

13. EMS COMMUNICATIONS – SPECIFIC

13.1 The provisions of this section of the Operational Procedures Manual is intended to supplement the Regional Medical Council's (EHSF) "**REGIONAL COMMUNICATIONS MANUAL.**" Procedures contained within this section are specific to operational requirements in Cumberland County as related to the region.

13.2 **EMS RESPONSE ASSIGNMENT**

EMS listings shall be coordinated within the municipality and approved by the local municipality. These listings shall be submitted with the Fire/Rescue alarm responses for the municipality and will be used as the order of response by the Communications Center regardless of incident type. There will only be one layer of response boundaries within the municipalities. Fire and EMS must mutually decide the appropriate response boundary lines within their municipality.

13.3 **EMS SPECIAL REQUESTS**

On all calls received in which a specific BLS transport (including privately operated) unit is requested and the requested unit is not the primary response unit for the incident location, the Communications Center will dispatch the listed primary response BLS transport units. This applies to all medical emergencies including those from health care facilities. It is the intent of this policy to recognize the potential for individuals making incorrect judgements about the patient's needs and conditions. Routine transports will **NOT** be affected by this procedure.

13.4 **ROUTINE TRANSPORTS**

Routine transports are defined as any non-emergency transport for pre-scheduled treatment, testing or appointment. Also included are discharges and pre-scheduled admissions.

13.4A All Routine transports will be handled by telephone. It shall be the responsibility of each association to provide the Communications Center with a contact number for routine referrals. If for some reason an association cannot handle a routine call, the Communications

Center **WILL NOT** be responsible for contacting another association to handle the pre-scheduled call.

13.4B Radio Procedures - Routine Transports - All transmissions will be made on 800 Med Dispatch. Only the following radio status reports will be transmitted when units are involved with routine transports:

On Routine - when an ambulance is committed to a routine, not available for emergency service.

Available - ready for response.

13.6 **MEDICAL EMERGENCIES**

13.6A Definition

A situation which requires immediate medical attention based on signs and symptoms provided by caller interrogation as defined in Section 6.1H.

13.6B Dispatching

1. ALS/BLS Services – Med 10 / 800 Med Dispatch
2. QRS Services - Med 10 / 800 Med Dispatch / Conventional Fire 1 / 800 Fire 1
3. Fire Department special requests - Conventional Fire 1 / 800 Fire 1

13.6C Response Requirements - on all Medical Emergency dispatches, a six minute time limit exists for BLS Ambulance and ALS Medic Units. Anytime the primary service does not have a unit responding within six minutes, the next due service will be dispatched regardless of the primary unit's status. The Communications Center will advise the primary service of the action taken whenever the dispatch of the second due QRS units after the six minute time limit, unless otherwise requested by a unit responding on the incident. Fire department response will follow the dispatch policy as defined in Section 12.3.

13.6D

EMS Response Systems - Defined - The Communications Center uses the following defined response system of EMS in the County. BLS may use either response system; ALS and QRS are required to only use the "Run and Respond" system.

1. Attendant Call-In - After two (2) minutes from the initial dispatch and manpower requirements have not been fulfilled, a re-dispatch will be made. If after three (3) minutes from the initial dispatch, no manpower calls have been received, the next due ambulance company will be dispatched. If insufficient manpower exists after four (4) minutes from the initial dispatch, the next due ambulance company will be dispatched.

Attendant Identification:

EMT's - 1-50
Non EMT's - 51-99

Examples: Company 10

Attendant 10-1 (EMT)

Attendant 10-7D (EMT/Driver)

Attendant 10-51 (Non EMT)

If a driver, add "D" after attendant number.

2. Run and Respond - EMS companies whose crews respond directly will have a re-dispatch after two (2) minutes. If after four (4) minutes of initial dispatch a unit is not on-the-air, another re-dispatch will occur. If the unit is on-the-air, it shall be solicited for re-dispatch. If after six (6) minutes from the original dispatch the unit is not responding, the next due service will be dispatched.

13.6E

Channel Assignments

1. BLS/ALS Units
 - a. On-the-air, crew status, responding – 800 Med Dispatch
 - b. On-the-scene – 800 Med Dispatch
 - c. A separate EMS operations talk group will be assigned as required or requested. EMS units will initially assume the same operational talk groups as assigned to Fire/Rescue during mutual incidents.
 - d. Enroute to hospital – 800 Med Dispatch

- e. Patching – Assume use of the appropriate 800 Hospital talk group. Contact Cumberland Med for patch activation.
 - f. Hospital arrival – 800 Med Dispatch
 - g. Available – 800 Med Dispatch
2. QRS Units
- a. On-the-air, responding – 800 Med Dispatch
 - b. On-the-scene – 800 Med Dispatch
 - c. Available - 800 Med Dispatch
3. Conditional Fire Department AED/Medical Assist Responses and Special Medical Assist Responses. Conditional refers to companies who respond to certain EMS calls dependant upon the availability for first due services or other qualifiers.
- a. All traffic is to be on 800 Fire 1 unless directed to alternate talk group by the Communications Center.

13.6F Hospital Alerting

- 1. BLS patient reporting to hospitals should be kept concise.
- 2. ALS Notifications to Medical Command will be in accordance to established protocols of the Regional Medical Director.
- 3. BLS and/or ALS will be advised of any hospital bypass or divert actions which exist during the EMS incident which may subsequently affect their patient destination. This information will be given to the BLS unit when the Center is advised of their *response*.

13.7 **MOTOR VEHICLE ACCIDENT/RESCUE CALLS**

13.7A Dispatch

EMS and Fire/Rescue Service will be dispatched in accordance to the Municipal Pre-Planned Fire and EMS Response System (Box System) to Motor Vehicle Accidents and Rescue Calls, which have reported injuries. In any incident in which injuries cannot be confirmed, an appropriate level of response will be dispatched.

Exception to this will be incidents in which there is reasonable doubt of injuries, such as parking lot accidents.

13.7B Radio Procedure

1. The radio procedures for Auto Accidents/Rescue will be the same as for Medical Emergencies.
2. EMS/Fire units should establish a unified Command on the assigned incident talk group as soon as possible. All radio traffic to the Communications Center concerning the scene update or requests should be made through the Incident Command. This is specifically referred to in Section 11.5.

13.8 ADVANCED LIFE SUPPORT

13.8A ALS units will be dispatched in accordance to the Medical Priority Dispatch System (MPDS) as defined in Section 6.1H. Any individual serving in an official public safety capacity, such as a Fire Chief, EMT, Paramedic or Law Enforcement Officer can upgrade a non-ALS response if scene conditions warrant ALS.

13.8B An ALS unit may be cancelled if the call is clearly a BLS level call or no patient can be found. ALS cancellation can only be done by an EMT or Paramedic. If a request to cancel ALS is received from an individual other than an EMT or Paramedic, the responding ALS unit will be advised of the request for their determination to terminate response.

13.8C Special requests for ALS units from BLS units will be honored in those situations in which the transport route of the BLS unit to a given hospital destination makes it impractical for response by the primary ALS unit. This also includes ALS criteria calls received by the Communications Center in which the same requirements are applicable.

13.9 QRS REQUESTS

Specific request for QRS units to incident locations other than those of their primary response areas will be honored only if requested for assistance by a BLS transport or ALS unit.

13.10 **MASS CASUALTY INCIDENTS**

Definition - An emergency medical problem that, by its volume or circumstances, overwhelms or threatens to overwhelm the capabilities of the local EMS system.

13.10A A dispatch of a potential mass casualty incident will be in accordance to the Municipal Pre-Planned Fire and EMS Response System (Box System).

13.10B First arriving public safety units should complete an initial size-up of the incident and inform the Communications Center of existing conditions.

13.10C The Office of Emergency Preparedness, when advised of scene conditions, may activate the Mass Casualty Incident Operations Plan. This plan has been distributed to the field services by the Office of Emergency Preparedness.

13.11 **FIRE INCIDENTS**

13.11A EMS will be dispatched to fire related incidents in accordance to the Municipal Pre-Planned Fire and EMS System (Box System).

13.11B If injuries are reported as part of the fire related incident, EMS will be dispatched in accordance to the Medical Priority Dispatch System (MPDS) as defined in Section 6.1H. EMS response time limits from Section 13.6 will be used for injury related fire incidents.

13.11C EMS units dispatched on Fire Incidents where injuries are not reported will be re-dispatched if not responding four (4) minutes after initial dispatch time. If no response occurs after six (6) minutes from initial dispatch, the Incident Commander will be informed of the response failure and solicited for any additional EMS needs. Attendant call-ins will be accepted for non-injury EMS response to fire related incidents.

13.11D EMS response to fire related incidents will be on 800 MED Dispatch. EMS will assume the assigned operations talk group for any communications. Additional EMS needs at a fire incident should be relayed to the Communications Center through Incident Command. A separate operations talk group will be assigned as needed for EMS operations.

13.12A **EMS CHIEF OFFICER COMMUNICATIONS**

Communications for EMS Chief Officers are authorized for command and control purposes. EMS will operate within the chain of command as determined by the Incident Commander. All communications for the Communications Center during incidents in which command has been established on an Ops Talk Group will be done through a unified command utilizing procedures and identity as described in Sections 11.8A and B.

13.12B The following chiefs may advise status on incidents where command and control is required.

1. First due BLS company chief

13.13 **EMS RESPONDER CHECKS**

13.13A EMS units responding to EMS - only incidents will be checked on by the Communications Center to verify their safety after they have arrived at the scene.

The check will occur 15 minutes after the unit(s) arrives on the scene unless advised otherwise by the responders.

Contact will be attempted by radio and then pager. If no response, the police will be dispatched to verify the safety of the responders.