

## **Out of Hospital Care Provider Policy**

**Title:** Field Communication Procedures

**Effective Date:** February 1, 1995

**Revised:** January 23, 2001

### **I. Introduction:**

The purpose of this procedure is to standardize the method of communication for all EMS personnel.

### **II. MERS Radio System:**

A high band radio system is the primary operating system for all Erie County communications pertinent to Emergency Medical Services. Two MERS frequencies provide the primary communication channels. 155.340 Mhz is designated as the primary "suburban" hospital communications frequency. 155.325 Mhz is designated as the primary "inner city" hospital communications frequency. All Erie County hospitals have the ability to communicate on both frequencies if so required. Following is a list of health care facilities, MERS designation numbers and primary operating frequency:

<u><b>Health Care Facility</b></u>	<u><b>MERS Designation</b></u>	<u><b>Primary Frequency</b></u>
Bertrand Chaffee Hospital	641	155.340
Buffalo General Hospital	643	155.325
Children's Hospital	644	155.325
DeGraff Memorial Hospital	311	155.340
Erie County Medical Center	646	155.325
Kenmore Mercy Hospital	648	155.340
Lake Shore Intercommunity Hospital	721	155.340
Millard Fillmore Suburban	652	155.340
Millard Fillmore Hospital - Gates Circle	651	155.325
Sheehan Memorial Hospital	647	155.325
Saint Joseph's Hospital	656	155.340
Sister's Of Charity Hospital	654	155.325
South Buffalo Mercy Hospital	657	155.340
Tri-County Hospital	662	155.340
Veterans Administration Medical Center	655	155.340

All mobile units possessing MERS radio capabilities are assigned an associated MERS designation which shall be utilized during communications (see general operational procedures below). MERS Control, located at the Erie County Medical Center, shall be responsible for overseeing all operations of MERS, including but not limited to training, authorization of users, control of radio traffic, maintaining hospital status reports, maintenance of FCC licenses, etc.. In addition to the two primary MERS frequencies, Erie County maintains four operational UHF MED channels and also recognizes the use of cellular technology.

### **III. General Operational Procedures:**

#### **A. Medical Direction For Adult Patients:**

All field units are encouraged to utilize on-line medical control in accordance with current WREMS protocols or whenever deemed necessary by the care provider. The Erie County Medical Center shall provide on-line medical direction to any unit who currently has an agreement with the Erie County Medical Center to provide such direction. If a unit is in need of obtaining on-line medical direction the following procedures shall be followed:

##### FOR TELEPHONE EQUIPED UNITS (INCLUDING CELLULAR)

- 1) Contact MERS control via Medical direction line 898-4888.
- 2) Identify yourself, unit and level of training to the answering party and request direction from a physician, stay on the line as the dispatcher is connecting you with the physician.
- 4) Present your information/request to the directing physician.
- 5) Echo back (repeat) a confirmation of any orders given.
- 6) Inquire as to the physician's name and the medical control number and document both on your PCR along with any orders given by M.C..
- 7) When your call is complete, hang up.

##### FOR UNITS NOT EQUIPPED WITH A TELEPHONE

- 1) Contact MERS control via 155.340 or 155.325 and request medical direction. Be sure to state whether you are in need of medical or surgical direction. MERS control will alert a physician to answer the radio.
- 2) When the physician answers the radio, identify yourself, unit and level of training.
- 3) Present your information/request to the directing physician.
- 4) Echo back (repeat) a confirmation of any orders given.
- 5) Inquire as to the physician's name and the medical control number and document both on your PCR along with any orders given by M.C..

#### **B. Medical Direction For Pediatric Patients:**

All medical direction for pediatric patients is given by Children's Hospital. Any unit in need of medical direction for a pediatric patient shall contact Children's Hospital directly via the telephone at 878-7888. If a telephone is not available, Children's Hospital can be contacted via the MERS radio system in a similar fashion as outlined above.

**C. Telemetry:**

Under certain circumstances a field unit may either desire or be requested to transmit an EKG strip to the physician providing medical direction. Bio-telemetry can be transmitted via telephone or via a MED channel. When necessary to transmit an EKG strip the following procedures shall be followed:

**D) Telephone/Cellular Transmission of Bio-telemetry:**

- a) Ensure that the patient is properly hooked up to the defibrillator/monitor and that the monitor is operating correctly.
- b) Establish voice communications with the receiving physician as outlined in **A** above.
- c) When the receiving physician gives the go-ahead to transmit the EKG, initiate transmission as per your standard operating procedure.
- d) Once transmission of the EKG has been completed, re-establish voice communications with the receiving physician for interpretation/orders.
- e) Upon completion of the session, notify MERS control that the telephone line is clear.

**D. Routine Hospital Notifications:**

Whenever a unit is transporting a patient to a receiving facility, a MERS radio report shall be transmitted to the receiving facility. (*Note: In the case of an M.C.I., routine hospital notifications should NOT be conducted. Refer to section VI below.*) The report should include at a minimum the name of the unit providing the transport, the patient's age, sex, chief complaint/cause of condition, major signs & symptoms, vital signs, significant treatment given and Estimated Time of Arrival.

In order to initiate a routine hospital notification, the following procedure shall be followed:

- a) Contact MERS control on 155.340 if contacting a "suburban" hospital or on 155.325 if contacting a "city" hospital.
- b) Identify the transporting unit by both name and MERS identification number, the frequency you are utilizing and request "clearance for the frequency" in order to contact the desired hospital. (Refer to item IV below for an explanation of Hospital Status)
- c) Once granted clearance for the frequency, contact the destination hospital by both hospital name and MERS identification number. Include the name and MERS identification number of the transporting agency as well as the frequency you are utilizing.

- d) Once the hospital answers, relay all pertinent patient information. It is a good practice to release the transmitter button every 30-45 seconds to avoid the possibility of the transmitter shutting down.
- e) Upon completion of the report, confirm that the hospital received the transmission and verbally indicate that you are "clear of the frequency 155.XXX".

**SAMPLE ROUTINE HOSPITAL NOTIFICATION REPORT**

**Unit:** "MERS Control, this is Lake Shore 892 calling on 325."  
**MERS:** "Go ahead Lake Shore, this is MERS Control."  
**Unit:** "Requesting clearance for ECMC on 325."  
**MERS:** "Be advised, their status is open, the frequency is clear."  
**Unit:** "That's clear....ECMC 646 this is Lake Shore 892 on 325."  
**Hospital:** "This is ECMC, go ahead Lake Shore."  
**Unit:** "Be advised, we are in route to your facility with a 69 year old male, patient of Dr. Mirani. The patient is complaining of Chest Pain, onset two hours ago. The physical exam is unremarkable. The Vital Signs are pulse rate of 72, respiratory rate 16, blood pressure of 140/90, skin is warm and dry. The patient is conscious and alert and in extreme pain. We have the patient on high flow oxygen and have established an IV. Our Estimated Time of Arrival is 5 minutes."  
**Hospital:** "That's clear Lake Shore. ECMC clear of 325 at 14:00 hours."  
**Unit:** "Lake Shore clear of 325."

**IV. Hospital Status Reports:**

Every four hours, MERS control conducts a survey of hospitals to ascertain their current status. Currently, four status's are being used, open status, open status with a delay in patient care, ALS diversion and Full diversion. The status of a particular hospital can be obtained by contacting MERS Control and requesting a hospital status report.

**V. User Requirements:**

In order to be permitted to operate a radio on the MERS system, the operator shall have received instruction as to proper radio procedures and utilization policies. MERS Control routinely provides such training. Additionally, the individual operating such a radio must be a member of a recognized agency rendering out of hospital care.

## **VI. MCI/Disaster Operations:**

In the event of a Mass Casualty Incident or disaster, routine hospital notifications shall not be transmitted. Instead, the following procedures shall be followed:

- a) Notify MERS Control of the incident as soon as possible. This allows MERS to notify receiving hospitals of the potential influx of a large volume of patients. Additionally, MERS can notify additional resources as necessary.
- b) Request that MERS Control "clear" a MERS frequency for the specific use of the agency mitigating the MCI. All other "routine" MERS communications will then be diverted to an unused frequency.
- c) Units transporting patients in an MCI situation shall refrain from routine hospital notifications. Instead, the transportation officer shall notify hospitals only of the number and status of patients being transported to their facility by each ambulance. Refer to the NYS MCI Kit for details concerning operations during an MCI.
- d) Upon completion of the incident, notify MERS control that the incident has been mitigated and that use of the MERS frequency is no longer needed.

## **VII. Advanced Life Support Operations**

In order to receive medical direction from E.C.M.C., Children's Hospital or any other Erie County hospital, a previously arranged agreement for medical direction must be established. The Erie County Emergency Medical Services Advanced Life Support Coordinator can be contacted to initiate an agreement for medical direction with a physician and hospital (refer to the appropriate policy regarding obtaining medical direction). New York State Article 30 of the Public Health Law, part 800, requires all agencies providing advanced life support and/or defibrillation to have a medical director and hospital affiliation.

## **WREMS DIVERSION POLICY**

For a facility to request diversion status, the Emergency Department needs to be operating beyond its capacity to provide quality patient care, with resources so limited that the acceptance of an additional patient would either endanger the life of that patient or another patient.

There are four possible statuses of the Emergency Department which clearly need to be identified:

1. Open Status - which means no delay in patient care.
2. Open Status with Delay in Patient Care - This is left up to the individual facility to determine what the "delay" actually means. The intent of this status is to allow EMS services to consider alternative destinations when they advise patients that there will be a delay in care. The delay in care must be explained to the patient and must be documented on the PCR.
3. ALS Diversion - When an ED is in this status, all patients from the CIPS status definitions of unstable or potentially unstable are diverted.
4. FULL Diversion - This relates to diverting all patients who from the CUPS status are unstable, potentially unstable, as well as stable.

The use of the CUPS status replaces the ALS and BLS statuses which are somewhat ambiguous.

### **STEPS FOR A HOSPITAL TO GO ON DIVERSION:**

1. The decision to divert must be made by the CEO or designee of the facility in conjunction with the Emergency Department Physician.
2. Once the hospital finds it necessary to go on a diversion status, the Regional Office of the Department of Health is to be notified immediately.
3. The hospital is responsible for notifying the Regional Dispatch Organization/Dispatch Centers that can alert the pre-hospital care community the hospital is on diversion.
4. The hospital must have selected alternative facilities that incoming patients are to be transported to.
5. The hospital must, according to 405 Standards, ensure that the following has occurred:
  1. Additional staff are called in.
  2. A discharge team has evaluated patients in the Emergency Department, as well as on the floors, for early discharge.

3. Cancel elective surgeries
4. Open additional certified beds, which may not have been kept staffed and open.

With those in place, diversionary status may be instituted.

Diversion status needs to be enacted for the minimal amount of time feasible, which is defined as the maximum 4 hours for ALS Diversion, 2 hours for FULL Diversion unless renewed.

EMS personnel may transport patients to a hospital on diversion in the following situations:

1. All critical patients, those that are too unstable to bypass the nearest facility, are ALWAYS brought to that facility whether or not it is on diversion. Examples include those with airways that cannot be maintained, those in shock, those in cardiopulmonary arrest, etc.
2. Those patients in which on-line medical direction directs patients to the facility despite it's diversionary status.
3. Specialty hospitals, those that offer services not readily available at other facilities, such as trauma, hyperbaric medicine, etc. may not refuse patients requiring these services, regardless of their diversionary status.
4. Patient refusal. The patient always has the right, once explained the risks and benefits of the decision, to go to a facility on diversion.

# Memorandum

---

**To:** All EMS Agencies / Dispatch Centers

**CC:** D. Jehle, M.D., Roger Seibel, M.D., W. Flynn, M.D., Greg Young, M.D., Margaret Paroski M.D.

**From:** Anthony J. Billittier IV, M.D.

**Date:** 01/31/01

**Re:** ECMC policy regarding closure to trauma and burn patients

---

Please note that patients requiring trauma or burn services **cannot** be diverted from ECMC regardless of what ECMC's diversion status is (e.g. ALS or FULL diversion). Please see the attached WREMAC Diversion Policy for clarification.

The only exceptions to the above rule are when ECMC's emergency department would need to close for safety concerns (e.g., fire) or when specifically directed by on-line medical control.