JERSEY COMMUNITY HOSPITAL EMS SYSTEM
COMMUNICATIONS

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

CENTRAL MEDICAL DISPATCHING PATTERN

I. General Information

A. All responding units and First Responders will be dispatched according to patient need so as to provide the most appropriate level of care in the most efficient manner.

B. Ambulances will be dispatched to all calls within their response area.

C. If a unit is out of service, dispatch should be notified at the time that the unit goes out of service so that in the event of a call, the closest appropriate unit will be dispatched. When unit is back in service. Dispatch should be notified.

II. Dual Response

A. Goal: The overall goal of dual response is to provide advanced life support to those patients needing advanced level care in a timely, efficient manner. Both ALS and BLS providers share the common goal of improving the quality of care.

B. ALS should be dispatched simultaneously with the closest BLS ambulance, if utilized, for emergencies meeting the following criteria for dual response:
   1. The call has been identified as appropriate for dual response on the EMS dispatch cards as determined by the EMS Medical Director. (See Appendix C(a)
   2. If an ALS ambulance (ground or air) is not in Dispatch's normal dispatch criteria and an ambulance is requested from outside their normal dispatch area, the dispatch agency will make every effort to contact that service for Dispatch.

C. Cancellation of Dual Response
   1. The *FR/*BLS unit may cancel responding dual response by calling in a full patient report to Medical Control, including ETA to receiving facility and requesting that ALS be canceled.

D. ALS Assist
   1. The BLS crew may request ALS be dispatched to their location or to intercept with them on calls not included in the above criteria if in their judgment the patient/situation would benefit from ALS support *by contacting the local dispatch agency.*

III. Helicopter Dispatch Criteria

A. Goal: To reduce by as much time as possible that period required for a helicopter to arrive at the scene of a patient when that patient would benefit by the decreased out-of-hospital time that a helicopter would provide.

B. Automatic Launch Criteria: the helicopter will be dispatched simultaneously with the appropriate ambulance(s) when the call meets both of the following criteria:
1. The call is identified as appropriate for helicopter response on the EMD dispatch cards as determined by the EMS Medical Director. (See Appendix C(b))
2. The call location is outside the circled JERSEY COMMUNITY HOSPITAL on the map. (Adams County dispatch agency will be provided with a map indicating this area.)

C. Ground Crew Launch Request: The responding ground crew may contact dispatch to request launch of the helicopter on calls not included in the above criteria, but that in their judgment might benefit from the shorter out-of-hospital time provided by the helicopter.

D. *The FR/BLS/ALS unit may cancel the aircraft by calling in a full patient report to Medical Control, including ETA to receiving facility and requesting that the helicopter be cancelled.*

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John Palcheff, DO
EMS Medical Director

APPENDIX C(a)

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

EMD DISPATCH CARDS FOR DUAL RESPONSE

1. Allergic Reaction/Hives/Medication Reaction/Stings
   - Difficulty breathing/respiratory distress/not alert
2. Back pain
   - Not alert
3. Breathing Problems
   - Difficulty breathing/respiratory distress/not alert/changing color
4. Burns/Explosion
   - Multiple victims/difficulty breathing/not alert
5. Carbon monoxide/Inhalation/Hazardous Materials
   - Multiple victims/Difficulty breathing/Not alert/Hazardous materials
6. Cardiac/Respiratory Arrest
   - Suspected or obvious
7. Chest pain
   - Abnormal breathing/Not alert/Changing color
8. Choking
   - Abnormal breathing/Not alert
9. Convulsions/Seizures
   - Continuous/Not breathing/Associated with pregnancy, trauma, diabetic or cardiac
10. Diabetic
    - Not alert/Abnormal breathing
11. Drowning
    - Abnormal breathing/Not alert/Neck injury/Diving or scuba
12. Electrocution
    - Not alert/Associated with long fall/abnormal breathing
13. Falls/Back injury
    - Not alert/Dangerous injury/Long fall/Abnormal breathing
14. Headache
    - Not alert/Speech problems/Paralysis or numbness/Abnormal breathing
15. Heart problem
    - Not alert/Cardiac history/Firing of implanted defibrillator
16. Hemorrhage/Laceration
    - Dangerous bleeding/Not alert/Respiratory distress
17. Industrial/Machinery
    - Multiple victims/Entrapped
18. Overdose/Ingestion/Poisoning
    - Not alert/Abnormal breathing/Ingested antidepressants/cocaine/lye or alkali substances
19. Psychiatric/Suicide attempt
    - Not alert/Hanging/Strangulation/Suffocation
20. Sick person
    - Not alert
21. Stab/Gunshot wound
    - Multiple victims/Not alert/Central wounds/Multiple wounds

22. Stroke
    - Not alert/Abnormal breathing
23. Traffic accidents
    - Multiple victims/Entrapped/Ejected/Severe respiratory distress/Not alert
24. Traumatic injuries
    - Dangerous injury/Severe hemorrhage/Not alert
25. Unconscious/fainting
    - Not alert/Severe respiratory distress
26. Unknown Problem (Man down)
    - Life status questionable
27. *Any additional situations as determined by the EMS Dispatch Cards/Program as determined by the EMS Medical Director.*

John Palcheff, DO
EMS Medical Director

APPENDIX C(b)

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

EMD DISPATCH CARDS FOR AUTOMATIC HELICOPTER LAUNCH

NOTE: Dispatch agency will contact closest available aircraft.

1. Burns/Explosions
   - Difficulty breathing/respiratory distress/large burn/Multiple victims
2. Drowning/Diving
   - Unconscious/Not breathing/Underwater/Abnormal breathing/Not alert/Suspected neck injury/Diving or scuba accident
3. Electrocution
   - Abnormal breathing/Not breathing/Not alert/Long fall/Life status questionable
4. Falls/Back Injuries
   - Abnormal breathing/Not alert/Serious hemorrhage/Long fall
5. Hemorrhage/Lacerations
   - Dangerous hemorrhage/Not alert/Severe respiratory distress
6. Industrial/Machinery
   - Multiple victims/Entrapped/Life status questionable
7. Stab/Gunshot wound
   - Not alert/Multiple wounds/Central wound/Multiple victims
8. Traffic Accidents
   - Multiple victims/Trapped/Ejected/Not alert/Severe respiratory distress
9. Traumatic Injuries
   - Dangerous injuries/Not alert/Severe respiratory distress
10. *Any additional situations as determined by the EMS Dispatch Cards/Program as determined by the EMS Medical Director.*

John Palcheff, DO
EMS Medical Director

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

DISPATCH PROTOCOL FOR INCOMING AMBULANCES NEEDING ALS ASSISTANCE

I. At times, ambulances enroute to **JERSEY COMMUNITY HOSPITAL** EMS System hospitals are in need of advanced life support assistance (*Ground or Air).*

A. ALS unit should be dispatched by the receiving hospital when:

1. the transporting ambulance requests assistance

OR

2. After receiving the patient assessment from the BLS unit, the receiving hospital determines it to be in the best interests of the patient to send ALS assistance.

B. Prior to dispatching ALS *or Air assistance*, the receiving hospital should weigh the benefits of the ALS assistance to the patient against the ETA to the hospital and subsequent delay in transport that would occur.

C. The ETA should be greater than 15 minutes.

D. **JERSEY COMMUNITY HOSPITAL** will notify the local dispatch agency to arrange for dispatch.

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John Palcheff, DO
EMS Medical Director

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

EMS RECORDED PHONE LINE

I. When EMS phone rings and EMS providers are going to give patient report, the ECRN should:.

A. Pick up receiver to answer.

B. Complete yellow radio log as report is given.

C. Document any orders from medical control on the radio log and time order given.

II. In order for the physician to monitor the report, the speaker function can be used.

III. All inbound radio reports will be recorded.

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John Palcheff, DO EMS Medical Director

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

RADIO PROTOCOL

OBJECTIVE: * To comply with the Federal Communication Commission
* To eliminate radio traffic on MERCI radio

I. All radio communications should be as brief and concise as possible. Eliminate unnecessary words.

II. There is only one10 signals that shall be used for medical communications to the hospital:

10-79 Dead body

This was included for use when the patient's family is in close proximity and a verbal description would not be appropriate. With the exception of this one, all other communications should be verbal messages that are clearly understood by everyone.

III. The following patient information shall be relayed to the contact hospital on all patients:

A. patient assessment

B. patient history

C. vital signs

D. treatment provided prior to contact

E. ETA

From the above information, it will be the hospital's responsibility to determine the treatment and disposition of the patient.

IV. The name of the patient will not be transmitted via radio or during cell phone reports.

_____

John Palcheff DO, EMS Medical Director

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

RADIO TRANSMISSION

POLICY:

All EMS physicians, ECRN's, EMT's at all levels, *First Responders, RN's*, and Prehospital RN's shall be capable of properly operating their respective communications equipment.

PROCEDURE:

I. All voice radio transmissions will be limited to pertinent medical information only.

II. All units will identify themselves at initiation and termination of the communication.

III. The following are approved methods of establishing contact

A. VHF 155.340 (MERCI)

B. Dedicated telephone line: JCH ER (618) 498-4111

IV. Transmission of EKG

Rhythm strip or 12 Lead EKG may be transmitted to the dedicated fax machine *or via internet.* Jersey Community Hospital ER (618) 498-8491)

V. Before terminating communications with Medical Control, prehospital personnel must notify Medical Control of a method by which they can be re-contacted.

A. MERCI

B. Cell phone number (a current list of cell phone numbers will be kept near the radios at each hospital in the System)

VI. In the event of communication failure, the crew will operate under system standing medical orders.

A copy of the system SMO shall be kept in each response vehicle.

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John Palcheff, DO, EMS Medical Director

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

ROUTINE TRANSFER RADIO PROTOCOL

On patients who are routine transfers (direct admits and/or "coach calls") into the hospital, the emergency department MUST be notified on the radio prior to arrival.

At the time of communication with the emergency department personnel, the following information MUST be relayed:

I. Routine Transfer - Direct Admit - and/or "Invalid Coach Call"

A. Why patient being transferred - (example: illness if known, lab work, nuclear medicine, return).

B. Patient's physician

C. Room number if in-hospital patient

D. ETA

After the above information is transmitted, it is the emergency department personnel's responsibility to acknowledge the communication

II. Direct Admit Warranting ALS Procedures:

If a patient is a direct admit and upon the paramedic arrival the paramedic feels the patient is in need of ALS, the procedure is as follows:

A. Treat appropriately

B. Transmit patient assessment.

C. Request orders as needed.

NOTE: Any time the crew transporting the patient believes the patient should be evaluated by the emergency department physician, crew member will notify ED and the ED will notify the original receiving department if required.

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John Palcheff, DO., EMS Medical Director

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

RADIO AND TIME CHECKS

I. Purpose: to ensure that communications equipment is functional and that redundant measures are in place should one aspect of the communications system be non-functional.

I. EMS provider agency daily communications equipment checks

A. Each agency will conduct daily communications equipment checks of existing communications equipment. For EMS purposes, this should at a minimum include a test of MERCI radio.

B. Each agency will maintain a daily log of the test and keep the log on file at the agency and be available upon request.

C. Any equipment malfunctions should be reported to agency supervisory personnel and an event report sent to **JERSEY COMMUNITY HOSPITAL** EMS Dept. for follow-up

II. Hospital radio / time checks

A. Each hospital in the **JERSEY COMMUNITY HOSPITAL** EMS System will conduct daily checks of MERCI radio by contacting the dispatch agency in their area. For hospitals providing Medical Control, the clock used for Medical Control times should also be synchronized with dispatch.

B. Each hospital will maintain a daily log of the test and keep the log on file at the hospital.

C. Any equipment malfunctions should be reported to the appropriate department at the hospital for repair and an event report sent to **JERSEY COMMUNITY HOSPITAL** EMS Dept. for follow-up.

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John Palcheff, DO., EMS Medical Director

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
EMERGENCY DEPARTMENT

DAILY MERCI RADIO CHECK LOG

Month/Year: _____

DAY	Mark with "X" if Performed:					Charge Nurse/ ECRN Signature
	Radio Check?	Radio Clock set with Dispatch?	Computer Clock match Radio Clock?	Computer Clock match ECG Machine?	Reports completed on IDPH website?	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
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31.						

JERSEY COMMUNITY HOSPITAL: At the end of each month forward to JERSEY COMMUNITY HOSPITAL EMS Department through interdepartmental mail.

Other JCHEMS System Hospitals: Maintain this or other record used for daily MERCI radio/time checks in your own files. Must be able to produce the record for IDPH EMS site surveys.

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE

EMERGENCY COMMUNICATIONS TAPES AND RECORD KEEPING

I. Ambulance calls to the Resource Hospital or the dedicated EMS phone line are recorded utilizing the digital voice logger recording system.

II. Special Considerations:

A. The ER Radio Log will be completed for each ambulance run.

B. The digital recording will be retained by the Resource Hospital for a minimum of three (3) years.

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John Palcheff, DO EMS Medical Director

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
EMERGENCY DEPARTMENT RADIO LOG

C-9-F-1a

AMBULANCE: _____ **DATE:** _____ **TIME CALLED IN:** _____ **FORM #** _____

MERCI / PHONE **AGE:** _____ **SEX: M F** **PVT. MD:** _____ **ETA:** _____ **MIN.**

COMPLAINT: _____ ☐ ***STEMI ALERT***

MEDICAL HISTORY: _____ ☐ ***STROKE Activation***

MEDICATIONS: _____ ☐ ***Hypothermia Activation***

ALLERGIES: _____ ☐ ***Trauma Activation***

SKIN CONDITION
☐ **WNL** ☐ pale
☐ cool ☐ cyanotic
☐ hot ☐ flushed
☐ mottled
☐ **dry**
☐ moist

BLEEDING
☐ none noted
☐ minor
☐ moderate
☐ severe

AVPU SCALE
☐ **alert**
☐ verbal
☐ pain
☐ unresponsive

CHEST SOUNDS

LT	RT	
☐	☐	**clear**
☐	☐	diminished
☐	☐	rales
☐	☐	rhonchi
☐	☐	wheezes
☐	☐	absent

PUPILS

LT	RT	
☐	☐	**reactive**
☐	☐	slow
☐	☐	dilated
☐	☐	constricted
☐	☐	non-reactive

ABDOMEN
☐ **soft/WNL**
☐ distended
☐ tender
☐ rigid

MENTATION
☐ **oriented**
☐ disoriented
☐ combative
☐ slow to respond

PAIN
1-10 Scale: _____
(or Mild,/Mod,/Severe)

PULSES

☐	☐	radial pulse
☐	☐	pedal pulse

PULSES cont.
☐ strong ☐ weak
☐ regular ☐ irregular

VITAL SIGNS

TIME	B/P	P	R	SpO2
				RA **O2**
				RA **O2**
				RA **O2**

INTERVENTIONS

_____ O2 via NC/NRB	_____ IV attempt	_____ c-collar
_____ oral airway	_____ **IV success**	_____ long board
_____ nasal airway	_____ ET attempt	_____ short board
_____ assist BVM	_____ **ET success**	_____ scoop
_____ suction	_____ King	_____ splint
_____ CPR	_____ cric airway	_____ dressing

EKG RHYTHM*

☐ **NSR** ☐ **Paced** ☐ **1st degree block**
☐ **Sinus Tach** ☐ **A. Fib** ☐ **2nd degree block**
☐ **Sinus Brady** ☐ **PVCs** ☐ **3rd degree block**

12 Lead EKG: ☐ **Rec'd** **Reviewed by:** _____
***Show to ERP, then attach strip/EKG on reverse side.**

CODE BLUE
☐ **V. Fib** ☐ **V. Tach** ☐ **Asystole**
☐ **PEA** ☐ **other** _____

TIME	PATIENT'S SIGNS AND SYMPTOMS

TIME ORDERED	TREATMENT ORDERS/PROTOCOLS	TIME ADM.
	Morphine per ERP orders: _____1st dose _____2nd dose at Additional doses per ERP_____ mgIV every _____minutes for a total _____ mg	
	Fentanyl per ERP orders:.: _____1st dose _____2nd dose Additional doses per ERP_____ mcgIV every _____minutes for a total _____ mcg	

DESTINATION:

☐ **JERSEY COMM HOSPITAL** ☐ **AMH**
☐ **OTHER** _____ ☐ **ST ANTHONY'S ALTON**

DISPOSITION:

☐ **TRAUMA DECLARED @** _____
☐ **REFUSAL NOTED**
☐ **DIVERTED TO:** _____

ECRN SIGNATURE: _____ **EMS#** _____

PHYSICIAN SIGNATURE: _____ **EMS #** _____

☐ **Review Requested (See back of form)** ☐ **Trend Reported (See back of form)**

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
EMERGENCY DEPARTMENT RADIO LOG

C-9-F-1a

ATTACH EKG STRIP/12 LEAD

OTHER COMMENTS: _____

SIGNATURE: _____ **EMS NUMBER:** _____

NARCOTIC ADMINISTRATION & WASTE LOG							
DATE	**TIME**	**MED NAME**	**ORDERING PHYSICIAN**	**AMOUNT GIVEN**	**AMOUNT WASTED**	**PARAMEDIC / PHRN SIGNATURE**	**WITNESS SIGNATURE**

EVOLVING TREND/POTENTIAL CRISIS

The Resource Hospital shall document any notification received by providers regarding a potential or evolving trend or crisis:

1. **Contact the EMS System Coordinator**
2. **Forward this notification to the EMS Department by Fax: 618-498-8491 EMAIL: srenken@jch.org**
3. **If more than 1 notification of same trend, contact the EMS Medical Director through EMS Coordinator (See OPERATIONS: EMS PROVIDER/ WORKSHEET-SYSTEM WIDE CRISIS.)**

Comments: _____

IF PRE-HOSPITAL REVIEW REQUESTED:

1. **Copy the Radio Log**
2. **Send to EMS Department, ATTN: EMS System Coordinator.**

Please provide reason a review is requested or issue to be reviewed. _____

SIGANTURE: _____ **EMSNUMBER:** _____

JERSEY COMMUNITY HOSPITAL **EMS SYSTEM**
POLICY AND PROCEDURE

ESTIMATED TIME OF ARRIVAL

I. Each ambulance service will make arrangements with its dispatching agency to notify a caller of the estimated time of arrival for an emergency vehicle when this information is requested by the caller.

_____
John Palcheff, DO, EMS Medical Director

JERSEY COMMUNITY HOSPITAL EMS SYSTEM
POLICY AND PROCEDURE
EMERGENCY MEDICAL DISPATCH

I. Purpose:
Provide quality patient care and emergency medical service to the citizens of the JERSEY COMMUNITY HOSPITAL EMS System
Develop a uniform level of response for the EMS System
Provide a means for continuous quality improvement and feedback
Provide for the safest and most appropriate level of response to the patient.

II. Policy:

A. Persons calling for emergency assistance shall never be required to speak with more than two persons to request emergency medical assistance.

B. Emergency Medical Units shall be dispatched by Illinois Licensed Emergency Medical Dispatchers in accordance to the standards developed by the Medical Director utilizing Emergency Medical Dispatch Protocols

C. Emergency medical units shall be dispatched emergency or non-emergency as determined by the Dispatch Center utilizing the EMD protocols.

D. A call may be upgraded to a emergency at the medical crew's discretion. An event report shall be completed and sent to the EMS Office if the medical crew upgrades the call.

E. All fully staffed ALS ambulance enroute time shall be less than 02:59 minutes after dispatch, 90% of the time. The medical crew shall acknowledge the call within 30 seconds.

F. All calls determined not emergent shall be dispatched as non-emergency response. Examples: back pain, minor hemorrhage, earache, constipation, etc.

G. Ambulance crews may, at their discretion, request additional assistance on non-first responder calls. Examples: manpower, extreme response time, forcible entry, etc.

H. If contacted by a telematics service provider, such as OnStar, that utilizes a system for Automatic Crash Notification (CAN), Dispatch shall use the appropriate EMD cardset protocols dictated by the situation, most likely Card 29 "Traffic/Transportation Accidents." If ProQA is available to the EMD, Dispatch will use the CAN protocol available within the EMD software as the situation warrants.

I. Any level of responders may request additional assistance/resource by contacting the local dispatch agency.

III. Procedures:

A. Emergency medical units dispatched as non-emergency, shall not upgrade to a emergency unless:
1. Dispatch Center determines that the patient's condition has changed, and requests you to upgrade to a emergency response.
2. Medical crew's discretion

B. Emergency medical units dispatched as a emergency response, shall not downgrade to a non-emergency response unless:
   1. Dispatch Center receives information from medical crews or original caller (First Responder, EMT, EMT-P) on scene that downgrade is appropriate.
   2. Medical Crew's discretion after receiving additional information.

C. An ambulance may divert from a non-emergency call to a higher priority ONLY IF:
   1. The ambulance is the closest available unit to the call. Examples of High Priority calls: chest pain, respiratory distress, CVA, etc.
   2. The diverting ambulance shall notify the Dispatch Center that they are diverting to the higher priority call.
   3. The diverting ambulance shall ensure that the Dispatch Center dispatches an ambulance or First Responder to the original call.

D. Units must call swap between emergency calls so that the closer ambulance handles the closer call. If a call swap occurs, the Dispatch Center must be notified of the call swap.

E. The EMS Medical Director shall review the following types of calls for compliance:
   1. Any non-emergency response that went to the hospital emergency.
   2. Any non-emergency call in which an emergency unit diverted to a higher priority call.
   3. Any call in which an event report is completed and returned.

F. An ambulance dispatched to the scene of an emergency may honor a request to cancel only under the following circumstances

   1. A request to cancel is received from an ambulance at the scene that is licensed and staffed at the same or higher level
   2. A request to cancel is received from an ambulance at the scene that is licensed or staffed at a lower level after that ambulance has given a patient report to the resource or associate hospital.
   3. A request to cancel is received from an individual EMT or First Responder at the scene who has identified his/her name, after making a patient report to the resource or associate hospital, and if they acquire a signed refusal of services.
   4. A request to cancel is received from the patient, patient's family, or original caller through the dispatcher.
   5. In all instances in which an ambulance honors a request to cancel, a Patient Care Report must be completed including documentation of who and under what circumstances the request for cancellation was made.
   6. This policy does not apply to air ambulance utilization. (See Policy O-28 for the procedure to cancel the helicopter)

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John Palcheff, DO., EMS Medical Director