

West Michigan Regional MCC

System Protocol Communications Policy

Date: 2021 DRAFT

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Communications Policy

The purpose of this policy is to define expected EMS communications within the WMRMCC area, in compliance with the state Medcom plan.

I. Alert from EMS to Hospitals:

A. EMTrack and EMResource

1. EMTrack is expected to be utilized as a means for providing hospitals with a preliminary notification of all inbound patients being transported to the Emergency Department. Refer to the ***EMTrack® Utilization Policy*** for details.
2. EMTrack notification should be generated prior to departure from the scene, when possible. If unable, provide the hospital with radio notification and then enter the call into EMTrack after hospital arrival and include "EMTrack entered after patient delivered" in the notes.
3. Participating hospitals are expected to maintain operational sessions of EMTrack and EMResource for the receipt of incoming patient notifications and for monitoring of, and response to, alert messages. Refer to the ***EMResource® Utilization Policy***.
4. EMS Dispatch Agencies, PSAP or dedicated Medical Dispatch, or both, are expected to maintain operational sessions of EMTrack and EMResource for the purposes of monitoring hospital availability and for the receipt of alert and MCI messages.
5. Select dispatch entities may be tasked with the creation of event notifications within EMResource for the purposes of MCI, disaster, or significant event notifications when the jurisdictional dispatch center does not have the staffing or capability to create events. Refer to the ***EMResource® Utilization Policy***.
6. EMS personnel are accountable for the proper use of the EMTrack notification system.
7. EMTrack notification of a hospital for low acuity patients (Alpha, Bravo and Charlie patients, unless specifically required to provide a radio report) is sufficient to meet the Medcom requirement of hospital notification. (See section II.D of this policy for exceptions)
8. EMTrack is a HIPAA secure platform. PHI information, photos and scanned identification are not cached to the sending device and may be included in alerts to the receiving hospitals.

II. Audible Communication with and within Hospitals

- A. Only designated and recorded communications methods should be utilized when communicating between EMS and hospitals for the provision of patient information, receipt of orders, consultation related to patient care, or potential bypass/diversion, to ensure compliance with statutory requirements.
- B. All hospital emergency departments that receive patients from EMS must have the capability to receive and record HERN (VHF), and phone communications via a dedicated and recorded phone number.
- C. All hospitals within the WMRMCC geographical area must maintain a 700/800MHz radio programmed with the full Region 6 radio template.
 1. At minimum, one 700/800MHz radio must be within the ED for receipt of EMS to hospital communications, and that radio must be on the hospital's assigned talk-group for EMS to hospital communications and may not be in scan mode or permit manually selecting other talk groups.
 2. A second radio is strongly encouraged for backup and MCI communications purposes. The hospital may determine the best talk group for any additional radio placed in the ED, and additional or backup radios may allow for scanning or manual selection of a talk group.
 3. All 700/800MHz radios, on which EMS to hospital communications or disaster communications may take place, must be recorded.
 - a. Recordings must be maintained for a minimum of 60 days and must be available to the MCA either directly through recording system access, or by direct request within 72 hours of the MCA request.
 - b. Recordings are the property of the MCA and are protected PSRO communications.
 4. Installed radios must meet all Medcom installation and coverage requirements.

MCA: West Michigan Regional Medical Control Consortium

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5. Hospitals must ensure adequate in-building coverage allowing for portable radios to be used by public safety within the facility.
6. Communications from EMS to hospitals shall occur on the talk group designated by the county number and then the MED number assigned to that hospital, unless specified otherwise in the Region 6 radio template.
 - a. Some hospitals had talk groups which predated the county number and med number format. Due to system structure and integration into cross border communications, these talk groups remain unchanged.
 - b. An alias column was added to the template to simplify identification.
- D. In addition to required EMTrack notifications, radio reports or phone calls are required for all ECHO and DELTA level patients, and if any of the following apply (when in doubt, call):
 1. CHARLIE level trauma patients
 2. Any time approval is needed, by protocol, for medications or procedures
 3. Whenever there are two or more patients in the back of the ambulance
 4. ALL STROKE and STEMI patients
 5. Unusual situations
 6. Patients needing isolation or decontamination (DECON)
 7. If there is a possibility of the hospital diverting the patient
- E. Audible reports (radio or phone) shall generally include:
 1. Patient severity level
 2. ETA
 3. Age, gender
 4. Chief complaint and history of chief complaint
 5. Significant physical and test findings including vital signs
 6. Treatment provided, requested treatments, if any, and response to treatment
 7. Additional trauma patient information: current anticoagulant use and pertinent comorbidities

III. Audible Communications between Callers, Dispatch, and EMS Units

- A. Each life support agency shall assure the electronic recording of all requests for EMS services and all dispatch communications. Such recordings must be made available to the jurisdictional MCA upon request.
- B. Effective 7/13/2021, all transporting ambulances, hospitals, and non-transporting EMS within the WMRMCC geographical area are operational on the MPSCS 700/800MHz system.
- C. The MCA's operating within the WMRMCC geographical area, as noted below by a X under the MCA name, waive the Medcom plan requirement, as permitted by R6.02, for transporting and non-transporting EMS providers to have HERN radios. The exemption/waiver applies to dispatch centers, medical dispatch centers, EMS bases, and all EMS vehicles.

MCAs waiving the HERN Requirement will have an "X" under their MCA name. If no "X" is present, the MCA has not approved the HERN waiver.

Allegan	Barry	Clare	Ionia	Isabella	Kent	Mason
Montcalm	Muskegon	N. Central	Newaygo	Oceana	Ottawa	

1. Exempted agencies must:
 - a. Participate on the MPSCS 700/800MHz radio system

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- b. Ensure that the in-county radio infrastructure supports radio to hospital communications to and from 90% of the agency's geographical service area.
 - i. Compliance with this requirement shall be satisfied by coverage studies provided by the dispatch/radio coordination agency within the county, demonstrating sufficient coverage.
 - ii. Either portable or mobile radios are permissible, provided they meet the coverage and other Medcom requirements.
 - c. Utilize the Region 6 full or abbreviated talk group template, or a template which contains the required talk groups, for interoperability with mutual aid agencies.
 - d. Have radios with an alpha-numeric display of talk-groups.
- D. EMS agencies operating on the 800MHz band shall have the following 800MHz federal interop channels programmed into their radios (base, mobile and portable)

Frequency	Input	Type	Tone	Alpha Tag	Description	Mode	Tag
851.01250	806.01250	RM	156.7 PL	8CALL90/90D	8CALL90 - Calling	FMN	Interop
851.51250	806.51250	RM	156.7 PL	8TAC91/91D	8TAC91 - Tactical	FMN	Interop
852.01250	807.01250	RM	156.7 PL	8TAC92/92D	8TAC92 - Tactical	FMN	Interop
852.51250	807.51250	RM	156.7 PL	8TAC93/93D	8TAC93 - Tactical	FMN	Interop
853.01250	808.01250	RM	156.7 PL	8TAC94/94D	8TAC94 - Tactical	FMN	Interop

IV. MCI and Event Communications

- A. During events in which multiple EMS agencies are working together, the establishment and dissemination of the method for interoperable communications is the responsibility of the primary EMS dispatch agency having jurisdiction over the event or incident. When not established by dispatch, the Medical Branch Director may establish or delegate the establishment of the interop channel.
 - a. Local agencies may determine which talk groups will be used for in-county special events. However, it is recommended that standardized EVENT channels be used in case an event escalates into a multi-jurisdictional situation.
 - b. The EMER talk group specific to a county may be used for DISCOM communication with all EMS units assigned to an event, or a requested EVENT talk group may be used.
 - c. The county specific EMS talk group may be used for dispatch and communications with non-event units, or a requested EVENT talk group may be used.
 - d. For on-scene line of sight communications, or for in-building coverage when a repeated talk group is not functioning correctly, EMS may use the 8TAC-D or 7TAC-D talk groups. These talk groups are also available to fire and law enforcement; thus, it is imperative that coms be coordinated in a unified command.
 - e. Since hospitals are only required to have one 800MHz radio for patient reports, and those radios must stay on the assigned talk group, the policy avoids utilization of required talk groups for hospitals when the capacity to use them may not be present. Thus, the HOSP talk groups are not required and are not planned for broad "all hospital" communications.
 - f. CHREG6 is a required EMS, Hospital, Emergency Management, MCA and MCC administrative talk group. CHREG6 may be used for an "all hospital" administration/coordination notification.
- B. In events where agencies without 800MHz capability, from outside of the WMRMCC area, are utilized, radio caches from the local communities, Region 6, or MSP may be requested.

V. Reference materials

- A. Up to date radio frequency, 800 MHz Regional template, and EMS Contact lists shall be maintained as reference documents to this protocol.