

I. General Considerations

- A. Effective communications is one of the most essential components to successful emergency operations.
 - B. EMS relies heavily on radio communications. Radio discipline and knowledge of the equipment being used contributes to the smooth flow of information.
 - C. Avoid the use of "10 Codes". Often these codes have different meanings from one area to another. Clearly spoken English at a moderate pace and without jargon is usually best understood.
 - D. All communications systems have limitations including issues of coverage, reliability, channel loading, etc. Whenever possible, redundant communications capability is preferred and should be supported for both dispatch and medical direction communications.
 - E. Many EMS providers are using commercial wireless communications such as cell phones or commercial paging. In large-scale events, these systems are prone to the same demands as EMS radio frequencies in terms of system loading. Always be prepared to rely upon EMS radio linkages.
 - F. The 155.340 frequency is used by all hospitals in Vermont as the primary frequency for medical direction and pre-hospital to hospital communications.
 - G. Depending upon location in the state, 155.280 and 155.205 are used for dispatch, EMS operations, or a secondary hospital communications frequency. These two frequencies are available to licensed EMS organizations to support scene operations not involving hospital communications. Avoid using 155.280 or 155.205 in an area where the use of these frequencies may interfere with local dispatch.
 - H. Vermont hospitals rely on notification from EMS for protection of their assets in cases where patients may self-transport and are contaminated, violent or represent other hazards to routine hospital operations. Provide the earliest possible notification to all area hospitals when hazards from patients are a possibility.
 - I. Most communications from EMS first responders should be relayed through the transporting ambulance to the hospital. EMS first response to ambulance communications generally occurs on a frequency other than 155.340.
 - J. Avoid all non-incident (personal, convenience, etc.) related communications on 155.340, 155.280, and 155.205.
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II. Procedures

- A. The following is a typical sequence of expected ambulance to hospital communications for most single patient emergency calls:
 - Primary hospital(s) notification at the beginning of the response to include the nature and general location of the response.
 - Primary hospital(s) notification upon arrival at the scene.
 - A brief scene update as necessary depending upon the patient's condition and/or nature of the call. This update often includes the chief complaint, age/sex of the patient, and any other relevant information useful to the hospital in preparing for the arrival of the patient. For less acute situations or extended transports, this update is often not necessary.
 - A patient report either from the scene or while transporting should include (not necessarily in this specific order):
 - Age (date of birth) and sex of the patient
 - Chief complaint (and priority designation if used locally)
 - History of the present illness
 - Vital signs
 - Physical exam findings
 - Past medical history
 - Relevant medications and allergies

- Treatments performed
 - On-line medical direction orders requested
 - Estimated time of arrival
- Hospital notification upon arrival
- B. Avoid communications that could identify the patient. This includes but is not limited to:
- Communicating a patient's name by radio.
 - Communicating a specific street address on initial notification to the hospital.
 - References to the patient that serve as secondary identifiers (e.g. "The patient is the principal at the local elementary school")
 - Providing the patient's initials or other identifiers by radio unless specifically requested by the hospital
- C. Whenever possible use a landline telephone to communicate patient information from a scene to the hospital. This allows for complete identification of the patient prior to arrival and reduces channel loading on the 155.340 frequency.
- D. In cases where it is inconvenient or impossible to use a landline telephone, use a cell phone where feasible.
- E. Whenever communicating by radio, keep the messages as brief and concise as possible. Allow a 5 second break in communications approximately every 15 seconds during a transmission to the hospital in the event another EMS unit has high priority communications.
- F. If on-line medical direction orders are received in the field, either by radio or telephone, repeat the order to the hospital to verify accurate understanding of the orders given.
- G. At the scene of a mass casualty incident, shift operations communications from 155.340 to 155.280, 155.205, and/or a local dispatch frequency(s). All communications from the scene to the hospital should originate from the EMS control officer or the EMS loading officer. Once enroute, ambulance communications to the hospital should be limited to relevant changes in patient status, on-line medical direction, and the estimated time of arrival.