



<b>REGION 11 CHICAGO EMS SYSTEM POLICY</b>	Title: EMS System Communications
	Section: Communications
	Approved: EMS Medical Directors Consortium
	Effective: December 17, 2025

## **EMS SYSTEM COMMUNICATIONS**

### **I. PURPOSE**

To define EMS System Communications for which the Region 11 Chicago EMS Systems, EMS Agencies and Base Station Hospitals will utilize.

### **II. DEFINITIONS**

- A. Cellular Line: Communication method which utilizes a cellular phone and cellular towers for data transmission between prehospital providers and the hospital base station.
- B. MED Channels: Communication method which utilizes push to talk radios and radio towers, with or without circuit lines, for data transmission between prehospital providers and the hospital base station.
- C. MERCI: Communication method which utilizes push to talk radios and VHF/UHF radio frequencies for data transmission between ambulance to hospital, hospital to hospital, and statewide communications.

- 1. MERCI 340 (155.340 MHz) is Region 11 ambulance to hospital communication line
- 2. MERCI 280 (155.280 MHz) is Region 11 hospital to hospital communication line
- 3. MERCI 340 SW (155.340 MHz tone 201.7) is statewide disaster communication line

\*For MERCI 340 and 280, tone will vary for each agency and institution\*

- D. STARCOM21: State Radio (Voice) Communications is a 700/800 MHz digital trunked statewide voice radio communications network.

### **III. REGIONAL COMMUNICATION SYSTEM PLAN**

- A. Regional Plan is approved to IDPH and includes the following items:
  - 1. A listing of access numbers of Emergency Medical Services, including a description of plans to use or to implement a "911" Public Safety Answering Point (PSAP).
  - 2. A description of plans to handle hospital-to-hospital communications, including redundancies.
  - 3. A description of communication methods for EMS personnel to communicate with Resource and Associate Hospitals including communication redundancy.
  - 4. Copies of Federal Communications Commission (FCC) licenses or applications.
- B. EMS telecommunications equipment shall be configured to allow the EMS Medical Director, or designee, to monitor all vehicle to hospital transmissions and hospital-to-vehicle transmissions within the EMS System.



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- C. Resource and Associate Hospitals shall have an operational control point for a Medical Emergency Communications of Illinois (MERCi) VHF/UHF base station, EMS telecommunication receiving and monitoring, and any Associate to Resource Hospital communications.
- D. Physician direction shall be provided from the operational control point of an approved Resource or Associate Hospital. All medical direction given shall be recorded.
- E. All on-line medical direction calls are to be recorded for retrospective review for a minimum of 365 days. Recording retention shall comply with the Resource and Associate Hospital's corporate record retention policy if it exceeds IDPH's minimum requirements.
- F. Telecommunications equipment necessary to fulfill the requirements of this policy shall be staffed and maintained 24 hours every day, including radio base stations, telephone and computer, and their required equipment.
- G. EMS System personnel shall be capable of properly operating their respective communications equipment.
- H. All telecommunications equipment shall be maintained to minimize service interruptions. Procedures shall be established to provide immediate action to be taken by operating personnel to utilize secondary forms of communication and ensure rapid restoration in case breakdowns do occur.
- I. Written protocols shall describe communications procedures for operation of the EMS System, all base station control points, and field units. Mobile base control points (e.g., mobile CAREpoint) and EMS units (e.g., ambulances, non-transport vehicles, SEMSVs) shall have an easily accessible copy of the protocols pertaining to their stations.
- J. Written protocols shall include a requirement that before terminating communications with medical direction, pre-hospital personnel must notify medical direction of a method by which the ambulance can be re-contacted, and must set its communications equipment so as to be able to receive a call from medical direction.

## **IV. PRIMARY, ALTERNATE, CONTINGENCY, EMERGENCY (PACE) PLAN**

- A. The chart below identifies preferred routes of communication from EMS personnel to hospital base stations during field to hospital communications (see Region 11 Field to Hospital Communication Policy).

EMS PERSONNEL TO HOSPITAL BASE STATION COMMUNICATION PREFERENCES	
PRIMARY	Cellular Phone Line
ALTERNATE	MED Channel
CONTINGENCY	MERCi 340
EMERGENCY	MERCi 340SW or STARCOM



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B. Region 11 EMS Communication Standards

1. Refer to Field to Hospital Communication Policy
2. Refer Resource and Associate Hospital Communication Standards Policy