SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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EMS COMMUNICATIONS EQUIPMENT AND PROCEDURES

I. PURPOSE

A. To prescribe and define EMS communications within the City and County of San Francisco.

B. To provide an organized system for communications among all EMS providers during daily operations, multi-casualty incidents and disasters.

II. AUTHORITY

A. California Health and Safety Code, Division 2.5, Section 1797.220 and Section 1798(a);

B. California Code of Regulations, Section 100173(b) (2), 100174(b) (4), 100175(a).

III. POLICY

A. All EMS providers shall:
1. Be responsible for developing and maintaining internal policies and procedures for regularly scheduled maintenance and prompt repairs of EMS communications equipment to assure its good working order at all times.
2. Have internal policies and procedures for communications and staff training that adhere to the standards set forth in this policy.
3. Provide adequate training for all new and existing personnel to competently use all of these forms of communication.
4. Constantly strive to improve their communications and to directly resolve any problems affecting communications.

IV. EQUIPMENT

A. EMS providers are minimally required to have the following communications equipment:
1. Ambulance providers:
    a) 800 MHz radio system in their dispatch communications centers and in each ALS and BLS ambulance.
    b) EM Resource in their dispatch communications centers.
    c) Automatic Vehicle Locators in each ALS Ambulances.

2. Receiving Hospital Emergency Departments and San Francisco General Hospital Base Hospital:
    a) 800 MHz radio system.
    b) HEARNet radio system.
    c) EM Resource.

3. Emergency Communications Department (ECD):
   a) 800 MHz radio system,
   b) HEARNet
   c) EM Resource.
   d) Automatic Vehicle Locator

B. All EMS Providers are encouraged to have satellite telephones and HAM radios available for disaster communications.

V. ROUTINE EMS COMMUNICATIONS PROCEDURES

A. 800 Megahertz Radio Communications:
   1. ECD shall use:
      a) Talk groups FD-A1, A2 and A3 to dispatch San Francisco Fire Department and Presidio Fire Department ambulances.
      b) Talk group EMS-4/B16 to dispatch private ambulances.
   2. ALS and BLS ambulance units shall use
      a) Talkgroup EMS-1/B13 to notify all Receiving Hospitals, except San Francisco General Hospital, of in-coming patients.
      b) Talkgroup EMS-2/B14 to notify San Francisco General Hospital Emergency Department of in-coming patients or for Base Hospital contacts.

   3. Receiving hospital nursing personnel shall answer radio calls from in-coming ambulance units and respond to daily communication checks by the ECD using the emergency department 800 MHz base station.

   4. Standard radio procedures using plain English (no 10-codes) shall be used by hospital and ambulance personnel while communicating on the radio.

B. EM Resource Communications:
   1. ECD shall use EM Resource for:
      a) Ascertaining hospital diversion status in accordance with EMS Agency Diversion Policy.
      b) Poll hospitals to ascertain Emergency Department bed availability and poll ambulance providers for the number of available ambulances during daily EMS communication checks.

   2. Receiving Hospitals shall use EM Resource for:
      a) Posting current hospital diversion status to the ECD and ambulance providers in accordance with EMS Agency Policies.
      b) Monitoring for EMS Agency or Department of Public Health Communicable Disease Control advisory communications.

      c) Posting Emergency Department bed availability during daily EMS communication checks done by ECD.

C. Hospital Emergency Administrative Radio Network (HEARNet)
1. The HEARNet is not used during routine EMS communications.
2. See Section VII for HEARNet's use during MCI Level 2 and 3 disaster operations.

D. Automatic Vehicle Locator (AVL)
The Emergency Communications Department shall dispatch the closest public or private ALS ambulance as indicated by the AVL system to all Code 3 requests for EMS services.

VI. MULTI-CASUALTY INCIDENTS (MCI-Level 1) COMMUNICATIONS PROCEDURES

A. 800 Megahertz Radios will be used similarly as for routine communications, with the following exceptions:
1. The ECD shall assign ambulance units to specific talk groups as necessary.
2. The ECD shall initiate an all-call announcement to receiving hospitals when a MCI occurs.
3. Ambulances transporting MCI patients originating from the incident are not required to provide advance notification to emergency departments or to contact the Base Hospital for those patients.
4. Hospital emergency departments should anticipate receiving ambulance transports of unannounced patients originating from the MCI incident.

B. EM Resource
1. The ECD shall use EM Resource to alert EMS Providers that a MCI is in progress on the system alert line and as the primary mode for hospital polling to ascertain Emergency Department bed availability for immediate, delayed and minor patients. ECD staff shall report this information to the MCI Incident Commander(s).
2. Receiving Hospitals shall use EM Resource to report emergency department bed availability for immediate, delayed and minor patients to the Emergency Communications Department.
3. Provide a dedicated web enabled computer to display EM Resource on a continuous 24-hour per day basis.

C. Automatic Vehicle Locator (AVL)
The Emergency Communications Department shall dispatch the closest public or private ALS ambulances as indicated by the AVL system to the MCI

VII. DISASTER SITUATIONS (MCI Level 2 & Level 3)

A. 800 MHz Radios will be used similarly as for routine communications, with the following exceptions:
1. The ECD shall assign ambulance units and other relevant responders to specific talk groups as necessary.
2. The ECD shall initiate an all-call announcement to alert receiving hospitals.
3. Ambulances transporting patients are not required to provide advance notification to emergency departments or to contact the Base Hospital. Hospital emergency departments should anticipate receiving ambulance transports of unannounced patients.
4. In the event the 800 MHz radio system should fail, or gridlock, at any time, the system will default to the "failsoft" mode, which allows for ongoing communications at a reduced level. This also means that only one conversation can happen at a time instead of the normal "trunked" system of handling many conversations simultaneously on different talk groups. Talk-groups will now be shared with other users in the "failsoft" mode. The ECD will advise users that the system is in Fail Soft mode. During Fail Soft, the 800 MHz radio must only be used for critical communications delivered in a brief and succinct format.

B. EM Resource
1. The ECD shall use EM Resource to alert EMS Providers that a disaster is in progress on the system alert line and as the primary mode for hospital polling to ascertain Emergency Department bed availability for immediate, delayed and minor patients. ECD staff shall report this information to the MCI Incident Commander(s).
2. Receiving Hospitals shall use EM Resource to report emergency department bed availability for immediate, delayed and minor patients to the Emergency Communications Department and as a primary mode for hospital command center reporting to the EOC/DOC the in-patient bed availability for patients from the disaster scene.
3. The city Emergency Operations Center (EOC) and Department of Public Health – Department Operations Center (DPH DOC) shall use the EM Resource system to obtain the number of available, staffed in-patient beds.

C. HEARNet
1. The HEARNet radio system is used for communications among receiving hospitals, the blood bank, the ECD and the EOC or DPH DOC to report facility damage and requirements for emergency assistance, supplies and personnel and if resources permit, notify receiving hospitals of the number and severity of incoming patients during the course of a disaster.
2. The ECD will initiate an all-call announcement to the receiving hospitals when an MCI occurs.

    3. The EMS Agency, through the EOC or DPH DOC, may initiate and maintain communications through the HEARNet.

D. Land Lines (Telephone)
    1. Each receiving hospital shall maintain a conventional land line in their command center solely dedicated to communication with the Department of Public Health's Department Operations Center (DOC). Each receiving hospital shall notify the EMS Agency of the number.
    2. The EMS Agency shall inform all receiving hospitals of the contact phone numbers at the DPH DOC.

VIII. BLOOD BANK COMMUNICATIONS

A. The Blood Centers of the Pacific – Irwin Center shall use the 800 MHZ radio and HEAR Net radio system during a disaster for:
    1. Back up communications to and from hospitals for blood and blood product requests.
    2. Reporting the DPH DOC the available inventory of blood and blood products and notification of inventory shortages.
    3. Reporting to the Emergency Operations Center / Department Operations Center blood availability.

IX. QUALITY ASSURANCE

    1. All EMS providers shall assure compliance with this policy through their own quality assurance plans.
    2. The EMS Agency may randomly check recorded EMS calls and periodically visit providers to assure compliance with this policy.
    3. The EMS Agency will investigate unusual occurrence reports pertaining to EMS communications and make recommendations as appropriate.