

# Region III EMS Communications Policy

## Access for Entry Notifications and On-Line Medical Control

All ambulances are required to have compliant UHF radio equipment as outlined in section 6.1 of the statewide plan. It is the responsibility of each EMS Service to ensure that all of their radio equipment is maintained in good working order.

### A. Call Signs

All services will be designated by the service name and vehicle number only i.e. Action P-51, Andover A-2, etc. The Region III CMED Center shall be designated “**Northeast CMED.**”

### B. Communications (Primary)

All communications will be conducted through Northeast CMED (CMED) on the following basis:

- Advanced Life Support (ALS) communications will be conducted via an assigned UHF Medical channel.
- Basic Life Support (BLS) communications will be conducted via an assigned UHF Medical Channel.

### C. Communications (Secondary)

Wireless (cellular) communications are to be used **only** when the primary communications systems are inoperable. EMS Providers must attempt to contact CMED via the primary communications system prior to switching to a secondary means of communications. All wireless telephone contacts for priority one and priority two entry notifications, as well as medical control, will be made through CMED by calling one of the following numbers: **978.946.8309 or 978.946.8310**. Wireless calls will be patched through the CMED console and recorded. Priority three entry notifications to Region III receiving hospitals are no longer required as agreed to by all of the receiving hospitals. Priority Three patients will not be patched through the console via these numbers.

Standard landline telephone is to be used only when UHF, VHF, and Wireless telephone are inoperable. All telephone contacts for priority one and priority two entry notifications as well as medical control will be made through CMED at the numbers listed above. Telephone calls will be patched through the CMED console and recorded.

## Entry Notifications and On-Line Medical Direction

EMS Providers will contact CMED via the UHF Radio System on MED-4 or MED-42, or via a secondary means of contact as described above. The unit calling CMED will follow the following hailing procedure:

- Hail “Northeast CMED, Northeast CMED.”
- Identify their service name and Unit ID number (call sign).
- State the med channel or frequency band they are utilizing (calling on MED-4 or calling on MED-42) and location they are calling from.
- State the nature of the contact/request (example: requesting a priority 2 entry notification or requesting on-line medical control).
- Wait for a CMED response. If there is no response within 30 seconds repeat the contact as above. If there is no response after three attempts to contact CMED via a primary communications method switch to a secondary contact means if available.

- Upon a response from CMED restate the unit ID, nature of request and hospital name (or ID number) for medical control and/or entry notification.
- Follow CMED instructions (stand-by; switch to MED-7 etc.)

**Example:** Northeast CMED, Northeast CMED this is Cataldo P-1 calling on MED 4, from Malden with a priority 2 BLS notification.

Northeast CMED answering Cataldo P-1

Cataldo P-1 requesting a priority two BLS note to Whidden.

Cataldo P-1 Shift and acknowledge MED 7 for the Whidden. (CMED)

Cataldo P-1 is on MED 7 for Whidden.

#### **A. On-Line Medical Control**

- Units requesting on-line medical control with priority one patients will be given the highest priority when there are multiple units contacting CMED during the same time period.
- Units may request on-line medical control only from their own affiliate hospital or from a medical control licensed facility which has been assigned the task of providing on-line medical control via a written agreement with the service's affiliate hospital (Delegation of Medical Control Agreement). On-line medical control "shopping" is not allowed.
- BLS (Only) on-line medical control may be given by any Region III licensed medical control facility if the service does not have an affiliation agreement within the Region. If an affiliation agreement exists between the service and a licensed medical control hospital, then the BLS service should receive on-line medical control from their affiliate hospital or a licensed medical control facility.

#### **B. Priority One Entry Notifications**

- Priority one entry notifications to Region III receiving hospitals will be made via the CMED system as described in the manner above. Priority One notifications will be given highest priority by CMED Operators when there is a back-up of radio traffic with the exception of on-line medical control cases. Priority one patients are those in which there is an immediate risk to life or limb if patient care is delayed.
  - Examples of Priority One Entry Notifications Include: Cardiac Arrest; multi-system trauma, acute MI (STEMI), and patients who are hemodynamically unstable or patients who have an uncontrolled airway.

#### **C. Priority Two Entry Notifications**

- Priority two entry notifications to Region III receiving hospitals will be made via the CMED system as described in the manner above. Any patient that needs to be positioned supine or will require a bed immediately upon arrival at the hospital are to be considered priority two patients. Priority two patients are those in which there are no immediate threats to life or limb, but with a delay in care could progress to an immediately life or limb threatening situation.
  - Examples of Priority two entry notifications include the following complaints or situations that are not considered priority one: patients fully immobilized on a long backboard; respiratory distress, chest pain or chest pressure, altered mental status; diabetic reactions.

#### **D. Priority Three Entry Notifications**

- Priority three entry notifications to Region III receiving hospitals are no longer required as agreed to by all of the receiving hospitals in Region III only. Courtesy notifications may be made but shall be made by the transporting agency using alternative or electronic means and shall not be patched by CMED. Priority three patients are those patients in which have no threats to life or limb even with a delay in-patient care in the hospital setting. These patients may be able to be placed by hospital staff in a chair or sent to triage upon a brief screening by nursing or physician staffs.
  - Examples of Priority three entry notifications are: Soft tissue injuries, minor fractures without circulatory or neuro compromise, psychiatric evaluations, malaise, etc.

#### **E. Priority Four Transports**

- These notifications shall be made by the sending facility to the receiving hospital. EMS providers will not make these notifications through CMED and should ensure that the sending facility has or will notify the receiving hospital prior to the patient's arrival.
  - Examples of priority four patients include inter-facility transfers; direct admit patients, catheter changes, G/J tube replacements, abnormal lab evaluations, etc.

**Note:** Due to the large call volume, it is imperative that EMS providers follow the above plan to ensure that the system does not become backlogged with unnecessary non-priority traffic. Providers shall not "veil" the patient as a higher priority merely to obtain an entry notification.

### **Communications Failure**

#### **A. Hardware Failure Defined:**

- EMS Providers are unable to contact CMED after at least three attempts via the primary, then secondary, system due to hardware problems.
- Ambulances fixed or portable UHF or wireless communications hardware are inoperable.
- EMS personnel do not have access to another communications device.

#### **B. Communication System Overload: Disaster (Man made or natural)**

- When all forms of communication are inoperable due to hardware damage or failure.
- When notified by CMED or Region III Staff of extreme communication system overload (e.g. large scale MCI, multiple MCI's, etc.)

#### **C. Communications Failure Treatment and Documentation Procedure**

- Follow Standing Orders within specific Statewide Treatment Protocols.
- If patient's condition does not improve, continue interventions appropriate for patient's condition as identified in medical control physician options.
- Document communications failure and treatment rendered as a result.
- Notify local Medical Control Physician and receiving physician of incident prior to clearing the hospital.
- Notify CMED center of communications failure as soon as possible upon arrival at the receiving hospital.
- Document and submit an incident report to the Region III office within 5 business days.