EMERGENCY HEALTH SERVICES FEDERATION REGIONAL COMMUNICATIONS MANUAL

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TABLE OF CONTENTS

APPENDICES

I. INTRODUCTION

The Emergency Health Services Federation, Inc. (EHSF) is designated by the Department of Health as the Regional Emergency Medical Service (EMS) council for south-central Pennsylvania. In this role the EHSF; partners, advocates, develops, coordinates, stimulates, maintains, and improves the EMS system for Adams, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry, and York Counties. Our mission:

"We are commitment driven to enhance quality EMS in south-central Pennsylvania."

There are eight (8) county Public Safety Answering Points (PSAPS) that comprise the south central Pennsylvania region. When combined, all of the communications systems comprise the regional MED-Radio communications system. This system alerts Emergency Medical Services (EMS) to incidents, provides two-way radio communications between PSAPs, EMS field providers, and healthcare facilities, and helps maintain system status management. Although each of the counties may have differing operational requirements and technical capabilities, this manual provides an operational guideline that encourages a standard approach to providing EMS to those in need.

II. STANDARD OPERATING GUIDELINES

A. GENERAL

This manual contains guidelines to be used by all EMS personnel, public safety answering points (PSAP), health care facilities, and other communications facilities that support or communicate with an EMS agency.

B. CONTROL OF COMMUNICATIONS OPERATIONS

Purpose - Standard guidelines will be used in processing messages regardless of the method of communication. Use of standard guidelines will aid data transfer, conserve on-the-air time and will permit accurate, brief, and rapid transmission of essential information. Careless procedures and lack of circuit discipline causes delay, confusion, and unnecessary transmissions.

System Discipline - The PSAP shift supervisor/leader is responsible for maintaining system discipline, handling radio and telephone messages rapidly, determining the order of priority in which transmissions will be made, and for directing and controlling the use of all frequencies and talk groups.

C. OPERATOR REQUIREMENTS AND VIOLATIONS

The Federal Communications Commission (FCC) has developed Rules and Regulations to govern the operation of radio systems. The Public Safety Radio Services include local government, police, fire, and Special Emergency Radio Service, which accommodate emergency medical operations. Part 90 of the FCC Rules and Regulations, which set out the technical, operational, generally governs these radio services and administrative requirements for land mobile radio systems used for public safety purposes.

The following items in this section list the most important operating rules in the Public Safety Radio Services. They are not intended to cover all the Rules or to quote them verbatim. The rules are subject to constant review and modification. Since the Commission can levy monetary fines and even suspend/revoke the licenses of radio system owners (including public safety systems) who violate its rules, users should always keep these Rules in mind.

1. Radio operators are not required to be licensed by the FCC. Licensees are responsible for maintaining control, functionality, and operation.

2. Communications involving the safety of life or property are to be afforded priority by all licensees.

3. Only such calls as are authorized by the FCC Rules and Regulations, Part 90 § C, specifically regarding special emergency radio service. False calls, false or fraudulent distress signals, unnecessary and unidentified communications, obscene, indecent, and profane language, and the transmission of unassigned call signals are specifically prohibited. Radios are primarily authorized to transmit communications directly related

to public safety and the protection of life and property and to official public safety activities. Enforcement of these regulations is left to the licensee.

4. If problems regarding the unauthorized use of an EMS communication system go unresolved, the EHSF may serve to mediate such concerns prior to formal submission of the complaint to the FCC. The communications committee will be informed of any action or results of the mediation attempts.

5. Operators are required to listen to (monitor) the frequency/talk group on which they intend to transmit for a sufficient period of time to insure that their transmission will not cause harmful interference to others who may be using the frequency/talk group.

6. All radio transmissions must be restricted to the minimum practical transmission time.

D. IDENTIFICATION REQUIREMENTS

Pursuant to Sections 90.425 and 90.403 of the FCC rules and regulations, the following procedures will be utilized to identify the various components of the EMS communication system.

1. All units will identify themselves using their assigned designator when transmitting to the PSAP. Use of the assigned designator must be strictly adhered to in order to avoid confusion among units and PSAPs from different areas.

2. Each mobile unit or portable must transmit its assigned radio designation.

E. COMMUNICATIONS FREQUENCIES AND ASSIGNMENTS

Frequencies and talk groups for EMS agencies vary from county to county throughout the Commonwealth. The range of the frequency spectrum is from VHF Low Band through 800 MHz. Appendix A shows the breakdown of frequencies and tone assignments used for the dispatch and coordination of EMS, a breakdown of corresponding frequencies and talk groups to the MED Channels is also provided. This information is provided to facilitate local and regional planning efforts. For instance, two neighboring county-based EMS systems should not utilize the same frequency/talk group for the dispatching of EMS unless appropriate tone code assignments are incorporated into the signal.

F. CHANNEL ALLOCATION AND UTILIZATION

EMS dispatching is performed in VHF-Low Band through UHF spectrum of the Special Emergency Radio Services (SERS). FCC authorized frequency coordinators must be used to obtain licenses for radio frequencies. The coordinators assist in mitigating radio coverage problems by advising applicants on the selection of appropriate sites, elevation, and radiated power.

The UHF frequencies/talk groups MED-1 through MED-10 are subject to mandatory coordination. This block of frequencies is specifically allocated for medical communication services. All of the mobile and portable equipment on these frequencies/talk groups optimally will have MED-1 through MED-8 channels (except low-power portables used through vehicular repeaters). Base station radios can be equipped to transmit and receive on any number of the 10 channels.

III. BASIC RULES FOR VOICE OPERATION

A. GENERAL

The manner in which radio messages are handled is often a measure of the efficiency of an organization and the attitude of its staff. Observing simple basic rules will expedite message handling and improve working relationships among all concerned. Application of the Do's and Don'ts outlined here, plus specific procedural examples shown elsewhere, will lead to professional performance.

1. Listen before transmitting to make certain the channel is clear of mobile and base traffic, and organize your thoughts before transmitting. The over-eager operator is a source of wasted time and confusion.

2. Keep all transmissions brief and to the point. Avoid long-winded descriptions and unnecessary repetition. Accuracy, brevity, and speed are all important, however, they should be considered in that order.

3. Speak distinctly and pronounce words carefully. Speak at moderate speed using your conversational tone of voice with natural emphasis and rhythm. Messages should be spoken in phrases, not one word at a time.

4. Make sure the microphone switch is fully depressed and pause briefly before starting to talk. Hold mobile microphones close, but not touching the mouth and talk directly into it - not across it. Talk at the conversational level - don't shout. Shouting does not make your message travel farther.

5. From a cold start, different radios require varying amounts of time to boot-up. Be aware of this and allow time for the transmitter to stabilize before attempting to transmit.

6. Avoid transmitting when sirens are operating at high level.

7. Use official titles and authorized unit and equipment designations in all transmissions, not nicknames, or personal greetings, etc.

8. The use of so-called "10-Signals" is not authorized for EMS Communications. This is to avoid potential confusion with unit or personnel designations. Standard abbreviations and phraseology are listed in Appendix B.

9. During all radio operation, remain calm. Be careful to avoid uncivil, angry, abusive, derogatory, or sarcastic remarks or language. When faced with such a situation, maintain control. Don't attempt to retaliate - proceed with the business at-hand.

10. To communicate the EMS status or short transmissions, identify yourself and send your message in a single transmission. Seek approval from the PSAP for lengthy transmissions.

11. All units should assume good signal strength and readability unless otherwise notified. Unless one unit cannot clearly hear another, or except when tests are being conducted, strength and readability reports will not be requested. When an exchange is necessary, the reply will be a short and concise statement of actual conditions. For example "unreadable," "loud and clear," "weak, but readable."

B. STANDARD WORDS AND PHRASES

Standard words and phrases shall be used on the communications system. Appendix B lists the approved words and phrases.

IV. COMMUNICATION WITH MOBILE UNITS - GUIDELINES & EXAMPLES

A. GENERAL

When transmitting to an out-of-county PSAP, use that PSAPs name on the MED channels. Likewise, when communicating with out-of-county mobile units, be sure to use their county name prior to their radio designated call sign.

When radio traffic is heavy, or in advance of sending a lengthy message, it is preferable to make a preliminary call and await acknowledgement before proceeding.

If a unit loses radio communications while providing patient care, the provider should use effective, alternate communications.

During the period of no communications, the ALS and BLS providers will be expected to adhere to established regional treatment protocols as approved by the Department of Health.

B. RADIO UNIT DESIGNATION

1. In order to install a radio in a vehicle, the vehicle must be so authorized by the appropriate PSAP. The PSAP may require a record of the vehicle make, model, owner, radio make, model, and serial number, as well as the transmitting and receiving capabilities of the radio, and the radio shall meet Part 90 of the FCC Regulations. Some PSAPs control radio programming and radio system access.

2. The PSAP will review all radio requests to assure proper licensing of the EMS service has been completed and maintain a list of all authorized radio units under their jurisdiction.

3. In order to be permitted radio communication privileges, the EMS agency must have an application in-process with the EHSF awaiting approval from the appropriate county PSAP.

V. EMERGENCY MEDICAL SERVICES DISPATCH AND COORDINATION

The Emergency Health Services Federation has accepted the National Academy of Emergency Dispatch System as the standard for Emergency Medical Dispatch (EMD) in the region.

A. DISPATCH PROCEDURE

1. Receiving a request for service - Upon receipt, the PSAP will process the call with EMD certified dispatch staff or authorized EMD dispatch staff in training using the approved EMD system.

2. Determination and dispatch of appropriate EMS agencies - The dispatch staff shall ascertain which EMS unit(s) are to be alerted according to the response plan specified for the specific area. The dispatcher shall then alert the affected EMS agencies using the appropriate tower site location and alerting tones. The dispatcher shall give the county (if applicable), municipality, the road or street address, cross streets (if available), common place (if necessary), and the EMD response classification. Dispatch procedures including, but not limited to, re-dispatch timeframes and unit replacement (covers) are defined by the PSAP.

   During the dispatch of EMS units, the dispatcher will be as brief as possible announcing the location (as detailed above), nature of the call, EMS units due, EMD response classification, and time of dispatch. Pertinent scene conditions and patient information should be given upon response. Hospital status may be given upon response, or when requested by the EMS unit.

   If the incident is in another county covered by a different PSAP, relay all pertinent information via telephone or radio. An acknowledgement must be received from the affected PSAP.

3. EMS response - Upon dispatch an EMS agency shall notify the appropriate PSAP when they are awaiting additional crew, responding, on the scene of the emergency, when they are en route to a hospital or other medical facility, when they have arrived at that facility, and when they are available for service.

   The PSAP or dispatched EMS agency may upgrade and/or supplement EMS response based on conditions received. This may include additional EMS units on multiple victim situations, or any other support services as deemed appropriate.

   Responding units shall conform to the basic communication rules of operations as established by the EHSF and implemented through the PSAP.

4. EMS use of 9-1-1 - The 9-1-1 lines are for emergencies ONLY. The use of 9-1-1 to exchange routine information or to conduct non-emergency business is not permitted. This practice could impede a PSAP's ability to receive actual 9-1-1 calls from persons needing emergency assistance.

Should an EMS agency receive a request for emergency service in their primary response area, advise the PSAP via radio that you are responding to the incident and provide the location and nature of the emergency. If you are not due on the incident, attempt to obtain the incident location including municipality, name of reporting party, nature of the emergency, and call back number (if applicable). Contact the PSAP by using 9-1-1 and relay all of the information you were able to obtain.

5. PSAP recording of telephone calls and radio transmissions - All telephone and radio communications are to be recorded in accordance with appropriate statutes. Access to and use of PSAP recorded audio is also governed by statute. Any EMS provider or organization interested in access to, or duplication of recorded audio must do so in accordance with the PSAP's audio policy. By statute, the release of recorded telephone audio is strictly reserved for law enforcement agencies.

6. Primary Response Areas - EMS response areas are the responsibility of the local municipality. In the event the local municipality requests assistance, or elects not to assume this task, the appropriate PSAP and/or the EHSF may assist in determining appropriate response areas.

7. Call Definitions:

   Class 1 calls- Advanced Life Support (ALS), Basic Life Support (BLS), and Quick Response Service (QRS - where applicable), HOT Response

   Class 2 calls- BLS (QRS, where applicable) HOT Response

   Class 3 calls- BLS (QRS, where applicable) COLD Response

8. Regional Advanced Life Support (ALS) Dispatch Criteria - ALS will be dispatched in accordance with the current version of National Academy of Emergency Dispatch EMD system with regional changes as approved by the Regional Medical Director.

B. AIR MEDICAL DISPATCH AND CANCELLATION

1. All emergency requests for air medical will be coordinated through the PSAP in which the incident has occurred. The PSAP will, in turn, coordinate the response through the air medical communications center who oversees the responding air medical service. Pre-hospital response of air medical services will always default to the nearest available licensed air medical service. If the nearest air medical service is unavailable, the next closest available helicopter will be utilized.

2. The EMS shall utilize air medical services in accordance with state and regional treatment and transport protocols, giving consideration to land travel, weather conditions, and other mitigating circumstances.

3. The use of non-licensed aircraft shall be limited to the unavailability of any licensed air medical service within a response area. The dispatch of non-licensed aircraft must be coordinated through Medical Command.

4. Criteria for dispatch and cancellation of air medical service.

    a. The pre-hospital dispatch of an air medical service can be requested only by an individual certified at least at the level of an emergency medical technician (EMT) or authority having jurisdiction.

    b. The EMT must be on scene and can make the cancellation only after a patient assessment is completed and the patient's injuries do not warrant transport via an air medical service.

    c. A PSAP or public safety personnel may place an air medical service on stand-by, if the initial response information indicates the potential for use of an air medical service.

    d. The air medical service may be released from stand-by only after a patient assessment is completed and the patient's injuries do not warrant transport via air medical service.

    e. Air Medical Patient Criteria

        i. Patients assessed under BLS Protocol 180 Trauma Patient Destination Criteria as a Category 1 Trauma may be placed aboard an air medical unit.

        ii. Patients assessed under BLS Protocol 180 Trauma Patient Destination Criteria as a Category 2 Trauma may NOT be placed aboard an air medical unit unless a medical command physician has authorized air medical transportation.

        iii. Patients assessed under BLS Protocol 181 Air Medical Transport for Non-Trauma Patients may be considered for air medical transport but may NOT be placed aboard an air medical unit unless a medical command physician has authorized air medical transportation.

    f. Complaints regarding an air medical service are to be directed to the EHSF.

C. INCIDENT UPDATES

1. It is important to limit radio communications during an emergency situation. When providing information from the scene to responding EMS units the Incident Update Report will be used. Other information should not be communicated unless requested. This section does not include clarifying directions or location.

2. Incident Update Report - The following is the only information to be relayed to responding EMS units regarding patient status: Number of patients, age, injury or illness type, patient classification (EMD protocol), patient condition (stable or unstable), scene safety issues, desired hospital destination (if known).

D. EMS CANCELLATION

1. EMS can be canceled ONLY under one of the following conditions:

    a) When the PSAP diverts the responding unit to an EMS incident of higher priority and replaces the initially responding EMS agency with another EMS agency.

    b) When the PSAP determines another EMS agency can handle the incident more quickly or more appropriately.

    c) When EMS providers on scene determine the patient does not require care beyond the scope of practice of the on-scene provider.

    d) When the PSAP is notified the patient was transported by privately owned vehicle or by other means.

    e) When BLS is transporting a patient that requires ALS, ALS may be cancelled if it is determined that ALS cannot rendezvous with the BLS provider in time to provide ALS care before the BLS ambulance arrives at the hospital.

2. Fire Department or Law Enforcement personnel:

    a) May cancel EMS when there are no patients present at the scene or the incident presents no indication of potential injury to the involved parties.

    b) May **NOT** cancel EMS when a patient is present, unless certified as a pre-hospital provider. A certification number must be provided for documentation on the pre-hospital report form. On scene personnel may provide information to the responding EMS personnel to assist in determining the appropriate response and resources needed.

VI. HOSPITAL COMMUNICATIONS

A. ACCESS FOR HOSPITAL COMMUNICATIONS

1. Intra-County - If access is necessary for a receiving facility or medical command facility within the county of the EMS agency, the following procedures will be used:

    a) If the county employs a radio system with dedicated hospital radio channels, or talkgroups, the pre-hospital provider may communicate directly with the destination facility.

    b) If the county employs the Med-Radio system, the pre-hospital provider will contact the PSAP on the operations communications frequency/talk group and request a “patch” to the destination hospital.

    c) The PSAP will provide a frequency/talk group channel for the patch. The PSAP will then alert the receiving facility on the provided frequency/talk group stating the type of patch and unit identification.

    d) Once the patch is established and the facility acknowledges the call, the pre-hospital provider will present the patient information according to the patient report format.

    e) Following the communication with the facility, the pre-hospital provider will contact the PSAP, advise completion of the "patch" and clear the MED channel. The EMS unit should then return to the operation frequency/talk group.

2. Inter and Intra-Regional Communications - The pre-hospital provider should contact the PSAP in the county of the receiving facility or medical command facility. The following procedure should be conducted for inter-regional communications:

    a) If the county employs a radio system with dedicated hospital radio channels, or talkgroups; and the EMS unit has privileges on that system, the pre-hospital provider may communicate directly with the destination hospital.

    b) If the county employs the Med-Radio system, the pre-hospital provider will contact the PSAP on the operation communications frequency/talk group for that county, or by calling on MED 4.

    c) The remainder of the procedure continues the same as written in the "Intra-County” section.

3. Mass Casualty Situation - Communications to receiving facilities will be conducted according to the Regional Mass Casualty Plan.

B. COMMUNICATIONS TYPES

1. Types of hospital communication patches

    a) Notification: Defined as any communication between a pre-hospital provider and the receiving hospital that does not require receiving specific patient care instructions/authorizations from a Command Physician. A BLS patch and an ALS-Notification are essentially one and the same.

    b) Medical Command: Defined as any communication to provide medical oversight, including orders, given by a medical command physician to an EMS provider to do either of the following:
        1. Provide immediate medical care or transportation to prevent loss of life or aggravation of physiological or psychological illness or injury.
        2. Withdraw or withhold treatment.

C. MEDICAL COMMAND FACILITIES

1. Accreditation - In order to provide medical command to pre-hospital personnel, a facility must meet specified criteria and be approved by the Department of Health. No facility shall provide medical command unless accreditation is documented.

2. Regional Medical Command Facilities - Appendix C list the accredited medical command facilities for the EHSF region.

D. PATIENT REPORT FORMAT

1. It is suggested the pre-hospital provider considers presenting the following information to the receiving facility:

    1. Name of EMS and number/class _____ patient (if ALS, provider identification)

    2. Age of patient

    3. Sex of patient

    4. Chief complaint(s) - The reason the patient called for help (e.g. chest pain)

    5. ETA - estimated time of arrival at facility

E. USE OF NAMES PROHIBITED

Patient names should not be used on the radio. The patient's privacy would be easily compromised. The proliferation of scanners and the Internet means that virtually every non-encrypted radio transmission is subject to reception by virtually anyone.

APPENDIX A

Emergency Health Services Federation Regional MED-Radio System Information

(1) Regional MED-Radio Frequencies and Programming Template

All channels programmed with transmit deviation – 2.5 kHz
All channels programmed with channel spacing – 12.5 kHz

Home County Channel or Talkgroup Number	Mobile Transmit Frequency	Mobile Transmit PL (Channel Guard Tone)	Mobile Receive Frequency	Mobile Receive PL (Channel Guard Tone)	Additional Information
MED-1	468.0000	Home County PL	463.0000	Home County PL	
MED-2	468.0250	Home County PL	463.0250	Home County PL	
MED-3	468.0500	Home County PL	463.0500	Home County PL	
MED-4	468.0750	CSQ (Open)	463.0750	CSQ (Open)	
MED-5	468.1000	Home County PL	463.1000	Home County PL	
MED-6	468.1250	Home County PL	463.1250	Home County PL	
MED-7	468.1500	Home County PL	463.1500	Home County PL	
MED-8	468.1750	Home County PL	463.1750	Home County PL	
MED-9	467.9500	Home County PL	462.9500	Home County PL	
MED-10	467.9750	Home County PL	462.9750	Home County PL	
MED-9D (Dispatch)	462.9500	Home County PL	462.9500	CSQ (Open)	User Optional
MED-10D (Dispatch)	462.9750	Home County PL	462.9750	CSQ (Open)	User Optional
XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX	XXXXXXX
Regional Channel or Talkgroup Number	Mobile Transmit Frequency	Mobile Transmit PL (Channel Guard Tone)	Mobile Receive Frequency	Mobile Receive PL (Channel Guard Tone)	Additional Information
MED-1	468.0000	Regional PL	463.0000	CSQ (Open)	
MED-2	468.0250	Regional PL	463.0250	CSQ (Open)	
MED-3	468.0500	Regional PL	463.0500	CSQ (Open)	
MED-4	468.0750	CSQ (Open)	463.0750	CSQ (Open)	
MED-5	468.1000	Regional PL	463.1000	CSQ (Open)	
MED-6	468.1250	Regional PL	463.1250	CSQ (Open)	
MED-7	468.1500	Regional PL	463.1500	CSQ (Open)	
MED-8	468.1750	Regional PL	463.1750	CSQ (Open)	
Home County MED-9	467.9500	Home County PL	462.9500	Home County PL	
Home County MED-10	467.9750	Home County PL	462.9750	Home County PL	
Regional MED-9D (Dispatch)	462.9500	Regional PL	462.9500	CSQ (Open)	User Optional
Regional MED-10D (Dispatch)	462.9750	Regional PL	462.9750	CSQ (Open)	User Optional

As a sample template, channel naming should best reflect the configuration above in order to reduce user confusion when interoperating with other users. Best practice is to use the above sets of channels set-up in two different zones. It is understood that programming must take into account varying radio capabilities and programming nomenclature must be adjusted to display effectively.

The user's Home County Name should precede the channel number in the first zone above. The word "Regional" should precede the channel number in the second zone above; accept where the Home County Name is to be used. The PL tone is the importance difference between the two zones. In the first zone, the PL anticipates the EMS agency is operating in their own county. The second zone enables the EMS agency to move around within the EHSF region and elsewhere because the PL tone is regional, or not in use at all (Open).

(2) Regional MED-Radio PL (Channel Guard) Tone Matrix

Region or County Name	PL (Channel Guard) Tone
EHSF Regional	210.7
Adams	162.2
Cumberland	131.8
Dauphin	203.5
Franklin	156.7
Lancaster	173.8
Lebanon	179.9
Perry	141.3
York	186.2

(3) Regional MED-Radio PSAP Operational Matrix with Tower Sites

Red is a Primary Channel
Blue is a Secondary Channel

Adams County
MED-1 Hanover, Nawakwa
MED-2 N/A
MED-3 Court House
MED-4 Nawakwa
MED-5 Hanover, Nawakwa, Court House
MED-6 Hanover, Nawakwa
MED-7 Hanover, Court House
MED-8 Court House
MED-9 Hanover, Nawakwa, Court House
MED-10 n/a

Cumberland County
MED-1 Lambs Gap (East)
MED-2 N/A
MED-3 South Mountain (Central) and Three Square Hollow (West)
MED-4 South Mountain (Central)
MED-5 N/A
MED-6 South Mountain (Central) and Three Square Hollow (West)

MED-7 Lambs Gap (East), South Mountain (Central) and Three Square Hollow (West)
MED-8 Lambs Gap (East)
MED-9 N/A
MED-10 Lambs Gap (East), Prison, South Mountain (Central), and Three Square Hollow (West)

Dauphin County
MED-1 Berry Mountain (North), Blue Mountain (South)
MED-2 Berry Mountain (North), Blue Mountain (South)
MED-3 Berry Mountain (North), Blue Mountain (South)
MED-4 Berry Mountain (North), Blue Mountain (South)
MED-5 Berry Mountain (North), Blue Mountain (South)
MED-6 Berry Mountain (North), Blue Mountain (South)
MED-7 Berry Mountain (North), Blue Mountain (South)
MED-8 Berry Mountain (North), Blue Mountain (South)
MED-9 Berry Mountain (North), Blue Mountain (South)
MED-10 N/A

Franklin County
MED-1 N/A
MED-2 Clark's Knob
MED-3 Clark's Knob
MED-4 N/A
MED-5 N/A
MED-6 Clark's Knob
MED-7 Clark's Knob
MED-8 N/A
MED-9 N/A
MED-10 Clark's Knob

Lancaster County
MED-1 Truce
MED-2 N/A
MED-3 Cornwall Mountain, Truce, Welsh Mountain, Ephrata Mountain
MED-4 Welsh Mountain
MED-5 Cornwall Mountain, Truce
MED-6 Cornwall Mountain, Truce, Welsh Mountain, Ephrata Mountain
MED-7 Cornwall Mountain, Ephrata Mountain
MED-8 Ephrata Mountain
MED-9 N/A
MED-10 N/A

Lebanon County
MED-1 Cornwall Mountain
MED-2 N/A
MED-3 Cornwall Mountain
MED-4 Grantville
MED-5 N/A
MED-6 N/A
MED-7 Grantville
MED-8 N/A
MED-9 N/A
MED-10 N/A

Perry County
No MED-Radio Capability

York County
MED-1 N/A
MED-2 N/A
MED-3 Dillsburg
MED-4 N/A
MED-5 N/A
MED-6 Pleasureville
MED-7 N/A
MED-8 N/A
MED-9 N/A
MED-10 Dillsburg, Pleasureville

APPENDIX B

STANDARD WORDS AND PHRASES

WORD/PHRASE	MEANING
ADVISE	Give this message to/or, provide me with the necessary information.
ARRIVING AT (hospital name)	Arrival at the receiving Emergency Department.
AVAILABLE	Unit is returning from a non-available status, or leaving the scene of an incident.
EN ROUTE TO (hospital name)	Transporting a patient from an incident scene to an Emergency Department.
ETA	Estimated Time of Arrival
OKAY	Your message received, understood and/or will be complied with.
SAY AGAIN (REPEAT)	Repeat your last message.
STANDBY	Listen, but do not transmit until directed to do so.
ON LOCATION/SCENE	Unit has arrived on the incident scene.
OUT OF SERVICE	Not available for calls because of mechanical or operational reasons.
PRIORITY	A message of paramount importance involving an emergency where life or personal injury are at stake, or critical situations requiring immediate assistance.
PSAP	Authorized Public Safety Answering Point under PA C.S. Chapter 53, Title 35 chapter 53

RESPONDING	Correct manner in which to place a unit on the air, enroute to an emergency call.
RETURNING NOT AVAILABLE	Leaving present location and not available for calls.
STAGING AT (location)	When a unit is in the proximity of the incident scene but is waiting for scene safety measures.
TIME	The numbers following are the time of this transmission.

APPENDIX C

ACCREDITED MEDICAL COMMAND FACILITIES

COUNTY	HOSPITAL
Adams	Gettysburg Hospital
Cumberland	Carlisle Regional Medical Center Holy Spirit Hospital West Shore Hospital
Dauphin	Community General Osteopathic Hospital Harrisburg Hospital Penn State Milton S. Hershey Medical Center
Franklin	Chambersburg Hospital Waynesboro Hospital
Lancaster	Ephrata Community Hospital Heart of Lancaster Regional Medical Center Lancaster General Hospital Lancaster Regional Medical Center
Lebanon	Good Samaritan Hospital
York	Hanover General Hospital Memorial Hospital York Hospital