

# **NORTH CENTRAL CMED FIELD COMMUNICATIONS MANUAL**

**November 2009**

Version 2



**North Central CT EMS Council**  
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# NORTH CENTRAL CMED FIELD COMMUNICATIONS MANUAL

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## **SECTION I. INTRODUCTION**

- **Statement of Purpose**
- **CMED Utilization Statement**
- **Cell Phone Use Guideline**

# I. INTRODUCTION

## A. STATEMENT OF PURPOSE

The purpose of this Field Operations Manual is to provide a guideline for the uniform operations of the North Central CMED communications system. By adhering to the guidelines contained herein, the exchange of information between system users will be expedited in a rational manner, consistent with sound medical and public safety practices. The contents of this manual are in accordance with the rules and regulations of the Federal Communications Commission.

This Field Communications Manual addresses daily communications protocols, hospital communications including patch requests, Mass Casualty Incident communications procedures, and Regional communications policies. North Central CMED's utmost concern is to provide the pre-hospital and hospital users with the most efficient and reliable communications system possible.

This edition of the Field Operations Manual has been divided into sections pertaining to the NCCMED System, EMS Providers, Hospitals, and 9-1-1 PSAPs. New sections of interest to all include RESP Plan Activation (formally RED Plan), RICCS, STEMI Alert, Stroke Alert, and NCCMED Region 3 MCI Guidelines.

Comments and/or recommendations regarding the contents of the manual are welcomed. We hope that this Field Communications Manual will serve as an important tool to enhance your E.M.S. communications.

Respectfully,

Betty Morris  
Director  
North Central CT EMS Council  
North Central CMED

## **I. INTRODUCTION**

### ***B. CMED UTILIZATION STATEMENT***

**North Central Connecticut E.M.S. Council  
Position Statement  
For the Standardized Utilization of the North Central CMED System**

The Regional Coordinated Medical Emergency Direction, (CMED), Communications System has proven to be the backbone of pre-hospital Emergency Medical Services. Daily, hundreds of patients are affected by this system that links the pre-hospital providers in the field to the nurses and physicians at the sponsor and receiving hospitals. In the event of Mass Casualty Incidents, the CMED system also serves to coordinate E.M.S. resources to provide better patient care plus decrease mortality and morbidity.

North Central CMED serves as the primary means of communication between the pre-hospital providers in the field and the Emergency Department physician for medical direction. In addition, it is recognized that North Central CMED:

- Is the main coordination point for E.M.S. patches between ambulances and the hospital emergency departments of the north central region, Region 3.
- Serves as an important link for quick, direct inter-facility communication between Emergency Departments in the north central region.
- Is the main coordination point for EMS units in Region 3 during Mass Casualty Incidents / Disasters. North Central CMED will serve to coordinate EMS response and assist in coordinating the dispersal of patients to area hospitals.
- Is the Region 3 pre-designated primary regional CMED for the CT Forward Movement of Patients Plan, with responsibility for the overall coordination and management of patient transport throughout an incident.
- Is the call center for Critical Incident Stress Debriefing Team (CISD).

Standardized utilization of the North Central CMED System can be obtained by following the guidelines contained in the *North Central CMED Field Communications Manual*. The concepts contained therein provide the standardized operational procedures for hospitals and pre-hospital providers:

- To encourage the standardized utilization of the communications system, it is recommended that EMS providers adhere to and train their staff in the operational procedures contained within the *North Central CMED Field Communications Manual*.

## **I. INTRODUCTION (continued)**

- To facilitate quality communication between the physician and pre-hospital provider, it is strongly recommended that all emergency department physicians complete a recognized course in EMS radio operations and medical direction.
- Cellular telephones are recognized as a backup technology to be used as defined by the Office of Emergency Medical Services guidelines. These specify to contact the regional CMED system for telephone patching, or directly to the sponsor hospital in case of CMED system failure.

In recognition of the benefits received through the Regional CMED System, the Members of the Medical Advisory and Communications Committees of the North Central Connecticut Emergency Medical Services Council, Inc., endorse the standardized utilization of North Central CMED by EMS providers and hospitals in the north central region of Connecticut.

\cmedutil.wpd ADOPTED: June 1995

## **I. INTRODUCTION (continued)**

### ***C. CELL PHONE USE GUIDELINES***

**S T A T E   O F   C O N N E C T I C U T**  
**D E P A R T M E N T   O F   H E A L T H   S E R V I C E S**  
*Office of Emergency Medical Services*

**CELLULAR TELEPHONES ARE ACCEPTABLE FOR EMS USE  
ONLY UNDER THE FOLLOWING CONDITIONS:**

1. Cellular telephone technology may be used only for the purpose of communications with hospitals and medical facilities through Medical Communications Coordination Centers (MCCC) for the purposes of medical direction and notification. Routine communications including dispatch will be accomplished by normal radio and telephone systems and not the cellular telephone.
2. The Provider agrees that it will call the MCCC for all patching into a hospital or medical facility and that it will not call any hospital directly for the purpose of receiving medical direction or notifying a hospital of the Provider's pending arrival. In addition, the Provider agrees to maintain its UHF medical communications radio equipment in working order.
3. The MCCC which serves the Provider for the purpose of medical communication coordination will have either a "roll-over" switching capability for incoming calls or will provide a dedicated telephone circuit for the receipt of cellular telephone calls. In addition, the MCCC agrees to tape record all cellular telephone calls which are placed in accordance with this policy.
4. The cellular telephone that will be used will have "speed call" capability and, if required by the sponsor hospital, will be capable of transmitting biomedical telemetry.
5. Any service that wishes to use cellular phone(s) must receive permission from OEMS.

## **SECTION II. NORTH CENTRAL CMED SYSTEM**

- **CMED System Description**
- **CMED System Map**

## II. NORTH CENTRAL CMED SYSTEM

### A. CMED SYSTEM DESCRIPTION

North Central C-MED operates on UHF (Ultra-High Frequency) two way radio system having full-duplex and biomedical telemetry capabilities. This technology allows for the hospital and field radios to communicate with each other through the CMED Center. The emergency departments' communication equipment and the system's base stations are connected to the CMED console via leased telephone circuits and microwave antenna systems. This technology allows multiple patches simultaneously, without interference or unnecessary delay.

The North Central CMED system uses a continuous tone-controlled squelch system, (CTCSS), frequency of 118.8 Hz. North Central CMED can also be accessed on Med-10, the common statewide calling channel, by using a CTCSS frequency of 210.7 Hz. Mobile units from outside the region that are equipped with the CTCSS frequency of 210.7 Hz, are capable of accessing North Central CMED on Med-10.

North Central CMED Utilizes Med 10 as the main coordination channel in the North Central CMED region. Med 9 is utilized as a secondary regional coordination channel at the discretion of the CMED Management. Med 1 through 8 are assigned to EMS providers at the direction of the CMED communicator for direct communications (patching) to hospital emergency departments in the north central Connecticut region, intercept coordination, MCI channel assignments, and special EMS operations.

All EMS providers should contact the appropriate Communications Center for patches to hospitals that are outside the North Central CMED system.

North Central CMED will assist EMS providers with communications to hospital emergency departments that are outside the north central Connecticut region. However, EMS providers must realize that the integrity and the quality of the communications link is compromised as users go outside the North Central CMED coverage area.

North Central CMED is also licensed on four additional tactical channels. Med Tac 1 and Med Tac 2 are assigned to local EMS dispatch operations in accordance with the regional and state communications plans. Med Tac 3 and Med Tac 4 may be assigned to EMS providers at the direction of the CMED communicator for the following:

#### MED TAC 3 & 4:

Traffic Incident Management System  
Daily announcements  
Special EMS Operations  
Parades  
Air shows

Wide Area notifications  
CMED System Administration Channel  
Event coverage  
Marathon races

## II. NORTH CENTRAL CMED SYSTEM (continued)

Base stations and antennas are located at the UCONN Health Center, Farmington. Additional base station and antenna sites are located on Avon Mountain, Avon, and Box Mountain, Vernon. The Med-3, Med-5, Med-6, Med-8, Med-9, Med-10, Tac-1, Tac-2, Tac-3, and Tac-4 base stations are repeaterized.

Hospital remote terminals are installed in each hospital emergency department. These hospital remote terminals have two-way voice, and in some cases, biomedical telemetry capability. All operating controls for these terminals are located at the CMED Center, thus freeing hospital personnel from the necessity of constantly monitoring the radio and selecting the proper frequency.

Hospitals currently served by the North Central CMED System are:

- Hospital of Central CT, Southington
- Bristol Hospital, Bristol
- Connecticut Children's Medical Center, Hartford
- John Dempsey Hospital, Farmington
- Hartford Hospital, Hartford
- Manchester Memorial Hospital, Manchester
- Hospital of Central CT, New Britain
- Saint Francis Medical Center, Hartford

North Central CMED is licensed to operate the following channels and frequencies:

MED-1	(463.000/468.000 MHZ)
MED-2	(463.025/468.025 MHZ)
MED-3	(463.050/468.050 MHZ)
MED-4	(463.075/468.075 MHZ)
MED-5	(463.100/468.100 MHZ)
MED-6	(463.125/468.125 MHZ)
MED-7	(463.150/468.150 MHZ)
MED-8	(463.175/468.175 MHZ)
MED-9	(462.950/467.950 MHZ)
MED-10	(462.975/467.975 MHZ; regional coordination)
TAC-1	(453.025/458.025 MHZ; local/regional dispatch)
TAC-2	(453.075/458.075 MHZ; local/regional dispatch)
TAC-3	(453.125/458.125 MHZ; special E.M.S. operations)
TAC-4	(453.175/458.175 MHZ; special E.M.S. operations)



### III. STANDARD PROCEDURES / EMS PROVIDERS

#### A. GENERAL POLICIES

1. The main hailing channel in the North Central Region is “**Med 10**”.  
All communications between an ambulance and the CMED Center will take place over Med 10 until another channel is assigned by the CMED communicator.
2. The Med 10 channel is designed to hail the CMED Center, report unit status, and receive Med Channel assignments. **Lengthy or highly detailed transmissions are not appropriate over Med 10.** If a field unit has a special request or needs to transmit detailed information to the CMED communicator, then the CMED Center should be hailed on Med 10 and a Channel assignment requested to talk with the CMED communicator.
3. All radio transmissions should be brief, to the point, and in accordance with Federal Communications Commission Guidelines.
4. All radio transmissions will refer directly to EMS operations and the rendering of emergency medical care. CMED frequencies are **not** to be used for general “chit chat” between units.
5. CMED is the control point for all conversations and transmissions.
6. All system users will **LISTEN** first before keying their microphones in order to avoid interference with other transmissions.
7. Communications will be impersonal and professional and in plain English. Proper names are not to be used.
8. Military time, (twenty-four hour time), will be used.
9. All vehicles authorized to use the system will be referred to by the appropriate unit identification number, as outlined in **Appendix A.**
10. Intercept and mutual aid communications are to be coordinated through the CMED Center. Units requiring a frequency for unit to unit communications must request a channel assignment through CMED. **Unit to Unit communications is NOT to be conducted over the Med 10 frequency.**

### III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

11. Cellular telephones should be used in accordance with the Connecticut Office of Emergency Medical Services guidelines. They recommend that cellular telephones be used to call a CMED Center for processing hospital patch requests when normal radio communications are unavailable. The North Central CMED phone number is **(860) 769-6051** or **(860) 769-6052**.
12. Radio checks may be requested by field units, with consideration given to the volume of CMED radio traffic at the time of the request.
13. All communications will be taped. Requests for CMED tape recordings will be made in accordance with the CMED Tape Request policy.
14. Medical control orders in the North Central Region should be requested from the **receiving hospital**, or in the case of a no transport, from the Paramedic's Sponsor Hospital.
15. All EMS response units responding to EMS calls in the North Central CMED Region, will contact North Central CMED on Med Channel 10, (P.L. 118.8). They should report the nature of the call, response town and address. These units will also contact North Central CMED upon:
  - Arriving at the scene of the call.
  - Changing of call status such as canceled, patient refusal, patient assist, unfounded, or DOA.
  - Transporting of patient(s) to any hospital or receiving facility.
  - Requesting a Patch
  - Arriving at the destination hospital or receiving facility.

### III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

#### ***B. RADIO CONTACT PROCEDURES***

The following are examples of the different stages of communications between field response units and North Central CMED:

- 1. RESPONDING TO A CALL** (*Unit number, nature, and town*)  
Unit: "North Central CMED from Seventeen Unit One"  
CMED: "Seventeen Unit One, Go Ahead"  
Unit: "North Central CMED, Seventeen Unit One is responding to a medical emergency in Bristol"  
CMED: "Seventeen Unit One, you are responding at 19:30"
  
- 2. ARRIVING AT THE SCENE**  
Unit: "North Central CMED from Five Zero Six Alpha Two"  
CMED: "Five Zero Six Alpha Two, go ahead"  
Unit: "North Central CMED, Five Zero Six Alpha Two is on scene"  
CMED: "Five Zero Six Alpha Two you are on scene at 18:22"
  
- 3. CHANGE OF STATUS** (*Transporting, canceled, patient assist, refusal, DOA, etc.*)  
Unit: "North Central CMED from One Six Four Mike Two"  
CMED: "One Six Four Mike Two, go ahead"  
Unit: "North Central CMED, One Six Four Mike Two is transporting to Saint Francis Hospital"  
CMED: "One Six Four Mike Two, you are transporting at 09:25"
  
- 4. REQUESTING A PATCH**  
Unit: "North Central CMED from Nine Zero One Alpha One"  
CMED: "Nine Zero One Alpha One, go ahead"  
Unit: "North Central CMED, Nine Zero One Alpha One is requesting a Priority Two patch into Hartford Hospital with Medical Control"  
CMED: "Nine Zero One Alpha One, go to Med 8 and acknowledge, at 10:55"  
Unit: "North Central CMED, Nine Zero One Alpha One is standing by on Med 8"  
(*CMED will execute the patch as traffic permits*)...  
  
CMED: (*Sends alert tone to hospital...*), "Hartford Hospital, North Central CMED calling"  
Hospital: "North Central CMED, this is Hartford Hospital"  
CMED: "Hartford Hospital, stand by for Nine Zero One Alpha One, Priority Two, requesting an MD for Medical Control... "North Central CMED to Nine Zero One Alpha One, Hartford Hospital is on line, stand by for MD."

### III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

#### 5. ARRIVING AT DESTINATION (*Hospital or receiving facility*)

Unit: "North Central CMED from Two Three Bravo One"

CMED: "Two Three Bravo One, go ahead."

Unit: "North Central CMED, Two Three Bravo One is arriving at John Dempsey hospital"

CMED: "Two Three Bravo One ,You are arriving at John Dempsey hospital at 14:40."

#### C. AMBULANCE TO HOSPITAL RADIO REPORTS

On a daily basis, CMED Center's primary role is to provide the communications link between the ambulance and a hospital emergency department. This ambulance to hospital radio report is commonly referred to as a "patch". There are four basic steps to requesting a patch.

1. Ambulance Unit Identifies itself to CMED on Med Channel 10.
2. Identify the hospital to be contacted.
3. Give proper patch priority code from the list below
4. **State if Medical Control is needed.**

#### **Purpose of CMED Radio Reports (to be referred to as "Patch"):**

EMTs and Paramedics must always keep in mind the true reason for ambulance to hospital CMED patches. A CMED patch is **not** to be used as an indication of how fast you transport your patient to a hospital. A CMED patch is a tool that is utilized by the Emergency Department to triage a patient before arrival at the hospital. The patch provides pertinent information needed by the Emergency Department to allocate appropriate resources and staff to the arriving patient. The CMED patch is also a tool used to initiate a dialogue between the EMS provider in the field and the Emergency Department physician and nurse. The information transmitted in a CMED patch will help insure optimal patient care upon arrival at the hospital.

#### **Types of CMED Patches:**

North Central CMED recognizes **2 types** and **3 priorities** of ambulance to hospital CMED Radio Patches. The two types of CMED patches are:

- 1) CMED Patch requiring **Medical Control**, and
- 2) CMED Patch which provide an **Entry Notification**.

### III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

#### **Medical Control CMED Patch:**

A medical control CMED Patch is used when an Advanced Life Support EMS provider is required to speak with an MD to obtain permission to perform any advanced life support procedure. This type of CMED Patch is also requested when an ALS provider needs to speak with an MD to consult on treatment above and beyond, or in addition to, standard protocols or procedures. Finally, Medical Control CMED Patch are used by all levels of EMS provider to speak with a physician to request the termination of CPR and/or to have a patient declared DOA.

#### **Entry Notification CMED Patch:**

An entry notification CMED Patch is used to advise the Emergency Department of a patient's condition and procedures/treatments performed. A CMED Patch is utilized when there is no need to speak with an MD for orders. The entry notification can also be used to request that certain hospital resources are available upon the ambulance's arrival at the hospital. (i.e.: cardiac monitor, security officers standby, or lift assist, etc.)

Once any advanced life support procedures have been initiated, the receiving hospital should be contacted so they are provided with information needed for patient triaging and resource allocation.

#### **CMED Patch Priorities:**

A CMED Patch priority should not be confused with a transport priority. A CMED Patch priority should reflect the patient's current condition and the level of care that may be required at the Emergency Department.

- |                    |   |
|--------------------|---|
| <b>Priority 1:</b> | <b>Immediate Life Threatening Emergencies</b><br>Cardiac arrest; Respiratory arrest; Unstable chest pain; Acute respiratory distress; Anaphylaxis; Unconscious (medical or trauma); Shock; Multi system trauma with shock; Severe burns; Electrocutation; Drowning; Status Epilepticus; other immediate life threatening emergencies. |
| <b>Priority 2:</b> | <b>Potential Life Threatening Emergencies</b><br>Stable chest pain; Mild to moderate respiratory distress; Trauma without shock; Altered mental status with stable vital signs; Burns <20%BSA 2nd or 3 <sup>rd</sup> degree; Uncomplicated seizures; other potential life threatening emergencies.                                    |
| <b>Priority 3:</b> | <b>Non Life Threatening Injuries</b><br>Minor burns; Lacerations requiring sutures; Uncomplicated fractures; Psychiatric incidents; ETOH intoxication; other non life threatening emergencies.  |

### **III. STANDARD PROCEDURES / EMS PROVIDERS (continued)**

*Note: The following hospitals do not require Priority 3 patches. However, if the request is made, CMED will process the request.*

- Connecticut Children's Medical Center
- Hartford Hospital
- Hospital of Central CT, New Britain

#### ***D. PATIENT CARE REPORTING GUIDELINES***

The patient information contained in the patch should be transmitted in accordance with the Patient Care Reporting Guidelines below. When all necessary information and/or instructions are exchanged, the hospital will clear the channel first, followed by the field unit. When the hospital and the field unit have cleared the channel, CMED will disengage the patch. The field unit will return to Med 10.

#### **FIELD TO HOSPITAL PATCH**

##### **A. Entry Notification**

1. State hospital name, unit number, EMT/Paramedic name or number
2. State ETA and receiving facility
3. State patient age and sex
4. State patient status and vital signs
5. Brief description of medical problem/injury (include level of consciousness and any other essential findings)

##### **B. Request for On-Line Medical Control (Physician)**

1. State hospital name, unit number, EMT/Paramedic name or number
2. Establish direct physician contact  
(Verify physician is online and request MD number)
3. State ETA and receiving facility
4. State patient age and sex
5. State patient status and vital signs
6. State critical findings, define issues, and request orders as needed.  
(Paramedic/Physician dialogue)

### **III. STANDARD PROCEDURES / EMS PROVIDERS (continued)**

#### ***E. ONLINE MEDICAL CONTROL GUIDELINES***

1. The M.I.C. Unit will request a patch to the hospital they are transporting to. Only the **receiving hospital** will give on line medical control orders.
2. Let the CMED Operator know that you require a Physician for a Medical Control patch.

#### **NORTH CENTRAL CT EMS COUNCIL POLICY FOR REGIONAL ON-LINE MEDICAL DIRECTION**

The undersigned agree to the following:

1. Off-line medical direction for all MIC personnel is the responsibility of the sponsor hospital medical director when transporting the patient to that hospital and according to the patient treatment protocols of service's sponsor hospitals. The undersigned MIC medical directors agree to respect the standing orders of the participating hospitals.
2. On-line medical direction for all MIC personnel will be given by the destination hospital.
3. Any on-line order will have the physician responsible for the order sign the patient care form. The physician who gives any on-line medical order is responsible for signing the patient care form.
4. All other operational issues requiring on-line medical direction will be processed by the service's sponsor hospital.
5. When the destination hospital is different from the service's sponsor hospital, it is necessary to preserve continuity in quality assurance for MIC personnel. Therefore, the sponsor hospital will require the provider service to supply the necessary documentation (i.e., patient care forms) and other appropriate information to both the destination hospital and the service's sponsor hospital.

#### **Participating Hospitals**

Hospital of Central CT, Southington  
Connecticut Children's Medical Center  
John Dempsey Hospital  
Manchester Memorial Hospital  
Rockville General Hospital

Bristol Hospital  
Hartford Hospital  
Johnson Memorial Hospital  
Hospital of Central CT , New Britain  
St. Francis Hospital & Medical Center

### **III. STANDARD PROCEDURES / EMS PROVIDERS (continued)**

#### 6. Special Considerations for Administering Narcotics as an On-line Medical Order:

- The pharmacy at the participating hospitals will maintain signatures of all physicians giving on-line medical direction.
- When narcotics are given as an on-line medical order, the physician responsible for the order will sign the MIC personnel's patient care form and the sponsor hospital's narcotics sheet.
- Narcotics will be replaced/wasted at the service's sponsor hospital in accordance with the policy developed by the sponsor hospital for medical direction.

This policy will be reviewed and approved annually. The physician signatures list will be updated and provided to the pharmacies on an annual basis.

### **III. STANDARD PROCEDURES / EMS PROVIDERS (continued)**

#### ***F. CMED CONTACT CAPABILITIES***

In addition to providing ambulance to hospital communications to the hospitals in the North Central Region, North Central CMED System can provide the following communications upon request:

- CMED patch to Connecticut Poison Control Center.
- CMED patch to Hospital from patient's bedside via telephone.
- CMED patch to Johnson Memorial or Rockville General Hospitals.
- CMED patch to your local dispatch center.
- Request for ALS Intercept.
- Request to cross talk with another field unit over the CMED system.
- Request to cross talk to other Agencies; State Police, Fire, DOT, DPH, RICCS
- CMED Case Number and response times for your EMS call if processed through CMED.

**(Contact CMED on Med 10, or via telephone at (860) 769-6051, (860) 769-6053 to request these services.)**

### III. STANDARD PROCEDURES / EMS PROVIDERS (continued)

#### *G. HOSPITAL DIVERSION GUIDELINES*

Hospitals in the North Central Region have agreed to a standardized Diversion Protocol. A Hospital Diversion occurs when a hospital's resources or ability to treat certain patients has been temporarily compromised. By diverting a patient to another hospital, the emergency medical system provides optimal rendering of care for all patients entering the system.

Before any hospital can declare a diversion status, at least one other hospital in the region must agree to accept the diverted patients. The following guidelines apply to all diversions in the North Central region:

1. All Hospital Diversions will be coordinated through the North Central CMED Center.
2. The following categories of Hospital Diversions are recognized in the region:
  - Cardiac Monitor Diversion**
  - CT Scan Diversion**
  - ER Diversion**
  - Psychiatric Diversion**
  - Trauma Diversion**
3. CMED will make an announcement over Med 10 when a hospital is on diversion.
4. CMED will notify EMS Providers in the normal service area of a hospital when that hospital is on diversion.
5. CMED will provide information on which hospital(s) will accept the diverted patients.
6. The status of all hospitals on diversion will be updated every 4 hours.
7. EMS units are urged to patch into a hospital early and consult with a physician if there is any doubt whether the patient fits into a diversion category.
8. A hospital **CANNOT** refuse a critically ill patient regardless of the hospital's diversion status.

## ***H. ST FRANCIS HOSPITAL STEMI FIELD ACTIVATION PROTOCOL***

**Field Units be sure to advise CMED: "This is a STEMI Activation," when requesting a medical control patch**

***This STEMI Field Activation Protocol applies to ST Francis Hospital Only***

**MEMO: TO ALL ED STAFF**

**FROM: STEVEN WOLF, MD**

**DATE: OCTOBER 8, 2007**

**RE: STEMI FIELD ACTIVATION PROTOCOL**

The department of Cardiology has agreed to recognize paramedic interpretation of a STEMI in the field to activate the Cath lab. We have worked for over a year to implement transmission capability of field ECGs, but the technology is difficult, expensive and unreliable. Field interpretation appears to make the most sense to save significant time off door to balloon time. When interpretations have been called in to the ED, significant time has been saved. This would go far beyond that.

This protocol is effective today but will take some time to implement with all the services.

### **Protocol:**

The C-MED operators will either radio in that medical control is requested, or the transporting paramedic will ask to speak with the ED physician.

The transporting paramedic will go over his findings with the ED Physician. If there is reasonable certainty on the part of both parties that a STEMI is present, the Cath lab will be activated along with the interventionalist as per protocol.

We need to make sure the pre-hospital **ECG with the patients name on it** becomes part of the medical record for audit purposes. However, on arrival to the ED, our own ECG must be performed so that there is an electronic record of the ECG. Additionally, we should always document in our record the time of the SF ECG from which you are making your diagnosis (as well as the pre-hospital one).

LBBB, LVH with strain, aberrant conduction are problematic and probably subject to the most reader error. Minimal criteria should be >1mm ST (one box) elevation in 2 or more leads. When discussing the reading with the paramedic, try to eliminate those problematic variations. If there is significant doubt, don't activate the system until the patient arrives but have everything ready to go in an expedited manner.

## **SECTION IV. STANDARD PROCEDURES / HOSPITALS**

- **General Policies**
- **CMED Radio Alert Tones**
- **Hospital Communications**
- **Diversion Notification Procedures**

## IV. STANDARD PROCEDURES / HOSPITALS

### A. GENERAL POLICIES

1. All radio transmissions through the CMED system should be brief, to the point, and refer directly to EMS operations and the rendering of emergency medical care. All transmissions should be in accordance with Federal Communications Commission Guidelines.
2. CMED is the control point for all ambulance to hospital conversations and transmissions.
3. Communications will be impersonal, professional and in plain English. Proper names should not be used.
4. All communications will be taped. Requests for CMED tape recordings will be made in accordance with the CMED Tape Request policy.
5. Physicians providing online Medical Direction should identify themselves to EMS personnel using their hospital assigned Physician ID number.
6. Medical control orders in the North Central Region should be requested from the **receiving hospital**, or in the case of a no transport, from the Paramedic's Sponsor Hospital.
7. Upon declaration of a Mass Casualty Incident Paramedics operate on standing orders. (See Region 3 MCI Protocol Section of this Manual)
8. CMED will conduct weekly hospital roll calls on Monday, Wednesday, and Friday.
9. Upon request, CMED will broadcast Special Announcements of interest or importance to EMS Providers over the CMED System. (Special Announcements include but are not limited to: Hospital Access concerns, EMS Training announcements/cancellations, public health advisories for EMS providers, etc.)
10. Upon request, CMED can provide direct hospital to hospital ER communications links through the CMED radio console. This communication is on a hardwired system that cannot be monitored by radio scanners.
11. All requests for Hospital Diversion in the North Central Connecticut Regional are to be coordinated through the North Central CMED Center.
12. Military time, (twenty-four hour time), will be used.

## IV. STANDARD PROCEDURES / HOSPITALS (continued)

### *B. CMED RADIO ALERT TONES*

North Central CMED uses a series of “Alert Tones” to alert the hospitals of incoming radio transmissions. Each tone used has a unique sound and meaning.

**Alert Tone 1:**      **(Steady Tone)** - Used to advise hospitals of an incoming Basic Life Support entry notification report.

**Alert Tone 2:**      **(Hi-Lo Tone)** - Used to advise hospitals of an incoming request to speak with a physician for online Medical Control orders.

**Alert Tone 3:**      **(Beeping Tone)** - Used to advise hospitals of an incoming special announcement.

## IV. STANDARD PROCEDURES / HOSPITALS (continued)

### C. *HOSPITAL COMMUNICATIONS*

#### 1. HOSPITAL-TO-HOSPITAL COMMUNICATIONS

In the event that one hospital Emergency Department needs to contact another hospital Emergency Department, utilize the following procedures:

- A. Pick up the radio unit handset and contact CMED.
- B. Identify yourself and your hospital when CMED responds.
- C. State your request to the CMED communicator.
- D. Inform the CMED communicator of the nature for your patch request.

Example: John Dempsey Hospital is requesting to speak with Hartford Hospital.

John Dempsey: "North Central CMED, this is John Dempsey Hospital"

CMED: "John Dempsey Hospital, North Central CMED is on, Go ahead"

John Dempsey: "North Central CMED, John Dempsey is requesting a channel to Hartford Hospital regarding an inter-hospital transfer by 931A1"

CMED: "North Central CMED received, Stand by John Dempsey"  
(*CMED sends alert tone to Hartford Hospital CMED radio*)

CMED: "Hartford Hospital, North Central CMED calling"

Hartford: "North Central CMED, Hartford Hospital is on"

CMED: "Hartford Hospital, stand by for John Dempsey Hospital"... "North Central CMED to John Dempsey Hospital, Hartford Hospital is On line, go ahead"

*(Both hospitals should clear as soon as possible so that other radio traffic may be processed.)*

#### 2. HOSPITAL-TO-AMBULANCE COMMUNICATIONS

In the event a hospital needs to communicate with an ambulance after a patch has cleared, or if a hospital needs to communicate with field personnel during any incident, CMED can be contacted to facilitate your request.

- A. Pick up the radio unit handset and contact CMED.
- B. Identify yourself and your hospital when CMED responds.
- C. State your request to the CMED communicator.

Example: Bristol Hospital is requesting to speak with Bristol Ambulance 17 Unit 1.

Bristol: "North Central CMED, this is Bristol Hospital"

CMED: "Bristol Hospital, North Central CMED is on, Go ahead"

#### **IV. STANDARD PROCEDURES / HOSPITAL (continued)**

Bristol: "North Central CMED, Bristol Hospital needs to speak with 17 Unit 1.  
CMED: "North Central CMED received, Stand by while I locate 17 Unit 1."  
(*CMED will attempt to hail the ambulance on Med 10*)  
CMED: "17 Unit 1 from CMED on Med 10"  
17 Unit 1: "CMED, 17 Unit 1 in on, go ahead"  
CMED: "17 Unit 1 from CMED, go to Med 2 and stand by. Bristol Hospital is requesting to speak with you."  
CMED: "Bristol Hospital from CMED, 17 Unit 1 in on, go ahead with your message."

## IV. STANDARD PROCEDURES / HOSPITALS (continued)

### *D. DIVERSION NOTIFICATION PROCEDURES*

In order to process your Hospital's request for a Diversion Status through the North Central CMED System, the following procedure **must** be followed.

1. Contact North Central CMED via CMED radio or via telephone at **(860) 769-6051**.
2. Tell the CMED communicator that your hospital needs to go on diversion and provide the following information:
  - II. The name of your hospital.
  - b. What type of Diversion does your facility need?
    - Cardiac Monitor Diversion**
    - CT Scan Diversion**
    - ER Diversion**
    - Psychiatric Diversion**
    - Trauma Diversion**
  - c. Who (**name & title**) at your facility has **Authorized** the Diversion Status?
  - d. Which Hospital(s) have agreed to accept your Diverted Patients?
  - e. Who (**name & title**) at each Hospital above has authorized the acceptance of your Diverted patients?

#### **REMINDER:**

It is the responsibility of **your facility** to contact the North Central CMED Center **every four hours** to update the Diversion Status. Failure to do so will result in the Notification to all EMS Providers and Member Hospitals that your facility is **no longer on Diversion**.

Following these guidelines will assure minimal delay and frustration when requesting notification of a Diversion through the North Central CMED System.

## **SECTION V. STANDARD PROCEDURES / DISPATCH CENTERS**

- Purpose of the CMED Center
- CMED Activation



## **V. STANDARD PROCEDURES / DISPATCH CENTER**

### ***A. PURPOSE OF THE CMED CENTER***

North Central CMED is a non-profit EMS Communications Center administered by the North Central Connecticut EMS Council. The CMED Center was founded to provide a coordinated distribution of patients from the scene of a mass casualty incident, to the Emergency Department of an acute care hospital. The CMED system functions similar to an “air traffic control system” for ambulances. They provide emergency communications, and distribute the ambulance traffic among hospitals so that none are inundated or overwhelmed by the incoming volume of the sick and injured.

Today, the North Central CMED System provides the following to EMS Providers in the North Central Region:

- Tracking of EMS Units from Start to Completion of Call
- EMS Mutual Aid Call-out
- Alerting of Area Hospitals
- Determining Hospital Patient Capacity
- Mobilizing & Coordinating of Out-of-Region Resources
- Relaying Information Between Public Safety Agencies
- Coordinating Hospital Destinations for Transporting Ambulances

The North Central CMED Center operates 24-hours a day, 7 days a week, and can be reached by:

Telephone: **(860) 769-6051**

Med-10 Frequency: **“North Central CMED”**

Intercity Fire Radio: **“North Central CMED”**

## V. STANDARD PROCEDURES / DISPATCH CENTER (continued)

### ***B. CMED ACTIVATION***

The North Central CMED System was **not** designed to replace or supercede your Dispatch Center or PSAP. The system was designed to provide ambulance-to-hospital communications and coordination.

The local PSAP 9-1-1 Dispatcher, or Commercial Ambulance Service Dispatcher should consider North Central CMED to be: **your communications Mutual Aid Center.**

When your PSAP or Dispatch Center is inundated due to a mass casualty incident, you can activate the CMED system to assist you and relieve your agency of the Mutual Aid Call-out and coordination of EMS resources. CMED can provide your community or agency with:

- Mutual Aid Ambulances from Connecticut, Massachusetts, Rhode Island, and New York.
- Statewide notification for EMS resources.
- Wide area notification to all hospital emergency departments in the North Central Region and statewide.
- EMS ground operations frequency for mass casualty incidents.
- Coordination of patient dispersal to area Hospital.

### **ACTIVATION PROCEDURES: EMS MUTUAL AID CALL-OUT**

1. Contact North Central CMED via **telephone (860) 769-6051**, via **CMED Radio** (med-10), or via **Intercity Fire Radio**.
2. Identify Nature of the Incident (cause or type), Location (Town and Street address), and Spread (geographic area if applicable).
3. Identify the estimated number of victims and the number of mutual aid ambulances being requested.
4. North Central CMED will then perform the mutual aid call-out and coordination for EMS resources. We will also be in contact with the EMS Medical Group Supervisor.
5. Upon termination of the Mass Casualty Incident, North Central CMED will cooperate with your agency to provide you with the data we have collected in the performance of our duties.

## **SECTION VI APPENDICES**

- **Unit Identification Protocols**
- **CMED Tape Request Policy**
- **CMED Call Natures**

## **VI. APPENDICES**

### ***A. UNIT IDENTIFICATION PROTOCOLS***

Every E.M.S. response vehicle based in the member communities of the North Central CMED Communications System will be assigned a unique vehicle identification number. It should be used when communicating with the North Central CMED Center. The identification number will consist of three parts. The following vehicle identification procedures will apply:

Part One is the Provider Identification number.

Part Two is the Level of Service.

Part Three is the Vehicle number.

The complete vehicle identification number will be explained in full below:

#### **PART ONE: Provider Identification Number**

Fire, Police, and E.M.S. services (municipal or volunteer), providing services in their local community will use the Town Tax Code as their Provider Number. (see list below)

Bloomfield - 11	Bristol - 17	Burlington - 20
Canton - 23	East Granby - 40	East Hartford - 43
East Windsor - 47	Glastonbury - 54	Granby - 56
Manchester - 77	Marlborough - 79	Newington - 94
New Britain - 89	Plymouth - 111	Rocky Hill - 119
Simsbury - 128	South Windsor - 132	Suffield - 139
West Hartford - 155	Wethersfield - 159	Windsor - 164
Windsor Locks - 165		

Commercial E.M.S. Providers and ALS Providers covering multiple communities will use a CMED assigned number as their Provider Number. (see list below)

Aetna - 200's	Ambulance Service of Manchester - 500's
AMR Hartford - 900's	AMR Southington - 310 to 370
AMR Stafford - 380 to 399	Bradley Airport Paramedics - 181
Hamilton Standard - 375	Hunters - 300
Pratt & Whitney - 750	UConn Paramedics - 52

LifeStar Aeromedical Helicopters will use "LifeStar 1" and "LifeStar 2" as Identifiers.

## **VI. APPENDICES (continued)**

### **PART TWO: Level of Service**

North Central CMED will recognize five different levels of service identifiers as follows:

<b>ALPHA</b>	<b>Used for vehicles or agencies providing Paramedic Level of Service.</b>
<b>MIKE</b>	<b>Used for vehicles or agencies providing EMT-Intermediate Level of Service.</b>
<b>BRAVO</b>	<b>Used for vehicles or agencies providing EMT-Basic, Enhanced, and/or Defibrillator Level of Service</b>
<b>UNIT</b>	<b>Used for Command, Coordination, or Auxiliary E.M.S. vehicles. Also acceptable for services not desiring to use Alpha, Mike, or Bravo designation.</b>
<b>ROMEO</b>	<b>Fire Department First Responder Vehicle</b>

## **PART THREE: Vehicle Number**

The vehicle number is used by CMED to determine how many vehicles from any particular service are on the air. Most agencies use this number to indicate first vehicle out, second vehicle out, etc. Some E.M.S. providers may, however, use the vehicle number to identify an exact vehicle in their fleet.

## **PUTTING IT ALL TOGETHER**

Parts One, Two and Three go together to form the complete CMED unit identification number. Below are a few examples:

139 Alpha 2 = Suffield Ambulance, Paramedic ambulance, second unit on the air

11 Unit 3 = Bloomfield Ambulance, third vehicle on the air.

918 Bravo 1 = AMR Ambulance Hartford Division, BLS ambulance

320 Alpha 1 = AMR Ambulance Southington Division, Paramedic ambulance

43 Unit 4 = East Hartford E.M.S., Chief Medical Officer

## VI. APPENDICES (continued)

Each E.M.S. Provider is requested to designate their E.M.S. vehicles according to the above protocol. Care should be taken to implement the protocol to avoid the possibility that two vehicles with the same Provider and Vehicle numbers could be on the air simultaneously.

*For example:* 506 Alpha 1 and 506 Alpha 2 on the air at the same time is appropriate.

864 Alpha 1 and 884 Bravo 1 on the air at the same time is appropriate.

164 Unit 1 and 164 Alpha 1 on the air at the same time is **not appropriate**.

North Central CMED will issue a list of approved unit identification numbers for each E.M.S. Provider in conjunction with the Authorization to Operate on the Med Channel Frequencies letter. The Authorization letter is renewed every two years. The list is available at all times by contacting the management of North Central CMED or North Central Connecticut E.M.S. Council.

## VI. APPENDICES (continued)

### ***B. CMED TAPE REQUEST POLICY***

North Central CMED will provide copies of tape recorded information, free of charge to Sponsor Hospitals, Receiving Hospitals, and Responding Agencies involved in the requested incident. Municipal Officials of the community where an incident occurs are included. (***Note: Original tapes are only available within 30 days of an incident.***)

To facilitate in the retrieval of the taped incident you requested, it is imperative that the following guidelines be followed:

1. Request must be made on the letterhead of the agency you are representing.
2. Your agency must in some way be directly involved or linked to the incident in question.
3. Provide **complete and accurate** information to as many of the following questions as possible:
  - CMED Case Number
  - Date of Incident
  - Time of Incident
  - City/Town of Incident
  - Nature of Incident
  - Ambulances Responding to Incident
  - Medical Control/Patching Hospital
  - Receiving Hospital
4. Mail or fax your request to the address/fax number listed below:

North Central CT EMS Council  
P.O. Box 1833  
Hartford, CT 06144-1833  
Attn: CMED Tape Request  
Fax: (860) 769-5259

5. Please allow **5 business days from our receipt** for processing of the tape request.

## VI. APPENDICES (continued)

### *C. CMED CALL NATURES*

North Central CMED utilizes computer software to track E.M.S. response units through all phases of their calls. The call natures listed below are recognized by the CMED computer system. To facilitate CMED operations data entry, field E.M.S. units should strive to report the nature of their calls utilizing the following categories:

Abdominal Pain	Aircraft Incident	Altered Mental Status
Anaphylactic	Animal Bite	Assault
Back Pain	Burn	Cardiac
Chest Pain	Choking	Cold & Flu
CO Poisoning	CVA	Diabetic
Drill	Drowning	EDP
Electrocution	ETOH	Explosion
Fall	Fever	Fire Stand-by
Fracture	GI Bleed	HAZMAT
Head Injury	Hemorrhage	Illness
Intercept	Laceration	Lift Assist
L.S. Code 100	L.S. Code 200	L.S. Code 300
Maternity	M.C.I.	Medical
Medical Alarm	MVA	MVA vs. Pedestrian
Other	Overdose	Pediatric Injury
Person Down	Psychiatric	Respiratory
Seizure	Shooting	Sports Injury
Stabbing	Stand-by	Suicidal
Syncope	Transfer	Trauma
Unconscious	Unknown	Unresponsive
Vomiting	Withdrawal	