



## MEDICAL COMMUNICATIONS PROTOCOLS

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<b>Introduction</b>	The medical communications protocols governs field unit to base hospital, receiving hospital(s) and dispatch center communications.
<b>Response &amp; Arrival</b>	Ambulances dispatched to a declared MCI will advise the jurisdictional PSAP and/or EMS Dispatch Center of response and arrival at either incident location or staging area.
<b>First-In Ambulance</b>	First-in ambulance shall report directly to the IC to coordinate <ul style="list-style-type: none"><li>▪ The establishment of the Medical Group</li><li>▪ Resource needs</li><li>▪ Logistical concerns (ie. triage &amp; treatment areas, tactical frequencies, helispot etc.)</li></ul>
<b>Additional Ambulance(s)</b>	Additional ambulance(s) shall report to the staging area or the IC upon arrival for assignment
<b>On Scene Communications</b>	All communications within the Medical Group will be conducted on the designated medical tactical channel if assigned. If a separate tactical channel is needed, request it from IC.  All requests for additional resources or personnel shall be routed to the IC
<b>Field to Hospital Communications</b>	The Patient Transportation Group Supervisor acting as Medical Communications Coordinator shall contact the Coordinating Base Hospital.
<b>Initial Report</b>	After contact is established, the medic shall relay the following information via an initial report: <ul style="list-style-type: none"><li>▪ Brief incident overview including level of incident (I or II)</li><li>▪ Estimated patients and corresponding triage categories</li><li>▪ Extenuating or unusual circumstances that could affect the choice of hospitals to poll for availability (e.g. pediatric or burned patients)</li></ul> Base station action after initial report: <ul style="list-style-type: none"><li>▪ Poll the appropriate receiving facilities based on the region of the event. Follow the instructions located in the appropriate regional hospital MCI contact directory.</li><li>▪ Be prepared to relay the poll results to the on-scene Medical Communications Coordinator.</li></ul>

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## MEDICAL COMMUNICATIONS PROTOCOLS CONTINUED

### Secondary Report

During the second contact the Medical Communications Coordinator will expect to receive the hospital availability poll results. Included should be the number of immediate and delayed patients a polled hospital can receive.

- Include any known deficits, such as lack of neuro capability or unusable helipads.
- The Medical Communications Coordinator shall read back the information to ensure accuracy.

As additional information becomes available, the Medical Communications Coordinator position will update the coordinating base hospital of individual patient status using the following abbreviated format:

- Triage tag # and category
- Approximate age
- Sex
- Chief complaint or injury
- Transport vehicle and destination

Detailed patient management will not normally be directed by the base. Paramedics will treat patients as they deem appropriate (as in the case of disrupted communications). MCI patient treatment will be reviewed by the EMS Agency for Quality Improvement purposes.

### Patient Destination Decisions

After secondary report contact, the Medical Communications Coordinator shall determine the hospital destination for all patients. The coordinating base hospital shall be available for consultation if needed.

### Hospital to Hospital

As time permits, the Coordinating Base Hospital will update affected receiving hospitals on number and categories of patients being sent.

### Ambulance to Receiving

Receiving hospital notifications shall be kept as brief as possible. Transporting ambulance will contact the receiving hospital on the assigned FASTER radio channel and provide an abbreviated report that shall include:

- Approximate age
- Chief complaint, and/or mechanism of injury, critical deficiencies
- ETA to facility