# *Communications with Emergency Facilities*

**Purpose**: Facilitate effective communications between EMS units and the OCMCA Emergency Facilities. Medical direction is available from all OCMCA Emergency Facilities (see **8.3 Transportation Protocol**).

**Communicating with Emergency Facilities**
EMS units may contact an Emergency Facility by the following:

- E-Bridge
- Cell phone (recorded line – see Appendix A)
- 800 MHz Radio
- VHF Radio

Emergency Facilities must assure that all forms of communication (listed above) are recorded. Recordings from cell phone calls will be stored for at least one year.

EMS units should contact the Emergency Facility based on the following:

- Transporting: As soon as possible prior to arrival at the Emergency Facility.
- Non-transporting: Prior to leaving the scene, if necessary.

EMS Unit Identifiers for communications:

- Alpha – A – ALS transport unit
- Bravo – B – BLS transport unit
- Charlie – C – Supervisory vehicle
- Delta – D – Physician vehicle
- Echo – E – ALS non transport unit
- Hotel – H – Air Ambulance or Helicopter
- Romeo – R – Rescue, Extrication or MFR unit
- Tango – T – BLS non transport unit

**Notification of Transport**

**A. Approved OCMCA Emergency Facilities**

1. When communicating, utilize the Unit Identifier and Unit Number.
2. When transporting a patient, start your communication with one of the following:
   - Request for Medical Direction
     - Example: “Hospital this is Alpha 431 with a priority 1 traffic, requesting a physician to the radio.”
   - Notification only
     - Example: “Hospital this is Bravo 042 with priority 3 traffic. Notification of transport only.”
3. After the Emergency Facility acknowledges your communication provide the following information:

- Patient priority
- Age
- Gender
- Chief complaint
- Vital signs if outside of normal limits, including significant EKG changes and GCS.
- Field treatment (e.g. IV, O2, Meds given)
- ETA
- Request for medical direction, if applicable.

4. Re-contact the receiving facility, if necessary.

**Other Medical Direction Communications**

In the following situations, EMS personnel will contact the closest appropriate facility (this is the facility to which the patient will be transported, if required by protocol or online medical direction) for medical direction from a physician or for documentation purposes.

A. Pronouncement of death on scene (See **7.6 Patient Death Termination of Resuscitation and Pronouncement**).
B. In situations where EMS providers believe an emergency condition still exists and a patient is attempting to refuse care or transport (See **7.19 Refusal of Care**).
C. Deviations from any protocol (See **8.26 Protocol Deviation**).
D. Any situation where EMS personnel feel medical direction from a physician is indicated.

**Communications Failure**

Communications Failure is the inability to make contact with an Emergency Facility by all available methods, as defined in this protocol. This includes technology failures or failure of the Emergency Facility to acknowledge communication transmissions.

A. EMS personnel may initiate medical treatment protocols and procedures including interventions identified after the “Post Medical Control” section.
B. Notify your immediate supervisor and/or EMS Coordinator of the communications failure.
   The LSA will provide a written report describing the situation, actions taken, and description of the communication failure shall be provided to the Oakland County Medical Control Authority within 24 hours.