

Methodist Health Services Corporation UnityPoint Health- Proctor	Page # 1 of 4	Section:	Policy #: 22
	Approved by:		Date: 6/2017 Review by: 6/2018
	Supersedes: Date Revised: 6/2017		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: RADIO COMMUNICATIONS			

I. POLICY:
Radio Communications

II. PURPOSE AND STANDARD:
Radio communications is a vital component of prehospital care. Information reported should be concise and provide an accurate description of the patient's condition as well as treatment rendered. Therefore, **complete the initial patient assessment and contact UnityPoint Health Proctor Hospital Medical Control with an initial report on unstable patients. Vital signs are important and an initial set of vital signs should be completed as soon as possible and reported to Medical Control.**

III. POLICY SCOPE: Departmental

IV. GENERAL INFORMATION:

A. Definitions

1. **MERCI Radio** – VHF radio used to communicate on the primary MERCI ambulance to hospital frequency of 155.340 for both local and statewide ambulance traffic or on the hospital to hospital frequency of 155.280 and other VHF frequencies which may be identified and reserved by IDPH in the future for the use of ambulance to hospital or hospital to hospital communications.
2. **Telemetry Phone** – Reserved and recorded direct lines used by EMS providers to call the hospital for the transmission of patient reports and requesting orders for the care of patients.

3. **CAREPoint Console** – Computerized console which controls the MERCI radio and the telemetry phone lines from one location. The CAREPoint Console will be considered the operational control point for the EMS System.
4. **Operational Control Point** – A location where all MERCI (VHF), UHF, Telemetry Phone and intercom communications are located and from which all Online Medical Control is provided by the EMS Medical Director or his/her designee which may be an Emergency Department Physician or ECRN.
5. **Medical Control Physician** – The EMS Medical Director or his designee, the Alternate EMS Medical Director or Emergency Department Physician on duty in the UnityPoint Health Proctor Hospital Emergency Department.

B. Components of the patient report

1. **Unit identification**
2. **Destination & ETA**
3. **Age/sex**
4. **Level of Consciousness (AVPU)**
5. **Chief complaint**
6. **Assessment (General appearance, degree of distress)**
7. **Vital signs:**
 - a. Blood pressure (auscultated {or palpated if unable to auscultate})
 - b. Pulse (rate, quality, regularity)
 - c. Respirations (rate, pattern, depth)
 - d. Pulse oximetry, if indicated
 - e. Pupils (size & reactivity)
 - f. Skin (color, temperature, moisture)
 - g. Pertinent physical examination findings
 - h. SAMPLE History
 - i. Treatment rendered and patient response to treatment

NOTE: Items listed in red should be part of the initial patient report and transmitted without delay on unstable patients.

C. Policy and Procedure

1. Medical Control must be contacted on all ambulance calls, except inter-facility transfers/facility discharges. Currently, since there are no Associate Hospitals in the UnityPoint Health EMS System, this requires contacting Medical Control on all calls, except inter-facility transfers/facility discharges. Medical Control will bring the receiving hospital online or forward the information to the receiving hospital.

During inter-facility transfers/facility discharges, if patient condition changes, or orders are needed for patient care (i.e. pain control), Medical Control must be contacted.

2. Medical Control may be contacted in the following manner:
 - a. MERCI Radio
 - i. Local (Proctor) Freq. 155.340
PL Tone Digital of 023
 - ii. Statewide Freq. 155.340
PL Tone Analog of 210.7
 - b. Telemetry Phone (309) 683-6112
 - c. If unable to establish contact, then proceed with the SMOs which do not require Medical Control Contact. SMOs with a single or double asterisk require Medical Control Contact.
3. Radio transmission should be as short and concise as possible, preferably less than 90 seconds, to ensure the frequency remains available for other emergency traffic. If ECG strips are transmitted, these should be brief, less than 90 seconds.
4. Before terminating communications with Medical Control, pre-hospital personnel must notify medical control of a method, MERCI or cellular phone, by which the ambulance can be re-contacted. If this method is by MERCI radio, the radio must be set to be able to receive a call from medical control.
5. All communications will use plain English. No "10 Codes" or other codes will be used during communications.
6. Patient Names or other identifying information will not be broadcast on the radio. If confirmation of patient identity is required, use a phone. REMEMBER THAT CELLULAR PHONES ARE ACTUALLY RADIOS AND SOPHISTICATED SCANNERS CAN INTERCEPT CELLULAR CALLS. BE VERY CAREFUL TO PROTECT PROTECTED HEALTH INFORMATION ON THE RADIO AND PHONE.
7. Each ALS/ILS vehicle must have a working MERCI radio and a cellular phone to provide a redundant method of communication in case of failure of either device.
8. Each ALS/ILS/BLS vehicle must have a working MERCI radio which has the following frequencies and PL Tones programmed on transmit only.
 - a. Local (Proctor) Freq. 155.340
PL Tone Digital of 023*
 - b. Statewide Freq. 155.340
PL Tone Analog of 210.7*

*Ambulances should have PL tones programmed on transmit only and have no PL Tones on receive. Hospitals should have no PL Tones programmed on transmit and the appropriate PL Tones programmed on receive.

9. It is recommended that each ALS/ILS/BLS vehicle also have the following frequencies and PL Tones programmed on transmit only to facilitate contact with other hospitals in the area.
 - a. Local (OSF Saint Francis) Freq. 155.340
PL Tone Analog of 167.9 (6Z)*
 - b. Local (Methodist) Freq. 155.340
PL Tone Analog of 82.5 (YZ)*
10. First Responders functioning within the UnityPoint Health EMS System must have a working MERCI radio capable of reaching Medical Control from their service area and/or cellular phone capable of contacting Medical Control from within their service area whenever responding on EMS calls. MERCI radios will have the following frequencies and PL Tones programmed on receive only.
 - a. Local (Proctor) Freq. 155.340
PL Tone Digital of 023*
 - b. Statewide (optional) Freq. 155.340
 - c. PL Tone Analog of 210.7*
11. All telecommunications equipment should be maintained to minimize breakdowns. Each agency should establish procedures to provide immediate action to be taken by operating personnel to ensure rapid restoration in case breakdowns do occur.
12. All EMS personnel must be trained in the operation of and capable of properly operating their respective communications equipment.
13. Agencies must provide the EMS System with a current copy of their FCC radio licenses for the following frequencies:
 - a. 155.340
 - b. their respective dispatch frequency