



New York State  
Department of Health  
Bureau of Emergency Medical Services

**POLICY STATEMENT**

*Supersedes/Updates:*

**No. 98-02**

**Date: 03/30/98**

**Re: Radio  
Communications  
Systems for EMS  
Services**

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**Statement of Purpose:**

Radio communications resources for EMS services need to be capable of providing:

- > Initial dispatch of the service including, equipment and/or personnel.
- > The ability for the vehicle dispatched, while en route to a location within a designated response area, to be reached by the dispatching point and conduct 2-way communications.
- > Within a reasonable distance and at least 10 minutes prior to arrival, contact a destination Hospital ED to provide patient status and time of arrival information.
- > The ability for a destination hospital or Medical Control Physician to reach and converse with EMS personnel, prior to arrival, if needed.
- > Medical Control activities, as required by the region's Medical Advisory Committee (REMAC), at all points within the service area.
- > Participation in local/regional interagency routine EMS activities (mutual aid, intercepts, etc)
- > Participation in local/regional interagency MCI/Disaster activities in accordance with local or regional preplans.
- > Other agency or local communications needs as identified by individual services or systems.

## Policy:

Each EMS agency shall have available 2-way radio communications capability *and a back up or redundant capability* for each Emergency Response vehicle and /or it's personnel to meet the needs as stated above.

Examples of the types of EMS services that shall have this capability include:

- > ALS First Response
- > BLS Ambulance
- > ALS Ambulance

Any certified ambulance must have operational communications equipment in accordance with part 800.22(e) which states, "*ALL AMBULANCES SHALL: have two-way voice communication equipment to provide communication with hospital emergency departments directly or through a dispatcher, throughout the duration of an ambulance call within their primary operating area. It shall be licensed by the Federal Communications Commission in other than the Citizens Band. Alternative Communication systems are subject to the approval of the department as being equivalent in capability.*"<sup>1</sup>

Any vehicle identified as an Emergency Ambulance Service Vehicle (EASV) must have operational communications equipment in accordance with part 800.26(c) which states, "*Any emergency ambulance service vehicle (other than an ambulance) shall be equipped and supplied with: A two-way voice communications enabling direct communication with the agency dispatcher and the responding ambulance vehicle on frequencies other than citizens band.*"

800.22(e) means, any service (Ambulance or ALS First Response) which is authorized by a REMAC to provide Advanced Life Support (ALS) care shall have communications capability to access and use a REMAC approved communications system for the purpose of establishing On Line Medical Control and conversing directly with an approved Medical Control point at any location where a patient is to be received within the service's authorized territory.<sup>2</sup>

800.26(c) means, any EASV or ALS First Response Vehicle shall have communications capability to; communicate directly with Medical Control to insure appropriate patient care, maintain communications with the incident dispatch point, and communicate with any ambulance or personnel to which it is responding to provide additional EMS assistance including ALS intercept. These communications capabilities need to be operable throughout the service's authorized territory.

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<sup>1</sup> A cellular phone type communications capability may not be used to provide redundancy to another cellular phone type system. A cellular phone may be used however to provide communications redundancy to a standard two-way radio system and vice versa. A Separate two-way radio system may be used to provide redundancy to any primary two-way radio system.

<sup>2</sup> This applies to territory within the constraints of each REMAC region or system within which the service has authority and actually provides ALS patient care. Some services may operate under multiple communications systems depending on the ALS systems within which they have REMAC approval.

Any service which is a participant in a local or regional preplan or contract for mutual aid, ALS Intercept, MCI or Disaster Response, shall have communications capability to; contact or be contacted by the dispatch control point, incident site, field command, county or regional control center and/or other services in accordance with the provisions of said plan.

Each agency or service shall hold a valid FCC issued license for the operation of communications equipment on frequencies used by the service **OR** hold a valid "Letter of Authority" from an appropriately licensed entity to operate communications equipment on frequencies used by the authorizing service.

For the purposes of this policy, communication systems include land mobile two-way, trunked, commercial and public safety systems under Part 90 of the FCC Rules and Regulations and cellular phone systems authorized by the Federal Communications Commission. Specifically excluded from use are CB, GMRS, Marine, all FCC designated "unlicensed" radio services and other non Part 90 Radio Services.

**Additional Notes:**

In areas where communications are not reliable due to geographic and topographic considerations, it is the responsibility of the REMAC of each system to evaluate communications systems proposed to be used for Medical Control and endorse specific communications methods to be used. Alternative communications systems (e.g.: Cellular Telephone) may be recommended by a REMAC for either redundancy or replacement of conventional systems where deemed appropriate. This may be the case for example where REMAC protocols reflect actual communications capabilities, conventional systems have been demonstrated to provide inadequate coverage, or to provide for medical control in the event of communications failure. (NOTE: Communications failure is the sudden and unexpected loss of communications capability. It is NOT characterized by an inability to communicate reliably under normal conditions.)

In instances where hand carried devices are used to provide communications for an EMS service, the device should be capable of being connected to an antenna system affixed to the exterior of the vehicle and the device should also be capable of being operated using the vehicles fixed electrical power system. Such devices may serve as back up communications to an alternate communications service.

In all cases, hand held communications devices should be kept at least three (3) feet from patients with pacemaker implants, or any electronic medical device, while the communications device is in use.

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