



<b>POLICY:</b>	<b>COMMUNICATIONS GUIDELINES</b>		
<b>CATEGORY:</b>	<b>EMS SYSTEM PLAN</b>		
<b>APPROVAL:</b>	<b>ADMINISTRATION, EMS OFFICE, IDPH</b>		
<b>EFFECTIVE DATE:</b> 4/1/2012	<b>CURRENT REVIEW/ REVISION DATE:</b> 3/12	<b>SUPERSEDES:</b> 4/10, 11/10	<b>ORIGINAL EFFECTIVE DATE:</b> 11/10
<b>DEPARTMENT SPECIFIC</b>		<b>EMERGENCY MANAGEMENT SYSTEM</b>	

- I. Purpose:** To define the equipment and use of out-of-hospital medical control practices. 515.330 I 5 B
- II. Applicability:** All MHEMSS Participants and Providers.
- III. Policy:** Consistent with IDPH EMS Act Rules and Regulations, there shall be pre-hospital-to-hospital communication from the scene and/or in transit on calls involving the establishment of a system-patient relationship.

Section 515.410 of the Rules and Regulations states:

“EMS telecommunications equipment shall be configured to allow the EMS MD or designee to monitor all vehicle-to-hospital and hospital-to-vehicle transmissions within the system.”

“Telecommunications equipment necessary to fulfill the requirements of this part shall be staffed and maintained 24 hours everyday.”

“EMS System personnel shall be capable of properly operating their respective communication equipment.”

“All telecommunication equipment shall be maintained to minimize breakdowns. Procedures shall be established to provide immediate action to be taken by operating personnel to ensure rapid restoration in case breakdowns do occur.”

MHEMSS will use cellular phones as the primary means of communication; back up will be MERCI radio frequency 155.340 and/or 155.800.

MHEMSS ambulance providers can call any other EMS Region 7 hospital directly if they are transporting the patient to that hospital. If MHEMSS system specific SOPs are being used or when using the bypass protocol, the provider must call Morris Hospital, and Morris Hospital will call the receiving hospital with report.

Non-Region 7 ambulance providers cannot call Morris Hospital for medical oversight of ALS procedures. They must call a hospital within their EMS system.

**IV. Definition(s):** N/A

**V. Procedure:**

**A. Cellular Phone Calls to MHEMSS Base Station:**

Contact via cellular phone will be established with Morris Hospital in all cases where pre-hospital personnel anticipates, from the findings of the history and physical assessment, that a person requires Basic Life Support, Advanced Life Support; documentation of refusal of care or transport; or to confirm a Triple Zero.

Conversations are recorded and are to be saved a minimum of 90 days subsequent to the call. This time may be extended at the Resource Hospital's discretion.

Cellular transmissions that are continuously dropped should be redirected to a MERCI frequency.

Simultaneous calls can be handled with the two (2) phone lines that are monitored, answered, and recorded for the provision of medical oversight. All ALS transmissions are to include only necessary information to minimize the length of the call; however, both parties must communicate information needed for safe, continuous care of the patient.

**B. VHF Radio/MERCI (Medical Emergency Radio Communication of Illinois):**

This is to be used for communication during Mass Casualty Incidents, when a disaster is declared by IDPH, or as a backup when cellular transmission are continuously dropped.

**1. Contingency Notification:**

A radio dispatcher should notify a receiving hospital of the imminent arrival of a patient only if all other modes of communication have failed. The receiving hospital should always receive advance notification of any patient being transported to their facility.

**2. Documenting the Communication:**

All EMS calls will be documented by the ECRN/ ED physician on a system-approved, sequentially numbered log at the hospital providing medical oversight. A copy of this log sheet will become part of the patient's permanent medical record. As such, it should provide complete documentation of the information provided by the pre-hospital personnel and instructions from medical control. (See ECRN Log Documentation).

**3. Notification of Other Hospitals:**

If a provider will be transporting a patient to a hospital outside of Region VIII, report will be called in to the Morris ECRN, who in turn will relay the report to the receiving facility.

**4. Field Re-Contact:**

In the event the hospital needs to re-contact the field provider following termination of the initial report, hospital personnel may utilize MERCI.

5. Stream Radio use can be incorporated during emergency disaster management.

**VI. Cross Reference(s):**

*Illinois EMS Act Rules and Regulations  
Title 77, Chapter 1, Part 515*

**Approval:**

---

Sean Atchison, D.O.  
EMS Medical Director

---

Kevin Bernard  
EMS System Admin. Director