

<b>TITLE: RADIO COMMUNICATIONS</b>	<b>SECTION: LAND AMBULANCE</b>
<b>DATE: September 5, 2001</b>	<b>POLICY NO.: KDSB-LAS-V-01</b>
<b>APPROVED BY: Resolution No. 2001-102</b>	<b>REVISED: Revised – March 31, 2007</b>

**1. POLICY STATEMENT**

Land ambulance and emergency response vehicles operated by the Kenora District Services Board will respond to requests for service as directed by a designated Central Ambulance Communication Centre.

**2. PROCEDURE**

**2.1 CACC Authority**

- a) No employee of the KDSB Land Ambulance Service shall refuse or disregard the direction of a communications officer in regard to any request for ambulance service.
- b) If there is disagreement or concern regarding the direction provided, ambulance staff will comply with the instructions and submit an incident report to the Ambulance Service Manager or Coordinator for resolution.

**2.2 Radio Communications With CACC**

- a) Land Ambulance personnel employed by the KDSB will use the radio equipment in a competent and professional fashion consistent with Communications Canada and accepted standards.
- b) When contacting the Communications Centre for any reason a vehicle must be identified by the full vehicle OASIS number and wait to be acknowledged by a communications officer prior to providing additional information. (e.g. Kenora dispatch this is 6021).
- c) After you have received acknowledgement from the CACC confirm the necessary call information in one transmission
- d) Profane language, unnecessary transmissions or unauthorized text content is strictly prohibited.
- e) When talking on the portable radio it is to be identified by the vehicle number and the suffix "portable" (e.g. 6021 portable).
- f) Pagers must remain on at all times when on duty.

**2.3 Radio Communication With Receiving Facility**

- a) At the discretion of the attending paramedic patient information will be relayed to the receiving facility during Code 3 and 4 calls when time, patient care and safe vehicle operation allows. Information will be relayed on Code 1 and 2 calls based on necessity and upon the discretion of the crew.

- **EMERGENCY TRANSPORT**

- The receiving hospital is notified of patients impending arrival via direct radio contact from the Ambulance crew.

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- **NON-EMERGENCY TRANSPORT**

The Ambulance crew notifies dispatch of their priority, destination, basic nature of the call and E.T.A. The dispatcher then notifies the receiving hospital of this information by telephone. This is the only information the dispatcher relays.

- **EMERGENCY TRANSPORT – INSUFFICIENT TIME FOR RADIO CONTACT**

The Ambulance crew notifies dispatch of their priority, destination, basic nature of the call and E.T.A. The dispatcher then notifies the receiving hospital of this information by telephone. This is the only information the dispatcher relays. If there is sufficient time for further information, there is sufficient time for radio contact.

- **EMERGENCY TRANSPORT – ENOUGH TIME FOR RADIO CONTACT**

The Ambulance crew requests dispatch to establish radio contact with the receiving hospital. Once radio contact is established, the crew reports directly to the receiving facility in accordance with radio contact protocol (VIII.270).

- **REQUEST FOR MEDICAL DIRECTION**

Medical direction can only be given by direct contact with a designated Base Hospital physician. It cannot be relayed by a nurse or dispatcher. In the event an Ambulance crew desires medical direction or advice, they will request radio contact or telephone directly to the Base Hospital physician. Controlled medical acts may only be performed if they are within your scope of practice and directed by a certified Base Hospital physician. (Reference Base Hospital Policy MC 100 and MC 100A)

- b) Patient information will be relayed to the receiving facility to allow for preparation, provide medical advice and to form a baseline for patient information.
- c) When transmitting to the receiving facility, or to a physician, the following protocol will be used:
  - crew will request dispatch to establish radio contact with receiving facility
  - crew will wait for facility to acknowledge
  - identify yourself by full vehicle OASIS number
  - identify patient priority by CTAS and E.T.A.
  - patient age and sex
  - chief complaint/incident history (brief)
  - treatment rendered and response to treatment
  - wait for receiving facility to acknowledge and answer any questions

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- d) Radio contact should be kept short and concise, and the above information relayed in one transmission in order to make efficient use of available air time.
- e) Radio contact should normally be done by the attending Paramedic. This can be accomplished via portable radio or remote in patient compartment.

2.4 **Communications Equipment Repair**

- a) All staff will ensure that telephones and radio communications equipment are operational to maintain communication with the Communication Centre and receiving facility. CACC must be notified immediately when problems are encountered with radio communication and/or telephone equipment.
- b) Vehicles that do not have two-way communication with CACC should be removed from service until such time as communication ability is restored.