

System Protocols
GENERAL COMMUNICATIONS

PURPOSE

The purpose of this protocol is to provide direction and identify requirements pertaining to medical communications between pre-hospital providers and receiving hospitals within the Detroit East Medical Control Authority.

All life support agencies and participating hospitals shall be in compliance with the State MEDCOM plan.

1. The transporting unit shall contact hospital directly through Detroit Medical Dispatch via the 800 MHz or, as an alternative, via the VHF HEAR radio system.
2. Personnel shall FIRST identify the hospital they are calling, then give the units assigned MEDCOM number, along with the patient priority.
3. ALL PRIORITY ONE AND TWO CALLS SHALL BE CALLED INTO ALL RECEIVING FACILITIES.

PROTOCOL

Pre-Hospital Providers

Patient, incident information, treatment provided, and the time treatment was provided shall be accurately documented on the Patient Care Report (either electronic or paper). When communicating between the field and the receiving hospital, EMS personnel shall use the 800 MHz Public Safety Communication System as the primary means of communication. VHF (HEAR) is to be used as the secondary system for communication with receiving hospitals in the event of 800 MHz failure. VHF is also to be used in the event of a large scale MCI (i.e., countywide) for all non-disaster related communications between hospitals and field units. Telephone communications shall be considered for use as the third option.

When communicating between the field and the hospital, no patient names or other identifying information shall be used.

While en-route to the closest appropriate participating facility EMS personnel shall contact the intended receiving hospital as soon as possible. The following information will be communicated to the receiving facility (as appropriate):

1. Unit ID
2. Name of crew member making report
3. Level of transport (i.e. Priority 1 – see below for definitions)
4. Age, sex, weight of patient
5. Chief complaint
6. History of incident/mechanism of injury
7. Medical history
8. Medications

9. Allergies
10. Vital signs to include: BP, Pulse, Respirations, Glasgow Coma Scale (GCS), LOC, Pupils, Skin Signs
11. Pulse oximetry reading if available
12. Other information as appropriate
13. All treatment rendered
14. Secondary physical exam
15. Estimated time of arrival (ETA)

Pre-hospital personnel shall be responsible for re-contacting the receiving facility if patient condition deteriorates or if there is a change in the expected facility destination.

Pre-hospital personnel are responsible for contacting a participating DEMCA Facility to request permission to transport a patient to a non-participating facility.

Entrapments/Extended on Scene Time

All entrapments or delayed transports (extended on scene time) are to be communicated to the appropriate participating facility as the situation dictates, at the earliest opportunity.

PATIENT PRIORITY

Patient priority is defined in Protocol 8-1 (Patient Prioritization)

PARTICIPATING EMERGENCY FACILITY

Upon receipt of a communication from a Life Support Agency, a participating facility is responsible for the following:

1. Providing medical direction consistent with protocols approved by the Medical Control Authority.
2. All orders given to field personnel are the responsibility of the attending ED physician.
3. Recording all communications between field personnel and the receiving hospital (including 800 MHz, VHF and telephone).
4. Provide and maintain communication equipment in accordance with the MDCH MEDCOM Plan and as required by the Detroit East Medical Control Authority.
5. Training and orientation of all emergency staff who may be deemed appropriate in the use of radio communications equipment and protocols.
6. Monitor and update EMS system immediately as status changes, but at a minimum, twice daily (7 AM and 7 PM).