

ALS COMMUNICATIONS ASSIGNMENT



Revised: 1-6-89

I. **AUTHORITY**:

Health and Safety HS Code, Division 2.5 Emergency Medical Services, 1798.176. The authority shall establish the minimum standard for the policies and procedures necessary for medical control of the EMS system.

APPLICATION: II.

This policy describes the criteria for an emergency medical technician-paramedic (EMT-P) to request communication assignment to a base hospital and the transmission process.

III. ASSIGNMENT REQUEST:

An EMT-P at the incident scene, upon determining that medical direction from a BH is appropriate, shall request the OCC establish a communications assignment (Alpha or Bravo; Channel 1-8; base hospital).

EXCEPTIONS: an EMT-P shall request a communications assignment prior to arrival at the scene when the EMT-P:

- is knowledgeable of the response area and has experienced previous radio coverage problems (i.e., "dead spots") in the area;
- has been advised by the first responders that the patient is in "full arrest";
- has been advised by the first responders that the incident may require more than one advanced life support (ALS) unit (multiple victim incident);
- has been advised by the first responders that the incident is an acute medical or critical trauma incident.
- has been advised in route of the patient's status by the first responders and that a frequency assignment will be needed.

IV. COMMUNICATION MODE:

When contact with OCC is not possible via the Med-10 radio installed in the fire department's response vehicle. The following alternatives are available in order of priority:

Preferred

Coronary observation radio (COR/APCOR), Channel 10, with appropriate private line (PL) code selected.

Alternatives

Med-10 radio available in the ambulance at scene.

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Approved:

Bully 10 Dalme Sovere

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- Jurisdiction's dispatch center to OCC.
- Fire service radio channel (800MHz = 4A).
- Telephone OCC at 834-7033.

At the discretion of the EMT-P, any prehospital care team member may request a communications assignment from "OCC" utilizing the above mentioned methods. However, the EMT-P is responsible for transmitting patient information directly to the base hospital medical control.

If the EMT-P cannot establish a direct link (i.e., without a third party retransmitting that information) to discuss patient condition and receive orders, then an EMT-P ALS Treatment and Communications Failure" form is to be completed and delivered to the BH within 24 hours of the incident. Reference OCEMS Agency Policy and Procedures #330.15 and #330.90.

IV. TRANSMISSION:

- A. The EMT-P (or designee) contacts OCC stating his/her radio identifier and waits for acknowledgment.
- After OCC responds to the EMT-P with his/her radio identifier, the EMT-P reports the unit's identifier, the response area district number, and the type of medical aid.
- With the communications assignment OCC should respond within one minute of the request.
- The EMT-P should wait two to three minutes prior to contacting the assigned BH.
- The EMT-P shall utilize his/her radio unit identifier with the assigned Alpha or Bravo designator on all radio transmissions.
- All radio transmissions requiring more than 30 seconds to complete shall be separated into 30second intervals. Use of the words "10-4 so far?" or "break" followed by a 2 or 3 second silence will accomplish this spacing in transmissions.

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