelines.

**I. Cellular Phone Telemetry Communications for ILS and ALS Runs (Patient Care)**

- A. All initial transmissions/cellular phone contact will be conducted on: **815-740-7908**. Through the System's automated selection attendant, the provider agency can access its receiving facility. If transporting outside the System, the resource hospital will conduct run communications and contact the receiving facility with the patient report. Communications will begin after arrival on the scene and responding agency providers have determined that direct medical consultation is required.
  - 1. Region VII protocols allows System agencies to contact out-of-System receiving facility hospitals direct, as long as the hospital falls within the geographical boundaries of the Region, which will allow consistent and timely medical control.
  - 2. All ILS and ALS patient care EMS vehicles operating within the System must have an approved cellular phone coupler, set at 1400 hz to allow for ECG transmission.
- B. All System ambulances will communicate the information listed in Code 1 or Code 1a of the Region 7 SMO's when communicating patient information to the hospitals.
- C. Under the direction of a System ECRN, Emergency Department Physician, communications regarding patient care information and other pertinent items as they pertain to the run will be conducted until the call is terminated or patient care has been transferred to the receiving facility's emergency department staff.
- D. It is a System recommendation that field unit cellular phone telemetry equipment be tested on a regular basis.

**II. MERCI Communications**

- A. MERCI radio communications is the required method of relaying all BLS patient information to the receiving facility, or as a backup mode to cellular communication malfunctions. The VHF frequency is 155.340. All agencies must be licensed through the FCC to operate this frequency.
- B. When initiating MERCI radio communications, proper identifiers, and/or call letters must be utilized.

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**TITLE: OPERATIONAL GUIDELINES FOR FIELD-HOSPITAL COMMUNICATIONS**

**POLICY: CONTINUED**

- C. Transmitting patient run information over MERCI radio should be concise and brief as outlined in Code 1 and Code 1a in the Region 7 SMO's.
- D. It is recommended that MERCI radio equipment be tested on a regular basis.

**III. Standard Communications Protocol**

- A. Agency name or proper identifiers must be utilized at all times by both provider agencies and the consulting hospital.
- B. Plain English is the accepted manner of communication, both on MERCI radio and cellular phone lines. The use of 10-codes or similar terminology is not recommended.
- C. All medication and treatment orders provided by the consulting hospital must be repeated by provider agency personnel over either mode of communications to ensure accuracy.
- D. All communications should be brief, concise and informational. ECG transmissions should not exceed 6-10 seconds.
- E. It is required that the consulting hospital signs-off with its name, a sign-off time and identifying run number at the termination of the communication transmission.
- F. Provider agencies should sign-off with their agency name or call letters and corresponding times at the termination of the communications with the consulting hospital.
- G. In the event a System hospital is conducting communications for multiple runs, the ECRN or E.D. Physician will determine priority of patient care and conduct the runs accordingly. If necessary, the resource hospital may assign an Associate Hospital communication operations and control on multiple runs to ensure consistency of optimum pre-hospital patient care.
- H. Refer to Attachment 1 & 2: Outline for Proper Radio Report and Cheat Sheet

**EFFECTIVE DATE:** 09-01-94

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## **OUTLINE FOR RADIO REPORT**

**Transmit the following information using as few words as possible:**

1. Agency name and vehicle ID
2. Requested destination, closest Hospital and ETA
3. Age, sex, approximate weight of patient
4. Chief complaint, including symptoms and degree of distress
5. Level of consciousness and orientation
6. Clinical condition: vitals, focused and detailed patient assessment findings
7. History of present illness/injury
8. AMPLE History: Allergies, meds, past medical history, last ate, events surrounding incident
9. Clinical condition: Focused and detailed assessment findings
10. Any treatment initiated and response to treatment