

	SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY & PROCEDURES	
TITLE: HOSPITAL BASED RADIO PROTOCOL		
SECTION: COMMUNICATIONS	POLICY NUMBER: B-2.0	
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#### PURPOSE:

To establish protocol and etiquette in radio communications within the Southern Fox Valley Emergency Services System. This applies to all hospitals receiving transmissions. Each participating hospital should ensure that all staff are familiar with proper radio protocol.

#### POLICY:

1. Circumstances when a physician should be present at the console or assume direct run responsibility.
  - a. The physician at the console may be present and assume responsibility for the run; however, the ECRN may do the actual radio communications.
  - b. Upon the request of the ECRN or Pre-hospital provider, the M.D. should be present at the console.
  - c. In situations when a physician at the scene of the call wishes to assume medical responsibility for that call
2. Resource Hospital Override
  - a. The Resource Hospital may assume communication responsibility for any call when orders from an Associate or Receiving Hospital are deemed to potentially cause an adverse outcome in patient care. The Resource Hospital or the pre-hospital provider managing the run may initiate such communication.
  - b. Resource Hospital personnel will notify the Associate Hospital of the need for an override.
  - c. The Resource Hospital would then announce their intent to manage pre-hospital communication from that point forward. The EMS provider would then proceed with the call, following orders from the Resource Hospital.
  - d. The Medical Director and EMS System Coordinator must be notified of the override as soon as possible.
  - e. The EMS Medical Director and EMS System Coordinator would contact and/or meet with all involved parties at an appropriate interval to analyze the run.

### 3. Telemetry call records

- a. The Resource and Associate Hospitals will record communications.
- b. All EMS OLMC calls are to be recorded for retrospective review for a minimum of 365 days, unless the Hospital's record retention policy requires retention for longer than 365 days, in which case such calls shall be maintained consistent with the hospital's record retention policy.
- c. Controversial or unusual telemetry calls will be retained indefinitely.
- d. The recordings must be accessible to the EMS System upon request.

### 4. Telecommunication Log forms

- a. The patient's history and physical, therapy and responses shall be documented in the telecommunication log.
- b. Each log should have a unique date and time stamp within the telemetry system.
- c. All logs should be kept electronically with the telemetry call and stored in the CarePoint system for access to both audio and written report.
- d. The logs must be accessible to the EMS System upon request.

### 5. Hospital to hospital intercommunications

- a. If a System hospital provides OLMC for an EMS unit that will be transporting to another hospital or approved licensed facility (whether in or out of System), the ECRN directing care is responsible for immediately notifying a nurse or physician at the receiving facility informing them of the patient's status, EMS care rendered and ETA.
- b. The OLMC-facility communication may be established via telemetry intercom
- c. If unable to utilize CarePoint communications may use eBridge or landline phones.

### 6. All system emergency departments should maintain a current license for MERCI 280 and 340.

### 7. Out of System hospital transport

- a. All providers transporting to an out of system hospital must call a system hospital prior to transport.
- b. A courtesy call can be made to the receiving hospital after system hospital has granted transport.

### PROCEDURE:

- 1. Conversations should be brief and confined to the problem at hand. Limit the time of individual transmissions to include only necessary information transfer.
- 2. Eliminate unnecessary words.

3. When utilizing the MERCI frequency before talking, listen to be sure no one else is transmitting.
4. Speak in a distinct, slow, normal voice.
5. Think before transmitting to minimize repeating yourself or communicating unnecessary information.
6. Hospitals shall acknowledge receipt and understanding of field transmission before speaking, i.e., "we copy community/ambulance # \_\_\_\_\_," then proceed. Critical indexes, i.e., orders like drug name and dosage, may be repeated (double phrased).
7. FCC rules prohibit deceptive as well as profane and indecent language.
8. FCC prohibits the use or dissemination of confidential information which was transmitted over the radio except to appropriate medical or prehospital personnel when it is required to actively help in the care of the patient.
9. When finished with the transmission, sign off with the station call number.
10. When call is received while another call is in progress, person should:
  - a. Ask caller if they can "stand by"
  - b. Set priorities as quickly as possible.
  - c. Try to relieve caller from standby within thirty seconds.
  - d. If both telemetry CarePoint systems are being utilized the ECRN may transfer calls to other hospital(s) regardless of the patient destination.
11. Have physician review telemetry delivered ECG/12-Lead communications to confirm diagnosis.
12. Always remember to use identifiers.