

# **Berks County Communications Center**

## **Emergency Medical Services**



# **Standard Operating Procedures**

## NOTICE OF REVISIONS

August, 2006  
May, 2009

Document Version  
Revision to Appendix E.

## TABLE OF CONTENTS

1.	Responsibilities of The Communications Center, Telecommunicators and Field Users		
	1.1 Management and Discipline of the EMS Communications System	Pg.	5
	1.2 Federal Communications Commission (FCC) Regulations/Guidelines	Pg.	5
	1.3 Communications Center Role in Training	Pg.	6
	1.4 Communications Center Organization	Pg.	7
	1.5 News Media Policies and Guidelines	Pg.	7
2.	Communications Center Regulations for Operation		
	2.1 Emergency Medical Services Communications Guidelines	Pg.	8
	2.2 Communications Center Procedures and Regulations	Pg.	9
	2.3 Field User Procedures and Regulations	Pg.	9
	2.4 Communications Center Basic Rules for Voice Operation	Pg.	9
3.	Dispatch Function of the Berks County Emergency Medical Services Communications System		
	3.1 Definition of the Dispatch Function	Pg.	10
	3.2 Theory of the Dispatch Function	Pg.	11
	3.3 Communications Center EMS Identification System	Pg.	11
	3.3.1 Communications Center Identification	Pg.	11
	3.3.2 Squad/Station Identification	Pg.	11
	3.3.3 Unit Identification	Pg.	11
	3.3.4 Portable Units	Pg.	12
	3.3.5 Personal Identification Numbers	Pg.	12
	3.4 Communications Center Standards for Terminology and Pronunciation	Pg.	12
	3.5 Calls Received/Dispatched/Made by Communications Center	Pg.	13
	3.5.1 Emergency Calls Received	Pg.	13
	3.5.2 Non-Emergency Call Received	Pg.	13
	3.5.3 Transfer Calls Received	Pg.	13
	3.5.4 Administrative Calls Received	Pg.	14
	3.5.5 Telephone Calls Made	Pg.	14
	3.6 Incidents Dispatched by the Communications Center	Pg.	14
	3.6.1 Basic Life Support Calls	Pg.	14
	3.6.2 Advanced Life Support Calls	Pg.	14
	3.6.3 Air Transport Calls	Pg.	15
	3.6.4 Quick Response Service Calls	Pg.	15
	3.6.4.1 QRS Exceptions	Pg.	16
	3.6.5 Coroner Calls	Pg.	16
	3.6.6 Squad All-Calls	Pg.	16
	3.6.7 County All-Calls	Pg.	17
	3.7 Dispatching Procedures via Radio	Pg.	17
	3.7.1 Order of Transmission/Emergency Dispatches	Pg.	17
	3.7.2 Repeating of the Dispatch	Pg.	18
	3.7.2.1 Weather-Related Exceptions	Pg.	18
	3.7.3 Emergency Dispatching of Additional Calls when the First-Due Squad is unavailable	Pg.	19

3.7.4	Emergency Assist Dispatches	Pg.	19
3.7.5	Emergency/Additional Information after the Dispatch	Pg.	19
3.7.6	Emergency Transport Dispatch	Pg.	20
3.7.7	Non-Emergency Transfer Dispatches	Pg.	20
3.7.8	Relocation Dispatches	Pg.	20
3.7.9	Assists to Police and Fire Departments	Pg.	20
3.7.10	Self-initiated responses	Pg.	21
3.8	Dispatching Procedures via Telephone	Pg.	21
3.8.1	Emergency Dispatches	Pg.	21
3.8.2	Repeating of the Dispatch	Pg.	21
3.8.3	Emergency Dispatching of Additional Calls When the First Due Squad is Unavailable	Pg.	22
3.8.4	Emergency Assist Dispatches	Pg.	22
3.8.5	Emergency Transport Dispatches	Pg.	22
3.8.6	Non-Emergency Transport Dispatches	Pg.	22
3.8.7	Mental Patient Dispatches	Pg.	22
3.9	Dispatch Acknowledgement by Mobile Units	Pg.	22
3.9.1	Emergency Dispatches	Pg.	22
3.9.2	Emergency Transport Dispatches	Pg.	23
3.9.3	Non-Emergency Transport Dispatches	Pg.	23
3.9.4	Mental Patient Dispatches	Pg.	23
3.9.5	Relocation Dispatches	Pg.	23
3.10	Repeating/Relaying Messages	Pg.	23
3.11	General Communications Procedures	Pg.	23
3.11.1	Communications Center with a Mobile Unit	Pg.	23
3.11.2	Mobile Units to the Communications Center	Pg.	24
3.11.3	Mobile Units to Mobile Units	Pg.	24
3.11.4	Mobile Units to Hospitals	Pg.	24
3.12	Air Priority	Pg.	25
3.13	Emergency Messages	Pg.	25
3.14	Reporting on Location	Pg.	25
3.15	Entrapments Reports	Pg.	25
3.16	Recall/Slowdown	Pg.	26
3.17	Patient Contact	Pg.	26
3.18	Security Checks	Pg.	26
3.19	Status	Pg.	26
3.19.1	Squad Status	Pg.	26
3.19.2	Unit Status	Pg.	26
3.19.3	Officers' Status	Pg.	27
3.19.4	Status Times	Pg.	27
3.20	Frequency Assignment and Use	Pg.	27
3.20.1	Dispatch/Status Channel	Pg.	27
3.20.2	Tactical/On-Ground Channel	Pg.	27
3.20.3	Medical Reporting Channel	Pg.	27
3.20.4	Medical Reporting/Regional EMS Channel	Pg.	28
3.20.5	MED-9 & MED-10 UHF Repeater Channels	Pg.	28
4.	Communications Center Resource Information		
4.1	Squad Resource Information	Pg.	28

4.2	Special Service Information Manuals	Pg.	29
5.	Communications Center Records and Documentation		
5.1	Explanation of Documentation Procedures	Pg.	29
5.2	Assignments	Pg.	29
5.3	Status Reports	Pg.	30
5.4	Communications Center Tape Logging System	Pg.	30
5.5	Communications Center Discrepancy Reporting	Pg.	30
5.6	Miscellaneous Records	Pg.	31
6.	Testing and General Announcement Procedures		
6.1	Radio Maintenance Testing Procedures	Pg.	31
6.2	Individual Squad Base Stations	Pg.	31
6.3	Announcements	Pg.	31
7.	Other Policies/Guidelines	Pg.	31
7.1	Accidents Involving Emergency Vehicles	Pg.	31
7.2	Emergency Alarm Activation	Pg.	32
8.	Repeater/Successor Statement	Pg.	32
	Appendix 'A'	Squad Numbers	A-1
		Squad Numbers (cont.)	A-2
	Appendix 'B'	Phonetic Alphabet	A-3
	Appendix 'C'	Computer-Aided Dispatch Information	A-4
	Appendix 'D'	Terminology	A-5
	Appendix 'E'	Advanced Life Support Protocol	A-9
	Appendix 'F'	Basic Life Support Protocol	A-10
	Appendix 'G'	Ambulance-to-Hospital Patching Procedures	A-11
	Appendix 'H'	Eastern PA EMS Council MED 9 & MED 10	
		UHF Repeater Channels	A-13
	Appendix 'I'	Board of Review	A-16
	Appendix 'J'	EMS Complaint Form	A-17
	Appendix 'K'	Eastern PA EMS Council Radio Call Signs	A-18
	Appendix 'L'	List of individual municipality codes	A-19

1. RESPONSIBILITIES OF THE COMMUNICATIONS CENTER,  
TELECOMMUNICATORS AND FIELD USERS

1.1 Management/Discipline of E-M-S Communications System

It is both a necessity and a legal requirement that the Berks County EMS Communications System be properly disciplined at all times. Both Center telecommunicators and system field users must continually keep in mind the need for the most efficient use of 'airtime'.

Telecommunicators and field users must also bear in mind the need to keep the system geared toward the best interests of the public by following established procedures for language, pronunciation, dispatch, reporting, record-keeping and development of emergency planning.

The Berks County EMS Communications System needs to be ever changing in an effort to meet the continuing new developments of the emergency medical services field. By virtue of its central role within that field, it is incumbent upon the Communications Center to make policy changes as necessary; however change must also be fostered from the ranks of the system's field users. It is a policy of the Communications Center to encourage such input. Ideas and suggestions on the operations of the EMS Communications System shall be submitted to the EMS Policy Advisory group in written form, and suggestions given merit shall be recommended by that organization to Communications Center management.

1.2 Federal Communications Commission (FCC) Regulations/Guidelines

By federal law, the Berks County Communications Center operates the EMS Communications System as a privilege extended by the Federal Communications Commission. Like any other privilege, it can be taken away if abused. The FCC, of course, considers the impact on the people the systems serves; but it has methods designed to punish those who fail to follow established guidelines. Heavy fines and imprisonment are two of the more imposing methods used to enforce those guidelines. Most of the basic rules that apply to this system are outlined below. It must be clearly understood that breaches of these regulations cannot be accepted from either the field user or the telecommunicator. To avoid some of the more common infractions that can result in adverse FCC actions, both telecommunicators and field users should remember that it is **UNLAWFUL UNDER FCC REGULATIONS** to:

1. Fail to identify your stations with its prescribed call sign either once every half hour or following the completion of each series of radio transmissions.

2. Transmit other than official system traffic, including personal signals or messages.
3. Use profane, indecent or obscene language on the air.
4. Willfully damage, or permit to be damaged, any radio equipment.
5. Cause unlawful or harmful interference with any other radio communications.
6. Intercept/use/publish the contents of transmissions for other than official purposes without the express consent of the proper authorities.
7. Transmit any call sign, number or series of numbers or letters that resemble a call sign, with the exception of the assigned call sign.
8. Permit access to any radio equipment and/or radio equipment records by any person other than a properly identified representative of the FCC at any reasonable hour.
9. Fail to keep the station license(s) current, and to continually meet the provisions of the license(s).

Detailed rules and regulations of the FCC can be found in a copy of Part 90 of the Commission's rules. A copy of this part will be kept on file for reference in the Communications Center, and telecommunicators should take the opportunity to familiarize themselves with these rules. Continued or willful ignorance of the FCC Rules and Regulations will cause serious ramifications for a telecommunicator, individual field user or emergency medical services organization with regard to continued association with the Berks County Communications Center EMS Communications System.

### 1.3 Communications Center Role in Training according to PEMA regulations

Because the proper operation of any public safety telecommunications system is dependent on the people using it, it is the policy of the Berks County Communications Center to continually update the knowledge of its telecommunicators and field users. Below are some of the ways the Communications Center can participate in a continuing education program:

1. Whenever possible, send staff members to conferences, seminar, meetings, etc. held by various organizations with regard to new developments in the communications or EMS field.
2. Provide individual/group tours of the Communications Center facilities.
3. Permit individual field users to observe the Communications Center operations at the discretion of, and under the authorized experienced supervisor.

4. Encourage telecommunicators to observe and/or participate in field services organizations.
5. Provide telecommunicator or EMS speakers to training sessions and organization meetings to promote understanding and good will.

In short, it will be the goal of the Communications Center and its staff to become involved to the maximum extent in the EMS field in an ongoing effort to increase the efficiency of the overall system through communications.

#### 1.4 Communications Center Organization

The Communications Center is operated under the authority of the Berks County Commissioners, and all of its personnel are County employees.

The Commissioners appoint a person or persons to manage the Communications Center. These people are responsible to the Commissioners for the operation and administration of the Center and serve as liaison between the County and the organizations representing police, fire, and emergency medical service.

Additional middle management personnel have been appointed to assist the department head with his duties. At all times, a 'shift supervisor' is on-duty in the Center, and is responsible for what occurs on his shift, and is the individual responsible for dealing with organization officers who have questions or complaints about Center actions during that shift.

The shift supervisor may refer questions to other middle management or upper management personnel, in accordance with standard operating procedures of the Center itself.

The 'working' or 'operating' personnel in the center are full and part-time telecommunicators. These people receive call for service, route them to the appropriate public-safety departments and assist those departments in carrying out their duties and responsibilities. Telecommunicators perform their functions in accordance with specific service procedures and the standard operating procedures of the Center; they are not permitted to deviate from these established parameters, and are not empowered to arbitrate disputes or explain policy.

#### 1.5 News Media Policies and Guidelines

It must be recognized by everyone connected with the EMS Communications System that many of their activities fall within the domain frequently referred to as 'the public's right to know.' Because of this, an established policy of dealing with the news media needs to be formulated and disseminated to all concerned media organizations. The keystone to any successful relationship with the media hinges on a two-fold principle: first, an amicable relationship aimed at helping both parties do their jobs better; and second, the need to balance the public's need to know with the privacy of those who come in contact with the emergency medical services.

The following guidelines shall apply to the news media:

1. Do not lie to or willfully mislead representatives. If not in a position to answer a specific question, advise the representative of this, and attempt to refer him to someone who is in a position to answer any questions.
2. Relate to the media representative only what is know to be a fact. Telecommunicators can give information as to what units were dispatched, where they were dispatched, etc. A telecommunicator cannot attest to the specifics of the incident, such as what type of injuries were involved, that the cause of the injuries were and any other types of information that he has only heard on the radio.
3. All involved should be cordial with the media, and if not in a position to release the information being sought, make understood the reasons for your inability to be of assistance.
4. Make every effort to have the media representatives understand your job and the conditions you must work under, and in return, extend the same efforts toward understanding his job. This will help in building an amicable and productive relationship that will assist both sides in reaching their goals.
5. If problems with a particular news organization or its representative arise, the supervisor should be advised; it will be his or her responsibility to take proper action. AT NO TIME should you become abusive or discourteous with any media representative.

## 2 COMMUNICATIONS CENTER REGULATIONS FOR OPERATION

### 2.1 Emergency Medical Services Communications Guidelines

The EMS community, through a variety of means, has established many standard practices with regard to communications. These are subject to change. However, it is the responsibility of all EMS Communications System users to keep up-to-date any such practice. This of course, infers the acceptance of that practice by all concerned. Recognized communications practices will be kept on file. Alterations to these practices can be made only through the recommendation of the EMS Policy Advisory Group. **TELECOMMUNICATORS AND FIELD USERS ARE NOT ENTITLED TO MAKE ALTERATIONS!!!!**

It is the responsibility of the on-duty EMS telecommunicator to insure all proper communications practices are followed. Organizations or individuals that violate these practices should be courteously advised of the infraction in such a way that it prevents embarrassment while promoting understanding. This will usually be accomplished by use of the telephone. A field user in a position of authority shall bring infractions of these rules and regulations by a telecommunicator to the attention of the shift supervisor or Center administration. Repeated problems or offenses shall be directed to the Communications Center administration, in writing, for action.

Specific questions with regard to the policies and practices used on the EMS Communications System should be directed to the on-duty supervisor or to the Communications Center administration.

## 2.2 Communications Center Procedures and Regulations

The telecommunicator should, at all times when on-duty, be aware of his obligation to follow any and all policies set down by the administration of the Communications Center. He should also recognize the need to assist and communicate with any other Communications Center functions, as the occasion may arise. Updates of any rule changes/policy alterations will be kept on file for easy reference by all.

## 2.3 Field User Procedures and Regulations

The field user should, at all times when on-duty, be aware of his obligation to follow any and all procedures and policies set down by the administration of the Communications Center. He should also recognize the need to assist the Communications Center, however possible, as the occasion may arise. Updates of any rule changes/policy alterations must be kept on file at all Stations for easy reference by all personnel.

## 2.4 Communications Center Basic Rules for Voice Operation

In conjunction with references in this manual relating to airtime, the following guidelines should also be followed. The few basic principles will aid in expediting message handling while promoting a good working relationship between all concerned;

1. Mobile operators should make a habit of keying their radio before beginning to speak. This is especially important if a fixed or mobile repeater is being used. **Keying before speaking will prevent “clipping”** your first words.
2. Organize your thoughts before transmitting. The over-eager operator is a source of wasted time and confusion when he tries to “think” on the air.
3. **Speak distinctly, and pronounce words carefully.** Speak at a moderate speed using a conversational tone of voice with a natural emphasis and rhythm. The total message should be spoken by phrases, and not by use of one word at a time.
4. The use of any code or signal, other than those depicting a person’s condition, is not authorized. The standard abbreviations and phrases listed in this manual shall be used at all times.
5. **Make sure that the microphone push-to-talk button is fully depressed, pause briefly, and then start to talk.** Mobile operators should hold the microphone about one inch from their lips and should speak across the mouthpiece. Do not hold the microphone directly in front to your mouth; but, slightly to the side and at an angle of about 45-degrees. This will prevent ‘blowing’ into the microphone.

6. Mobile operators should attempt to avoid transmitting while sirens are operating. It is understood that this is not always possible, so common sense prevails.
7. During all transmissions, an effort should be made to keep them brief and to the point. Avoid long-winded descriptions and unnecessary repetition. In order, consider accuracy, brevity and speed.
8. During all transmissions, the mobile operator should attempt to remain calm. Be careful to avoid UNCIVIL, ANGRY, ABUSIVE, DEROGATORY, SARCASTIC, **DEFENSIVE**, OR FOUL REMARKS OR LANGUAGE. When faced with such a situation, maintain control and do not attempt to retaliate. Pause to gain your composure, and then proceed with the business at hand.
9. When calling the Communications Center or another mobile unit, exercise patience. **If you do not receive an answer, wait 30-45 seconds before trying to call again, except under emergency conditions.** If after three (3) minutes you have continually failed to contact the desired unit, try to call a different unit in an effort to ascertain if you are having radio problems.
10. The use of individual names over the air, especially a patient, is not allowed. The only exception would be if the name were required to more accurately promote understanding of a certain situation. Use only authorized number identifiers, approved titles or initials when referring to a specific individual.

### 3 DISPATCH FUNCTION/BERKS COUNTY EMERGENCY MEDICAL SERVICES COMMUNICATIONS SYSTEM

#### 3.1 Definition of the Dispatch Function

The EMS Communications System of the Berks County Communications Center plays a major role in providing emergency medical services to the County. In order to best aid the public, it has been well-documented that a reliable, efficient, functional method of communications is needed between field personnel, allied public safety agencies and others within the total EMS System. Providing this method of communications in the best possible way aids in attaining the overall goal of everyone connected with the provision of emergency medical services.

It must be recognized that, in many of the incidents the system will deal with, speed is essential. The system is utilized using three functions; pre-dispatch, dispatch and post-dispatch phases. Therefore, the telecommunicator must:

1. Obtain all possible information from the caller as to what the emergency is, what is involved and the exact location of the emergency.
2. Obtain this information with all due speed, but never at the expense of reliability.
3. Have a good working knowledge of the total EMS system so that proper personnel and equipment can be routed to the emergency scene in the least amount of time. Prepare himself/herself to 'think ahead' of the responding units as to what kinds of additional aid might be needed and where it can be obtained.
4. Aid field personnel by properly maintaining discipline on all radio channels, and to offer advice from a communications point-of-view and act in a communications control function. In doing this, the telecommunicator must understand, however, that he/she is not in a command function.

### 3.2 Theory of the Dispatch Function

The Berks County EMS Communications System dispatches emergency medical units in accordance with state and regional protocols. However, individual EMS organizations are responsible for assisting in the development and ongoing maintenance of information needed to properly facilitate communications within individual primary response areas. Such information must be provided in a manner prescribed by Center management and minimally must include the order, type and quantity of equipment to be dispatched to an emergency scene, as well as any additional information needed to effect a proper EMS dispatch in accordance with state, regional and local requirements.

Questions on policy or theory of the dispatch function shall be forwarded to Center management.

### 3.3 Communications Center E-M-S Identification System

For the purpose of providing fast and reliable communications, a designated numbering/identification system will be used. The use of names or numbers than those approved will not be allowed.

#### 3.3.1 Communications Center Identification

The Communications Center will be known as 'Berks.'

This word will be spoken when a unit is making its initial call to the Communications Center.

EX: Berks (pause), 586

#### 3.3.2 Squad/Station Identification

Each separate squad that will in some fashion use the EMS Communications System shall use the assigned number.

1. Station Identification: In-county squads shall refer to the building from which they conduct operations as 'Station.'
2. In-County Squad Identification: Squads stationed in Berks County shall use their assigned numbers (See Appendix 'A')
3. Out-Of-County Squad Identification: Squads from other counties, but which routinely service areas within the County, shall use their Squad name, rather than a squad number. Their squad name, followed by the number assigned by their home county shall be their identifier.

EX: Newmanstown 150, Elverson 32A1, etc.

#### 3.3.3 Unit Identification

All units on the EMS Communications System shall fall within one of the following categories:

1. Basic Life Support
2. Advanced Life support
3. Quick Response Unit
4. Wheelchair Units
5. First Responder
6. Squad officer
7. Approved miscellaneous units

Call numbers for 1 – 3 *above* are formed by using the station number plus one for each unit the squad had, up to a total of four.

Ex: Exeter is designated as Squad 630 and the Squad operates three (3) vehicles, 631 – 633. 634 would be held in reserve for Exeter for future use.

Using the station number in conjunction with a ‘numerical suffix’ forms call numbers for 4 – 7 above. Numerical suffixes are pre-determined, thus giving the individual squads little latitude in their assignment. They are:

1	-	5:	Squad Officer
6	-	19:	First Responders
20	-	25:	<u>Approved</u> miscellaneous units
		200:	Squad Transfer Coordinator
EX:		520-1:	Bandon Ambulance Officer
		550-200:	Kutztown Transport Coordinator

### 3.3.4 Portable Units

Portable Units will not require a separate number; however, whenever a portable unit is being used, the word ‘portable’ will be placed before the call number.

EX: Portable 681

The use of the word ‘portable’ will allow squad members to talk to their vehicle at emergency scenes (682, Portable 682.) Further, it removes any doubt whether the person sending a message is using a portable or a mobile radio.

### 3.3.5 Personnel Identification Numbers

In order to avoid the use of a person’s name by the Communications Center, each squad, if it so desires, may submit a list of ‘Personnel ID Numbers.’ These numbers will start at 101 and shall include anyone who is also an officer of the squad. The individual squad shall determine the use of the Personnel Identification Number in the field. The use of an individual’s full name and title (e.g. EMT Joe Smith) is allowed in place of a Personnel Identification Number.

**Note: Personnel Identification Numbers are not intended to be used as radio callsigns, except in unusual, extraordinary circumstances!**

## 3.4 Communications Center Standards for Terminology and Pronunciation

The EMS Communications System will operate in accordance with the overall policy developed for the Berks County Communications Center. Currently, this means the use of a standard phonetic alphabet, the use of specific phrases and the prohibited use of any kind of ten-code/signal code (however, the approved Regional Patient Classification System is permitted to be used). Acceptable terminology can be found in the Appendix section of this manual.

### 3.5 Calls Received/Dispatched/Made by the Communications Center

Any call that relates directly to providing any kind of EMS service will be processed by Communication Center personnel, then referred to the proper organization. These requests include emergency medical calls, requests for standbys, non-emergency transports, etc. In some instances, the Communications Center will not accept direct responsibility for the disposition of a call. For example, the Communications Center will not make arrangements for non-emergency calls such as transports or standbys. Calls of this nature will be forwarded to an individual designated by each organization to handle such matters.

#### 3.5.1 Emergency Calls Received

All emergency calls will be received on emergency telephone lines:

1. 9-1-1
2. 610-655-4911
3. 800-372-9111

Calls received on these lines shall be answered in accordance with communications procedures. On such calls, the telecommunicator who receives the initial notification will be responsible for ascertaining the following information.:

1. The correct address or location of the emergency. When a HELP number is given, the road name shall be obtained.
2. The nature of the emergency.
3. The caller's name.
4. The caller's telephone number.
5. The caller's address (if different from the incident location)
6. Other information believed important by the telecommunicator taking the call. However, obtaining such information should be balanced against whether the nature of the call allows time for obtaining it.

#### 3.5.2 Non-Emergency Calls

Generally speaking, all non-emergency calls may also be received on the emergency lines. For calls that relate to the operations or social business of a squad, the caller shall be referred to the proper place or the caller's telephone number will be relayed to someone from the squad so they can return the call.

#### 3.5.3 Transport Calls Received

In most cases, calls regarding routine transports may be received on the emergency telephone line. The following shall be obtained on all transfer calls:

1. Whether the transport is of a routine nature, urgent nature, or emergency nature.
2. The name, location and phone number of the caller.
3. Any special needs required for the patient.
4. Date/Time requested for the transport and squad that is requested.

When the above information has been obtained, the telecommunicator will inform the caller that a representative of the squad requested will return the call.

**NOTE:** The telecommunicator will not, as a matter of routine, refer the caller to specific squads.

#### 3.5.4 Administrative Calls Received

Any call received by the Communications Center from EMS services personnel, except emergency calls, should be received on the incoming administrative telephone line of 610-655-4937 (direct radio console line), 800-237-0079 or 610-655-4921 (general administrative lines). Some examples of administrative calls include:

1. Checking times from a call.
2. An officer arranging a specific detail.
3. Personnel receiving messages.
4. Personnel receiving transport details
5. Personnel verifying a call.

#### 3.5.5 Telephone Calls Made

Generally, the Communications Center will make any reasonable telephone call for any EMS Unit. It is understood that this might include some personal calls for those at the scene of an emergency. At the same time, it should be understood that the telecommunicator may not have time to make such phone calls, so field users should not become upset when a request is denied. Any call that the EMS telecommunicator is requested to make should be directly related to that service. Any call that would be related to any other service should be referred to that service.

**EX:** An EMS unit on the scene of a motor vehicle accident is not responsible for asking for a tow truck. This responsibility would be that of the police service only.

### 3.6 Incidents Dispatched by the Communications Center

Any call that relates to provision of EMS will be dispatched by the Communications Center. Such dispatches will be made by radio or telephone, in accordance with the procedures outlined herein.

#### 3.6.1 Basic Life Support (BLS) Calls

After a telecommunicator receives a call requesting emergency medical services, he/she will consult the guidelines that detail basic life support and advanced life support types of emergencies. IF the call is within the guidelines of basic life support calls, the telecommunicator will consult Center information to dispatch the appropriate agencies.

(See Appendix 'F')

#### 3.6.2 Advanced Life Support (ALS) Calls

After a telecommunicator receives a call requesting emergency medical services, he/she will consult the guidelines that detail BLS and ALS types of emergencies.

If the call is within the guidelines of ALS calls, the telecommunicator will consult Center information and dispatch the appropriate agencies.  
(See Appendix 'E')

### 3.6.3 Air Transport Calls

Any time a telecommunicator receives a request for air transport (i.e.: helicopter) at the scene of an emergency, he/she will contact the appropriate aero-medical services dispatch center based on response information compiled by the Communications Center and approved by the Eastern PA EMS Council. Communications Center personnel may receive requests for a helicopter from several sources:

1. First response personnel (police, fire)
2. BLS personnel
3. ALS personnel

Requests can be divided into two (2) categories:

1. Stand-Bys (Note: Any individual may request a stand-by for the helicopter.)
2. Flight Missions

All of the above sources are permitted to request that a helicopter be placed on stand-by; however, the existence of a patient or victim must be confirmed before the Communications Center will facilitate a stand-by request. When a request is received, the telecommunicator will contact the appropriate aero-medical dispatch center, advise that a request is being made for a stand-by and furnish other information as requested.

1. If a request is received for a flight mission from any personnel prior to the arrival of the responding EMS unit(s), the telecommunicator will advise the responding unit(s) of this and with their approval will advise the appropriate aero-medical dispatch center of the request for a flight mission and will provide any additional information requested. Flight personnel will decide whether they are able to accept a mission or find a need to decline.

Throughout the incident involving air transport, the Communications Center will continue to assist however possible.

2. When the communications center is aware of University Medevac flights in progress within Berks County, the dispatcher will avoid using frequency 155.220 for hospital patches. (This is due to 155.220 also being a primary radio channel used by University Medevac. The potential is present for transmissions to be missed by users of the frequency).

### 3.6.4 Quick Response Service (QRS) Calls

The dispatching of QRS units is governed by guidelines established by the Eastern PA EMS Council and an agreement between the QRS and BLS squads serving an area. The Center will maintain response information for QRS units.

(see 3.6.4.1)

#### 3.6.4.1 QRS exceptions

(a) The Center has the option to over-ride QRS dispatching when QRS is due to be dispatched on mental health subject calls, specifically when there is no indication of injury or ailment. An example of this would be a '302' transport request received from a police officer or mental health representative. QRS need not be dispatched in this case. If there is any doubt the patient may be in more urgent medical need, QRS response information should be followed.

(b) The Center also has the option to over-ride QRS dispatching when QRS is due to be dispatched on D.O.A./Class 5 calls. If information provided by the caller indicates the patient appears to have been deceased for an extended period with obvious signs of such, QRS need not be dispatched. Again, if there is any doubt, QRS response information should be followed.

(c) When a call is received at a nursing facility or other facility that has a medically trained staff, dispatching of QRS will be disregarded unless requested by the responding EMS personnel.

#### 3.6.5 Coroner Calls

The Communications Center will dispatch a representative of the Coroner's Office upon being notified that the Office is required to investigate a death in accordance with instructions submitted, in writing, by the Coroner's Office.

**If a call is received from an EMS unit for the Coroner, the police department with jurisdiction shall also be dispatched to the scene.** If a call is received from the police department, additional public safety personnel shall be dispatched only at the direction of the requesting department or the Coroner. If a call is received from another source, official or private, the Communications Center shall dispatch the appropriate police and EMS units for that area. Upon arrival and request of police or EMS, the Coroner shall be dispatched. The telecommunicator shall also be prepared to follow any additional requests made by the Coroner.

**NOTE:** Where the term 'coroner' is used in this section, it is understood to include any persons authorized by to execute the duties of the Coroner's Office, and does not refer solely to the person holding the title of 'Coroner'.

#### 3.6.6 Squad All-Calls

Upon receipt of a request from a squad that additional EMS personnel are required at an emergency scene, the Communications Center shall initiate an 'all-squad dispatch.' This dispatch will be done by activating both emergency and administrative alert tones of the affected squad, followed by announcing that all available personnel should respond to the

emergency or location designated by a squad officer or on-site *officer-in-charge*. Some examples of an all-squad call are:

1. Any scene declared to be a disaster.
2. An incident with multiple casualties that requires additional personnel.

### 3.6.7 County All-Call

When an all-county call is requested from the field units, the dispatcher will transmit 3 beeps and announce the request for any available personnel or units to report to the incident location or location otherwise designated by the on-site *officer-in-charge*.

## 3.7 Dispatching Procedures via Radio

### 3.7.1 Order of Transmission/Emergency Dispatches

After the telecommunicator receiving the call obtains a location and call-type, he/she will advise the EMS dispatcher. He/she shall then continue to obtain other pertinent information and provide emergency medical dispatch (EMD) as may be required by the call. When advised of an assignment, the EMS telecommunicator will follow this procedure:

1. Transmit the alert tone for 3 seconds.
2. Announce the municipality name, the location of the call and the type of call.

The telecommunicator shall then determine the correct response for the call based on either Communications Center information or radio orders received from an officer of the squad with jurisdiction. The dispatch will be completed as follows:

3. Transmit the squad tones in the order due.
4. Announce the squad(s) in the order due.
5. Announce the municipality name, the location of the call and the type of call.
6. Announce the time.
7. Pause for five (5) seconds.
8. Repeat 5, 6, and 7.

EX: Alert tone for 3 seconds, Amity Township, Routes 422 and 662, a motor vehicle accident. Transmit squad tones; Squad 680, Amity Township, Routes 422 and 662, a motor vehicle accident; time; pause five seconds; repeat.

**NOTE:** The Center, in no way, is responsible for determining or dictating the manner in which units handle the call beyond the provision of good-faith information about the nature or circumstances of the incident.

### 3.7.2 Repeating of the Dispatch

After the dispatch is made, the squad must acknowledge its response to the call within four (4) minutes. After four minutes, the telecommunicator will announce, 'Squad \_\_\_#\_\_\_, response check.'

If there is no response after one (1) additional minute, the telecommunicator shall repeat the original dispatch. During the second dispatch, the telecommunicator will insert one phrase 'second dispatch' after the squad number is announced, and the dispatch announcement will be given only once. If there is no acknowledgement from the squad one (1) minute after the second dispatch, the telecommunicator will dispatch the next-due unit (for squads with more than one unit available) or next-due squad (for squads with a single unit or only one unit available) and then placing the original squad or crew dispatched out of service.

**\*\*\* NOTE:** An officer (Numerical suffixes 1-5) of the squad that has not responded has the authority to direct that next-due units are not to be dispatched. However, if a response does not occur within 10-minutes of the initial dispatch, the next-due unit or squad will be dispatched.

#### 3.7.2.1 Weather-Related Exceptions

- (a) At any time severe or unusual weather conditions occur, the Communications Center, at its discretion or upon the request of a squad officer, may opt to relax the time parameters for response checks and repeating the dispatch. However, if a response does not occur within the 10-minutes of the initial dispatch, the next-due unit or squad will be dispatched.
- (b) Communications Center management has the option of withholding dispatch of EMS to unknown injury type motor vehicle accidents during periods of severe weather or when other heavy radio traffic conditions are present. This will only be done if the center is aware of a local police department responding with an ETA of less than 10 minutes. If there is questionable information received prior to the arrival of the police department, the Center may consider dispatching the appropriate resources without further delay.

### 3.7.3 Emergency Dispatching of Additional Calls When the First-Due Squad is Unavailable (BLS & ALS)

In the event that either a BLS or ALS

1. Squad is out-of-service,
2. Squad has its units committed, or
3. Multiple –unit squads receive additional calls or have insufficient personnel available to respond additional units,

the telecommunicator will consult Center response information to ascertain the next-due squad. The next-due squad will then be dispatched, and the tones will also be transmitted for the first due squad. The order of the dispatch will be the same as the dispatching of emergency calls, as previously listed, with the following exceptions:

1. In the event a second crew is being dispatched, the phrase ‘second crew’ shall be added after the type of call.
2. In the event the first-due squad is out-of-service, the phrase ‘covering for Squad   #  ’ shall be added after the call-type.

If a squad has multiple crews in-service, and if the first-due unit should fail to respond for any reason within the allotted time constraints, a second-due crew from that squad shall be dispatched before another squad is called to cover the call, and the squad shall have its in-service status adjusted to reflect this.

### 3.7.4 Emergency Assist Dispatches

In the event a squad should call for assistance from another squad after the initial dispatch has been made, the order for dispatch shall be:

1. Transmit the squad tones.
2. Announce the squad number.
3. Announce the municipality name, the location of the call, and type of call.
4. Announce ‘Assist to Squad   #  .’
5. Announce the time
6. Pause for five (5) seconds.
7. Repeat steps 2, 3, 4 and 5.

**NOTE:** For an emergency-assist dispatch, there shall be no pre-announcement.

### 3.7.5 Emergency/Additional Information After Dispatch

In the event that any important information must be relayed to responding units after the dispatch has been made, the telecommunicator will sound the alert tone three (3) times and announce the information.

EX: Beep, Beep, Beep; Units responding to 521 Madison Avenue, be advised EMT on location states the call is a cardiac arrest, time.

### 3.7.6 Emergency Transport Dispatches

When the Communications Center receives a call for an emergency transport, usually from one medical facility to another, the order for dispatch shall be as follows:

1. Transmit the emergency squad tones.
2. Announce the squad number.
3. Announce '200 stat.'
4. Announce the time.

EX: Squad tones, Squad 650, 200 stat, time

### 3.7.7 Non-Emergency Transport Dispatches

When the Communications Center receives a call for the transport of a patient from one medical facility or a medically-related appointment, the order of dispatch shall be the same as listed in Section 3.7.7(Emergency Transfer Dispatches), however, in step #3, the word 'stat' shall be eliminated after the number '200.'

EX: Squad tones, Squad 680, 200; time.

### 3.7.8 Relocation Dispatches

In the event that a squad is requested to stand-by at another station, the order that these calls will be dispatched is as follows:

1. Transmit squad tones for the affected squad.
2. Announce the squad number.
3. Announce 'you are to relocate to station #...'
4. Announce the time.

The dispatcher also has the option of making this notification via telephone to the affected squads. The relocating squad's crew must telephone or radio the Center to acknowledge receipt of the dispatch. The concerned squad or the communications center may initiate relocations based on prevailing circumstances.

### 3.7.9 Assists to Police and Fire Departments

In the event that a squad is requested to assist, stand-by for or provide any type of non-specific or non-patient service to a police or fire department, all available information about the nature or type of call shall be provided during the dispatch to allow the squad to provide an appropriate response to the request.

- EX:
1. Fire scene Stand-bys
  2. Crime or accident scene assistance

The center may opt to page the on-duty crew and relay information via telephone depending on certain circumstances.

#### 3.7.10 Self-initiated responses

Squads may receive information or calls directly and advise the communications center of their response to such incidents. In this case, a **CAD assignment will be generated and the jurisdiction's police department advised** of such. The squad tones will then be transmitted and the affected personnel made aware of the on-duty crews response. During periods of heavy radio traffic, squad tone activation and this advisory may be disregarded.

### 3.8 Dispatching Procedures via Telephone

#### 3.8.1 Emergency Dispatches

When a dispatch must be made by telephone, the telecommunicator will pass on all of the information he/she has that pertains to the call. A telephone dispatch may be initiated by the Communications Center based on the shift supervisor's discretion. An example of when this may occur would be when sensitive information is at stake and/or a reasonable request has been made by the caller to avoid broadcasting particulars of the call over open airwaves. Telephone dispatches will be initiated by activating the squad tones, then by having the on-duty crew telephone the communications center. If the on-duty crew does not acknowledge the call within 4 minutes, normal dispatch via radio procedures will be followed.

#### 3.8.2 Repeating of the Dispatch

After the dispatch has been made, the squad must acknowledge that it is responding to the call within six (6) minutes. After six minutes, the telecommunicator will again call the squad, and the telephone dispatcher for the squad will be given the option of releasing the Center from all responsibility with regard to the call and placing it with the squad or having the Center proceed to dispatch of the next-due squad. The only exception would be if the squad being telephone-dispatched is covering for or assisting a squad dispatched by the Center. In such cases, the Center retains responsibility for the call, and will dispatch the next-due squad per the time frame in 3.7.2.

### 3.8.3 Emergency Dispatching of Additional Calls When the First-Due Squad is Unavailable

In the event that:

1. A squad is out-of-service,
2. A squad had its units committed, or
3. A multiple unit squad received another call and has insufficient personnel available to respond additional units. The telecommunicator will consult Center information to ascertain the next-due squad, and will then dispatch it. All information pertaining to the call, including that this is a call for the second (third, etc.) crew or call to cover for another squad, shall be passed on

NOTE: If the call is to cover for another squad dispatched by the Center, that squad's tones shall be activated and the squad notified that another squad is covering a call for it.

### 3.8.4 Emergency Assist Dispatches

In the event a squad calls for assistance from another squad after the initial dispatch has been made, the telecommunicator will telephone the assisting squad and pass on all information pertaining to the call, including what squad is being assisted.

### 3.8.5 Emergency Transport Dispatches

When the Communications Center receives a call for an emergency transport for a squad not dispatched via radio, usually from one medical facility to another, the telecommunicator will provide the caller with the squad's telephone number to make the arrangements directly.

### 3.8.6 Non-Emergency Transport Dispatches

When the Communications Center receives a call for the transport of a patient to a medical facility or medically related appointment, the dispatch will be handled as in Section 3.8.5.

### 3.8.7 Mental Patient Dispatches

When the Communications Center receives a call for a mental subject, the dispatch will be handled as in Section 3.8.5.

## 3.9 Dispatch Acknowledgement by Mobile Units

### 3.9.1 Emergency Dispatches

When going on an emergency call, it shall be the responsibility of each unit to acknowledge its response. The unit will call the Communications Center on the dispatch frequency, wait for a response, then repeat its unit number and **acknowledge it is enroute to the incident by using the address as given in the dispatch.**

(a) *If the responding unit fails to repeat the address they are responding to for verification purposes, the Communications Center will not be held responsible for an EMS units response to an incorrect address.*

### 3.9.2 Emergency Transport Dispatches

After the dispatch is made for the emergency transport, the person designated by the squad to arrange for the transfers will have 15 minutes to call the Communications Center for the information. Whether the dispatch was made by radio or by telephone, the telecommunicator shall give this person all pertinent information. If the squad cannot handle the call, it is responsible for advising the party requesting the transport of this.

### 3.9.3 Non-Emergency Transport Dispatches

The procedure for non-emergency transport dispatches shall be the same as that for emergency transport dispatches.

### 3.9.4 Mental Patient Dispatches

If the dispatch has been made via radio, the EMS unit will maintain its incident status via radio. This will also be done (if necessary) for telephone dispatches.

### 3.9.5 Relocation Dispatches

In the case of relocation dispatches, the same procedure will be followed as outlined in Subsection 3.7.8.

## 3.10 Repeating/Relaying Messages

It shall be the responsibility of the on-duty telecommunicator to be ready to repeat or relay any message, any time. It is not possible to list all the things that should or should not be repeated. Below is a list of examples of when repeating is required, however, keep in mind that common sense prevails:

1. Whenever a unit's status changes
  - a. Available
  - b. Unavailable
  - c. Enroute to . . .
  - d. At....
2. Whenever a unit goes on location
3. Whenever an entrapped victim has been extricated
4. Any time specific instructions are to be relayed
  - a. Slowdown/Recall
  - b. Stand-by at your unit

## 3.11 General Communications Procedure

### 3.11.1 Communications Center with a Mobile unit

1. When making an initial contact, the Communications Center shall call the designated unit followed with the word 'Berks.'
2. When the unit answers, the telecommunicator will repeat the unit's designator before proceeding with the message.

3. If multiple units are being called, each unit designator will be repeated before proceeding with the message.
4. The unit designator shall be used at the start of each ensuing transmission from that unit. This is necessary to prevent any confusion among mobile units and the Communications Center.
5. The designator 'Berks' will be used only in the initial contact between the Communications Center and the mobile unit.

#### 3.11.2 Mobile Units to the Communications Center

1. When calling the Communications Center, you shall use the designator 'Berks' followed by the unit designator. After this is spoken, you will release the microphone button and await a reply.
2. Use the mobile unit designator at the start of each ensuing transmission.
3. When answering calls from the Communications Center, it is necessary to answer with your designator only.
4. The designator 'Berks' shall be used only when the mobile unit is attempting to establish initial contact with the telecommunicator.
5. **MOBILE UNITS ARE NOT TO CALL 'BERKS' TO ACKNOWLEDGE A DISPATCH UNTIL ALL TONES HAVE BEEN TRANSMITTED AND THE SECOND ANNOUNCEMENT FOR EACH DISPATCH HAS BEEN COMPLETED.** If a unit has a message of urgency the phrase 'emergency' or 'priority' shall be used as outlined in section 3.13.

#### 3.11.3 Mobile Units to Mobile Units

Always state the designator of the unit your are calling before saying your own unit designator. The word 'Berks' should not be used in mobile-to-mobile communications.

#### 3.11.4 Mobile Units to Hospitals

When a mobile unit needs to communicate with a hospital, it must first contact the Communications Center. When answered, the unit will advise that it is enroute to \_\_\_\_\_ Hospital with a Class \_\_\_\_\_ (Regional Patient Classification) patient. The Center will then initiate the Ambulance-to Hospital Patching procedures, as detailed in appendix 'G.' It must be understood that more severe calls will receive priority in patch establishment, so a unit may be requested to stand-by on the channel assigned by the Center. It must also be understood that both the field unit and the hospital must signify that their conversation is complete by repeating their name and/or number and the word 'clear.' This will indicate that the Channel is available for another assignment. Direct telephone patches cannot be made; however, when necessary, the telecommunicator will arrange to relay pertinent information for any unit, if possible.

### 3.12 Air Priority

“All EMS personnel should be aware of the need to conserve radio time and strive to eliminate unnecessary use of the radio by using person to person communications, local channels, or other available methods. During many times, radio and telephone conditions at the communications center become heavy enough to prevent an immediate answer to radio calls. When this occurs, the communications center may advise all units to ‘stand-by’ and initiate an ‘air priority’. This means the communications center is temporarily unavailable to answer your message. When ‘air priority’ is initiated, the dispatcher will enable the ‘channel marker’ function and announce **“all units be advised, air priority in effect on .295”**. The channel marker will automatically sound a brief tone every 15 seconds until the function is disabled by the dispatcher.

Field users should exercise patience during ‘air priority’. Field users should not call again until answered unless there is a ‘priority’ or ‘emergency’ message that requires immediate attention. The use of priority or emergency message is restricted to situations where life or personal injury is at stake, or to a critical situation that requires immediate additional assistance. Field users will only call to go ‘enroute/responding’ and ‘available’. During ‘air priority’, units will be responsible for their own times and hospital notifications. When dispatch has determined the heavy radio traffic has been reduced, a **message ‘air priority is now lifted, all units resume normal traffic’** will be broadcast by the communications center and the ‘channel marker’ function disabled. The ‘air priority’ condition is not intended to cease transmissions by officers or units. It is simply intended to limit the amount of radio traffic during peak times and should be limited to urgent messages.

It is recognized the possibility exists for EMS units to track their own times. The most important times for the communications center to document would include ‘responding’ and ‘available’, with the obvious exceptions. The dispatcher may call units for status checks in an effort to clarify squad’s status during or following times of priority traffic.

### 3.13 Emergency Messages

When radio traffic is heavy or an air priority is in effect, any unit that has an emergency message will call the Communications Center in the following manner: ‘Berks, 576, Emergency (or Priority).’ An emergency message will be given a top priority over all other messages. Because of this, the emergency category is restricted to only those situations where a life or personal injury is at stake, or a critical situation requires immediate additional assistance or attention. Routine status changes do not constitute the use of ‘emergency’ or ‘priority’ unless doing so may have an impact on the dispatch of a pending call. **Dispatch personnel should also bear in mind this possibility.**

### 3.14 Reporting On Location

All units will report ‘on location’ except during ‘air priority’.

### 3.15 Entrapment Reports

Calls to which a squad has been dispatched that are reported to have patient entrapment require that the Center be advised when each victim(s) has/have been extricated. This shall be time-documented following a report of such by fire *or* EMS personnel on location of an incident.

3.16 Recall/Slowdown

When a recall is ordered by someone in charge, the telecommunicator will transmit five (5) alert beeps and recall the squad(s) involved. The recall phrase to be used is 'Squad \_\_\_#, recall, on the orders of or per, name or identifier, time.' After this announcement is heard, each responding unit shall acknowledge by repeating its unit designator and the word 'available.' (There shall be no pause between the unit designator and the word available.) For slowdowns, the procedure shall be the same as that for a recall. Five (5) alert beeps and the word 'slowdown' shall be used in place of the word 'recall.' There will be no acknowledgment required from any responding units.

3.17 Patient Contact

For most incidents, EMS personnel establish contact with the patient/victim within a few moments of their 'on location' status. However, there are exceptions where contact is not established for an extended time. If the time to make patient contact exceeds three minutes following the 'on location,' an additional status change of 'patient contact established' may be made and shall be documented in CAD.

3.18 Security Checks

EMS incidents that are potential security concerns or where personnel are on-scene for an inordinate period of time (+20 minutes) without radio contact will result in a 'security check.' Field personnel may also opt to request a security check as a result of unusual scene conditions. The timing of the check is discretionary. Upon receipt of a 'security check' from the Communications Center, the field unit will advise of its status and the need for any additional checks.

3.19 Status

3.19.1 Squad Status

The status of each squad dispatched by the Communications Center, including the number of crews available to respond, must be known at all times according to the Pennsylvania Code Title 28, Chapter 1005.10, section (e) (1-3). A squad may call the Center by telephone at any time with changes. The Center may inquire of a squad's status at any time. If the Communications Center is aware that a squad is out-of-service and/or does not have a crew, the next-due squad will be dispatched immediately, thus saving valuable time.

3.19.2 Unit Status

The status of each unit dispatched by the Communications Center must be known at all times. This will be accomplished by use of the radio or telephone. Whenever possible, anything affecting your status for responding to calls, routine or non-emergency should be made by telephone.

- EX:
1. Going for gas and returning.
  1. Driver training.
  2. Parade details

3.19.3 Officers' Status

The status of squad officers (suffixes 1-5) may be maintained, at the option of such officers, during an incident where they are functioning independently from an EMS unit. Routine status changes of officers not assigned to an incident will not be recognized or recorded.

#### 3.19.4 Status Times

The requesting of time by squads for any purpose will be conducted via telephone, using the appropriate telephone number (listed previously in this manual).

### 3.20 Frequency Assignment and Use

#### 3.20.1 Dispatch/Status Channel

Frequency 155.295 MHz is known as '295.' This channel will be used for dispatching and status keeping of all calls, as provided for in this manual. Under no circumstances will this frequency be used for hospital patching

#### 3.20.2 Tactical/On-Scene Channel

Frequency 155.160 MHz is known as '160.' This channel may be assigned for use by the Center or field units; however, the Center may refuse assignment in circumstances. Uses include:

1. Situations where air traffic is congested on '295.'
2. Serious incident/disaster scene grounds communications.
3. Intercommunications between units at stand-by events.

#### 3.20.3 Medical Reporting Channel

Frequency 155.220 MHz is known as '220.' This will be the primary frequency assigned by dispatch personnel when an EMS unit requests BLS (Basic Life Support) hospital reports to a hospital on the matrix system. This means of communication may only be used for ALS (Advance Life Support) communications when the ALS provider has followed the *Eastern Pa Regional Protocols* regarding hospital communications.

Communications Center personnel will assign an alternate frequency (155.340) when University Medevac is operating in Berks County. This is due to Medevac sharing the frequency while using a different private-line code.

#### 3.20.4 Medical Reporting/Regional E-M-S Channel

Frequency 155.340 MHz is known as '340.' This will be the secondary frequency assigned by dispatch personnel when EMS personnel request **BLS (Basic Life Support)** hospital reports to a hospital on the matrix system. This means of communication may only be used for ALS (Advance Life Support) communications when the ALS provider has followed the *Eastern Pa Regional Protocols* regarding hospital communications. This channel is also a common frequency among the six counties making up the Eastern Pennsylvania Emergency Medical Services Council, and, as such, enables communications between mobile units and other communications and medical facilities, or between the Center and other communications and medical facilities.

#### 3.20.5 MED-9 and MED-10 (UHF Repeater Channels)

The Communications Center, in cooperation with the Eastern PA EMS Council, will operate repeater stations on UHF channels designated as "MED-9" and/or "MED-10." These channels are designed primarily for tactical use, and are available to (But not required of) County EMS units. Because of common access by the entire Eastern PA EMS are, regional operating procedures are detailed in Appendix 'H'.

## 4 COMMUNICATIONS CENTER RESOURCE INFORMATION

### 4.1 Squad Resource Information

To be affiliated with the Emergency Medical Services Communications System, it shall be necessary for a squad to provide resource information. This will serve as the telecommunicators guide to dealing with that squad, and must follow a prescribed format. Information contained should include:

1. Pertinent telephone numbers, including officers, station, personnel, etc.
2. Vehicles operated by the squad. Any special pieces of equipment on a vehicle or special vehicle capabilities that might make the Center more aware of situations in which the unit or equipment will be used should be noted.
3. Detailed street maps of areas served by the squad.
4. Special instructions for business/industry, handicapped persons, disaster plans, etc.
5. A listing of response information. This will detail what units are to be dispatched on different kinds of calls.
6. A complete listing of streets and response information for those streets.
7. Other information, which the telecommunicator should be aware of in order to dispatch the squad in the most efficient manner.

The squad that is developing information for advice and assistance should consult the Communications Center. The reference information must be kept current in order to be effective.

### 4.2 Special Services Information Manuals

The Communications Center will, as a matter of policy, build and maintain a library of current materials that affect, directly or indirectly, the provision of EMS services. Any person, squad or other interested party that has new or updated information is encouraged to pass it along to the Communications Center. All telecommunicators who shall be advised of its existence shall study such information.

## 5 COMMUNICATIONS CENTER RECORDS AND DOCUMENTATION

For both legal and protective reasons, virtually everything done by anyone connected with the EMS Communications System is documented in some form. In many cases, documentation is duplicated. Such documentation is a necessary part of communications.

### 5.1 Explanation of Documentation Procedures

The telecommunicators operating the EMS Communications System are trained to document almost everything they do. This includes everything from taking a telephone call to filing a discrepancy report. Should either a staff member of the Berks County Communications Center or some other group or organization with legitimate interest in a particular piece of information have need of it, it will be made available. Since documentation of any kind is only as good as what is entered, telecommunicators are trained (and field personnel are strongly urged and advised) in the types of information that can and should be documented. Questions on the necessity of documenting certain pieces of information shall be referred to the Communications Center administration.

### 5.2 Assignments

Every incident that is either dispatched by the Communications Center or an affiliated organization shall be processed on a computerized or manual assignment. This will include the following information, and time-recorded documentation:

1. Incident number
2. Location of incident.
3. Type of incident.
4. Additional incident information (caller, phone number, etc.)
5. Unit(s) assigned to handle the incident
6. Time incident reported.
7. Time incident dispatched.
8. Time squad/unit responded to the incident.
9. Time unit arrived at incident location.
10. Other times dictated by the procedure in this manual.
11. The name, number or initials of the telecommunicator who processed the call.
12. Other information deemed necessary or valuable for documentation.

Assignment information shall be sent to the squad involved at a convenient time if requested. The Communications Center shall retain computer records of this information for a period of time deemed necessary by the Center.

Information contained in the Assignment shall be considered as available only to properly authorized individuals. If questions on the subject of authority arise, they shall be settled by the Communications Center administration.

### 5.3 Status Reports

At all times, the Communications Center shall keep current the status of the squads affiliated with the EMS Communications System and the vehicles they operate. Any changes in status of the squad shall be recorded with an entry made as to the nature of the status change with a reason. Only incidents that are documented on an assignment need not be documented as status changes.

In an effort to conserve airtime, **EMS units should not report their 'at'station' status with the Communications Center.**

### 5.4 Communication Center Tape Logging System

All communications received or transmitted by the Communications Center either by radio or telephone are logged on a continuously recording tape recorder. Tapes are changed approximately every 4-5 days.. Personnel interested in reviewing the contents of tape recordings of either telephone or radio transmissions should contact the Communications Center, in writing, at the earliest possible time to ensure the tape is still available.

If the need to review a tape is of an immediate nature, the Center management may accept verbal request. If requested, permission may be granted for a copy of the pertinent conversations to be made. Also, if requested, an entire tape may be held beyond the usual period. However, if such a request is anticipated, Center management must be notified at once.

### 5.5 Communications Center Discrepancy Reporting

In the event of a problem with any facet of Communications Center operations, an entry will be made in the station logbook. This logbook is a legal record of station operations, and will be kept on file for whatever length of time is necessary. In the event the Communications Center encounters a particularly severe problem with an affiliated squad, or there is a repeat of a minor problem that has not been rectified, the involved telecommunicator will present a written report to the Communications Center administration for action. The involved organization will be given an opportunity to reply, and the Center shall make a final judgment in solving the manner.

In the event an organization realizes a significant problem with the Communications Center or member of its staff, it, too, is invited to present a written report to the Communications Center administration. After gathering the pertinent facts, the Center shall reply to the matter. Any Discrepancy Report that is filed or received shall be kept by the Center for a period of time deemed necessary by the administration.

5.6 Miscellaneous Records

The Communications Center, from time to time, will implement additional forms of documentation deemed necessary to maintain proper operations of the facility/. Affiliated organizations will be advised of different types of record and documentation being kept and/or required by the Communications Center, and may, if they so desire, propose additional types of records or forms to the Center.

6 TESTING AND GENERAL ANNOUNCEMENT PROCEDURES

6.1 Radio Maintenance Testing Procedures

The Communications Center will assist in conducting test for any authorized radio repair technician or squad member for purposed of testing radio equipment at any time there is no emergency traffic in progress.

6.2 Individual Squad Base Stations

Although the Communications Center has no control over a licensed base station that shares a channel with the County, it is preferred that all dispatching, personnel messages, tests, etc., for affiliated squads be processed by the Communications Center. Individual base stations should be used solely for emergency communications.

6.3 Announcements

In order to keep airwaves free for emergency traffic to the greatest extent possible, the following guidelines shall be observed with regard to general announcements:

1. Permissible announcements:
  - a. Emergency weather reports.
  - b. Any message cleared for broadcast by Center management.
2. Impermissible announcements:
  - a. Squad meeting dates and times.
  - b. Street closings. Any pertinent street closing shall be announced by the telecommunicator during an actual dispatch
  - c. Funeral announcements/arrangements

The Communications Center has the option, through department administration or the shift Supervisor, to accept or deny making any announcement.

7 OTHER POLICIES/GUIDELINES

7.1 Accidents involving emergency vehicles.

It is the policy of the Communications Center to notify the *officer-in-charge* of a squad whose vehicle has been involved in any type of accident the communications center has been made aware of involving damage. Communications Center management is also responsible for forwarding appropriate documentation to the Pennsylvania Emergency Management Agency and/or Department of Health.

7.2 Emergency Alarm activation

Anytime the communications center receives an emergency (HELP) alarm activation from a radio that emits an identifiable indicator, the dispatcher is responsible for taking steps to assure the safety and security of the unit or person to which the identifier belongs. These steps include, but are not limited to:

- Contacting the OIC of the affected squad
- Calling the person/unit on radio for a security check
- Notifying center management of the activation.

8 REPEALER/SUCCESSOR STATEMENT

Insofar as any procedure, policy, statement or other written documentation issued prior to the effective date of this SOP on 1 April 2002 is found to be inconsistent with the contents hereof, said procedure, policy, statement or other written documentation is hereby repealed.

APPENDIX 'A'  
Berks County Emergency Medical Services  
Squad/Unit Numbers

I. Basic Life Support Squad Numbers

<u>SQUAD</u>	<u>NAME</u>	<u>UNIT NUMBERS</u>	<u>CAD ID</u>
505	Bally	506 - 509	BA
520	Blandon	521 - 524	BL
535	Fleetwood	536 - 539	FL
555	Lower Alsace	556 - 559	LA
565	Oley	566 - 569	OL
585	Bethel	586 - 589	BE

Quick Response Squads

<u>SQUAD</u>	<u>NAME</u>	<u>UNIT NUMBERS</u>	<u>CAD ID</u>
635	Kutztown University	636	KU
645	CarTech Med. Team	645	

II. Advanced Life Support Squad Numbers

<u>SQUAD</u>	<u>NAME</u>	<u>UNIT NUMBERS</u>	<u>CAD ID</u>
600	Reading Fire EMS	601 - 609	RA
630	Exeter	631 - 639	EX
525	Boyertown	526 - 529	BO
545	Hamburg	546 - 549	HB
560	Muhlenberg	561 - 564	MU
575	Topton	576 - 579	TO
590	Kutztown	591 - 599	KT
650	Western Berks	651 - 669	WA
670	Schuylkill Valley	671 - 679	SV
680	Southern Berks	681 - 689	SB
690	Northeastern Berks	691 - 694	NE

IV. Others

<u>SQUAD</u>	<u>NAME</u>	<u>UNIT NUMBERS</u>	<u>CAD ID</u>
	Newmanstown	150, 150T	NT
	Elverson	32A1, 32A2,	EL
	Myerstown	140	MY
	Northwestern	7141, 7181-7183,M7181,2,3	NW
	University MedEvac	MedEvac 1 – 4	ME1 – 4
	Life Lion	Life Lion	LL1
	Sky Care	Sky Care 1	SK1
	Penn Star	Penn Star 1 & 4	PS1/PS4
	Geisinger	Life Flight	LF1
	Cetronia	6286 - 6296	CE
	Goodwill Pottstown	3291,3292,3293,3294 3297,3298,3299	GW
	Kutztown University	636	KU
	New Schaefferstown	160, 161	NS
	Reinholds	REIN	RE
	Reamstown	REAM	RM
	Lebanon Medic	LM122, LM12C, LM12J	LM

APPENDIX 'B'

Berks County Communications Center  
Phonetic Alphabet

A	-	ALPHA	N	-	NOVEMBER
B	-	BRAVO	O	-	OCEAN
C	-	CHARLIE	P	-	PAPA
D	-	DELTA	Q	-	QUEBEC
E	-	ECHO	R	-	ROMEO
F	-	FOXTROT	S	-	SIERRA
G	-	GOLF	T	-	TANGO
H	-	HOTEL	U	-	UNIFORM
I	-	INDIA	V	-	VICTOR
J	-	JULIETTE	W	-	WHISKEY
K	-	KILO	X	-	X-RAY
L	-	LIMA	Y	-	YANKEE
M	-	MIKE	Z	-	ZULU

APPENDIX 'C'  
Berks County Emergency Medical Services  
Computer Aided Dispatch Information

The following information is included on monthly Fire/EMS printouts:

There are three (3) parts you may see listed.

1. @EX or @21 = this is the identification of the Station/Company
2. 505A, B, C = A, B, and C are for Crew Status  
A - 1 Crew; B - 2 Crews; C - 3 Crews
3. 536, 537, etc = Units

Unit Types:

E	=	Engine	L	=	Ladder
MU	=	Medic	TK	=	Truck
R	=	Rescue	Q	=	Quick Response Unit
AT	=	Aerial	S	=	Squad
T	=	Tanker	HE	=	Helicopter
B	=	Brush	AM	=	Ambulance
U	=	Utility	OF	=	Officer
CO	=	Company	SC	=	Scuba
RC	=	Canteen	CH	=	Chemical
SN	=	Snorkel	TW	=	Tower
HZ	=	Hazmat			

Status Keeping Commands:

D	=	Dispatch	FE	=	Enroute to Incident
FA	=	On Location	FEH	=	Enroute Hospital
FAH	=	At Hospital	FLH	=	Leaving Hospital
FRS	=	Retuning to Station	FAR	=	Available on Radio
FC	=	At Station (cleared incident)	FUCX	=	Crew in Service
FUUX	=	Crew Out of Service	FHD	=	Recall
FRT	=	Radio Traffic	FX	=	Busy
FST	=	Set timer	FAP	=	patient contact

1. The first column (to the far left) will have which station, squad or unit that status is being kept for.
2. The second column is the assignment number.
3. Third column is the date.
4. Fourth column shows the times.
5. Fifth column shows location of incident, radio traffic comments, and any location changes made by the unit/officer.
6. The sixth column shows the unit type (see list above)
7. The ninth column shows the type of call. Most of the abbreviations are self-explanatory.

## APPENDIX 'D'

### Berks County Emergency Medical Services Terminology

**ACCIDENT**: An unfortunate event resulting from carelessness, unawareness, ignorance or a combination of causes. NOTE: This word should never be used alone; rather a more specific type of accident should be referred to (i.e.: industrial, farm, motor vehicle, etc.)

**ADVISE**: give or relay information.

**ALERT TONE**: An electronic tone transmitted via radio for the purpose of attracting attention.

**AT STATION**: The unit is at station and ready to answer a call.

**AVAILABLE**: The unit is on radio and available to answer a call.

**BE ADVISED**: This is to inform you that: something did happen, is happening, or will happen.

**BUSY**: The unit is unable to answer calls for a short time.

**CALL SIGN**: A combination of letters and numbers assigned to a radio station by the FCC to uniquely identify that station.

**CAN HANDLE**: The incident can be handled with the equipment that is already on location or is already enroute. For large-scale incidents only.

**CAPTAIN**: A senior officer of a squad.

**CODE**: Cardiac Arrest.

**COMMUNICATIONS ADVISORY COMMITTEE**: The committee appointed by the Berks County Commissioners for the purpose of overseeing and developing the operations of the Berks County Communications Center.

**COMMUNICATIONS CENTER**: Whenever used in this manual, this term refers to the Berks County Emergency Communication Center, which is located on the 18<sup>th</sup> Floor of the County Courthouse in the City of Reading.

“” Indicates a phrase for use on the radio

A-5

**“CONDITION CHECK:** A request for a report on the incident situation. (i.e. – is the incident under control, out of control, etc.)

**“CORRECTION”:** An error has been made, and what follows is the corrected version of the message.

**“DISREGARD”:** Ignore or forget that we called.

**DISREGARD THE LAST MESSAGE”:** Ignore the entire last message.

**DRIVER:** The individual driving, or able to drive a unit.

**EMERGENCY MEDICAL SERVICES COMMUNICATIONS SYSTEM:** Where used in this manual, this term refers to that part of the Communications Center that is dedicated to serving the emergency medical services organizations.

**EMERGENCY MEDICAL SERVICES POLICY ADVISORY GROUP:** This countywide body is made up of representatives from emergency medical service organizations and communications center personnel that meet for common good and interest. With respect to communications, it develops and recommends policy to Center Management.

**EMERGENCY MEDICAL TECHNICIAN (EMT):** A person who has completed an approved training course and holds an official title of Emergency Medical Technician – Ambulance.

**“ENROUTE TO (LOCATION)”:** The unit is going to (locations). It is necessary to specify where the unit is heading, such as a medical facility, an address, an assignment number, etc.

**E.T.A.:** acronym for ‘estimated time of arrival.’

**“EXPEDITE”:** Your services are required as soon as possible; proceed to the location as quickly (but safely) as possible.

**FEDERAL COMMUNICATIONS COMMISSION (FCC):** The agency of the federal government responsible for regulating and controlling all aspects of radio communication.

**FIELD USERS:** Refers to any person who is part of a public safety agency that responds to emergency and non-emergency calls in an effort to help people. Specifically, this term refers to any person who is using a mobile radio.

**FIREGROUNDS:** Site of the fire.

**FIRST RESPONDER:** A squad member who, because of his ability to respond or proximity to the incident, responds to the incident in advance of the ambulance to begin treatment.

**H.E.L.P. NUMBERS:** A unique identification number for most properties in Berks County. These numbers are keyed to a set of maps maintained by the Communications Center any many emergency medical services organizations. The system is maintained by a private organization.

“” Indicate a phrase for use on the radio

**“INVESTIGATING”**: Checking the incident.

**LIEUTENANT**: A junior squad officer holding rank below captain.

**MANUAL**: The term used to refer to the document properly entitled ‘Berks County Emergency Medical Services Standard Operating Procedures.’

**MEDIC**: Another term for paramedic.

**MEDIC UNIT**: Another term for a paramedic unit.

**MOBILE OPERATOR**: A person who is using either a fixed or portable radio transmitter at a location other than the site of a base station.

**NEWS MEDIA**: A collective term used to describe any organization that is legitimately involved in the business of gathering and disseminating news of public interest.

**OFFICER**: Collective term that refers to all personnel holding any type of ‘command’ responsibility. Non-command positions such as trustees, treasurers, secretaries, etc. are not included.

**OFFICER IN CHARGE**: Refers to the person in charge of the incident scene or squad personnel.

**“OKAY”**: Your message has been received, understood, and if necessary, will be complied with.

**“ON LOCATION”**: Unit is arriving at the incident location.

**“OUT OF SERVICE”**: Unit is unable to answer a call for an extended period of time, but one that does NOT exceed 12 hours.

**“OUT OF SERVICE UNTIL FURTHER NOTICE”**: Unit is unable to answer a call for a period in excess of 12 hours.

**PORTABLE**: The term that refers to a radio transmitter that is not permanently fixed in a mobile unit. Specifically, this refers to a hand-carried unit.

**“PROCEED”**: Send your message.

**“PROGRESS REPORT”**: Same as ‘condition check.’

**“RECALL”**: You are not needed and you should return to your station or previous location.

**“REPEAT”**: Repeat your last transmission.

**“RESPONDING”**: The unit is enroute to a call.

“” Indicates a phrase for use on the radio

A-7

**RESPONSE (OR RUN) CARD COMPUTER:** Computer that contains specific streets or locations and necessary squad assignment information that enables accurate dispatch of EMS units.

**“RESPONSE CHECK”:** Are you responding?

**SCENE:** The site of an incident.

**SHIFT SUPERVISOR:** A management employee responsible for the operations of the Communications Center during any shift.

**SQUAD BASE STATION:** Refers to a base radio station, properly licensed and operated by an individual squad.

**SQUAD TONES:** A tone or tones that is/are uniquely assigned to that squad for the purpose of activating pagers/monitors.

**STAFF:** A collective term that refers to anyone, full or part-time who works for the Berks County Communications Center.

**STANDBY:** You are to wait in an alert manner for possible dispatch. Also, if pertaining to a radio transmission, indicates you have been heard but you should not call until told to proceed (except in an emergency).

**“STANDBY YOUR POSITION”:** Stay where you are and await orders.

**“STAT”:** Immediate.

**“STATUS CHECK”:** State your status (available, unavailable, etc.).

**SUPERVISOR:** See Shift Supervisor

**TELECOMMUNICATOR:** A person who works in the Communications Center and receives telephone and radio messages, dispatches public safety agencies and performs other necessary duties to keep the Communications Center operating in the prescribed manner.

**TEST COUNT:** A numerical count from 1 to 5 for the radio tests.

**“THAT IS CORRECT”:** What you have just said is correct.

**“UNAVAILABLE”:** Same as “busy.”

**“URGENT”:** A priority or emergency message.

**“VERIFY”:** check.

“ “ Indicates a phrase for use on the radio

A-8

## APPENDIX 'E'

### Berks County Emergency Medical Services ALS – BLS Interface

Advanced Life Support (ALS) units should be dispatched in accordance with response information provided to the Communications Center for the following types of emergency medical calls:

- A. Altered level of consciousness
- B. Anaphylactic Shock (i.e. due to drugs, stings, etc.)
- C. Cardiac Symptoms (i.e.: heart attack, congestive heart failure, severe chest pain, etc.)
- D. Cardiac Arrest
- E. Diabetic Emergencies (not alert and/or abnormal breathing)\*
- F. Multi-system trauma or severe single system trauma
- G. OB/GYN (2<sup>nd</sup> or 3<sup>rd</sup> trimester bleeding or miscarriage)
- H. Overdose/poisoning (associated with any other categories on this list, and all children)
- I. Respiratory distress
- J. Respiratory arrest
- K. Seizures/convulsions
- L. Severe accident and /or entrapment with injuries
- M. Severe blood loss
- N. Shock (Hypo-perfusion)
- O. Stroke/CVA symptoms
- P. Syncope (fainting)
- Q. Unconsciousness
- R. Unknown Problem (incl. medical alarm activations)

A patient with vital signs outside of the normal range

**Pulse:** <60 or >120 or irregular

**Respirations:** <10 or >29 a minute or irregular

**BP:** <90 systolic or >180 systolic

Diastolic >110

The above situations could require ALS care and therefore should have simultaneous ALS unit response. In the event that the BLS ambulance unit arrives at the scene of the incident and determines that the patient's condition does not require ALS or the ALS response would delay the patient's arrival at the emergency department, the EMT crew chief may cancel the ALS unit.

The EMT crew chief should call the responding ALS unit and state the reason for cancellation and provide his/her provider number if requested.

\* If the patient presents signs and/or symptoms that fall into more than one category, then ALS should be dispatched.

The above guidelines were formulated in accordance with those of the Eastern Pennsylvania Emergency Medical Services Council with additional input from Berks County EMS Policy Advisory Group.

## APPENDIX 'F'

### Berks County Emergency Medical Services Basic Life Support Protocols

It is the intention of the Berks County Communications Center to provide telecommunications service to emergency medical services in any case that some type of medical need is realized. This includes, but is not limited to; situations specified by the Basic Life Support Operational Guidelines, as prepared and distributed by the EMS Council and last updated as of May 2000.

It is understood that many of the Basic Life Support Operational Guidelines are also listed under Advanced Life Support Guidelines. In such cases, the Communications Center will follow the protocols dictated by the higher level of care (i.e.: ALS protocols take precedence over BLS protocols). It is expected that organizations affiliated with the Communications Center are familiar with the protocols affecting them, and agree and understand that the Communications Center will dispatch in a manner that complies with these protocols.

The Communications Center will dispatch appropriate units in any instance that it has reason to believe a medical need exists, preferring to err on the side of the patient; therefore, it is likely that occasional dispatches will be made which, ultimately, will not require emergency medical services.

The input and comment of emergency medical service providers that serve Berks County are both invited and encouraged.

## APPENDIX ' G'

### Berks County Emergency Medical Services Ambulance-to Hospital Patching Procedures

#### I. FIELD UNIT RESPONSIBILITIES:

The primary responsibility of the field unit in initiating a patch is to contact the Communication Center in a timely fashion after leaving the scene of an emergency, but before getting to the hospital, advising the Center what class the patient has been rated, and being prepared to follow any additional instructions that are necessary. If the patch request is for any reason other than the relay of a patient report (i.e.: acquisition of medical command), it is the responsibility of the field unit to adequately describe to the Center the reason for the request for a patch.

The primary channel to be used for a hospital patch in Berks County will be '220.' If unavailable, '340' is the next choice. Under certain extreme circumstances, a patch may be initiated on '160.' If the field unit does not have the capability of using these frequencies, it should advise the Center when it makes its patch request. Otherwise, it will be assumed that the unit will be able to switch to any of these frequencies, at the Center's discretion.

At any time you are told to switch channels and stand-by, change your unit to the proper channel and await further instructions. DO NOT begin sending transmissions until told to do so.

Establishment of a patch follows this procedure:

- A. When a mobile unit needs a hospital patch, it shall call the Communications Center on '295', advise what hospital it wants to contact and what class patient it has. (If the patch is for other than a routine patient report, the Center must be advised of this.)
- B. The Center will advise the unit which channel to switch to, and to STANDBY.
- C. The Center will establish the patch, transmit a single alert tone followed by a warble tone, and announce " \_\_\_\_\_ Hospital, Berks, standby to copy \_\_\_\_\_"
- D. The hospital answers: "Okay Berks. Go ahead \_\_\_\_\_"
- E. When advised by the hospital to proceed, the field unit converses with the hospital in a manner appropriate to the situation.
- F. Upon completion of the call, both the hospital and field unit will sign off with their name/number and the word 'clear'.
- G. The Center will disable the patch, the hospital will return to the standby mode, and the field unit should switch back to '295.'

The Center will generally monitor the patch; however, it may be required to do other dispatches and/or converse with other units. Therefore, if a situation requires a continued use of a channel for a patch, such as for medical command, the field unit must insure that the Center is notified to leave the patch established for as long as it is required.

The Communications Center does NOT have the capability of providing direct patching to institutions other than those connected to its patch network (i.e.: Reading Hospital, St. Joseph's Hospital and Pottstown Memorial Medical Center). The Center will assist units traveling to other facilities to the greatest degree possible, but subject to time and availability constraints.

## II. HOSPITAL RESPONSIBILITIES

The hospital will remain in a standby mode, ready to receive a patch from a field unit.

The remote console provided in each emergency room is connected to the Berks County Communications Center and its EMS radio base stations. The Center controls which base station is being used, thus freeing emergency room personnel from concerns over technical radio operations.

Patches will be established by the Center upon receipt of a request from a field unit. (See Section I, above.)

**REMEMBER: YOU CANNOT TALK WHILE THE AMBULANCE IS TALKING AND IT CANNOT TALK WHILE YOU ARE TALKING; BE CERTAIN THAT THE AMBULANCE HAS COMPLETED TALKING BEFORE YOU ANSWER!!!**

Any hospital experiencing a problem of any type with the communications system should contact the shift supervisor of the Center at 610-655-4931 as soon as a problem becomes apparent. The County is responsible for the system (with the exception of the remote at PMMC and its associated telephone control lines), and will make arrangements for corrective action.

## III. COMMUNICATIONS CENTER RESPONSIBILITIES

It is the responsibility of the Communications Center to assign radio channels to EMS units with a need to access the affiliated hospital emergency rooms for the purpose of relaying patient information, obtaining medical command or any related function. This responsibility will also, from time to time, include the establishment of communications with other medical facilities, as required.

Channel assignment for a patch will vary, depending upon the situation and unit(s) involved. Most requests from EMS units that routinely serve Berks County can be accommodated on '220' or '340'. A third option is '160'; however, this channel shall only be used in the event of dire emergencies when waiting for another channel will result in a threat to life! The use of '295' for hospital patching is not permitted. (However, certain situations may arise in which a patch may be established on this channel for the sole purpose of allowing the hospital emergency room to monitor traffic on this channel such as disasters, multi-casualty incidents, etc. Such patches shall be initiated with the concurrence of the hospital emergency room and the shift supervisor.)

Patches will be established as outlined in Section I, above. **BE ALERT FOR INSTANCES IN WHICH THE HOSPITAL DOES NOT RESPOND, RESULTING IN A NEED TO REPEAT THE ALERT.**

When the patch is concluded, return the console to its standby mode and await the next patch request.

## APPENDIX 'H'

### Eastern Pennsylvania EMS Council MED-9 & MED-10 UHF Repeater Channels Operating Procedures

#### BACKGROUND:

UHF frequencies MED-9 (462.950/467.950) and MED-10 (462.975/467.975) are licensed by the F.C.C. to, and are under the control of, the Eastern Pennsylvania EMS System, specifically the Eastern Pennsylvania EMS Council and its affiliated county communications systems. These repeater channels are designed for use in the administrative management of the EMS System.

The primary purposed of MED-9 and MED-10 in our system are:

1. To augment and complement the existing VHF systems,
2. To reduce VHF system overloading,
3. To reduce the need for EMS dispatch centers and personnel to have to relay patient information, provide directions, and other similar "relay" tasks, and
4. To provide EMS personnel with an improved means of directly accessing and communicating with central communications facilities, responding or on-scene EMS units (including helicopters) and other UHF portable radios being used on the system.

In keeping with the intent of law, MED-9 and MED-10 shall be utilized in the manner prescribed in the Appendix by all entities properly authorized by the licensee. The licensee retains the right to suspend or remove the operating privileges granted.

#### OPERATING PROCEDURES:

- A. When establishing initial communications on either channel, the unit shall identify itself in the same fashion as used on VHF channels, followed by the MED channel being used.  
  
e.g.: Berks, 681, on Med-9.
- B. Portable radios operated on MED-9 or MED-10 under the Council's license must transmit at a minimum of four (4) watts of output power. Portables operating on less than this minimum are not authorized to use MED-9 or MED-10.
- C. Units wishing to use MED-9 or MED-10 must:
  1. Contact the Communications Center to request a channel.
  2. Accept Center assignment of whichever MED channel is deemed appropriate (unless the unit has requested a specific channel for a specific reason).
  3. Assure that the Center advises all relevant units that a MED channel is being used.

4. Communicate directly with other relevant units; relaying information through the Center defeats one of the intended purposes of the MED-9 and MED-10 system.
  5. Advise the Center when you are through using the assigned channel. (As these channels become more common and their use increases, it is vitally necessary that they be used only when necessary and for the minimum length of time necessary.)
- D. MED-9 and MED-10 are primarily intended to:
1. Reduce frequency congestion on VHF channels
  2. Maximize direct portable-to-portable and portable-to-mobile linkage through the use of mountaintop repeaters on each channel (the repeater “boosts” the four-watt portable signal to 75 watts.) This will eliminate, in most cases, the need for the Center to relay information between units.
  3. Enable on-scene personnel to communicate directly with other EMS units responding to the scene to allow incident coordination, relay of patient information, provision of directions, etc.
  4. Allow on-scene personnel to communicate directly with key EMS system resources whenever necessary (i.e.: EMS staff, MEDCOM, MedEvac Flight Office, etc.)
- E. MED-9 and MED-10 may not be used for:
1. Relaying personal (non-EMS) messages.
  2. Tone alerting of personnel or units.
  3. Any non-essential communications.
  4. Relaying scheduled or routine transportation details.
  5. Receipt of any status times (except those needed immediately for patient care purposes).
  6. Transmitting of patient names (unless absolutely vital to patient care or survival).
- F. The use of low-wattage transmitters is limited to the Center and its affiliates, as authorized by the licensee.
- G. “TALK-AROUND” capabilities are available for on-scene personnel. When portables or mobiles are capable of TALK-AROUND, the TALK-AROUND channels operate in a simplex mode on the transmit frequency, and do not key up the mountaintop repeater. The receive channel operates in its normal fashion, and is not affected.

Therefore, when using TALK-AROUND, the only units that will be able to receive your transmissions will be those operating on the same TALK-AROUND channel and private line tone (since you are not keying the repeater). This makes TALK-AROUND channels ideal for on-scene communications and coordination between units.

NOTE: Since the RECEIVE side of the channel is not affected while you are on TALK-AROUND channel, you will be able to hear the Center if it attempts to contact you on the same MED channel. Therefore, it is necessary for you to advise the Center when you will be on TALK-AROUND.

- H. Units operating of the MED-9 and MED-10 systems must have both channels installed in their radios. Units capable of operating on only one channel are not authorized to use this system.
- I. The Center is responsible for assigning either MED-9 or MED-10 based upon urgency or system needs. The EMS telecommunicator also has the authority to disable the mountaintop repeaters whenever it is deemed necessary to discontinue unauthorized or unnecessary communications or to eliminate channel interference.
- J. Cross-patching may be provided on the MED-9 and MED-10 channels only with the express authorization of the licensee or its designee.

Appendix I  
Berks County Emergency Medical Services  
Board of Review

A Board of Review will review any complaint or infraction of the Berks County Emergency Medical Services Standard Operating Procedures presented to them in written form whether from the Communications Center or from an EMS squad associated with the communications center for dispatching. All written complaints should be sent to the attention of Berks County EMS-PAG, who will forward the complaint to the Board of Review. Sample complaint form found in Appendix.

If the Board finds merit in the complaint or an infraction has occurred, a letter of reprimand will be sent to the Squad Board of Officers or the Communications Center Director. If within sixty (60) days the infraction is not corrected, a letter will be sent to the Municipality governing the squad to handle the issue. If within ninety (90) days the infraction is still not corrected, further disciplinary action will be taken under consideration by the County Commissioners. Infractions that occur a year apart will be considered new infractions.

The Board of Review will consist of one (1) representative, with one (1) alternate being named, from each squad affiliated with Berks County Communications, one (1) representative from the workforce of the Communications Center, and one (1) representative from management in the Communications Center. Those representatives shall be sanctioned by the Berks County EMS-PAG. Names of representatives will be reviewed and updated each January.

In order to serve as a representative on the Board of Review you should meet the following requirements.

1. Be active in emergency medical services affiliated with BCCC.
2. Be an active member of the squad you are representing.
3. Be knowledgeable with the contents of the Berks County EMS SOP.
4. Be open minded and able to make rational decisions.

Appendix J  
Berks County Emergency Medical Services  
Complaint Form

BERKS COUNTY EMS COMPLAINT FORM

SQUAD NAME: \_\_\_\_\_

INCIDENT #: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PROBLEM: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF SQUAD OFFICER: \_\_\_\_\_

DATE OF COMPLAINT NOTIFICATION: \_\_\_\_\_

Send original to:  
Berks County EMS-PAG  
QA Auditor  
633 Court St., 17<sup>th</sup> Floor  
Reading PA 19601

Send copy to:  
Director  
Berks County Communications  
633 Court St, 17<sup>th</sup> Floor  
Reading PA 19601

## APPENDIX 'K'

### Eastern PA EMS Council Radio Call-Signs

- EMS 1: Everett Binns Ph.D., Executive Director(QRS Vehicle)
- EMS 2: Stephen J. Martin, Director of Education Services
- EMS 3: John G. Kloss, Director of Operations
- EMS 4: Ed Moreland, Director of Quality Improvement
- EMS 5: Lauren Phelps, Director of Provider Services
- EMS 6: Kerry Fisher, Director of Administration
- EMS 7: Dr. Alex Roseneau, Co-Medical Director
- EMS 8: Dr. Duane Siberski, Co-Medical Director
- EMS 9: Reserved
- EMS 10: Incident Support Unit (QRS Vehicle)
- EMS 11: Reserved
- EMS 12: Staff Vehicle (QRS Vehicle)

## APPENDIX 'L'

Municipality Codes (usually preceded by '00' when used in text-paging)

19 – Reading	60 – Centerport
21 – Mount Penn	61 – Tilden
22 – Saint Lawrence	62 – Upper Tulpehocken
23 – Lower Alsace	63 – Strausstown
24 – Alsace	64 – Bethel
25 – Exeter	65 – Tulpehocken
26 – Amity	66 – Muhlenberg
27 – Douglas	67 – Laureldale
28 – Union	69 – Ontelaunee
29 – Birdsboro	71 – Leesport
30 – New Morgan	72 – Maiden creek
31 – Robeson	73 – Perry
32 – Caernarvon	74 – Shoemakersville
33 – Brecknock	75 – Windsor
34 – Cumru	76 – Hamburg
35 – Mohnton	77 – Albany
36 – Shillington	78 – Greenwich
37 – Kenhorst	79 – Maxatawny
38 – West Reading	80 – Lenhartsville
39 – Wyomissing	81 – Kutztown
43 – Spring	82 – Lyons
44 – Sinking Spring	83 – Fleetwood
45 – South Heidelberg	84 – Richmond
46 – Wernersville	85 – Topton
47 – Robesonia	86 – Longswamp
48 – Heidelberg	87 – Rockland
49 – Womelsdorf	88 – District
51 – Marion	89 – Pike
52 – North Heidelberg	91 – Ruscombmanor
53 – Lower Heidelberg	92 – Oley
54 – Bern	93 – Earl
55 – Centre	94 – Boyertown
56 – Penn	95 – Colebrookdale
57 – Bernville	96 – Bechtelsville
58 – Jefferson	97 – Washington
59 – Upper Bern	98 – Bally
	99 – Hereford

