General Order Number: 05-15	Effective Date: March 25, 2025
Division: Emergency Medical	
Chapter: EMRC Medical Communication	
By Order of the County Fire Chief: Tiffany D. Green Issue Date: March 25, 2025	

### **POLICY**

This General Order establishes procedures for medical communications using the Maryland Institute for Emergency Medical Services Systems (MIEMSS) Emergency Medical Resource Center (EMRC).

### **DEFINITIONS**

**Base Station Facility** – A MIEMSS designation that authorizes a healthcare facility to provide online medical direction to Emergency Medical Services (EMS) Clinicians using a Base Station Physician.

**Base Station Physician** – A MIEMSS designation authorizes physicians to provide online medical direction to EMS Clinicians using EMRC.

**SYSCOM** – Located within the EMRC at the MIEMSS office in Baltimore, SYSCOM provides statewide voice and data communications for aeromedical helicopter operations.

### **SCOPE**

This General Order is intended for all Prince George's County-affiliated EMS Clinicians through MIEMSS (e.g., 1600XX).

#### PROCEDURES / RESPONSIBILITIES

### I. Utilization of EMRC Radio System

- A. EMRC, a state-wide communications system coordinated by MIEMSS, is the primary means of pre-hospital-to-hospital communication. EMS Clinicians shall contact EMRC to establish communication with area hospitals for the purpose of medical consultation and relaying of patient transport information.
- B. There are three primary indications for EMS Clinicians to contact EMRC:
  - 1. Transport Notification
  - 2. Medical Consultation
  - 3. Incident/Transportation Coordination

### **II.** Transport Notification

- A. A "notification" is made when any member of the EMS Unit crew conveys patient transport information only to the receiving facility. <u>All Priority 1, Priority 2, and Specialty Alert</u> patients require a notification to the receiving facility via EMRC. For Priority 3 patients, notification is not required but may be performed as needed.
- B. Notifications include the following information:
  - 1. Name, unit designation, and level of care
  - 2. Verification of signal quality
  - 3. If needed, intervention requested
  - 4. Estimated time of arrival
  - 5. Patient information and assessment findings
  - 6. Intervention provided
  - 7. Repeat intervention requested
  - 8. If requested, repeat orders back to the online physician
  - 9. Special needs upon arrival

#### III. Medical Consultation

- A. In addition to the information contained in the transport notification, a medical "consult" is made when the primary EMS clinician conveys patient assessment information to an approved base station facility and receives online medical direction. Medical consultation is required for all Priority 1, Priority 2, and Specialty Alert patients who have persistent symptoms or need further therapeutic intervention(s). Online medical consultation requires that the facility be an approved base station, and a base station physician needs to receive the information and give medical directions.
- B. This medical consultation may not be feasible due to close proximity to a hospital or when consultation may significantly delay patient care when Clinicians are involved in aggressive patient management efforts. Only in such cases, Clinicians may request that Public Safety Communications make a transport notification to the receiving facility.

### IV. Incident/Transport Coordination

A. During large-scale incidents, it is critical to provide multiple receiving facilities with advanced notice to prepare and determine their current patient capacity. This information is essential to create an effective transportation plan.

# V. Hospital Selection

A. All Maryland hospital emergency departments have EMRC communications. If the approved base station and receiving hospitals differ, both hospitals must be included in the communication for a medical consultation. A base station is not required for a transport notification. Multiple hospitals (base station, receiving, and specialty referral) may all be linked with the EMS Clinician simultaneously to facilitate making the optimum choices for the patient.

# VI. Establishing Radio Communications

- A. To establish radio communications to EMRC:
  - 1. Switch radio talk group to 8 Bravo 5 (MED Call).
  - 2. Initiate communications with the EMRC operator.
    - a. "Prince George's County (Unit Number) to EMRC"
  - 3. Once EMRC acknowledges, the EMS unit shall request the particular hospital(s) to be online for medical consultation.
    - a. "Prince George's (Unit Number) requesting (receiving/consulting facility) online."
  - 4. EMRC will acknowledge the request and assign a MED Channel (Prince George's Fire/EMS will use MED Channels 1, 2, and 5, which will correspond to MED A, B, and E, respectively).
  - 5. The EMS unit shall acknowledge EMRC that they have copied the assigned MED Channel and switched the radio selector to the assigned talk group.
    - a. "Prince George's (Unit Number) switching to MED Channel (assigned MED Channel)."
    - b. Switch the radio selector to the assigned talk group.
      - i. MED A (MED 1) is 8 Bravo 6
      - ii. MED B (MED 2) is 8 Bravo 7
      - iii. MED E (MED 5) is 8 Bravo 8
  - 6. The EMS unit shall immediately "mark up" on the assigned MED Channel. This action will prompt the system to perform optimally.
    - a. "(Unit Number) on MED Channel (Assigned Channel)."
  - 7. Listen to the requested facilities to acknowledge that they are online and begin the consult.
  - 8. Terminate notification/consult by officially "clearing" the channel.
    - a. "Prince George's (Unit Number) is clearing the MED Channel."

### VII. Establishing Telephone Communications

A. Communication through EMRC can also be arranged through a telephone patch. The toll-free number is 1-877-840-4245.

# VIII. Public Safety Communications

A. Public Safety Communications is responsible for receiving and dispatching 911 incidents, contacting SYSCOM for aeromedical resources, and monitoring hospital alert status. PSC is the primary operational communications link for EMS resources.

# REFERENCES

Maryland Medical Protocols for Prehospital Emergency Medical Services Providers

# **FORMS / ATTACHMENTS**

Attachment 1 – MIEMSS Approved Base Station Facilities



Information for EMS Base Stations and any proposed changes are available on the MIEMSS website at: <a href="https://www.miemss.org/home/hospitals/base-stations">https://www.miemss.org/home/hospitals/base-stations</a>

#### Region V

- Adventist HealthCare Shady Grove Medical Center
- Adventist HealthCare White Oak Medical Center
- CalvertHealth Medical Center
- Children's National Hospital
- Holy Cross Germantown Hospital
- Holy Cross Hospital
- Luminis Health Doctors Community Medical Center
- MedStar Montgomery Medical Center
- MedStar Southern Maryland Hospital Center
- MedStar St. Mary's Hospital
- Suburban Hospital
- University of Maryland Bowie Health Center
- University of Maryland Capital Region Medical Center
- University of Maryland Charles Regional Medical Center
- University of Maryland Laurel Medical Center

#### District of Columbia

- Children's National Medical Center facilities Outside Maryland with EMRC Listen-In Capability
- MEDSTAR
  - Washington Regional Burn Center
  - o Georgetown University Hospital
- United Medical Center

### Region III

- Carroll Hospital
- Greater Baltimore Medical Center
- Johns Hopkins Bayview Medical Center
- Johns Hopkins Hospital (Adult ED)
- Johns Hopkins Hospital (Pediatric ED)
- Johns Hopkins Howard County Medical Center
- Luminis Health Anne Arundel Medical Center
- MedStar Franklin Square Medical Center
- MedStar Good Samaritan Hospital
- MedStar Harbor Hospital
- MedStar Union Memorial Hospital
- Mercy Medical Center
- Northwest Hospital
- R Adams Cowley Shock Trauma Center
- Sinai Hospital
- UM Upper Chesapeake Medical Center Aberdeen



- University of Maryland Baltimore Washington Medical Center
- University of Maryland Medical Center
- University of Maryland Medical Center Midtown Campus
- University of Maryland St. Joseph Medical Center