



COUNTY OF BUCKS
Department of Emergency Communications
Policies and Procedures

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EMS

Introduction

This publication covers policies and procedures governing EMS communications within the Bucks County Department of Emergency Communications.

It is an official guide for conduct of operations and training by personnel of the Bucks County Department of Emergency Communications and those agencies utilizing the department's services.

The contents outline policy and standardized procedures to be followed in a variety of situations. It is obviously impossible to develop procedures for every situation which might arise, therefore, in situations not covered by specific instructions, decisions made and actions taken must be governed by common sense and judgment on the part of supervisory personnel, shift supervisors, and in some cases, the dispatchers themselves.

The need for standardization cannot be overemphasized. Standard operating procedures save time, reduce confusion, and eliminate errors will assist all concerned in providing timely and predictable reactions to emergency situations.

Communications is a vital aspect of the emergency medical services system. The ideal communications system affords an effective means for public access (9-1-1). Further, trained telephone and radio operators (through approved training programs such as APCO) and technical staff in an emergency operations center serve as a central dispatch center function to coordinate and facilitate operations of all agencies involved in the pre-hospital phase of emergency care.

In as much as communications involves many people in different capacities, procedural guidelines are established for each capacity.

This manual is to be reviewed and if necessary, updated as needed by the Communications Department and the EMS community.



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Terminology and Definitions

The following is a list of radio terms that may be used or heard on the EMS system.

TERM	DEFINITION
Carrier	The radio signal upon which the audio signal is transmitted
Modulation	The voice or tone signal of the radio transmission.
Squelch	Normal background noise in receiver.
Frequency	The wavelength and number of times it repeats in the radio band.
Pl Tone	Is a tone that must be transmitted for designated units to be heard.
Phone Patch	An electronic or acoustic linking of radio transmitter and receiver to a telephone line.
PTT Switch	A push to talk switch found on a microphone that allows a radio transmission to be made when depressed.
Control Head	The part of the radio that allows the operator to do designated functions with that radio.
Chassis	The actual transceiver unit normally mounted separately from the control head.
Low Band	The frequency range of 30-50 MHz.
Uhf Or Med Channels	The frequencies of 463.000 and 468.000 on which the telemetry signals and voice communications are sent to hospitals.
TIE Or HOT LINE	A phone connecting two or more points together, that need not be dialed to ring at the other end of the line.
Repeater	A transceiver that relays a given signal onto more distant points without relying on a third party.
Remote Tower Or Transmitter	A base station at a distant point operated by either telephone lines or special radio signals to receive or transmit to units and enable improved radio reliability.
Matrix	An electronic switching device used to route calls to designated points similar to a telephone switchboard.
Decoder	A radio receiver that operates on assigned frequency and only operates when encoded by a specific set of tones.
Bricking	The ability to disable radio via BCR radio terminal.
Busy Signal	Tone that sounds like phone busy only faster. You will receive this signal when the channel is in use.
Out Of Range	Message on LCD screen when you are out of user range of the system.



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TERM	DEFINITION
Available	EMS unit is in-service and ready to respond to an additional assignment.
Not Available	EMS unit is not available to accept additional assignment.
On-Radio	EMS unit is capable of being contacted by radio.
Responding	EMS unit is enroute to assigned location of emergency as dispatched.
Recall	All responding units return to station.
Use Caution While Responding	All units are to use caution due to a (specify) stated problem, i.e. hazardous road conditions, wires down, special circumstances at scene of call.
Reduced Speed	All responding units will turn off emergency warning lights and sirens and proceed into scene as normal vehicle.
Prepare To Copy	Transmitted to unit as a forewarning that the next message will be an emergency call dispatch.
Stand-By	Stop transmitting and wait for further instructions.
CISD Team	Critical Incident Stress Debriefing team. A professional team that assists emergency services personnel with acutely stressful incidents or calls.
MCI	Mass Casualty Incident. A large incident usually requiring multi-service response. See County MCI plan for further.
Proceed	Unit has been given clearance to transmit their message.
Disregard	Cancel last message
Advise	Give message to...
Received	Message copied and understood.
Repeat	Repeat the last message/transmission.
Verify	Check for correct information and advise findings of investigation.
Ok	Message received, understood and will be complied with.
Negative	No.
E.T.A.	Estimated Time of Arrival. How long it will take to get to a certain location.
On-Location	EMS unit has arrived at the location of the emergency.
Printout	A hard copy call history of an EMS incident that is sent to squad headquarters by way of telephone.



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TERM	DEFINITION
Priority	When transmitted, means that the following message is an emergency and must have immediate attention. All system users will standby until the message is acknowledged.
Relocate	Unit covering more than one area from a central location.
Returning	EMS unit is returning to station. The unit should advise of status (available/not available, etc.).
Cover	Unit is responding for or being transferred to another location or station.
Divert	Squad to reroute to another hospital or another incident.
10-78	The ten code used to verify a units need for emergency assistance.
Staging	A standby position away from any hazards of the scene. Or in a position as to not block means of egress for other units.
Act	The Emergency Medical Services Act (35 P. S. ss 6921-6938)
ALS (Advanced Life Support)	The advanced pre-hospital and inter-hospital emergency medical care of serious illness or injury by appropriately trained health professionals and by certified EMT-Paramedics.
Air Ambulance	A rotorcraft or fixed wing craft licensed by the DOH (Department of Health) for use as an EMS vehicle.
Ambulance	A vehicle specifically designed, constructed or modified and equipped, used or intended to be used, maintained or operated for the purpose of providing emergency medical care to, and transportation of, patients.
Ambulance Attendant	An individual who holds a valid certificate evidencing the successful completion of a course in advanced first aid sponsored by the American Red Cross and a valid certificate evidencing the successful completion of a course in CPR sponsored by the American Heart Assoc. or the American Red Cross, or an individual who can evidence the successful completion of an equivalent training program approved by the DOH.
Ambulance Service	An entity, which regularly engages in the business or service of providing emergency medical care and transportation of patients in this Commonwealth.



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TERM	DEFINITION
Ambulance Service Affiliate Number	The number assigned by the DOH to and ambulance service.
Ambulance Trip Number	A unique number assigned to an ambulance response and recorded on the ambulance trip report form.
BLS Service	The pre-hospital or inter-hospital emergency medical care and management of illness or injury performed by E.M.T's.
Closest Available Ambulance	An ambulance, which as a result of a combination of location and other factors, such as traffic conditions, weather, and the like, can reach a patient most promptly.
EMS	The services utilized in responding to the needs of an individual for immediate medical care to prevent loss of life or aggravation of physiological or psychological illness or injury.
EMS System	The arrangement of personnel, facilities and equipment for the effective and coordinated delivery of EMS required in the prevention and management of incidents which occur either as a result of a medical emergency or of an accident, natural disaster or similar situation.
EMT (Emergency Medical Technician)	An individual trained to provide pre-hospital emergency medical treatment and certified as such by the DOH in accordance with the current NSC for basic EMT's, as set forth in this part.
EMT- Paramedic	An individual who is trained to provide pre-hospital emergency medical treatment at an advanced level and certified as such by the DOH under current NSC for EMT-Paramedics, as set forth in this part.
Emergency	A combination of circumstances resulting in a need for immediate medical intervention.
Facility	A hospital.
First Responder	An individual who holds current CPR certification plus a valid certificate of successful completion of a training program that conforms with the NSC approved by the DOH
Health Professional	A licensed physician or professional registered nurse who has education and continuing education in ALS and pre-hospital care.
Incident Location	The geographic site of an emergency usually indicated by minor civil division code number.



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TERM	DEFINITION
Medical Command	An order given to a provider of EMS by an authorized medical command physician who meets qualifications prescribed by the DOH
Medical Command Physician	A physician licensed in this Commonwealth who meets the criteria set forth by the DOH for a medical command physician and who is approved by the regional EMS council to provide medical command.
Mutual Aid Response	Response by an ambulance unit to an emergency based on a written agreement between EMS providers whereby the signing parties agree to lend aid to one another under conditions specified in the agreement.
NSC	National Standard Curriculum.
On-Line Communications	Direct radio or telephonic communications.
Patient	An individual who is sick, injured, wounded or otherwise incapacitated and helpless and who needs immediate medical attention.
Pre-Hospital Personnel	Licensed or certified personnel trained to render EMS to patients outside of the hospital setting.
Primary Response Area	The specified geographic area assigned to all licensed ambulance service that then has responsibility for the provision of pre-hospital emergency medical care and transportation in the area. Primary response areas are determined by regional EMS council plans, according to factors such as the location of ambulance resources, ambulance response times and area population. A primary response area designation is not intended to be an exclusive designation.
QRS (Quick Response Service)	A service that meets DOH requirements and is strategically located to fill a response gap if EMS cannot be provided within 10 minutes of the time a call for assistance is received.
Receiving Facility	A fixed facility that provides an organized department of emergency medicine, with a licensed and ACLS certified physician present in the facility who is available to the emergency department 24 hours a day, 7 days a week. The facility shall also comply with Chapter 117 (relating to emergency services).
Trauma Center	A facility accredited by the Pennsylvania Trauma Foundation.



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TERM	DEFINITION
Vehicle Licensure ID Number	A number issued by the DOH to each ambulance of licensed ambulance service.
Squad	Basic life support ambulance (BLS).
Medic	Advanced life support ambulance (ALS).
Communications	Squad communications officer.
Engine	A fire department vehicle with more than 300 gallons of water and equipped with a 500 g.p.m. or larger pump.
Tac	A vehicle primarily used for primary attack on structural fires. Equipped with less than 300 gallons of water and a 500 g.p.m. or smaller pump.
Field	A vehicle primarily used for field, grass and woods fires.
Ladder	An aerial ladder, aerial scope or elevated platform.
Tower	An aerial device designed primarily as an elevated master stream.
Rescue	An emergency rescue vehicle equipped to remove or free trapped victims.
QRS	FD quick response unit. i.e.: Engine, TAC, SS equipped for medical first response.
Tanker	A vehicle carrying over 1000 gallons of water.
Special Service	Any piece of equipment used for specialized service, i.e. air cascade, light wagon, utility, etc.
H.I.R.T. Team	Hazardous Incident Response Team
Marine	Marine rescue service (a boat).
F.M.	County and local fire marshals.
Car	ID used for supervisor or chiefs vehicle that is not manned by a chief.
Car 800-819	Department of communications personnel.



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Complaint Types

EMS COMPLAINT TYPES / COMPLAINT CODES

The use of standard phraseology shall be incorporated in the dispatch of all calls.

The following is the list of all complaint types used by the Bucks County Department of Communications:

ALS CODES	DEFINITION
AABDO	Acute Abdomen
AALLR	Anaphylaxis
AASSLT	Assault With Trauma
ABLED	Acute Hemorrhage
ACARDA	Cardiac Arrest (PIA's IP)
ACHESP	Chest Pains (Cardiac Symptoms)
ACHOKE	Obstructed Airway (Active)
ACOP	Carbon Monoxide Poisoning
ACVA	CVA/Stroke
ADIAB	Diabetic Emergency
AELEC	Electrocution
ABURN	Critical Burn Victim
ADROWN	Drowning (Critical)
AENVIR	Environmental Emergency
AFAINT	Syncopal Episode
AFALL	Fall Victim (Critical)
AGUN	Gun Shot Victim
AHRI	Hit & Run With Inj (ALS)
MCI	Mass Casualty Incident
AOBG	Ob/Gyn Emergency
AOD	Overdose/Poisoning (Critical)
APOSEXP	Possible Expiration (PAI-NIP)
APREG	Maternity (Critical)
ARESP	Respiratory Distress
ASEIZ	Seizures (Active)
ASTAB	Stabbing Victim
ATAI	TA With Injuries (Mechanism)
ATRAN	ALS Unspecified Emergency
ATRAUM	Multi Systems Trauma
AUNC	Unconscious



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Complaint Types		

AUNR	Unresponsive
RAUTO	Auto Extrication
RIND	Industrial Rescue
BLS CODES	DEFINITION
BABDO	Abdominal Pain
BALLR	Allergic Reaction
BLAC	Laceration /Animal Bite
BINJ	Injury
BBLED	Bleeding (Non Traumatic)
PTAST	Patient Assist
BTRAN	Emergency Transportation
BCHESP	Chest Pain (Non Critical)
BOD	Overdose/Poisoning (Non Critical)
BPREG	Maternity (Non Critical)
BUNK	Unknown Problem
BBURN	Scalding/Minor Burns
BFALL	Fall Victim (Non Critical)
BTAI	Traffic Injuries (Non Critical)
BASSLT	Assault Victim (Non Critical)
FIRECAL	Standby With The Fire Company

TIMERS

On any of the above complaint types that has an asterisk (*****), there are built in timers (in the CAD system) that will notify the dispatcher to check on the crews at fifteen minutes, after their arrival on scene.



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Disposition Codes

AA	Dispatched ALS was ALS
AB	Dispatched ALS was BLS
AH	Dispatched ALS transported by Helicopter
BA	Dispatched BLS was ALS
BB	Dispatched BLS was BLS
BH	Dispatched BLS transported by Helicopter
CU	Call unfounded
GOA	Gone on arrival (patient)
POV	Private owned vehicle (someone drove PT. to hospital in car)
NA	No action taken
NAT	Necessary action taken



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Channel ID's		

OLD FREQUENCY AND ID	DIGITAL TALK GROUP ID
46.10 DISPATCH BAND	DISPATCH BAND
46.00 EMS NORTH BAND	EMS NORTH
45.32 EMS SOUTH BAND	EMS SOUTH
45.92 HOSPITAL NORTH BAND	HOSPITAL NORTH
45.96 HOSPITAL BAND	HOSPITAL SOUTH
46.14 EMERGENCY BAND	EMERGENCY
46.46 NORTH BAND (FIRE)	NORTH BAND (FIRE)
46.20 SOUTH BAND (FIRE)	SOUTH BAND (FIRE)
46.06 EAST BAND (FIRE)	EAST BAND (FIRE)
46.12 WEST BAND (FIRE)	WEST BAND (FIRE)
46.30 FIRE GROUND COMMAND	FIRE GROUND COMMAND (PORTABLES)
46.34 FIRE POLICE	FIRE POLICE

Bucks County UHF MED channel PL is: 186.2

MED CHANNELS

Bucks County utilizes the following MED channels for use between paramedic units and hospitals:

MED 1	MED 2	MED 3	MED 4	MED 5
MED 6	MED 7	MED 8		



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Unit Identifiers

SQUAD #	EMS PROVIDER
100	Yardley Makefield Emergency Unit
101	Philadelphai Park
102	Regional Medical Transport
108	St. Lukes Emergency Transport Service-
113	Tri-Hampton Rescue Squad (Upper Southampton)
114	Tri-Hampton Rescue Squad (Feasterville)
115	Tri-Hampton Rescue Squad (Northampton)
122	Warminster Ambulance Corps.
124	Point Pleasant Plumstead Ambulance
125	Central Bucks Ambulance
129	Warrington Community Ambulance
134	Chalfont EMS Inc.
135	Central Bucks Ambulance (Buckingham)
139	Morrisville Ambulance
141	Upper Bucks Regional EMS Inc. (Springfield Twp.)
142	Upper Bucks Regional EMS Inc. (Revere)
143	Bucks County Rescue Squad
145	Newtown Ambulance
151	Grandview Hospital Paramedics
154	Levittown Fairless Hills Rescue Squad
155	Levittown Fairless Hills Rescue Squad (Falls Twp.)
167	Penndel-Middletown Emergency Squad North
168	Penndel-Middletown Emergency Squad Main
175	Lambertville-New Hope Rescue Squad (Hunt Co. NJ.)
185	Bensalem Rescue Squad (Main Sta.)
186	Bensalem Rescue Squad (Nottingham Station)
201	American Health Medical Transport
204	Rescue Tech Ambulance
205	Welcome Ambulance
207	GulfStream
208	Millenium Ambualnce
209	Advanced Nurse Transport
210	Lifecross
212	A Vital Response



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Unit Identifiers

SQUAD #	EMS PROVIDER
213	Medex
214	Horizon Ambulance
215	ProMobile Ambulance
216	BelMed Ambulance
217	American Life Ambulance
218	Alpha Care Ambulance
328	Greenlane Ambulance (Montco)
339	Souderton Ambulance (Montco)
344	Harleysville Ambulance (Montco)
345	Volunteer Medical Services Corps. Lansdale (Montco)
352	Horsham Fire Company Ambulance (Montco)
353	Second Alarmers Rescue Squad (Montco)
355	Bryn Athyn Fire Company Ambulance (Montco)
369	Upper Perkiomen Ambulance (Montco)
381	Second Alarmers Rescue Squad- Main Sta (Montco)
382	Second Alarmers Rescue Squad- Elkins Park Sta (Montco)
384	Second Alarmers Rescue Squad- Hatboro Sta (Montco)
385	Second Alarmers Rescue Squad- Whitpain Sta (Montco)



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Municipalities with MCD Codes

ID #	Twp./ Boro Name	MCD Code
21	Bedminster Twp.	09915
22	Bensalem Twp.	09004
23	Bridgeton Twp.	09916
24	Bristol Boro	09005
25	Bristol Twp.	09001
26	Buckingham Twp.	09917
27	Chalfont Boro	09918
28	Doylestown Boro	09808
29	Doylestown Twp.	09919
31	Dublin Boro	09920
32	Durham Twp.	09921
33	East Rockhill Twp.	09922
34	Falls Twp.	09002
35	Haycock Twp.	09923
36	Hilltown Twp.	09924
37	Hulmeville Boro	09925
38	Ivyland Boro	09926
39	Langhorne Boro	09927
41	Langhorne Manor Boro	09928
42	Lower Makefield Twp.	09929
43	Lower Southampton Twp.	09006
44	Middletown Twp.	09003
45	Milford Twp.	09930
46	Morrisville Boro.	09809
47	New Britain Boro.	09931
48	New Britain Twp.	09932
49	New Hope Boro.	09933
51	Newtown Boro.	09934
52	Newtown Twp.	09935
53	Nockamixon Twp.	09936
54	Northampton Twp.	09937
55	Penndel Boro.	09938
56	Perkasie Boro.	09810



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Municipalities with MCD Codes

ID #	Twp./ Boro Name	MCD Code
57	Plumstead Twp.	09939
58	Quakertown Boro.	09811
59	Richland Twp.	09940
61	Richlandtown Boro	09941
62	Riegelsville Boro	09942
63	Sellersville Boro	09812
64	Silverdale Boro	09943
65	Solebury Twp.	09944
66	Springfield Twp.	09945
67	Telford Boro	09813
68	Tinicum Twp.	09946
69	Trumbauersville Boro	09947
71	Tullytown Boro.	09814
72	Upper Makefield Twp.	09948
73	Upper Southampton Twp.	09948
74	Warminster Twp.	09007
75	Warrington Twp.	09950
76	Warwick Twp.	09951
77	West Rockhill Twp.	09952
78	Wrightstown Twp.	09953
79	Yardley Boro.	09954



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Line Officers Identifiers

The below list of ranks and titles are available to EMS Agencies serving Bucks County.

RANK	OVER RADIO	EXPLANATION OF RANK
CHIEF	"CHIEF XXX"	Highest ranking officer of squad (no exceptions!). This term will not be used for/by any subordinate officers.
DEPUTY CHIEF	"DEPUTY XXX"	Deputy chief of squad only
ASSISTANT CHIEF	"ASSISTANT XXX"	Assistant chief of squad numbered by rank in chain of command. Example: Assistant 108, Assistant 108-1
BATTALION CHIEF	"BATTALION XXX"	Battalion chief of squad numbered by rank in chain of command. Example: Battalion 155, Battalion 155-1
CAPTAIN	"CAPTAIN XXX"	Captain of squad numbered by rank in chain of command. Example: Captain 115, Captain 115-1
LIEUTENANT	"LIEUTENANT XXX"	Lieutenant of squad numbered by rank in chain of command. Example: Lieutenant 125, Lieutenant 125-1
CAR	"CAR XXX"	Squad Supervisors

The use of letter designation (such as A, B, C, D, etc.) are not used in the Bucks County EMS Communications System. The XXX designated above indicates the squad station number of the officer.



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Revisions in Policies and Procedures

The development and maintenance of consolidated communications network policy and procedures manuals serves as the communications systems guideline for establishing dispatching, emergency scene communications and related functions. This tool provides the necessary mechanism for standardization, which will ultimately better, serve the citizens whom each of us are dedicated to protect.

In using this manual as the controlling mechanism, the Bucks County Department of Communications (hereafter known as the Department) management policy will be as follows:

- A. The Director of Communications or his designee WILL NOT consider any changes in Departments operational policies and procedures without first having the proposed changes considered by the respective Police, Fire or EMS Communications Advisory Committee, for their recommendations.
- B. Any individual Police, Fire, EMS or communications system user who wishes to propose a change or revision in Department policy and procedures must submit the proposed change(s) in writing to the Director of Communications or his designee who will then forward copies of the proposal to the members of the Advisory Committee for review. The individual proposing the change would then be notified of a date, time and meeting place to appear before the Advisory Committee to answer questions and offer argument in favor of the proposed change(s).
- C. The Advisory Committee will then discuss the merits and offer a recommendation on the course of action to the Director of Communications or his designee. This recommendation will be in the form of acceptance or rejection of the proposed change(s).
- D. The Director of Communications or his designee will then render a decision on the matter and initiate or deny the recommendation of the Advisory Committee.
- E. The person that submitted the change will be notified of the Director's decision, with a statement advising them why a specific course of action was decided upon.

The initiation of this procedure provides all parties concerned with written documentation of all Department action and does not leave policy or procedural changes to word of mouth. The motivation behind this policy is if a revision is justified for one of the system users, it may be an asset to the entire system.

* Exceptions: administrative changes (non-operational, ie: service names) and operational changes that are dictated by PA DOH Statewide protocols, Regional Treatment and Transfer protocols.



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General Radio Information

Airtime on the radio channels is a valuable resource and must not be wasted. Poor procedures waste airtime causing repeated or confused messages and delays effective care or rescue efforts. Experience has shown that bad habits used during daily operations, carry over and further confuse an emergency situation. The necessity to repeat doubles both airtime and workload.

Listen before transmitting to make certain the channel is clear. Organize your thoughts and think about what you are going to say prior to pushing the transmit button. The over-eager operator is a source of wasted time and confusion.

The UHF radios will sound three high tones when first transmitting. This is the unit ID being transmitted. Be aware of this and allow time for the unit ID to transmit prior to beginning your message.

The UHF radios will sound a busy signal if the channel is in use this sounds like a phone busy, only faster. If you receive this do not key again till you receive the low tone signal or you will be put to the end of the queue list. When you get the three high tones from your radio you have approx. thirty (30) seconds to begin your transmission or the system will go to the next radio in queue.

Make sure the microphone switch is fully depressed and pause briefly waiting for unit ID to transmit before beginning to speak. Hold mobile microphones close to, but not touching the mouth. Talk directly into the microphone, not across it. Talk at conversational level, do not shout. Proper placement will have a direct effect on the volume of the transmission. If you are too far away the message will be weak. If you are too close the volume will be loud and muffled. **YOU MUST SPEAK DIRECTLY INTO THE MICROPHONE.**

All language must be brief, clear and concise. The use of slang and local expressions should be avoided, as others may not understand them on the network. Speak distinctly and pronounce every word carefully. Shouting, loud talking and mumbling are signs of poor radio procedure. Good radio speech will result if the following rules are observed:



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General Radio Information

1. Keep a natural conversational rhythm; speak clearly, calmly and distinctly.
 2. Speak at a steady medium speed and avoid the sing-song effects.
- A. Federal law prohibits the use of profane and/or indecent language. There are severe penalties for the users of profanity over the radio.
 - B. The use of "thanks" "please" and other expressions of courtesy are not necessary. Avoid the overuse of ranks or titles. Proper names/nicknames shall not be used over the radio.
 - C. The Bucks County EMS Communications Center handles many radio talk groups. Although you may not hear anything over your primary frequency, the dispatchers may be busy on other frequencies or on the phone taking a complaint or giving pre-arrival instructions. Therefore, you should allow 20-30 seconds before calling again over the radio. After three (3) call attempts on your EMS primary frequency without a response from the dispatcher, attempt calling on the alternate EMS talk group.
 - D. Make every attempt not to transmit while the vehicles siren is on or air horn is being used. Insure that the volume and squelch controls have been set so that messages can be heard over the engine and siren noise.
 - E. Portable radios should be switched off or turned down when entering an EMS unit, to prevent feedback from the mobile radio.
 - F. All incoming/outgoing phone calls, radio transmissions and broadcasts are recorded on tape. These telephone and radio transmissions are held on file in the Department for one year.
 - G. Always remain calm when using telephone or radio equipment. Be careful and avoid uncivil, angry, abusive, derogatory or sarcastic remarks or language. If faced with such a situation, maintain control- do not attempt to retaliate- proceed with the business at hand. In cases where corrective action is considered necessary, the parties concerned may report the facts and circumstances to the Dispatcher III on duty.



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Radio Calling and Answering		

Under normal circumstances, do not use preliminary calls simply to establish contact. If radio traffic is heavy or conditions are known to be extenuating, eliminate unnecessary calls. Generally whenever possible, identify your unit and send your message in a single transmission.

EXAMPLES

GOOD	POOR
UNIT: 1002 to Bucks County available DISP: OK 1002 13:00 hours	UNIT: 1002 to Bucks County DISP: Proceed 1002 UNIT: 1002 is available DISP: OK 1002 13:00 hours
UNIT: 1252 to Bucks County responding DISP: OK 1252 15:52 hours	UNIT: 1252 to Bucks County DISP: Proceed 1252 UNIT: 1252 is responding DISP: OK 1252 15:52 Hours
UNIT: 1222 to Bucks County en-route Doylestown Hosp DISP: OK 1222 19:30 hours	UNIT: 1222 to Bucks County DISP: Proceed 1222 UNIT: 1222 is en-route to Doylestown Hospital DISP: OK 1222 19:30 hours

Under normal conditions it is not necessary for mobile units to call and await acknowledgment, before transmitting a routine message. However, when radio traffic is heavy or in advance of sending a lengthy message, it is preferable to make a preliminary call and await instructions before proceeding with the message.

The identifying call words "BUCKS COUNTY" will be used by the Department when communicating with mobile and portable units, and by all mobile and portable units when calling the Department.

The word "OKAY" will be used to signify acknowledgment, i.e. that a message has been received, understood and will be complied with.



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Radio Calling and Answering		

The use of "10 CODES" or "10 SIGNALS" is not authorized for Fire/EMS communications. This is to avoid potential confusion with unit or personal designations.

Mobile radio units will use complete identification for all transmissions by that unit.

GOOD	POOR
Medic 108	M-108 or 108
Squad 114	114 or HQ114
Deputy 145	Dep-145
Car 804	804 or 4

When responding to calls, all units must be sure that Bucks County has acknowledged their unit responding. All units responding on a call should be placed on the air.

The first unit to arrive on the scene of a call shall advise the Department of their arrival and then report information that may be of value to all other in-bound Units

When units and stations transmit and receive the ID tone you should expect good signal strength.

To call another field unit, the following procedure will be used: "UNIT NUMBER" to "UNIT NUMBER"

"1851 to Medic 168"	"1452 to Chief 45"
"Medic 143 to Medic 154"	"1082 to Car 108"

To call a base station other than Bucks County, the following format will be used: "(UNIT NUMBER)" to "(SQ #)"

"1851 to Squad 185"	"1081 to Squad 108"
"Medic 125 to Squad 125"	"Chief 134 to Squad 134"

A base station other than Bucks County will use the following format to call a unit: "(SQUAD #)" to "(UNIT #)"

"Squad 114 to 1141"	"Squad 123 to Chief 123"
"Squad 142 to Medic 141"	"Squad 148 to 1481"



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Improper Use of Radio

All members of emergency services units utilizing the county system and Communications Department personnel are responsible for the proper use of the radio at all times. Personnel using the radio for other than official business are wasting valuable airtime for not only the EMS community but the Police and Fire Communities also. Abuse or misuse of the radio system will not be tolerated and all personnel are strongly encouraged to realize the necessity of adhering to the policies and procedures herein and conduct themselves accordingly.

It is the responsibility of the Communications Department Personnel to enforce radio courtesy at all times. They are responsible to document abuses via an incident report, which will be forwarded to the responsible Communications Department supervisor. A file of these abuses will be kept for each squad and the Chief will receive a copy of each incident report.

In instances of serious and/or constant abuse of the radio (or radio system), the Director of the Department or his designee shall document all pertinent facts and forward a memorandum to the Chief of the organization involved and the appropriate communications advisory committee who will recommend initiation of corrective action as they deem appropriate.



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Emergency ID

PURPOSE

This order establishes the procedures governing the use of automatic “EMERGENCY ID” alarm capability designed into the mobile and portable radios of the Bucks County UHF Radio System.

POLICY

The intent of providing “EMERGENCY ID” in Bucks County is to make available to EMS personnel a means by which they may send an alarm to the dispatcher indicating they have an emergency. The transmission of the “EMERGENCY ID” alarm will not occur unless the following elements exist:

- A life threatening situation exist, and
- The sender needs help, and
- The sender cannot verbally ask for that assistance.

PROCEDURE

DISPATCHER RESPONSIBILITIES

1. The zone dispatcher responsible for the unit who’s ID is activated will be responsible for verifying the alarm.
2. When the unit initiating the alarm is not currently assigned to an incident the verifying dispatcher will perform the following:
 - Transmit to the unit these exact words:
“Bucks County to <unit>, verify your 10-78.” (The unit’s verbal identifier will be substituted in place of <unit>.
 - If the unit does not answer, wait ten seconds and call again.
 - Assume the “EMERGENCY ID” to be valid if the unit fails to answer.
3. When an “EMERGENCY ID” is received from an EMS Provider who is currently assigned to an incident, the dispatcher will clear the air and automatically broadcast a 10-78 stating it was received via emergency ID, the unit ID, location, incident type and enter ASTEMS complaint into the CAD. The dispatcher will then attempt to verify the “EMERGENCY ID.”



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Emergency ID

INITIATING UNIT RESPONSIBILITIES

1. If the EMERGENCY ID was accidental, the unit will advise the dispatcher it was an accidental trip. The dispatcher will then broadcast this status as follows:
“Bucks County to all units, accidental trip from <unit>.”
2. If the “EMERGENCY ID” was intentional the unit should expect the verification message. This confirms receipt. The method to handle a deliberate trip when called is:
 - If your location is known, do not answer the dispatcher, or if possible, transmit:
“<unit> 10-78”
 - If you location is not known you must transmit, when possible, the following:
“<unit> 10-78 <exact location>”
 - The dispatcher will initiate the actions specified in the “Response to an Intentional Trip” section below.

RESPONSE TO AN INTENTIONAL TRIP

1. If an alarm is or appears valid, the dispatcher handling the alarm will assign an ASTEMS complaint in the CAD.

TESTING/TRAINING

Periodic activation for training, equipment checks, etc., is permitted only when it will not interfere with existing radio traffic and condition and will be kept to a minimum. These checks must be requested and approved by the dispatcher responsible for the unit and the Squad Coordinator or Dispatcher III prior to activation of the “EMERGENCY ID”.



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Status Checks

Certain EMS complaint types generate a UNIT STATUS flag; this tells the dispatcher that this unit should be checked on. (See complaint types with *** next to on page 12 and 13) When the timer hits 15 minutes of being on scene with no contact, the dispatcher will ask the Unit to report. This will be done 3 times. If police are not on scene, they will be sent to check on the unit after the 3rd time with no response for the Unit.



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ALS Background

Ultra-high frequencies (UHF)- MED channels are reserved for usage by Advanced Life Support vehicles. MED channels are to be used only when a situation exists, or is anticipated to exist, requiring advanced life support.

On-status ALS- An ALS unit is designated "on-status" when a minimum crew of EMT-Paramedic/Health Professional and EMT are present in building together with vehicle or otherwise ready for immediate response (within 3 minutes).

Scratch Time for ALS- Advanced Life Support units will have a standard three (3) minute scratch time. Calls exceeding this time will be handled by the next due unit, if appropriate and in reasonable proximity.

No ALS unit should go "on-status" knowing of radio problems. Mobile phones are not an acceptable primary form of communications. Note: Mobile phones can be used if the radio fails while on a call.

Radio Failure- If communications cannot be established to reach medical control, or once established are interrupted and cannot be re-established, the EMT-Paramedic should load the patient and begin transport. Following this, attempts via Hospital South or North radio for further orders should be made. If this mode of communications is not available, the EMT-Paramedic may continue with the care of the patient in accordance with the procedures outlined in the Statewide/Regional Treatment and Transfer Protocols.

Receiving Hospital- In determining receiving hospital, factors such as patient condition, available definitive care, geographical and time proximity and patient and/or family request should enter into the decision. The final judgment in this regards, however will be the responsibility of the EMT-Paramedic.



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ALS Background

Determination of appropriateness of ALS dispatch:

The box card listing of the Communications Department Computer Aided Dispatch System provides a listing of appropriate units, and the order of dispatch for an area. However, the dispatcher is allowed to use discretion to modify this response under extenuating circumstances and if in the patient's best interest. This applies during times when a unit is not in headquarters.

1. If call is within normal response territory of an on- status ALS unit, dispatch same.
2. If call is within a territory without on status advanced life support unit, dispatch appropriate basic unit and nearest on-status ALS unit- **UNLESS BASIC TRANSPORTATION TIME WOULD BE A MORE EXPEDIENT METHOD OF OBTAINING ADVANCED LIFE SUPPORT.**
3. If there is no practical response indicated (nearest on-status ALS unit is farther from call than time for basic transportation) patient should be transported on a basic life support level.

Coordination of BLS/ALS units:

When a BLS unit arrives at a scene prior to ALS unit arrival, the following applies:

1. The BLS unit should notify the ALS unit of patient condition if the meets ALS criteria according statewide/regional protocols.
The BLS provider must make a judgment as to whether the patient needing ALS is able to receive same more expediently by BLS transport to a hospital, BLS rendezvous with an ALS unit, or BLS waiting for ALS units arrival.
This decision must be relayed to the incoming ALS unit.
2. If the patient does not meet ALS criteria according to state/regional protocols, or if the BLS unit is unsure whether the patient needs ALS, the patient condition should be relayed to the incoming ALS unit for their discretion and decision to transport BLS or ALS.



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Emergency Medical Dispatch

The Bucks County Department of Communications utilizes the APCO (Association of Public Safety Communications Officials) EMD (Emergency Medical Dispatch) program.

The APCO criteria based program is designed to provide a structured framework within which emergency medical dispatchers utilize their knowledge and skills to ascertain necessary information and determine the appropriate response for incoming emergency calls.

The basis for this program lies with one critical criteria needs to be present to determine the appropriate dispatch. Other information can then be used to provide information to the responding units as well as to provide pre-arrival instructions or emergency medical telephone instructions if warranted.

The APCO EMD program is thirty-two (32) hours in length and prerequisites are the APCO forty- (40) hour telecommunicator's course and possession of a current, valid CPR card. Recertification is mandatory every two (2) years.

The APCO EMD program was approved by the Bucks County Emergency Health Council in December 1991 and signed off by the medical director in February 1992.

The APCO EMD program will be monitored closely, by way of an in house quality assurance coordinator.

The QA coordinator will:

1. Review audiotapes to ensure that the correct procedures are being followed.
2. Review hardcopy CAD complaints, for accuracy and completeness.
3. Document concerns and problems that are found and take corrective action.



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Emergency Medical Dispatch

Student objectives of the APCO EMS course:

1. Overview of the EMS provider and the response systems in which they operate.
2. Learning about different types of callers and effective methods for dealing with them. Also, information the dispatcher needs to secure from the reporting party as well as the appropriate way to deal with the coordination of multiple agencies.
3. Legal considerations.
4. General medical information and background.
5. Criteria based dispatch: The conceptual framework in which the criteria based dispatch system operates.
6. Criteria based EMD guide cards: Apply concepts and information gained for appropriate response using the EMD guide cards.
7. EMD telephone instructions.



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Dispatch Procedures

THE DISPATCHER
CALL TAKER SHALL PROCURE ALL INFORMATION:

1. Location of call
 - a. Ask and verify house and street number. Apartment- what building & apartment number Industry/factory- where is patient located Shopping center- which store, best entrance
 - b. Nearest intersections to call or incident.
Commonly known landmarks may sometime be helpful
 - c. Municipality (Township/Borough)
 - d. Name of residence (when applicable).
 - e. Phone number (or call back number).

MEDICAL PROBLEM

Reporting persons do not always know the patient. The dispatcher can assist the reporting person with where to look for information.

Many patients with chronic or recurring medical problems, such as diabetes, allergies, seizures and cardiac problems, may wear Medic Alert bracelets, necklaces or cards.

- 1) Get brief description of problem (complaint type) such as chest pain, laceration, respiratory, etc.
 - a) At this time dispatch call (go to section C) but tell caller to wait on phone for further instructions
- 2) Get back to caller and using the APCO EMD cards, ascertain further information.
- 3) If added information warrants an upgrade in response (call dispatched BLS added info warrants ALS now), the nearest ALS unit should be dispatched and BLS unit informed of added info and ALS dispatch.

Give the caller pre-arrival instructions as warranted and suggested in APCO EMD cards.



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Dispatch Procedures

BLS

- Select proper tower and frequency.
- Sound EMS alert tone
- Announce squad and location:
 - "Squad 134, 123 South Main Street, Chalfont Boro"
- Dispatch squad's tones.
- Announce call: Squad, location and complaint type:
 - "Squad 134, 123 South Main Street, Chalfont Boro, CVA"
 - "Squad 134, 123 South Main Street, Chalfont Boro, CVA, 12:15"
- Re-announce call on appropriate EMS zone.
 - On criminal or potentially dangerous calls, the dispatcher shall get ETA of police arrival.

ALS

- Select proper tower and frequency.
- Sound EMS alert tone.
- Announce squad and location:
 - Home territory: "Attention Medic 100, 3 Afton Ave, Yardley Boro"
 - Away territory (covering): "Squad 154 second ambulance, attention Medic 100 to cover, 120 Main St, Tullytown Boro"
- Dispatch squad tones.
- Announce call: Squads, location and complaint type:
 - "Attention Medic 100, 3 Afton Ave, Yardley Boro, a cardiac"
 - "Attention Medic 100, 3 Afton Ave, Yardley Boro, a cardiac, 1930"
- Re-announce call on appropriate EMS zone.
 - On criminal or potentially dangerous calls, the dispatcher shall get ETA of police arrival.
- a) Re-announce call on appropriate EMS zone.



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Dispatch Procedures

ASSIST

In the event a BLS unit on the scene of a call requests an ALS unit or additional units are needed at an accident, the following format shall be used:

- Select proper tower and frequency.
- Sound EMS alert tone once.
- Announce assisting squad and location:
 - "Attention Medic 108, ASSIST 1081, Bush House Hotel"
- Dispatch squad's tones.
- Announce call: Squad, location and complaint type:
 - "Attention Medic 108, ASSIST 1081, Bush House Hotel, Quakertown Boro, Chest pain"
 - "Attention Medic 108, ASSIST 1081, Bush House Hotel, Quakertown Boro, Chest pain, 15:00"..... OR
 - "Squad 108, second ambulance to respond, ASSIST 1081, Rt. 309 and Rt. 313, Quakertown Boro, an accident"
 - "Squad 108, second ambulance to respond, ASSIST 1081, Rt. 309 and Rt. 313, Quakertown Boro, an accident, 15:00"
- Re-announce call on appropriate EMS frequency.
 - Announce to EMS south units to switch and operate on EMS North.



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Dispatch Procedures

ADDITIONAL EQUIPMENT NEEDED

When one (1) or more units are on scene of a call and additional units are needed, the following format shall be used:

- Select proper tower and frequency.
- Sound EMS alert tone once.
- Announce squad (include: Next due unit or squad, i.e. second or third ambulance to respond) and location.
 - "Squad 114, second ambulance to respond, Street and Harding Roads, Lower Southampton Township
 - Dispatch squad's tones (Note: use back up tones or 200 series on Uni-page or all call tones 400 series on the Uni-page).
- Announce call: Squad (include next due unit/squad), Location and complaint type:
 - "Squad 114, second ambulance to respond, Street and Harding Roads, Lower Southampton Township, an accident"
 - "Squad 114, second ambulance to respond, Street and Harding Roads, Lower Southampton Township, an accident, 01:56"
- Re-announce call on appropriate EMS frequency.

EMS RESPONSE ON FIRE CALLS

- Sound EMS alert tone once.
- Announce squad and location:
 - "Squad 125, with station 19, Main and Court Streets"
- Dispatch squad's tones.
- Announce squad, location and complaint type:
 - "Squad 125, with station 19, Main and Court Streets, a fire call"
 - "Squad 125, with station 19, Main and Court Streets, a fire call, 17:30"
- Re-announce call on appropriate EMS frequency.

NOTE: Hazardous material incidents shall be dispatched as a "HAZMAT INCIDENT".



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Dispatch Procedures

MUTUAL AID RESPONSE

In the event a squad is on a call and an additional call is received for that service, the following format shall be used:

- Select proper tower and frequency.
- Sound EMS alert tone once.
- Announce squad to respond and squad being covered, along with the location:
 - "Squad 122 second ambulance is needed Squad 129 to cover, Street Road and Madison Ave, Warminster Township"
- Dispatch both squads' tones (note: use back up or all call tones for covered squad).
- Announce squad to respond, squad being covered, location and complaint type:
 - "Squad 122, second ambulance needed Squad 129 to cover, Street Road and Madison Ave, Warminster Township, an accident"
 - Squad 122, second ambulance needed Squad 129 to cover, Street Road and Madison Ave, Warminster Township, an accident, 12:07"
- Re-announce call on appropriate EMS frequency.

COVERS

In the event a squad is out of service and a call is received for that service, the following format shall be used:

- Select proper tower and frequency.
- Sound EMS alert tone once.
- Announce squad to respond and squad being covered, along with the location:
 - "Squad 129 cover Squad 122, Street Road and Madison Ave, Warminster Township"
- Dispatch both squads' tones (note: use back up or all call tones for covered squad).
- Announce squad to respond, squad being covered, location and complaint type:
 - " Squad 129 cover Squad 122, Street Road and Madison Ave, Warminster Township, an accident"
 - "Squad 129 cover Squad 122, Street Road and Madison Ave, Warminster Township, an accident, 12:07"
- Re-announce call on appropriate EMS frequency.



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Dispatch Procedures

RECALL

- After it is established the unit is not required, find out who is requesting the cancellation of the ambulance and note this in the CAD complaint.
- Recalls are the sole determination of the dispatched agency, the dispatcher will only advise of the suggestion for the recall.
- If a unit is on scene at a fire call and is no longer needed, the following format shall be used:
 - Determine who has released the squad.
 - Contact the unit on the appropriate EMS frequency
 - Once contact has been established with the unit, advise the unit to return and who authorized this.
 - "Bucks County to 1391" ----1391 answers----
 - Bucks County Dispatcher advises: "1391 you are released authority of Chief 98".

REDUCE SPEED

Occasionally police or EMS personnel on-scene of an incident will advise the dispatcher that there are minor injuries and the squad can "slow down". Prior to the dispatcher advising the EMS unit of this information, the following will be ascertained: How many injuries and the degree of injury. The following format shall be used to inform the in-bound EMS unit:

- Select the appropriate tower and EMS frequency.
- Make contact with unit and advise unit of request:
 - "Bucks County to 1851" -----1851 answers-----
 - Bucks County Dispatcher advises: "1851 from police on the scene, they recommend reduce speed, there are two patients on location with minor injuries"
- It will be to the discretion of the responding unit as to whether to adhere to the recommendation



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Dispatch Procedures

SUPPLEMENTAL INFORMATION

Anytime the Department has additional information or receives additional information, the dispatcher will convey this information to the in-bound unit(s) as follows:

- "Bucks County to 1261" -----1261 answers-----
 - Bucks County Dispatcher advises: "1261, added information; there will be a subject waiting at the driveway for your arrival"
- OR-
- "1261/Medic 151, added information; your patient is a 47 year old male with severe chest pain and shortness of breath"... (this transmission shall be done on ambulance primary so that both units can hear patient information).

NOTIFICATION OF ADDITIONAL EQUIPMENT RESPONSE

Whenever added equipment is being dispatched to assist a unit already enroute to a call or incident, that in-bound unit shall be notified of the added equipment response.

- "Bucks County to 1421" -----1421 answers-----
- Bucks County Dispatcher advises: "1421, be advised that rescue 42 and Medic 141 have been dispatched to the scene for extrication"



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Dispatch Procedures

NOTIFICATION OF HAZARDOUS TYPE CALLS

If the dispatcher has knowledge or receives information of a potentially hazardous condition at a scene, the dispatcher shall advise the responding personnel after the dispatch of the situation.

- As an example: TRANSMITTED ON DISPATCH BAND:
 - "Medic 108; 1234 Route 663, Milford Township, a shooting"
 - "Medic 108; 1234 Route 663, Milford Township, a shooting, time out 03:30 hours; ALL PERSONNEL ARE TO USE CAUTION DUE TO POLICE ACTIVITIES".
- As an example: TRANSMITTED WHEN RESPONDING:
 - "Medic 108 responding"
 - "OK Medic 108 at 1300; USE CAUTION DUE TO POLICE ACTIVITIES"

Any additional information of this nature must be relayed to both units (ALS/BLS), if applicable.

The dispatcher shall get an ETA for police arrival and relay this information to responding units, as soon as possible.



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Response Code Levels

The response code level system is designed to provide early notification to County EMS units as events change due to a major MCI, an incident (s) taxing the region beyond available resources or pending weather conditions.

Code Green: Daily Operations

Code Yellow: Weather warnings, major MCI, any incident (s) taxing the region beyond available resources.

Code Yellow Actions:

EMS Units:

- Start planning to bring crews in-house and putting additional ambulances in service.

Communications Center:

- Start moving up units not affected by the condition into the affected area.
- Notify EMS/EMA Offices (or Directors after hours or holidays).
- Alert all hospitals and trauma centers of status change and cancel all hospital diversions until the incident is under control.
- Send RSAN Alert **“EMS CODE CHANGES”**

EHS Office:

- Assist local organization as needed
- Send FRED Alert

MCI Units:

- Make staffing arrangement for possible deployment.



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Response Code Levels

Code Red: Weather affecting the County, Major MCI or incident (s) taxing the system, evacuation of hospital or nursing home, riots, or other major police action.

Code Red Actions:

EMS Units:

- Bring crews in-house and put additional ambulances in-service.

Communications Center:

- Start moving up units not affected by the condition into the effected area.
- Alert all County Hospitals and trauma centers of status change, and cancel all diversions until the incident is under control.
- Notify EMS/EMA Offices (or directors after hours or holidays)
- MCI Units- Staff units and deploy per directions from Bucks County Communications Center.
- Send RSAN Alert **“EMS CODE CHANGES”**
- Countywide disaster tone, “888”

EHS Office:

- Assist local organization as needed
- Send FRED Alert

Procedure:

The default code level is green. As events or conditions change, the Communications Center will announce the change with information provided by the EMA/EMS office or information from the field units.

Downgrades would be conducted after communicating with Bucks County EHS Office.

- Code status changes will be announced along with the affected zones and municipalities.
- EMS Chief’s will be notified via RSAN and for code red by using the Countywide disaster tone, “888”.
- A hardcopy printout will be sent to all EMS stations, Fire companies, police departments, and hospitals.



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Response Code Levels

Bucks County Squads will be divided into three regions for code status changes:

- Upper Bucks: 108, 124, 141, 142, 151
- Central Bucks: 125, 134, 135, 122, 129, 115
- Lower Bucks: 100, 113, 114, 115, 139, 145, 154, 155, 167, 168, 185, 186



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MCI Response Levels

Equipment Response
Notification

Level 1: 10-24 Patients (or when local resources are taxed to their limit).

3 ALS 1 BLS Appropriate Rescue Box assignment for the incident
Notification of Squad Officers (Using Officer Tones)
Notification of all local hospitals and trauma centers
Place helicopter units on stand-by

Level 2: 25-39 patients

5 ALS 2 BLS Appropriate Rescue Box assignment for the incident
2 QRS
1 MCI Unit (closest available)
Next due MCI unit on stand-by
1 Helicopter dispatched to the scene
1 Helicopter service on stand-by
Notification of Squad Officers (Using Officer Tones)
Notification of all local hospitals and trauma centers
EMS/EMA office open 24 hours a day
Command Bus (municipal or County) on stand-by

Level 3: Greater than 40 Patients

7 ALS 3 BLS Appropriate Rescue Box assignment for the incident
3 QRS
1 MCI Unit to the scene
1 MCI Unit relocated to the nearest EMS or Fire Station
2 Helicopters Dispatched to the scene
1 Helicopter on stand-by
Notification of Squad Officers (Using Officer Tones)
Notification of all local hospital and trauma centers
EMS/EMA office open 24 hours a day
Command bus (municipal or county) automatically to the scene

*Communications Center should consider moving up units into the affected area.

*These numbers are guidelines and should be adjusted as needed.



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Incident Numbers

The Bucks County Department of Communications CAD (Computer Aided Dispatch) system will assign a "trip number" or "incident number" to all BLS or ALS incidents. The CAD computer, per incident, generates the trip number for each incident, not for each unit on an incident. The three emergency services (Police/Fire/EMS) get different trip/incident numbers. As an example, if an auto accident with rescue is dispatched, all three services would get dispatched and the trip/incident numbers would look something like this:

Incident number/Service/ Explanation

#PD921470414 POLICE PD=Police 92=Year 147=Julian date 0414=Incident number for that date.

#ED9210797 EMS ED=EMS 92=Year 10797=Trip number

#FD9209800 FIRE FD=Fire 92=Year 09800=Trip number



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Times/Record Keeping

The dispatcher shall issue times (using the policy of 24 hour time and phonetic alphabet) to all units, anytime a status change is made.

As an example:

DISPATCH TIME: Is always given after the dispatch of call.

UNIT RESPONDING: "1251 to Bucks County responding"
(Dispatch reply) "OK 1251 at 13:05"

UNIT ON LOCATION: "1251 to Bucks County on Location"
(Dispatch reply) "OK 1251 at 13:11"

UNIT EN-ROUTE TO HOSPITAL: "1251 to Bucks County, en-route to Doylestown Hospital"
(Dispatch reply) "OK 1251 at 13:21"

UNIT AT HOSPITAL: "1251 to Bucks County at Doylestown Hosp,
available/not available"
(Dispatch reply) "OK 1251 at 13:30"

UNIT RETURNING: "1251 to Bucks County returning to station"
(Dispatch rely) "OK 1251 at 13:59"

It shall be the responsibility of the EMS personnel to record (log/write down) all times and the trip number when issued by dispatch. During busy periods the dispatcher may not get your status entered until several minutes later, therefore the times on the printout may not be accurate. It is imperative that EMS personnel write these times down, when given to avert these problems.

Phone calls for times are discouraged.



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Printers and Printouts

The Department sends hardcopy printouts of incident histories (through phone modem) to all system users.

The system works as follows:

1. A call is entered into CAD (Computer Aided Dispatch)
2. The call is tone dispatched and the dispatcher issues a command to CAD to send a printout to the EMS station.
3. The Communications Department computer dials up the special dedicated phone line at the EMS station and when the station modem answers, the CAD computer sends the information on the call to the EMS stations modem/printer.

Essential equipment:

1. Telephone modem: minimum of a 2400 BPS 2400 MNP (external modem) 2400 baud- capable of supporting MNP class 5 data compression.
2. Printer: Capable of serial interface

EXAMPLE OF PRINTOUT:

1. Initial TYPE: Initial complaint type (see complaint types)
2. Initial Alarm level: Applicable to Fire service only.
3. Final TYPE: Same as initial type unless additional information has been received that would change the type of call.
4. PRI: Priority 1-5. 1 is the highest priority/ 5 is the lowest priority. The priority levels affect the order of dispatch, the higher the priority of the call type, the sooner the call is dispatched. As an example, a priority 1 call will be recommended for dispatch before a priority 3 call.
5. DSPO: Disposition of call. This code is used to close out the call and is general used for statistical purposes. The following are the current codes being used.



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6. PREM: Denotes if a PREMISE HISTORY was listed and viewed by the dispatcher. A premise history is a note that the Department enters into a CAD address for special circumstances at that residence.
 - a. As an example: The Department receives written correspondence from a residence at 123 Main Street, Doylestown Boro; that their child is on a SIDS monitor. The address (123 Main St, 28) is entered into the CAD geographic file. If a call is received from that address, the pertinent information will already be in the premise history file.
7. EMS BLK: EMS box number.
8. FIRE BLK: Fire box number.
9. POLICE BLK: Police sector.
10. MAP PAGE: ADC map coordinates (see page 54 of this manual)
11. GROUP: Dispatch group (where the call is routed by the CAD computer)
 - a. EX= Dispatch position
 - b. ES= EMS SOUTH
 - c. EN= EMS NORTH
 - d. BEAT: Primary squads area.
 - e. SCR: Source code.
 - f. N= 10 digit number received phone call.
 - g. 9= 9-1-1 received call.
 - h. LOC: Location of call
 - i. LOC INFO: Added information to the location of call.
 - j. NAME: Name of caller.
 - k. ADDR: Address of caller.
 - l. PHONE: Callers phone number.



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Sample Printout

03/10/08 13:15:52 PRINT REQUESTED BY TERMINAL EMA1
 Inc History for:#ED0808527

Entered 03/10/08 13:15:18 BY FD01 341

Closed 03/10/08 13:15:26

1) initial TYPE

3) final TYPE

4) Priority

5) Disposition

Initial Type:ESPEC Initial Alarm Level:1 Final Alarm Level: 1

Final Type:ESPEC (SPECIAL ASSIGNMENT)Pri:5Dspo: CANPrem:[]

EMS Blk: 122401Fire Blk: 62004 Police Blk: 38001 Map Page:3147H8

10) map page

Group:EX (EN)Beat:122Src: NATT:

7. 8. 9) BLK's

Loc:EHS 38 at 911 FREEDOM WY ,38 btwn JOHNSVILLE BL & CUL DE SAC

11) Group

Loc Info:

Name:JASON

Addr:

Phone:2153403700

/1315 (341) ENTRY: TEST TEST TEST

/1315 CANCEL ,TEST

/1315 CLOSE



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Logging Units Available

All radios in the UHF radio system are equipped with unit identifiers. This identifier enables the dispatcher to see the unit identifier as soon as you key your radio and is used for safety reasons in emergencies. In an effort to easily track who is using what mobile and portable radio unit it will be necessary for all units to log on with the dispatchers to make themselves available. The following guidelines should be used to log on units:

1. All units must logon using either the telephone or fax machine.
 - a. BLS units will log on their vehicle number, and portable number. I.e. Squad 125, vehicle 6, portable 99.
 - b. ALS units will log on with paramedic number, vehicle number and portable number. I.e. Squad 154, Paramedic-John Doe #12345, portable 98, vehicle 4.
 - c. If the ALS unit has two paramedics, you may log both names to the unit and portable or you may add a second portable with the second paramedic and still assign them to the same unit.
2. Chief's vehicles and some portables may be assigned at the discretion of the individual squad. The Departments CAD system will track the information regarding permanent radio assignments.



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Scratch Times

1. SCRATCH TIME:

- a) EMS units ALS and BLS, dispatched to an emergency call shall have a total of three (3) minutes to respond. If after three (3) minutes the logged on unit fails to respond, the primary squad will be scratched and the next due squad will be dispatched. A squad unit that has scratched should not proceed to the scene unless no other unit has been dispatched or the next due unit is a greater distance away.
- b) Two (2) attempts to hail the dispatched unit on radio will be made by the Communications Center prior to replacing the dispatched unit and scratching them.
- c) All scratches will be reported to the County EMS Quality Assurance coordinator for their review.
- d) Anytime a squad scratches the Chief of the squad will be notified.

2. ZERO SCRATCH:

If an ALS or BLS squad unit scratches a call (as per procedure #1 above), the dispatcher shall log off the unit/squad and the squad will be considered out-of-service until further notice.

- a) After a squad unit scratches a call, the dispatcher shall log off the unit (and if only unit on for a particular squad- the squad) out-of-service until further notice.
- b) Any subsequent calls for that squad shall be automatically dispatched to the next due squad. The initial squad's tones shall be simultaneously dispatched along with the next due squad's tones.
- c) It will be the responsibility of squad personnel to call the communications Center and place a unit and the squad back in service, once they are assured a crew is available.



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Notification of Improper Dispatch

If a borderline call is received in the Communications Center and the wrong EMS squad is dispatched, it is the responsibility of the EMS squad to notify the dispatcher of the error as soon as possible, so that the correct squad can be dispatched.

It will be the responsibility of the incorrectly dispatched squad's chief officer to contact the primary squad's chief officer and the EHS office, to discuss the area in question. After discussion, notification shall be made to the Communications Department management for correction if necessary.



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Dispatch Directions

The following map book has been recommended for use by all emergency services users in Bucks County:

ADC's STREET MAP OF BUCKS COUNTY, PENNSYLVANIA

(Published by) ADC of Alexandria, Inc.

6440 General Green Way

Alexandria, Virginia 22312

Phone number: (703) 750-0510

This map book is available from most bookstores, newsstands and convenience stores.

The Department of Communications would appreciate EMS personnel looking up the information in the ADC map book prior to calling the dispatcher for directions or map coordinates. If EMS personnel request a location to be looked up, the dispatcher will look up and relay the maps page number and grid coordinates only.



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Out of Service Squads

There will be occasions when EMS squads will go out of service due to insufficient manning, equipment failure, etc. All squads must call the Communications center to log off when not in service.

Upon calling the dispatch center to log off a unit, the following information must be exchanged:

1. When it has been established that a squad is going out of service, a member (who must supply their name) or an officer of that squad will call the communications center and advise that their squad is going out of service. The dispatcher taking the call must place a comment in the unit history of the name or rank of person calling to place the unit out of service.
2. It will be the responsibility of the squad to call back in service, once a crew is assured or unit is functional.
3. When a squad is listed out of service, the next due, closest most appropriate unit shall be dispatched to cover the out of service squad.

MECHANICAL PROBLEMS:

If vehicular mechanical problems are encountered while on a call, this information should be relayed to the dispatcher as soon as possible. The EMS crew should advise the dispatcher if another unit will be needed to transport the patient (if patient is on board unit) or another unit needs to be dispatched to cover the call. The unit will be placed out of service unless advised otherwise, (out of service, NOT logged off).

The unit will be placed out of service, and it is the responsibility of the unit to call the communications center to log on when available.



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Routine Transports

As noted in prior sections of this manual, air time on EMS frequencies is a valuable commodity and should not be wasted. Along with this statement should be considered the amount of EMS and fire calls dispatched per year by this dispatch center.

As routine transports are not emergent in nature, the following procedure has been established for this type call:

No routine/non-emergent transportation shall be tone encoded by the Department. The caller will be referred to the proper EMS squad phone number.

The dispatch centers personnel are not responsible to call back the caller and advise that a particular EMS squad cannot handle the transport.

All emergency transports will be dispatched as previously described in this manual.



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Special Requested Ambulance

There are occasions where a complainant (or caller) will call the communications center and request a specific squad dispatched for an emergency. A conflict occurs when the requested EMS squad is not the primary (first due) squad.

The following procedure has been developed for cases involving "by request" squad service:

1. When a caller requests for, by name, an EMS squad that is not the primary (first due) to the callers address, the dispatcher shall enter the requested squads name into the CAD complaint.
2. The dispatch position will check the EMS box card to determine if the requested squad is on the back up listing. If the requested squad is listed on the back up list, the dispatcher shall dispatch the primary (first due) squad and the requested squad. If the requested squad is NOT on the EMS box card, the dispatcher shall dispatch the primary (first due) squad only. It is felt that it would be inappropriate to send an EMS squad that is not listed on a box card due to mileage restrictions.
 - a) As an example: "Squad 124, squad 125 by request, Valley View Trailer Park Lot 15, Plumstead Township, chest pain"
3. This procedure applies to emergency calls only.



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Hospital Notification

It is of utmost importance that EMS units transporting to a hospital with an injured or ill patient notify the receiving hospital of the patient's condition. This necessity affords the receiving hospital time to set up for a patient and/or divert the EMS unit to another facility. Hospital notifications will be done on either Hospital North, Hospital South.

EMS units going to Bucks County Hospitals:

1. When the EMS unit is ready to notify the hospital for BLS purposes (formally low band encodes and generally 5-7 minutes away from the hospital) they will call Bucks County on their assigned talk group and request notification with the receiving facility.
 - "1341 to Bucks County requesting notification/encode with Doylestown Hospital"
2. The dispatcher will then advise the unit to switch to the appropriate hospital talk group.
 - DISPATCHER: "OK switch to Hospital North and stand by."
3. The dispatcher will then contact the receiving facility over the hospital intercom and upon receipt or just prior to patch the hospital talk group with the receiving facility.
4. The unit will then give the patient report to that facility, a response from the facility is not necessary. Following the report the unit will return to their primary talk group.
 - "Doylestown Hospital, Medic 129 en-route to you with a class 3, 72 year old female, complaining of hip pain after a fall, patient is immobilized, our ETA is 12 minutes."
5. BLS units needing medical command will use the same procedure and follow this format.
 - a) Contact the dispatcher as noted above and switch to the appropriate hospital channel and standby.
 - b) The dispatcher will follow the above policy and advise the unit to proceed with the hospital.
 - c) The unit will then proceed with their notification.



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Hospitals Bucks County has ability for radio notification/encode

Frankford Bucks	Doylestown	Grandview
Lower Bucks	St. Luke's Q-Town	St. Mary's
Frankford Torresdale	Abington	

*****All other facilities should be considered as without radio capabilities and should be notified as specified later in this section.*****

Hospitals without radio capabilities:

1. The EMS unit will inform Bucks County that they are en-route to an out of county hospital (name of hospital must be supplied) and request the dispatcher to prepare to copy information for that hospital.
 - "1082 to Bucks County, we are en-route to Saint Luke's Bethlehem Hospital, prepare to copy medical report"
2. The EMS unit should stand by until the dispatcher advises to proceed with the information.
 - "OK 1082, stand-by"
3. When the EMS is told to proceed they should give a brief, but complete patient report including ETA.
4. The dispatcher then will call the receiving facility and relay the report.
5. The dispatcher will advise the EMS unit when the hospital was notified.

This information is normally done on the primary EMS frequency, unless the dispatcher advises the EMS unit to switch to an alternate frequency.

EMS UNIT AVAILABILITY: An EMS unit is available from the hospital unless they specify otherwise to the dispatcher when the unit goes off radio at the hospital.



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Patient Classification

Over the years, the hospital messages from EMS personnel have become rather lengthy. In an effort to shorten these messages, a patient classification system has been established.

Class 1	Severe, Urgent	Highest priority
Class 2	Moderate, emergent	High priority
Class 3	Mild, non-emergent	Low priority
Class 4	Psychiatric emergency	
Class 5	Probable death	

Suffix X after any of the classifications indicates an unruly patient.



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Hospital Diversion Policy

- County Hospitals are segmented into three clusters:
 1. **Lower Bucks County**: Frankford Bucks and Frankford Torresdale, St Mary Medical Center and Lower Bucks Hospital
 2. **Central Bucks County**: Doylestown Hospital, St Mary Medical Center, Holy Redeemer Hospital and Abington Memorial Hospital.
 3. **Upper Bucks County**: Grand View Hospital, Central Montgomery Hospital and St Luke's Hospital – Quakertown

Below is the Bucks County Hospital Diversion Plan:

1. No more than 50% of the hospitals in a given cluster can go on divert. When more than 50% request to go on divert in a given cluster, all hospitals will be re-opened.
2. Hospitals can divert for two-hours at a time, with a maximum of four hours. After being on divert for four hours the hospitals emergency department must remain open for at least four hours, unless agreed upon by the other hospitals in their cluster. Hospitals remaining on divert for eight hours must make all efforts to remain open for at least the next four hours.
3. The Hospital Administration, County Administration, Pre-hospital providers, PA Dept of Health and hospital staff will continue to meet and work together to develop solutions to address this issue as necessary.
4. ***The only term used by hospitals will be "divert" or state approved trauma bypass terms. The use of all beds full, no critical beds and any of the other terms have only served to confuse the providers.***

The Emergency Communications phone number for changing your status is 215-348-6616



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Inter-Hospital Urgent Transports

The following procedure has been developed for urgent inter-hospital transportations. An urgent inter-hospital transport is defined as follows:

A patient whom is in a qualified medical facility such as a hospital that needs transportation from that facility to another such facility; as expeditiously as possible for all parties involved.

The reasons for such transport include: cardiac cath, specialized testing (i.e. MRI), specialized medical or surgical procedures, etc.

The following procedure has been established in the regards to the dispatch of these type calls:

Upon receipt of the call from the hospital to the Communications Department, the dispatcher shall, enter the call into CAD and follow the appropriate dispatch procedure to ensure that an ambulance handles the call.



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Helicopter Services

Helicopter services are placed on box cards in the same manner as ground EMS units, and are dispatched accordingly.

Standby is the notification to the Air Medical service that a potential condition exists which may require the services of their helicopter.

Activation is the request for a helicopter to proceed to the emergency scene (or appropriate location).

When a police or fire officer requests activation of the helicopter service, the dispatcher will place a helicopter on standby and notify the incoming ALS unit that a helicopter was placed on standby and provide a brief report. If ALS is not available the helicopter should be launched. EMS officers may activate the helicopter service. The dispatcher will notify the incoming EMS unit.

The ultimate authority to decide on to fly or not fly; is that of the first arriving, ALS unit, or if none, the arriving BLS crew member with the highest level of training.

Responsibility for Coordination of Landing

The responsibility for the preparation of a landing site and coordination of the landing procedure will

be that of the officer in charge of the fire service. The dispatcher will determine the radio frequency.



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Phones

COMMUNICATIONS CENTER TELEPHONES

All seven 10-digit incoming phone lines shall be answered: "Fire/Rescue Dispatcher XXX". All 9-1-1 incoming phone lines shall be answered: "9-1-1, Where is your Emergency".

SQUAD TELEPHONES

It is suggested that all squads answer their telephones with the squads name and name of the squad member answering the phone.

As an example: "Any town Ambulance, Jones"
"Squad 102, Smith"

Reason: In cases of discrepancy, a name can be referred to.

CALLS OF NON-EMERGENT NATURE TO THE COMMUNICATIONS CENTER

Squads, when calling the Communications Center should utilize the following phone lines:

Lower Bucks: 215-547-5227/215-547-5228
Central Bucks: 215-348-6616/215-345-1411/215-343-2415
Upper Bucks: 215-795-2904

If these phone numbers are busy, wait several minutes to call back. If these lines are busy, the dispatchers are busy.

NEVER use the 9-1-1 lines for non-emergency calls such as status changes, logging on or off units, etc.



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Enhanced 9-1-1

9-1-1 (pronounced nine-one-one) is designed to provide a no-charge telephone number for individuals within Bucks County to gain rapid direct access to emergency aid. The number is provided with the objective of reducing response times to situations requiring law enforcement, fire, medical, rescue or other emergency services.

FOR FURTHER READING SEE: STATEMENT OF POLICY
TITLE 16- COMMUNITY AFFAIRS
PUBLIC SAFETY EMERGENCY TELEPHONE ACT (35 P.S. ss 7013) OF 1990.
PENNSYLVANIA BULLETIN, VOL 21, No 18, MAY 4, 1991

The following writings are from the Bucks County Department of Communications E-9-1-1 policy and procedure manual:

1. ALL DISPATCHERS are APCO CERTIFIED (40 hour tele-communications course).
2. ALL DISPATCHERS are APCO EMD CERTIFIED (32 hour course in Emergency Medical Dispatch).
3. BILINGUAL SUPPORT shall be provided (AT & T Language Line).
4. TDD/TTY (deaf teletype) service shall be provided.
5. ALI= Automatic Location Identification- A feature which displays a name and address associated with the telephone number from which the call originates.
6. ANI= Automatic Number Identification- The telephone number from which the caller is calling from and the information that generates ALI.
7. ABANDONED CALLS- If someone dials 9-1-1 and hangs up, the dispatch staff shall call back the number and verify if someone in fact called and check on that persons well being. In the event no one answers, the police will be sent to the address listed, to check the callers well being.



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Enhanced 9-1-1

8. **OFF HOOK/NO VOICE CONTACT CALL-** If a call is answered and no voice contact is made, the police will be sent to the address to check on the well being of the caller. If there are circumstances, which lead the dispatcher to believe the silent call involves a medical emergency, the dispatcher will use their best discretion in responding EMS, as an unknown type EMS call. The dispatcher will inform the EMS personnel responding, that this is an "Off hook/no voice contact 9-1-1 call".

9. **EMERGENCY VS NON-EMERGENCY 9-1-1 CALL:** The Bucks County Department of Communications position on 9-1-1 calls are anytime a person feels the need for the immediate response of the police, fire or emergency medical services- qualifies as a 9-1-1 call.

The goal in educating the public concerning the use of 9-1-1 is to make them aware that the system is intended to expedite responses and access to help in an emergency. Recognizing this, we should exercise caution in telling citizens not to use the 9-1-1 system when they are requesting other than emergency situations, otherwise we risk of intimidating the caller in not using 9-1-1 when truly necessary.



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Request for Bridge Clearance

BRIDGE CLEARANCE:

- 1) EMS units responding to hospitals that must cross a major bridge and need clearance of these, should contact the dispatcher as soon as possible and advise which bridge clearance is needed at.
- 2) After the dispatcher gets confirmation from the bridge, the unit will be notified.
- 3) This procedure is a courtesy afforded by the Bridge Commission.
- 4) No bridge clearance will be done between 24:00-06:00 hours.



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Special Announcements

1) SPECIAL ANNOUNCEMENTS: GENERAL

a) General special announcements shall be broadcasted as follows:

(1) "Bucks County to all squads, stand-by for a special announcement (Pause briefly) Bucks County to all squads... (give message and repeat) at 13:35 Hours, KWV593, Dispatcher XXX".

2) RULES:

- a) Announcements will be of emergent nature only.
- b) This Department will not broadcast requests for personnel such as paramedics, EMT, drivers, Etc.
- c) All special announcements will be approved or denied by Department management or the Dispatcher III on duty.
- d) Any squad wanting a special announcement considered for broadcast shall have a squad chief officer contact communications.
- e) When ever possible these requests should be mailed or faxed to the Communications Center.

3) SPECIAL ANNOUNCEMENTS: ADDITIONAL EMERGENCY PERSONNEL

Occasionally, EMS personnel on scene of an emergency have requested the dispatcher to dispatch the squad tones and have "all available personnel report to the scene for assistance".

- a) The following guidelines have been developed: "Always dispatch initial squads tones" and dispatch of second ambulance, either from the same service or a mutual aid service.
- b) Dispatch of local fire department for special assignment- "assist the Squad".
- c) Dispatch of local police agency.

These measures will assure that assistance is received by the personnel on the scene.



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Units AOR (Dispatch)

DISPATCH OF CALLS – “UNITS AVAILABLE ON RADIO”

This department recognizes that many units are in the “available on radio”, although this department may not be aware of this. It is further recognized that squads have begun to abandon radio pagers, which have been the primary source of dispatch notification for quite some time. Recognizing this the following procedure has been established:

All units available on radio must notify the dispatcher when “available on radio” either via radio or phone.

Upon the receipt of a call the dispatcher at FS01 will check the status of the recommended units. If a unit’s status is “available on radio” the call will immediately be sent to the zone dispatcher.

When the zone dispatcher receives the call, they will call the unit on radio and wait for an acknowledgement. The call will then be given to the unit. There will be no transmissions on the Dispatch Band.

The call will then be handled as it normally would.

If the dispatcher does not receive an answer from the unit when calling to dispatch after two calls the call will be sent back to FS01 for dispatch as normal.

If there are two units being dispatched and one is “available on radio” and one is not the call will be dispatched as normal.

Printouts will be sent to the station by the FS01 dispatcher regardless of the unit’s status.



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MDT and CAD interface

MDT and CAD interface Standard Operating Procedure

Establishment

This order establishes the procedure governing the Mobile Data Terminals (MDT) and their use with Computer Aided Dispatch (CAD) operations. A Mobile Data Terminal is a computerized self-contained terminal, which has the capability to receive dispatch information and send status information from the EMS unit to the Communications Center. These terminals also allow the user to send messages from one terminal to another as well as from one terminal to the Communications Center.

The County shall have the authority to disable any MDT when its operation is in violation of the law or an established standard. For an MDT to be disabled, the criteria needed are the same as presented in "Disabling System Radios." An MDT shall be shut off if it is stolen, misplaced, or needing repair.

CAD Related Operations

The operator of the MDT will have the following capabilities when logged in to the MDT system:

Basic CAD – UR, US, IS, IH, WHERE, and WHO (See user guide for detailed information on these commands). MDT users will not be able to retrieve information from another department or class of service (EMS, Fire, Police). In addition, dispatch personnel are prohibited from sending this information to the MDT user's terminal.



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MDT and CAD interface

Basic Procedures

Operation	Command	Procedure
Acknowledge and respond to a call	ENROUTE	A window will pop-up on the screen that says "DISPATCH". Click on the window to acknowledge the call. Then press "ENROUTE".
Go on location	On-Scene	Press "On-Scene"
Transport to a Hospital	XPORT MASK	Press XPORT MAST, select hospital from the drop down menu, then press XMIT.
Transport Complete (First Step)	On-Scene	Press ON-SCENE button to mark your transport complete.
Transport Complete (Second Step)	AIQ MASK	Fill in Drop Down Boxes: TYPE: The final type of the call DISPO: Disposition of the Call (See chart) QTRS: Hospital that you are located at. PRINT REMOTE: Check this box if you want to send a printout to the station.
Leave the Hospital	MOVX	Press the MOVE CANCEL button to leave the hospital and change your quarters to your station. YOU MUST DO THIS when you leave the hospital.
Log On to the MDT	LOGON	Go to the status menu on the menu bar, select LOGON. UNIT CALL SIGN: your unit ID VEHICLE: 185x PASSWORD: Full paramedic # USER ID: Full Paramedic # PORTABLE: Portable Radio Then press XMIT.
Log Off the MDT	LO	In the command line, type "LO". DO NOT USE THE LOGOFF COMMAND UNDER THE STATUS MENU as it will log you off.
Go out of service for clean-up, mechanical, etc	T/OOS	Go to the status menu on the toolbar. Select OUT MASK. Select OOS from the pull down menu. Enter a location and comment.



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MDT and CAD interface

EMS MDT Command Chart

On-Screen Button	Definition	Function
XMIT	Transmit Key	Transmits a function to the CAD that you entered manually. Will be lit Yellow when transmitting, RED when there has been an error.
ENROUTE	Puts you enroute to a call you have been dispatched on by the dispatcher.	Automatically transmits the "ER" (enroute) command.
ON-SCENE	Puts you on-scene on a call you have been assigned to.	Automatically transmits the "OS" (on-scene) command.
AVL ON SCENE	Puts you available on scene of a call.	Automatically transmits the (AVL) command.
XPORT MASK	Brings up a form for transporting to the Hospital.	Select your transport destination from the drop down "Location" field, then click XMIT to transmit your hospital destination.
AVL ON RADIO	Indicates your status as Available On Radio	Automatically transmits the "AOR" (available on radio) command.
AIQ MASK	Brings up the Available in Quarters screen.	This MUST be used after you send the transport complete command. Three drop down boxes are to be filled in on this screen. See explanation for this command.
MOVE MASK	Brings up the "move to quarters" drop down screen.	Select the hospital you are relocating or "moving" to from the drop down box and click XMIT.
LOCK	Locks the MDT from accidental typing commands.	Can not be used until unlocked.
UNLOCK	Unlocks the MDT from a locked state.	
NEXT MSG	Displays a message send to your CAD terminal.	This key will be green in color when a message is waiting. Messages are send automatically (system generated) or manually by a dispatcher or from another MDT.



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MDT and CAD interface

EMS MDT Command Chart

On-Screen Button	Definition	Function
UNIT HISTORY	Requests your unit history.	Automatically transmits the "UH" unit history command. Your UH will be displayed in the default area.
INCIDENT HISTORY	Requests your current or most recent incident history.	Automatically transmits the "IH" incident history command. Your IH will be Displayed in the default area.
INCIDENT STATUS	Requests your incident status.	Sends the "IS" command.
ERASE CMD	Erase Command Line.	Deletes any information in the command line.
ERASE DEFAULT	Erase current display in the default area.	Deletes any information currently being displayed in the default area.
CAD SCRATCH	Enables the default area to be a scratch pad.	Use the default area
MOVE CANCEL	Move Cancel	Cancels your last moved location, and puts you back in your home quarters. Automatically transmits the "MOVX" command.
DAY/NIGHT	Changes the display mode.	Inverts the screen color for better viewing during the day or night.
EMER (sF10)	Emergency	Sends an "AST" (assist) command. An emergency assist message alerts all dispatchers in the radio room that you need a police assist.



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MDT and CAD interface

Basic Terminology and Additional Information

Command Line: The area on the screen between the command buttons and the default area where you can type messages to dispatchers, other MDT users, and manually type commands.

Default Area: The area on the screen between the menu bar and the command line where CAD messages will be displayed.

MWCSII: Motorola communications software that enables the modem to connect to the computer. Any errors involving this program must be reported. *Use the radio if any errors occur.*

MESSAGING MENU:

Display Command List: displays a list of your last five commands typed on the command line.

Display Message List: displays a list of the last five messages displayed in the default area.

Display Dispatch List: displays a list of the last five calls you were dispatched to.

Hide List: hides any list displayed.

Retrieve CAD Mail: If an inter-CAD email message was sent to your in-box, use this to retrieve your mail.

Previous, next list message: Displays messages saved in the que.

Clear Ques: clears all messages saved in the que.

History Menu additional info:

If a premise history exists and does not automatically come up on your MDT, select premise history to display any warnings for that location e.g. special needs patients.

Display information:

The bottom left of the screen displays acknowledgements of your messages from the CAD, and any error messages from the system. The bottom right shows a number such as 0/0, 0/3, etc. This indicates the # of messages in the que, and what message you are viewing. Messages in the que consist of anything that was sent to your terminal that was displayed in the default area.

Error Messages:

Wsok 4: Connection Ended- there was an error between the modem and the computer. *You must go on radio until the system resets itself.*

Transmit Busy: the CAD MDT system is busy, *use the radio to convey your message.*

SENDING CAD MESSAGES

In the *command line* type: TO/INT1/terminal ID (terminal ID is the CAD terminal you wish to send a message to. I.E. to send a message to the dispatcher at terminal EMS1, type TO/INT1/EMS1/your message

CAD Command chart

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Bariatric Support Units

1. Request a Bariatric Support Unit via Bucks County Communications Center. Also request assistance from Fire Department for lift assistance and/or extrication if needed.
2. Provide patient care as outlined in state and regional protocols until the arrival of the bariatric support unit.
3. Bariatric support unit will provide bariatric transportation and specialized bariatric patient transfer equipment. The bariatric support unit will have a minimum of one provider who trained on the use of bariatric equipment.
4. The service providers who request the bariatric support unit will continue care during transport to the receiving facility.