

**Hennepin County EMS System
Communication Policy
Approved: 10/13/2016
Effective: 10/13/2016**

I. Purpose & Applicability

The purpose of this policy is to establish standards within the Hennepin County EMS system for interagency communication, communication of patient information and medical control, and the recording of communications. This policy only applies to "Unscheduled Requests" (see Ordinance 9, Section III, subsection 23) for service for ambulance responses originating in Hennepin County.

II. Authority

Hennepin County Ambulance Ordinance 9, Section V, Subsection 5, Medical and Operational Standards states that:

"All ambulance providers and persons subject to this ordinance, shall comply with all medical, operational and communication policies and protocols developed by the EMS Council."

Policies and protocols approved by the Hennepin County EMS Advisory Council do not replace or supersede radio policies established by the Statewide Radio Board and the Metropolitan Emergency Service Board (MESB). If any conflict exists, the Statewide Radio Board policies should be followed.

III. Policy Requirements

Ambulance services will independently determine what communication technology and communication process to implement for their service to communicate with hospitals for patient information and medical control. 800 MHz radio is the preferred technology and Medical Resource Control Center (MRCC) use as an intermediary between paramedics using 800 MHz radio and hospital using telephones is the preferred process.

Call processing must be conducted using a nationally recognized call processing system, or one reviewed and approved by the Hennepin County EMS Council. Requests for service that are received via a medium other than direct voice to voice communication should be processed, within a reasonable amount of time, according to the Ordinance #9 Regulatory flow chart (see Attachment #1). Unscheduled Requests transferred from a Primary PSAP, discharges, and appointments are excluded from the Ordinance #9 Regulatory flow chart requirement.

A. Recording Communications

The following forms of communication shall be recorded:

- All communications related to Unscheduled Requests for service. These may include, but are not limited to:
 - a. communications between ambulance and dispatch
 - b. communications between ambulance and hospital
 - c. communications between ambulance and MRCC
 - d. communications between dispatch and hospital
 - e. communications between dispatch and MRCC
 - f. communications between MRCC and hospital
 - g. shared EMS radio talk groups

As long as resources allow, use of the call management system for recording communications related to Unscheduled Requests for service outside of Hennepin County may be allowed, but is not required.

Shared talk group recordings will be accessible by any of the system ambulance medical directors or designees.

The Human Services and Public Health Department (HSPHD) will review any recording associated with Unscheduled Requests for service originating within Hennepin County regarding which a complaint has been filed with HSPHD. Requests for information or complaints submitted to HSPHD regarding Pre-Arranged Transfers or Unscheduled Requests originating outside Hennepin County will be referred to the ambulance service for the PSA where the request originated.

B. Patient Report Format Guidelines

The following formats for presentation of patient reports were developed to provide order and consistency for system ambulance personnel when presenting reports to receiving facilities. The order of information has been developed to attempt to meet the most common communication practices among crews and the needs of medical control physicians and other hospital staff members.

Routine Patient Information and Medical Control – When relaying patient information for a routine patient report or medical control, ambulance crews will provide the following information in the order given immediately upon departure from the scene:

Routine Patient Information:

1. Initial Hail:
 - a. Agency/Unit ID
 - b. Declaration of Medical Control or Routine Patient Information

- c. Intended hospital destination
 - d. Patient acuity (red/yellow/green)
 - Red – critical
 - Yellow – needs a bed
 - Green – go to triage
 - e. Estimated Time of Arrival (ETA) – only add in initial hail for short ETAs
2. After Acknowledgement by MRCC:
- a. Agency/Unit ID
 - b. Age
 - c. Gender
 - d. Chief Complaint
 - e. Patient name (critical patients only)
 - f. Date of Birth (critical patients only)
 - g. Vital signs (critical patients only)
 - h. Response to treatment (critical patients only)
 - i. Other pertinent information
 - j. ETA – if not added to initial hail

Medical Control:

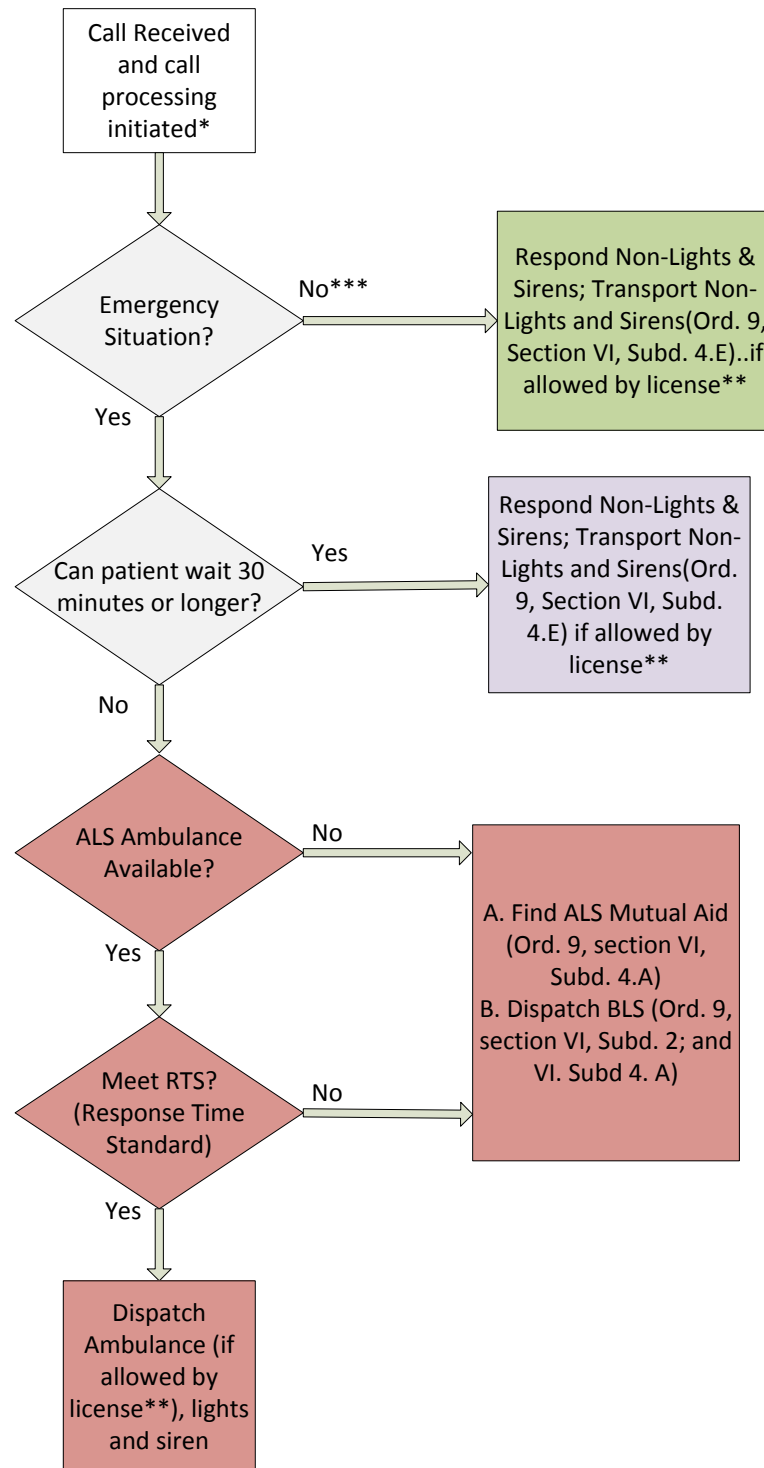
- Ask for physician number if not provided
- Give your report to the medical control physician
- Request orders wanted from the medical control physician

C. Regional Incident Response Plan

Ambulance services operating a Primary Service Area (PSA) in Hennepin County shall follow the regional Incident Response Plan (IRP) during a Major Incident or Multiple Casualty Incident (MCI). Please see the latest version of the IRP for the definition of a Major Incident or Multiple Casualty Incident (MCI).

Pertinent Legislation/Regulations

- Hennepin County Ordinance #9
- MN Statute 144E.06
- MN Statute 144E.101
- MN Statute 144E.16



*Call processing must be conducted using a nationally recognized call processing system or one reviewed and approved by the Hennepin County EMS Council.”

**If not licensed, transfer call/caller to service with license

***If the dispatcher has excluded cardiac arrest, acute seizure, shock or hypotension, decreasing or loss of consciousness, breathing difficulty, severe pain, significantly abnormal vital signs, or conditions that may indicate an acute myocardial infarction including chest pain, tightness, or pressure or shortness of breath, or a physician in the immediate presence of the patient has determined that Routine Transportation is medically appropriate for the patient