

# Standard Operating Procedure

Title / Subject

## Medical Command Channels

Posted:

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### 1. Introduction/Purpose

This policy is pertinent to any agency/programmer/user of WV Medical Command talk group and HELLO channels.

### 2. Definitions

All definitions are located in the "Definitions" document located on the SIRN Website at [www.sirn.wv.gov](http://www.sirn.wv.gov).

### 3. Medical Command Communications

While the SIEC does not establish protocol for WV Medical Command, the radio contact processes contained in this section were developed with coordination with Medical Command and will be the policy used for radio communications.

- a. Medical Regions and Naming. Each of the five regional Medical Command Centers has its own unique set of MED TALKGROUPS designated MED A through MED F.
  - i. WVU – West Virginia University; EMS Regions 6,7,8,9,10,11
  - ii. CHAS – Charleston Area Medical Center; EMS Regions 3,4
  - iii. HUNT – Cabell Huntington Hospital; EMS Region 2
  - iv. BECK – Raleigh General Hospital; EMS Region 1
  - v. WEST – Medical Command Center; Region 5
- b. Programming of Medical Channels is permitted in all Public Safety issues radios, including but not limited to EMS, Fire, Police, EMA, 911, etc.
  - i. **The West Virginia Office of Emergency Medical Services (WVOEMS)** operates under statewide medical protocols therefore each EMS radio (mobile and/or portable) shall have, at minimum, the native and alternate Medical Command talk groups. If space is available, every MEDICAL COMMAND talk group should be programmed in the EMS radios.
- c. Programming of Medical Channels should follow the naming listed above to avoid confusion, i.e. WVU MED A, CHAS MED B, etc.

**d. Procedure For Use**

**i. MED C is the "CALL" talkgroup.**

1. Each medical command center will monitor its own MED C.
2. Field unit(s) will make all initial calls to the appropriate regional command center using only the MED C "CALL" talkgroup.
  - a. Only the following information shall be provided to allow the MEDICAL COMMAND dispatcher to make the talkgroup assignment:
    - b. County/Company & Unit Number
    - c. Status of call
    - d. Destination facility and ETA
3. The regional medical command center will then assign the field unit a MED talkgroup A, B, D, or E for a full patient report and all further traffic for the regional command center for that trip.
4. Talkgroup F of each region may be assigned by each medical command region for special "F"unctions.
5. Field units shall not utilize MED talkgroups A, B, D, E, or F unless specifically assigned by MEDICAL COMMAND.

**e. Direct to Facility, from Field Units**

- i. In the event an EMS unit needs to talk directly to a receiving hospital, such as when transporting a BLS patient and that patient does not require the assistance of MEDICAL COMMAND or notification to MEDICAL COMMAND, the field unit may call the hospital on the hospital specific talk group.

**f. Hospital To Hospital**

- i. Hospitals should only monitor their own talkgroup.
- ii. To call another hospital, the hospital instituting the call should switch to the talkgroup of the hospital they wish to call.

**g. Aeromedical Flights**

- i. The SIEC may establish talkgroups for use by all Aeromedical companies to talk to Medical Command, for flight following, etc.
  1. These channels shall not be used by the companies to conduct private business.
  2. No field unit programming is permitted, except as provided for Medical Command Centers in the section above.

**ii. Air to Ground Communications**

- 1.** All air to ground communications with public safety agencies will utilize the following “HELO” channels to coordinate landing zones, medical updates, and multi-unit coordination.

- a. UHF Conventional Channels

- i. HELO 1 (468.000)
- ii. HELO 2 (468.025)

- b. VHF Conventional Channels

- i. HELO 3 (155.340)
- ii. HELO 4 (155.400)

- c. All 4 will be programmed as conventional aeromedical channels and will operate on the same frequency for both transmit and receive (simplex).

**iii. 911 Center to Medical Command Center Contact**

- 1.** 911 Centers should contact their native Medical Command Center via telephone, if possible.

- a. In the event phone lines are down in the 911 Centers, they may use the MED C talkgroup to contact Medical Commands.

- b. In special circumstances, 911 Centers may contact individual hospitals on a hospital specific talk group.

**4. Medical Air Ship Flight Tracking and Communications**

- a. The West Virginia Office of EMS has established three of the medical command dispatch centers as medical air ship flight tracking centers. These locations are Huntington MedComm, Charleston MedBase, and WVU MedComm.

- i. Each of these three dispatch centers are responsible for aircraft communications from any medial provider while over West Virginia air space.

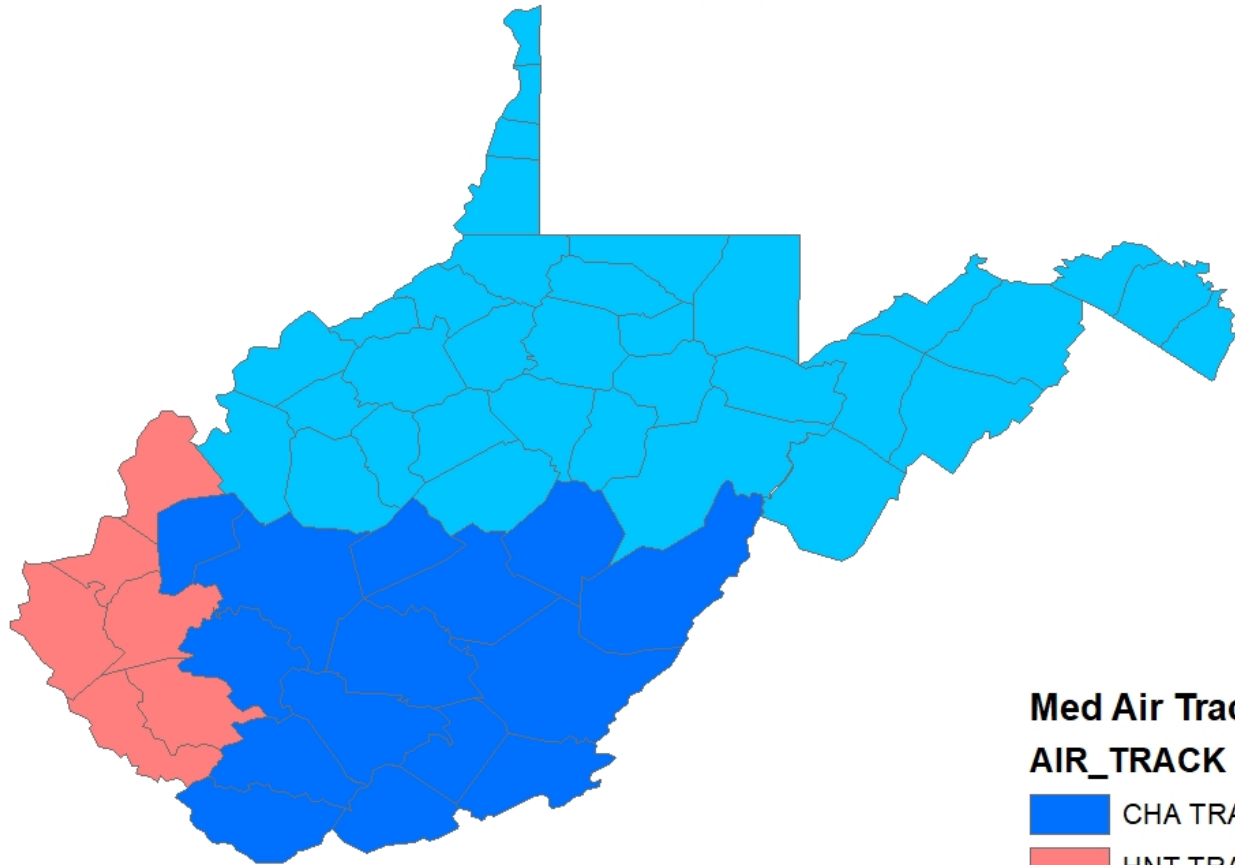
- ii. Three primary flight tracking trunked talkgroups have been established along with one over-flow alternate. These talkgroups are only to be programmed into airborne subscriber units, consoles, and control radios at dispatch centers for flight tracking. No other use is permitted or appropriate.

- iii. Each of the three flight track centers will have one primary trunked talkgroup and all three command centers will have access to the over-flow alternate.

- iv. The established trunked talkgroups for this purpose are:

- 1.** 8851 – MED CHAS AIRTRAK
- 2.** 8853 – MED WVU AIRTRAK
- 3.** 8855 – MED HNT AIRTRAK
- 4.** 8857 -- MED ALT AIRTRAK

# Med Air Track Divisions



## Med Air Tracks AIR\_TRACK

- CHA TRACK
- HNT TRACK
- WWU TRACK

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