

MEDCOM SPECIAL BULLETIN

TO: All New Haven Area Fire, Police & Emergency Medical Service Chiefs & Pre-Hospital Field Personnel

FROM: MEDCOM Transition Team

RE: Revisions to EMS Communications Procedures in the New Haven Area

DATE: June 29, 2015

The purpose of this Special Bulletin is to serve notice that effective July 1, 2015 at 12:00 AM, the South Central Regional Emergency Medical Communications System, formally known as CMED-New Haven, will be dissolved. The use of the term CMED-New Haven is hereby revoked.

A new medical communications coordination center referred to as **MEDCOM**, will be operational at 12:00 AM and provide the following core services: hospital patching, mutual aid and mass casualty coordination. **MEDCOM** will provide these services to the communities of New Haven, North Haven, East Haven, West Haven, Orange, Woodbridge, Hamden and North Branford. **MEDCOM** will be a communications service provided by American Medical Response of Connecticut in cooperation and collaboration with the eight communities. **MEDCOM** will operate from the AMR Communications Center, 58 Middletown Avenue, New Haven under FCC Call Sign KZG-284.

In order to implement this new medical communication and coordination system, below are informational points/procedures/protocols that shall be followed by field personnel and local dispatch centers. As a reminder to all personnel, Priority 1 transports require a radio or telephone patch to Triage at the receiving hospital. There is no change in the patient reporting procedure. All requests for Direct Medical Oversight (DMO) must be communicated via the Yale New Haven Hospital-York Street Campus (YNHH-YSC); personnel shall request to speak with a “medical doctor” and follow existing procedures.

MEDCOM will also facilitate “special alerts” such as STEMI, TRAUMA and STROKE.

- **STEMI ALERT**: Paramedics will notify **MEDCOM** to “activate the cath lab at (receiving hospital)” **MEDCOM** will then call Triage on the EMS phone and provide the particulars including ETA; the patch will be made when the unit is able.

- **TRAUMA ALERT: MEDCOM** will notify YNHH-YSC of the Trauma Alert including EMS Unit # and approximate ETA via EMS phone at Triage. The patch will be made when the unit is able.
- **STROKE ALERT: MEDCOM** will notify the designated receiving facility of the Stroke Alert via EMS phone, including Unit # and approximate ETA. The patch will be made when the unit is able.

Additionally, since **MEDCOM** and Valley Shore (serving Branford, Guilford and Madison) will be using the same radio frequencies for patching to New Haven area hospitals, it is imperative that field personnel “listen before talking” on MED channels. If there are two users requesting a patch and one patch is identified as a priority, **MEDCOM** and/or Valley Shore should acknowledge and facilitate the priority patch.

INFORMATIONAL POINTS/POLICIES/PROCEDURES

1. In compliance with the policies and protocols of the Yale New Haven Sponsor Hospital Program, units requiring a Priority 1 patch will initiate their request on MED 10SC (462.975 mhz PL 167.9) and the **MEDCOM** telecommunicator will assign a MED channel. Field personnel may also call 203-499-5607 to request a telephone patch. **MEDCOM** will communicate to the Yale New Haven Hospital York Street, the St. Raphael’s Campus and the West Haven VA Hospital. Units transporting patients to other hospital emergency departments will follow the instructions listed under the heading “NON-NEW HAVEN AREA HOSPITALS.”
2. **All EMS services including but not limited to fire departments, police departments, first responders, commercial and volunteer ambulance providers, and any other EMS provider will not sign on with MEDCOM.** All EMS communications shall be coordinated through each towns respective Dispatch Center or each commercial providers dispatch center. The responsibility of maintaining incident response data as required by CT Department of Public Health – Office of Emergency Medical Services Regulations is with each individual agency.
3. The radio call signs assigned to first responders, paramedic units, rescue units, transport units and members of the Sponsor Hospital Area Response Physicians (SHARP) Team will remain as currently identified.
4. The only radio signals that will be recognized by MEDCOM are: (16) Intoxication (17) Psychiatric, (100) Medical Cardiac Arrest and (200) Traumatic Cardiac Arrest.
5. **When a Priority 1 patch is required, the EMS unit shall contact MEDCOM on MED 10** or by telephone and request a patch to the receiving hospital using their current unit designation and state, **“5 ALPHA 4 to MEDCOM, I need a Priority 1**

patch to Yale New Haven (identified Emergency Department); The pick-up location is 165 Church Street New Haven.” After each patch is completed, provide an ETA to the emergency department. Yale New Haven facilities do not require Priority 2 patches.

6. MED 10 will be utilized for all initial communications to **MEDCOM** requiring field to hospital communications and for any other situation that may occur in the field. The administrative telephone number to **MEDCOM** is 203-499-5600; this is not to be used for telephone patching.
7. **An enhancement to this new emergency medical communications system is a unit to unit tactical channel. This channel will be referred to as MED-14* and will permit responding units to contact resources already on scene for the purposes of receiving incident updates, patient conditions, directions, etc. Each service is responsible for programming MED-14 into mobile and portable radios.** MED-14 may be identified as INTEROP on many radios. Plain English language will be the standard for communicating between units (NIMS compliant). In the future MED-11, 12 or 13 may be programmed and replace MED-14. Special Note: MED-14 (INTEROP) is currently used by the City of New Haven for mutual aid response to contiguous jurisdictions and New Haven Harbor incident operations.

The frequencies and PL's for these are: MED-11 Tx 458.025, Rx 453.025 PL 167.9, MED-12 Tx 458.075, Rx 453.075 PL 167.9, MED-13 Tx 458.125, Rx 453.125 PL 167.9, MED-14 Tx 458.175, Rx 453.175 PL 167.9. Also, the MEDNET frequency is Tx 155.340, Rx 155.340 PL 203.5.

* MED-14 be located on the UHF Medical Radio programming scheme as outlined in a written order issued by the Commissioner of Emergency Management & Homeland Security (05/25/2011) and displayed as UASI – Region 2 CALLING.

8. The implementation of **MEDCOM** also brings about a revision to the EMS mutual aid plan for the **MEDCOM** service area. In a collaborative effort, area fire and EMS service chiefs have reviewed and made appropriate changes to improve mutual aid response to EMS incidents. Fire Service EMS transport units will be dispatched to mutual aid requests for Bravo, Charlie, Delta and Echo incidents in accordance with local protocols. In situations that involve a mutual aid transport unit, a first responder must be dispatched to the incident.
9. When situations arise that directs a hospital to divert specific categories of patients or go on a complete diversion for all patients, the hospital that enters into diversion shall notify **MEDCOM**. **MEDCOM** will announcement the diversion on MED-10, transmit the diversion to the 8 **MEDCOM** communities via Everbridge System and notify neighboring CMED centers.

10. In accordance with existing protocols, SHARP Team activations will be initiated by the **MEDCOM** telecommunicator using the Everbridge System. The following radio call signs are assigned to this team: 10-R-1 thru 10-R-9, 10-R-11 and 10-H-1.
11. Based upon need, the **MEDCOM** telecommunicator may initiate activations for the CT Region 2 ESF-10 (New Haven Area Special Hazards) Team. This will be through the Everbridge System.
12. NON-NEW HAVEN AREA HOSPITALS that are receiving patients transported via ambulance shall receive patient information in accordance with their communication procedures. Patients transported to non-New Haven area hospitals may require patching via Northwest CT Public Safety Communications Center (NWCPSCC [Northwest CMED]), Valley Shore Emergency Communications or Southwest CMED.
 - a. Valley Shore provides patching to Middlesex Hospital, Middlesex Medical Center at Shoreline and Yale Shoreline in Guilford. Presently Valley Shore utilizes MED-6E for this purpose however, on or about July 1, 2015, they will use MED-62SC for patches to Middlesex and MED-22SC for patches to Yale Guilford. Telephone patches can be obtained by calling 860-399-7981.
 - b. Northwest CT Public Safety Communications Center (NWCPSCC) provides patching into MidState Hospital. Transporting units should contact them using MED-102NW; this is the calling channel for the Meriden/Wallingford area. MED-82NW is the patching channel for MidState Hospital. MED-2NW is the back up for the area. Telephone patching can be made by calling 203-758-0050 or 203-758-0054. The direct number into NWCPSCC is 203-758-0050. All unit activity is documented into their CAD system so units must provide full particulars when communications and acknowledge all messages received.
 - c. Units transporting to Milford Hospital will contact Southwest CMED using MED-9SW; MED52SW will be utilized for patching purposes. Units shall follow the procedures established by Southwest CMED. Telephone patches can be made by calling 203-338-0762.
 - d. Units transporting to Griffin Hospital will contact Northwest CT Public Safety Communications Center for coordinating patches. MED-42NW will be utilized for radio patches and telephone patching can be made by calling NWCPSCC at 203-758-0050 or 203-758-0054.
13. The Dispatch Center from each participating community will utilize **MEDCOM** for the purpose of obtaining mutual aid transport units and coordination during mass casualty response. However, requests for a mutual aid transport unit will be

directed to the AMR-New Haven communications center. Each city/town should employ the use of CAD2CAD messaging when requesting transport units from AMR-New Haven. The use of CAD2CAD allows telecommunicators to update critical information and have knowledge of what unit(s) is assigned to incidents and their status. Communities should follow the “Emergency Medical Call Processing” document issued by American Medical Response of CT.

14. The following telephone line will be answered by the **MEDCOM** telecommunicator (203-499-5600) while the AMR PSAP line (203-562-5557) is answered by AMR communications staff.

Finally, it is the intent of the **MEDCOM** Transition Team to continuously improve the level of medical communications and coordination through the combined collaboration of public and private entities. Recognizing there may be situations that arise during the initial implementation phase of **MEDCOM**, we will seek valid and constructive comments from our partnerships and provide feedback to all to make this system the best in Connecticut. In closing please share this Special Bulletin with your personnel and circulate as necessary.

MEDCOM Transition Team

City of New Haven Emergency Management; City of New Haven Fire Department
City of West Haven Fire Department
Town of Hamden Fire Department
Town of East Haven Fire Department
Town of North Haven Fire Department
Town of North Branford Fire Department
American Medical Response of Connecticut
Yale New Haven Sponsor Hospital Program
Yale New Haven Health Systems