

# COMMUNICATIONS

## **Communications - Section 40.000**

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## **BOEC EMS Dispatch**

[Multnomah County]

### **Purpose:**

EMS Dispatch, located at the Bureau of Emergency Communications (BOEC), is required to send the appropriate emergency medical responder units and ambulances to medical emergencies. In order to determine the appropriate ambulance it is necessary that the status of ambulances be kept at BOEC Dispatch.

### **Procedure:**

- A.** Ambulance crews are responsible for correct unit identification when communicating with BOEC Dispatch.
  - 1. The term “Medic” shall precede the unit ID for all contract ambulance vehicles, (i.e., Medic-317).
  - 2. The Company name shall precede the unit ID for all other ambulance vehicles, (i.e., Metrowest-65).
- B.** EMS Providers on each ambulance shall promptly inform BOEC and AMR dispatch of the following changes in status by Mobile Data Computer or radio:
  - 1. At post when at a posting location.
  - 2. Available when returned to service (location or destination shall be stated).
  - 3. In service at post or hospital.
  - 4. In service out of post (location or destination shall be stated).
  - 5. In service at the scene of emergency.
  - 6. En route to an emergency scene (or posting location).
  - 7. En route from post-to-post move, (to be given by radio ONLY).
  - 8. On scene at an emergency incident; to be reported by MDC and voice.
  - 9. Transport to a hospital from an emergency scene.
  - 10. Transport Complete at a hospital from an emergency scene.
  - 11. Out of service (No longer available to respond to dispatch orders from EMS Dispatch).
  - 12. **Slowed** when the priority of response is reduced by units on scene, or BOEC dispatch.
  - 13. **Staged** when responding units arrive at a standby location because of the uncertainty of the safety of the scene; the staging location must be reported by voice.
  - 14. **With patient** time will be recorded when the crew actually makes physical patient contact. When physical contact can not be made due to a situation such as a contaminated patient or entrapment, the time will start when communication is made.

- C. When a unit is dispatched, the BOEC Dispatcher will give the following information:
1. The unit being assigned to the incident.
  2. The Response Priority, (if the response priority is other than Priority 1):

Priority	Fire	Ambulance	Law Enforcement
1	Hot	Hot	Hot
2	Hot	Hot	—
3	Hot	Cold	—
4	—	Hot	—
5	Cold	—	—
6	—	Cold	—
7	Cold	Cold	—

3. The Type Code.
  4. The location of the incident.
  5. The assigned talkgroup.
  6. The time of the dispatch.
- D. When a unit is called by the BOEC dispatch center, the unit shall immediately respond with their location. For example; M317, SE 122 and Division.
- E. When a unit is dispatched from other than its assigned post, the unit shall state the location from which it is responding, for example; M317, SE 122 and Division.
- F. When an ambulance is en route to a hospital the following shall be stated:
1. The identity of the hospital.
  2. The transport priority.
  3. The number of patients being transported.
- G. When an ambulance clears an incident at a hospital, or does not transport a patient:
1. Notify AMR dispatch center by MDC, **or**,
  2. If the MDC is not functional, reported by voice to AMR dispatch.
- H. EMS Providers shall use clear voice when advising of status changes.
- I. **A radio message is not “received” at BOEC unless the unit is acknowledged by a dispatcher.** This acknowledgment usually takes the form of the dispatcher stating the unit number and the time of day that the message was received (example: “Medic 317 at 2205”).
- J. A tactical talkgroup, assigned by the BOEC Dispatcher, may be used at emergency scenes for purposes of scene coordination when multiple units respond to the same incident.

## Medical Resource Hospital, Receiving Hospitals and the Trauma Communications Center

### Purpose:

This protocol describes the steps an EMS Provider should follow in contacting Medical Resource Hospital (MRH) and/or a Receiving Hospital for On-Line Medical Control (OLMC), and describes the contents of the various reports.

### Procedure:

**A.** Calls to MRH or the Receiving Hospital: EMS Providers shall contact MRH or the Receiving Hospital by radio or telephone in the following situations:

1. As required by the protocols.
2. As required in approved studies.
3. As required for trauma services.
4. When On-Line Medical Control is needed.

**B.** All scenes involving OLMC contact:

1. One person at the scene must be designated as the contact person in charge of communications. The EMS Provider designated as “in charge” of communications shall contact MRH or the Receiving Hospital by the time transport has begun, including all air ambulance transports.
2. For OLMC, MRH shall be contacted if a patient’s destination is in Multnomah or Clackamas County, excluding Meridian Park Hospital. If an MRH physician cannot be contacted, contact the Receiving Hospital.
3. The Receiving Hospital should be contacted if a patient’s destination hospital is in Washington County, including Meridian Park Hospital. If a Receiving Hospital physician cannot be contacted, call MRH.
4. If BLS responders have initiated OLMC communications, ALS responders shall continue to use that medical direction source.

**C. When requesting OLMC, the following information must be relayed**

1. Unit number, identity and certification level of person making contact.
2. Location of the call, street address if appropriate.
3. Purpose of call. (Identify the protocol being followed).
4. Age and sex of patient.
5. Patient’s chief complaint.

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6. Brief history, prior medical history, medications, and allergies.
  7. Vital signs.
  8. Pertinent physical findings.
  9. Treatment at scene.
  10. Destination hospital and ETA, including loading time.
- D.** When contacting the TCC for trauma system patients, the following information must be relayed.
1. Unit number, identity and certification level of person making contact.
  2. Location of the incident, street address if appropriate.
  3. Number of patients. Follow *Multiple Casualty Incident* protocol, if applicable.
  4. Age and sex of the patients.
  5. Trauma System entry criteria (be as specific as possible).
  6. Trauma Band number(s).
  7. Patient's vital signs, specify if **not taken** or **not present**.
  8. Approximate ETA of patient(s) to Trauma Center; include loading time if appropriate.
  9. Unit number and mode of transport.
  10. Patient destination based on incident location or request.