

Communications

This policy outlines the appropriate use of radio communication in the Washtenaw/Livingston Medical Control Authority.

Procedure:

I. Patient Prioritization:

All patient reports should begin with a statement identifying the patient's priority:

PRIORITY 1 patients present with illness or injury that is immediately life-threatening and require prompt intervention. ALS Priority 1 reports require a physician at the medical control facility be present at the console and give medical direction. Examples of Priority 1 patients include medical cardiac arrest, pulmonary edema, acute respiratory distress, uncontrolled seizure activity, tension pneumothorax and airway obstruction.

PRIORITY 2 patients present with illness or injury that is potentially life-threatening and may require further medical direction. Priority 2 reports will be immediately referred to a physician, but do not require physician presence at the console. Examples of Priority 2 patients include uncomplicated chest pain, moderate respiratory distress, unconscious with patent airway and hypotensive patients.

PRIORITY 3 patients present with non-life threatening illness or injury, or have been stabilized with ALS standing orders. These reports are given for informational purposes and may be handled by a physician designee. Examples of Priority 3 patients include illness without priority symptoms, hypoglycemic patients now awake and minor injuries.

II. HEAR Communications

When possible, all BLS and Priority 3 communications shall be relayed via the HEAR frequency (155.340). In the event of failure of an ALS vehicle's UHF equipment, ALS communication may be initiated on the HEAR frequency. BLS communications shall consist of the following information:

1. Unit designator and priority
2. Patient age and sex
3. Chief complaint
4. Vital signs
5. ETA

A. Communication should be established as soon as possible to allow the receiving facility to prepare for patient arrival.

B. Contact via the HEAR can be made for patients with the following injuries or illness:

1. Trauma patients in whom no orders are requested or expected.
2. Medical patients for whom medication orders are not requested or expected.

C. The receiving hospital may request to switch to a "MED" Channel if it is felt that medical direction is warranted.

III. ALS Communications

All patients for whom ALS medical direction communications are needed shall be relayed on assigned UHF frequencies. An ALS unit shall contact the medical direction facility on the appropriate channel and request medical direction, giving the closest and the requested facilities, in addition to the patient priority. Upon connection with the facility, the ALS unit shall give the following information:

1. Unit designator and priority
2. Crew names
3. Patient age and sex
4. Chief complaint
5. Mechanism of injury or history of onset
6. Level of consciousness
7. Vital signs, including breath sounds and blood glucose, if applicable
8. Skin condition
9. Pupils
10. Pertinent medical history
11. Prescription medications
12. Allergies to medications

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13. Cardiac rhythm
14. Treatment initiated
15. ETA to closest and requested facilities

Telemetry capability is not required in the Washtenaw/Livingston County Medical Control Authority.

If a paramedic is not comfortable with the medical direction received, it is the responsibility of that paramedic to clarify the order, or lack of orders. In the event that a paramedic receives orders that are not consistent with the standard of care and the Washtenaw/Livingston County MCA Protocols, and after attempts to clarify the order with the consult physician fail, the field unit may contact an alternate medical direction facility. Any diversion of medical control shall be reported to the EMS Medical Director or Designee.

IV. **Telephone Communications**

A direct telephone line may be used as an alternative to radio communications on scene when radio communications have failed or are not possible. The following numbers are direct numbers to the respective hospitals:

Chelsea	734-475-3960	Secondary	None
SJM Livingston	517-545-6317	Secondary	517-545-6318
SJM Saline	734- 429-1550	Secondary	734-429-7964
St. Joseph Mercy	734-434-1141	Secondary	734-434-7674
University of Michigan	800-822-2233	Secondary	734-936-6035

V. **"MED" Channel Assignments:**

As the use of "MED" channels are controlled by the State of Michigan and the Federal Communications Commission, "MED" channels must be assigned to limit interference with adjacent systems. "MED" channel assignments shall be as follows:

Washtenaw County:

University of Michigan Primary:	"MED" 8	(463.175 / 468.175 MHz)	PL "C" CTCSS Tone 162.2 Hz
St. Joseph Primary	"MED" 7	(463.150 / 468.150 MHz)	
Secondary/All Hospitals	"MED" 6	(463.125 / 468.125 MHz)	
Coordination: "MED" 9	(462.950 / 467.950 MHz)		

Livingston County:

SJM Livingston Primary	"MED" 6	(463.125 / 468.125 MHz)	PL "E" CTCSS Tone 141.3 Hz
Secondary:	"MED" 3	(463.050 / 468.050 MHz)	
Coordination: "MED" 9	(462.950 / 467.950 MHz)		

For hospitals which do not provide medical direction obtain medical direction as specified below:

REQUESTED HOSPITALS

Chelsea Hospital
Chelsea Hospital
SJM Saline Hospital

MEDICAL DIRECTION HOSPITALS

University of Michigan Health System (For HVA)
SJM Livingston Hospital (For Livingston County)
St. Joseph Mercy Hospital

Hospitals should be contacted directly by an assigned medical channel. In event the channel is in use or unavailable the secondary medical channel assigned to that county should be used.

The MRCC will assign MED channels as designated above for field units originating outside Washtenaw/Livingston County.

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VI. Hospital Responsibilities

1. Provide personnel to the console as required by patient priority.
2. No facilities other than the medical direction facility shall communicate with the field unit.
3. In the event that a patient is transported to a facility outside the MCA without medical control privileges or to a facility without communications, (VAMC, University of Michigan Women's, SJM-Saline Hospital, Chelsea Community Hospital) the medical direction facility shall notify the receiving facility of the patient condition, orders and ETA.

VII. Field Unit Responsibilities

1. Medical direction should be given by the patient's requested facility or its designee whenever possible. All communications will include the unit's radio identification number.
2. Communicate assessment per Section III.
3. In the event of communication failure, follow appropriate protocols and attempt to notify the receiving facility of impending arrival. Complete Communications Failure report.
4. In the event that a medical direction facility is not capable of providing prompt medical direction, request connection with another facility.
5. Clear "MED" channel assignments with the hospital as soon as practical.
6. Insure that patient name, birth date, and field technicians' names are on the log.
7. Document drug use on the SEM/EMS Medication Supplies Use/Replacement List form.
8. Leave a run sheet at the receiving facility.

VIII. Radio Identification

All units operating in the Washtenaw/Livingston MCA are assigned identification numbers according to the MDCIS MEDCOM plan. The identification number shall be used when communicating on all MEDCOM channels.

Numbers are designated by the county code (first two digits), the unit's level of licensure, and the unit number (three digits).

County Identifiers:

Washtenaw: 81
Livingston: 47

Adjacent Systems:

Jackson: 38
Lenawee 46
Monroe: 58
Wayne: 82
Oakland: 63

Level of Licensure:

Alpha: Advanced Life Support Ambulance
Bravo: Basic Life Support Ambulance
Charlie: Supervisory Vehicle
Delta: Physician Vehicle
Echo: Advanced Life Support, Non-transporting
Hotel: Helicopter/Air Ambulance
Lima: Limited Advanced Life Support Ambulance
Mike: Limited Advanced, Non-transporting
November: Neonatal Ambulance
Romeo: Rescue and Extrication
Tango: Basic Life Support, Non-transporting

Unit Identification:

Livingston County Ambulance: 47-100 - 599
Huron Valley Ambulance: 81-100 - 199
Survival Flight: 81-230 - 239
Medflight: 81-210 - 218

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IX. Communications Failure

If communications cannot be established with Medical Control, (i.e. UHF, phone, or VHF) orders to expect may be carried out per protocol. All failures will be reported through channels to the Washtenaw/Livingston Medical Control Authority Advisory Body within 24 hours, followed by a Communications Failure report which will be submitted to the Washtenaw/Livingston Medical Control Authority office.

X. EMS Central Dispatch Centers

The EMS Central Dispatch Centers for the Washtenaw/Livingston Medical Control Authority are:

Washtenaw County, South Lyon and Lyon Township: HVA
Livingston County: Livingston 9-1-1 Central Dispatch

All EMS calls will be transferred to EMS Central Dispatch as soon as practical.

XI. Ground Ambulances and MFR Communications Capabilities

A. All ground ambulances and MFR services will have communication capability by vehicle radio and portable with Central Dispatch. All ALS ground ambulances will have UHF capabilities for their area of service. Vehicular repeaters may be necessary to provide complete UHF communication coverage for rural units. All ambulances will have VHF (HEAR) capabilities. If an agency shares communications with other users (i.e., shared repeater or trunked system), the agencies radios must be given the highest priority possible, so that communications are immediately available in an emergency. Cellular telephones are not acceptable as a primary communications device.

B. All ambulances operating within the medical control authority shall be equipped with communications equipment capable of communicating on the following frequencies:

Mutual Aid: 155.355 Transmit PL 210.7
HEAR Radio: 155.340 MHz

XII. Disaster Communications

For Disaster Communications, refer to the Multiple Casualty Protocol.

1-31c

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Implement	10/97	07/03	01/06	