

Policy Title: <b>COMMUNICATIONS POLICY</b>		No. <b>C - 8</b>
Board approval: 03/13/25	Effective: 11/1/24	Supersedes: 12/27/22
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## I. POLICY

- A. According to IDPH Rules, there shall be prehospital to hospital communication from the scene and/or in transit on all emergency calls involving the establishment of a System-patient relationship. Voice orders to EMS personnel via radio, telemetry, or cellular phones shall be given by or under the direction of the EMS System Medical Director (EMS MD) or designee, who shall be either an Emergency Communications Registered Nurse (ECRN) or physician.
- B. "The use of cellular telephones is permitted provided that the ambulance also has VHF or UHF radio back-up on a frequency assigned by IDPH, and permission of the EMS Resource Hospital is obtained" (EMS Rules). When calling a hospital via cell phone using the contact number listed on the SOP or this policy, the call is being routed through the UHF (telemetry radio) and is being recorded.
- C. **Section 515.410 states and the System affirms compliance with the following:**
1. EMS telecommunications equipment shall be configured to allow the EMS MD, or designee, to monitor all vehicle to hospital transmissions and hospital to vehicle transmissions within the System (b).
  2. The Resource and all Associate Hospitals shall have an operational control point for a Medical Emergency Communications of Illinois (MERC) VHF/UHF base station, telemetry receiving/monitoring and Associate to Resource Hospital communications (c).
  3. Physician direction is provided from the operational control point of the Resource or Associate Hospitals" ALS medical orders over the UHF radio/cellular phone connection shall be recorded (d).
  4. Telecommunications equipment necessary to fulfill the requirements of this Part shall be staffed and maintained 24-hours every day, including radio base stations, telephone and computer and their required (e). EMS System personnel shall be capable of properly operating their respective communications equipment (f).
  5. All telecommunications equipment shall be maintained to minimize service interruptions breakdowns. Procedures shall be established to provide immediate action to be taken by operating personnel to utilize secondary forms of communication and ensure rapid restoration in case breakdowns do occur (g).
  6. Written protocols shall describe communications procedures for operation of the System, all base station control points, and field units. Mobile base control points and mobile units shall have an easily accessible copy of the protocols pertaining to their stations (h).
  7. Written protocols shall include a requirement that before terminating communications with medical direction, **pre-hospital personnel must notify medical direction of a method by which the ambulance can be re-contacted, and must set its communications equipment so as to be able to receive a call from medical direction (i).**
  8. The Department shall ensure radio coverage in approved program service areas without causing interference in existing Systems (j).
  9. The Department shall monitor and require modifications in channel assignments, to correct documented radio interference-(k).
- D. **Timing of medical direction contact:** EMS personnel shall establish on-line medical control (OLMC) as soon as practical (SOP) giving the receiving facility as much notice as possible of the patient's imminent arrival. This will also allow the contacted hospital to direct patients to the nearest most appropriate receiving facility based on the patient's medical needs or a stable decisional patient's request.

## II. UHF: Telemetry Radio or Cellular Phone contact | Recordings

- A. Indications for contact via the UHF radio or cellular phone with a NWC EMSS hospital: patients who require **Advanced Life Support (ALS)** services; EMS is requesting an order

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to **terminate resuscitation (TOR)**; patient dissents/**refuses ALS** care or transportation after ALS interventions; or to confirm a **Triple 0**.

See Policy A3: Initiation of ALS or BLS Care/Scopes of Practice.

- B. Other than a means of voice communication, OLMC contact over the UHF radio or cellular phone line provides a two-fold purpose:
1. EMS personnel can transmit an ECG when appropriate. A copy of the ECG (3-4 and/or 12-lead) shall be affixed by the ECRN to the Communications Log and by ALS personnel to the EMS patient care report (PCR) for the patient's permanent medical record. Note the patient's name on all ECG tracings.
  2. All EMS OLMC calls are to be recorded for retrospective review for a minimum of 365 days, unless the Hospital's record retention policy requires retention for longer than 365 days, in which case such calls shall be maintained consistent with the hospital's record retention policy (IDPH emergency rules).
- C. **UHF (telemetry)** Medical emergency radio channels (assigned to the NWC EMSS by IDPH):

<u>RECEIVE</u>	<u>TRANSMIT</u>	<u>CHANNEL</u>	<u>PRIORITY</u>	<u>PL TONE</u>
468.000	463.000	Med 1	Primary: (Use First)	103.5
468.100	463.100	Med 5	Secondary	103.5
468.125	463.125	Med 6	Tertiary	103.5
468.175	463.175	Med 8	Itinerant*	103.5, 210.7

\*Inter and Intrastate Itinerant Channel - telemetry is limited on this channel to transmissions from itinerant ALS vehicles, engineering tests, and as a temporary back-up channel when Primary, Secondary and Tertiary channels are all unavailable.

1. **ALS calls:** Contact the nearest System hospital unless pre-existing transport patterns are established in the SOPs:
  - a. Patient meets criteria for a **Level I TC** with NWC EMSS OLMC privileges for patients coming to their facility (ALGH)
  - b. Patient meets criteria for transport to a **Comprehensive Stroke Center** with NWC EMSS OLMC privileges that may not be the closest hospital.

**In these instances, call the indicated receiving hospital directly.**

If transporting to a non-System licensed facility without OLMC privileges, call the nearest System hospital for OLMC who shall call report to the receiving facility.

2. **Dissent to ALS care/transport after ALS interventions:** Contact the nearest System hospital for OLMC including calls seeking approval to transport to a more distant hospital or alternate facility.
3. **BLS calls:** EMS units should not use the UHF (telemetry) radio for BLS calls unless communication attempts on the VHF (MERC) radio are unsuccessful.
4. **Simultaneous calls**
  - a. All ALS transmissions are to include only necessary information, and short telemetered ECG strips to minimize radio traffic and interference.
  - b. If another mobile unit is simultaneously transmitting on a Med Channel when contact with a hospital is attempted, the second caller may be asked to
    - (1) switch to a different Med Channel and continue transmission; or
    - (2) **time allot**. EMS personnel will be asked to wait a specified time and then transmit their findings after using their radio identifier.

### III. **USE of CELLULAR/LANDLINE PHONES**

- A. Cellular/landline phones may be used for ALS calls or refusals.

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**B. CELLULAR PHONE NUMBERS FOR SYSTEM HOSPITALS**

Alexian Brothers Medical Center (ABMC).....	847/ 437-8118
Glen Oaks Medical Center (GOMC) .....	630/ 545-5758
Good Shepherd Hospital (GSH).....	847/ 381-9525; 9555; & 847/ 842-4426
Northwest Community Hospital (NCH).....	847/ 259-9767
Resurrection Medical Center (RES).....	773/ 774-8455
Saint Alexius Medical Center (SAMC) .....	847/ 843-3508
If transporting to Lutheran General (non-system hospital).....	847/ 696-0743

**IV. VHF (MERC I) Radio**

A. **BLS patients** shall be called in on the VHF (MERC I) radio or cellular phone. It may also be used as a means of hospital-to-hospital communication when a medium to large scale Multiple Patient Incident (MPI) Plan has been activated.

B. No ALS orders shall be given over the VHF radio unless ALS medical direction is urgently required and the UHF (telemetry) radio, cellular phone, and telephone landlines are non-operative or when poor sound reception results in ineffective communication and the VHF radio is the only means of communication available.

C. BLS dissent to care/refusals must be confirmed via OLMC with the nearest System Resource or Associate hospital unless exempted by policy. If VHF radio or cellular phone contact cannot be established, communication shall be attempted over the UHF radio.

D. It is medical direction's prerogative to have questionable BLS calls switched to the UHF radio or cellular phone for ALS orders.

**E. VHF frequency designations**

<u>Channel name</u>	<u>Use</u>	<u>PL Tone</u>	
155.340	Statewide BLS; Itinerant Channel System use south of NW Tollway	ABMC:	167.9 Hz
		GOMC	_____
155.400	BLS channel north of NW Tollway	GSH:	100.0 Hz
		LGH:	146.2 HZ
		NCH:	ZA (94.8 Hz)
		RES:	186.2 HZ
		SAMC:	88.5 HZ
155.280	Hospital to hospital communication in a medium-large scale MPI situation	All:	D156

In a medium to large scale MPI, NCH can communicate with any of the Associate hospitals by transmitting on the MERC I 280 channel and specifying which hospital they are trying to contact. For example, If trying to contact Good Shepherd Hospital, the NCH nurse would select the MERC I 280 channel and transmit "Good Shepherd, Good Shepherd, this is Northwest Community calling on MERC I 280." All the hospitals will hear the transmission, but GSH would know that they are being hailed.

**V. Contingency notification by dispatchers**

At no time should a radio dispatcher from an individual provider notify a receiving hospital of the imminent arrival of a patient unless all other modes of communications have failed. However, no hospital should ever receive a critically ill or injured patient without some advance notification.

**Exception:** Medium to large scale MPI situations. The agency's dispatch center is to give the Resource Hospital (NCH) an early alert that a possible MPI situation exists so they can begin to build the needed hospital resources.

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VI. **Call back number/frequency:** "Before terminating communications with medical direction, prehospital personnel must notify medical direction of a method by which the ambulance can be re-contacted, and must set its communications equipment so as to be able to receive a call from medical direction."

VII. **General communication principles and procedures**

- A. Conversations should be brief and confined to the problem at hand. Limit the time of individual transmissions to include only necessary information transfer.
- B. Eliminate unnecessary words.
- C. Speak at a rate of 40-60 words per minute.
- D. Before talking, listen to be sure no one else is transmitting.
- E. Speak in a distinct, slow, normal voice.
- F. Think before transmitting to minimize repeating yourself or communicating unnecessary information.
- G. State unit identifier with each new transmission.
- H. Hospitals shall acknowledge receipt and understanding of field transmission before speaking, i.e., "we copy community/ambulance # \_\_\_\_\_," then proceed.
- I. Critical indexes, i.e., orders like drug name and dosage, may be repeated (double phrased).
- J. FCC rules prohibit deceptive as well as profane and indecent language.
- K. FCC prohibits the use or dissemination of confidential information which was transmitted over the radio except to appropriate medical or prehospital personnel when it is required to actively help in the care of the patient.
- L. When finished with the transmission, sign off with the station call number.

VIII. **Documenting OLMC communication**

OLMC for EMS calls shall be documented on a System-approved, sequentially numbered Communications Log at the Resource/Associate Hospital taking the call. A copy of this log sheet shall become part of the patient's permanent medical record. A second copy shall be created for quality improvement purposes and may be discarded after review or stored per individual hospital policy either electronically or in paper format. (See Policy C-9: Documentation of EMS Communication Log.)

IX. **OLMC Hospital to receiving facility report**

If a System hospital provides OLMC for an EMS unit that will be transporting to another hospital or approved licensed facility (whether in or out of System), the ECRN directing care is responsible for immediately notifying a nurse or physician at the receiving facility informing them of the patient's status, EMS care rendered and ETA. This OLMC-facility communication may be established via telemetry communication or direct dial phone.

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Matthew T. Jordan, MD, FACEP  
EMS System Medical Director

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Bill Toliopoulos BSN, RN, PHRN  
EMS Administrative Director