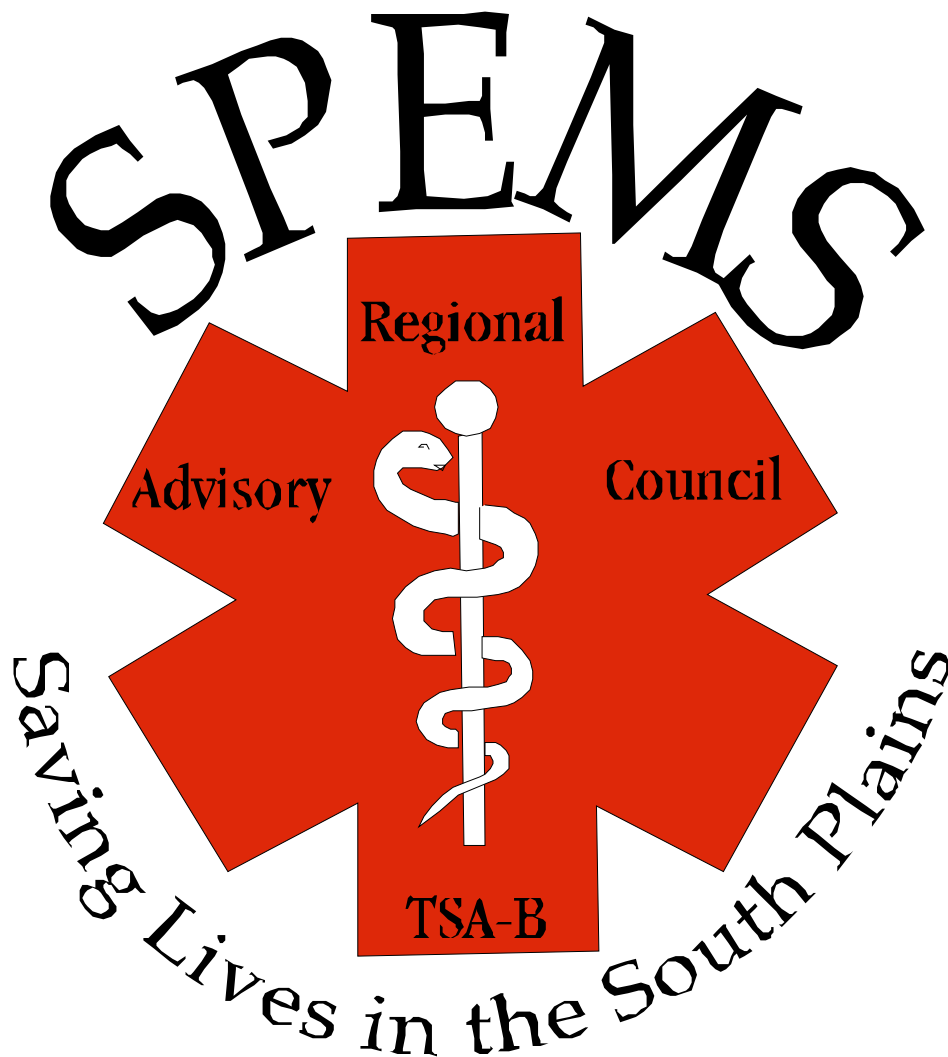


# **SOUTH PLAINS EMERGENCY MEDICAL SERVICES, INC.**

## **REGIONAL COMMUNICATIONS MANUAL**



Updated January 2006

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# **INTRODUCTION**

This manual is provided for the use of all agencies in the South Plains Regional Communications System and other agencies that may travel into the region or use the system.

The intended purpose of this manual is to provide a basic understanding of the capabilities, proper utilization, and maintenance policies of the SPEMS Communications System. Its content specifically addresses the fundamental knowledge applicable to the EMS provider rather than a technical resource for system design and operation.

The purpose of the SPEMS Communications System is to maintain a region-wide radio system allowing two-way voice and biomedical telemetry communications between ambulances, rescue units, and local emergency and health care facilities.

The major functions of the SPEMS Communications System are to provide:

1. communications between Ambulance & Rescue units and Hospital Emergency Departments to allow:
  - A. notification of incoming seriously ill or injured patients to healthcare facilities to permit healthcare facilities to mobilize specialized resources prior to patient arrival.
  - B. on-line medical control and consultation from emergency healthcare physicians to both BLS and ALS field providers.
  - C. ambulance diversion to specialized healthcare facilities when the original facility does not have the necessary care capabilities available.
  - D. continuous communication of vital patient information from field units to emergency healthcare facilities to enhance overall patient care and allow initiation of further field treatment.
2. dispatch center functions to:
  - A. provide ambulances with assistance when mechanical or navigational problems arise.
  - B. provide ambulances with immediate assistance or information from Law Enforcement, Fire Departments, Highway Department, or other agencies (road conditions, weather conditions, etc.).
  - C. provide a Central Coordination Center in cases of regional or statewide disaster response.
  - D. paging and dispatching of EMS personnel and vehicles.

3. hospital-to-hospital communications to:

- A. provide a link of direct communication for medical resources and patient transfers.
- B. provide a back-up communications link if telephone service is lost.

The success of the medical communications system will be determined by how it is used. Therefore, participants are encouraged to exercise good judgment, courtesy, and cooperation in their daily use of the system. Users of the system should familiarize themselves with its proper use by reading this manual and attending training sessions. A copy of this manual should be kept near each base station or control station so that users may access it easily. A copy of this manual should also be kept in each ambulance or other vehicle which has a mobile radio used on the system.

Updates to this manual will be distributed as necessary to keep the contents current. If information contained within this manual requires revision, please contact the SPEMS office.

# **SPEMS SYSTEM DESIGN**

The SPEMS Communications System is an Ultra-High Frequency (UHF) FM system licensed to operate under the rules and regulations of the Federal Communications Commission (F.C.C.) in the Public Safety Radio Service. Within this radio band, the F.C.C. has identified ten paired sets of frequencies that are reserved specifically for Emergency Medical Service communication. These frequencies are standard throughout the country and are designated MED 1 through MED 10. The first eight medical frequencies (MED 1-8) are to be used only for Medical Control radio traffic (the transmission of medical information to and from hospital and field providers). The last two medical frequencies (MED 9 & 10) are available for dispatch and coordinator information). In addition to the specific MED Channels, the F.C.C. has required that all mobile radios have all MED 1-8 Channels (with the exception of those in existing systems); and all base stations & control stations must have at least four of the MED 1-8 Channels. Theoretically, this will insure that any mobile unit can communicate with any base station in the SPEMS system. SPEMS member services are authorized to transmit on the following UHF frequencies:

<b>Med Channel</b>	<b>Base Station or Repeater Transmitter</b>	<b>Control Station or Mobile Transmitter</b>
MED 1	463.000 MHz	468.000 MHz
MED 2	463.025 MHz	468.025 MHz
MED 3	463.050 MHz	468.050 MHz
MED 4	463.075 MHz	468.075 MHz
MED 5	463.100 MHz	468.100 MHz
MED 6	463.125 MHz	468.125 MHz
MED 7	463.150 MHz	468.150 MHz
MED 8	463.175 MHz	468.175 MHz
MED 9	462.950 MHz	467.950 MHz
MED 10	462.975 MHz	467.975 MHz

Some general characteristics of UHF radio signals should be mentioned in order to understand some of the advantages and limitations of the system. UHF radio signals require line of sight, which means that UHF transmissions do not skip over obstructions such as mountain ranges or out of canyons. These signals tend to be absorbed by these obstructions. This characteristic decreases the radio range, but it also decreases the interference caused by atmospheric conditions associated with lower radio bands. UHF signals are particularly well suited for long-range transmission since signals will tend to be precise and received with clarity.

# **SPEMS SYSTEM OPERATIONS**

Each radio used in the system will have different features & operating instructions. Therefore, each user should read the user's manual for each radio they may be required to use to become familiar with the specific operating instructions. The Communications Committee is available to assist agencies & hospitals in training personnel.

## **Radio Licensing**

SPEMS is responsible to the F.C.C. for assuring that the system is operated in accordance with F.C.C. Rules and Regulations. The licensee is also required to have full and exclusive control of the system equipment at all times, as well as its use. All agencies operating radios on the SPEMS Regional Communications System must adhere to all applicable F.C.C. Rules and Regulations. **Title 18, Section 1464, United States Code Annotated is specific and the F.C.C. sternly enforces the obscenity rule that, when violated, constitutes the most noxious of all transmissions and about which the Commission is the most particular. "Whoever utters any obscene, indecent or profane language by means of radio communication shall be fined under this title or imprisoned not more than two years, or both."** Violation of these rules may result in fines or other sanctions against the agency or individual responsible.

Base stations, control stations & mobile stations must be licensed by the Federal Communications Commission (F.C.C.) for operation and must have the license in plain view of the operating consoles. Base stations, control stations & mobile stations are required by the F.C.C. to have and use the call sign when signing off the air. The licensee of a base station or control station should maintain a radio log for agency records as required by the F.C.C. A standard radio log similar to the one used by most hospitals is available from the Communications Committee.

SPEMS will coordinate the F.C.C. licensing procedure & maintain an F.C.C. license for each member agency in the system. All mobile & portable radios throughout the region are maintained under one license. Each base station or control station, along with each repeater, will have a license for each radio or group of radios.

## **Repeaters**

Each repeater in the system should remain off until needed to insure that unwanted transmissions from neighboring radio systems do not cause interference. This will also help extend the life of the repeater. The user initiating radio contact should turn on, or "open", each component needed to establish radio communications. It is the responsibility of the user initiating contact to turn off, or "close", each component used.

## **EMS Operations**

The following instructions should be used when initiating radio contact from a mobile (vehicle) or portable (handheld) radio.

### **To contact another ambulance:**

1. Open the local repeater by depressing the Push-to-Talk (PTT) button and entering the 3-digit "On-Code" for the local repeater.
2. Wait for the transmit, or busy, light to go off.
3. Pick up the microphone & depress the PTT button.
4. Identify the ambulance unit being called and your unit number.
5. Release the PTT button and wait for acknowledgment.
6. When contact is completed wait for the called ambulance to say "clear", and say "KA80279 clear."
7. Depress the PTT button and enter the 3-digit "Off-Code" for the local repeater. It is the responsibility of the unit initiating the call to turn off, or "close", the repeater.

### **To contact a local hospital:**

1. Open the local repeater by depressing the PTT button and entering the 3-digit "On-Code" for the local repeater.
2. Wait for the transmit, or busy, light to go off.
3. Alert the local hospital by depressing the PTT button and entering the 3-digit code for the hospital.
4. Pick up the microphone & depress the PTT button.
5. Identify the hospital being called and your unit number.
6. Release the PTT button and wait for acknowledgment.
7. When contact is completed wait for the hospital to clear, and say "KA80279 clear."
8. Depress the PTT button and enter the 3-digit "Off-Code" for the local repeater. It is the responsibility of the unit initiating the call to turn off, or "close", the repeater.
9. The hospital staff should be sure to reset the control station alert signal.

### To contact a Lubbock hospital, Lubbock EMS Dispatch or AeroCare Disptach:

1. Open the local repeater by depressing the PTT button and entering the 3-digit "On-Code" for the local repeater.
2. Wait for the transmit, or busy, light to go off.
3. Open the Regional Control Station by depressing the PTT button and entering the 3-digit "On-Code" for the appropriate Med Channel.

<b>MED Channel</b>	<b>On-Code</b>	<b>Off-Code</b>
MED 1	12*	12#
MED 3	34*	34#
MED 5	56*	56#
MED 7	78*	78#

4. Wait for the transmit, or busy, light to go off.
5. Alert the Lubbock hospital by depressing the PTT button and entering the 4-digit code for the facility being called.

<b>Hospital</b>	<b>Alert Code</b>
UMC (229)	111*
CMC (624)	015*
AeroCare Dispatch	N/A
EMS Dispatch (660)	660*

6. Pick up the microphone & depress the Push-to-Talk (PTT) button.
7. Identify the hospital being called, your unit number and the MED Channel being used.
8. Release the PTT button to receive acknowledgment.
9. When contact is completed wait for the hospital to clear, and say "KA80279 clear."
10. Depress the PTT button and enter the 3-digit "Off-Code" for both the Regional Control Station and local repeater. It is the responsibility of the unit initiating the call to turn off, or "close", the Regional Control Station and local repeater.
11. The hospital staff should be sure to reset the control station alert signal.

NOTE: The Regional Control Station receives on all four MED Channels simultaneously, but can transmit on only one MED Channel at a time. Lubbock EMS Dispatch Center will monitor and record all radio traffic of simultaneous contacts and will put calls through on a priority basis. If you call and are advised to standby, do not deactivate the Regional Control Station or your local repeater by punching in their respective "Off-Codes." Release the PTT button to listen and wait for permission to transmit.



### **To contact Lubbock hospitals, Lubbock EMS Dispatch or AeroCare Dispatch directly:**

When within direct radio range of Lubbock hospitals, approximately a 25-mile radius, use the primary channel of the hospital being called. The Lubbock hospitals monitor all radio traffic on their primary MED Channel, therefore no alert code is needed.

<b>Hospital</b>	<b>MED Channel</b>	<b>PL Tone</b>
UMC (229)	MED 2	173.8 Hz
CMC (624)	MED 4	173.8 Hz
CMC-Children's (624)	MED 4	173.8 Hz
Highland (251)	MED 8	173.8 Hz
Heart Hospital (373)	MED 8	173.8 Hz
EMS Dispatch (660) AeroCare Dispatch	MED 10	173.8 Hz

Lubbock EMS Dispatch requests that all units from outside Lubbock County use MED 10 to advise when they enter or near the city limits of Lubbock. The information needed includes the unit number, destination and transport code (Code 1 or Code 3). The City of Lubbock Police Department requests that all ambulances notify Lubbock Police Department dispatch when responding or transporting Code 3 in the city limits of Lubbock. In order to facilitate this requirement, Lubbock EMS dispatch will notify LPD when EMS units advise they are transporting Code 3 inside Lubbock. In addition, Lubbock EMS Dispatch frequently receives requests from local hospitals or other dispatch centers requesting the location of EMS units. Notifying Lubbock EMS Dispatch will ensure that any unit's location is available when needed and that EMS units are advised of road closures, hazards or other important information.

### **Hospital (Base Station & Control Station) Operations**

The following instructions should be used when initiating radio contact from a hospital base station or control station radio.

### **To contact an ambulance service, another hospital or other personnel within the county:**

1. Open the local repeater by depressing the Push-to-Talk (PTT) button and entering the 3-digit "On-Code" for the local repeater.
2. Wait for the transmit, or busy, light to go off.
3. Pick up the microphone & depress the PTT button.
4. If contacting another hospital, alert the other hospital by depressing the PTT button and entering the 3-digit code for the hospital.
5. Identify the ambulance unit being called and your hospital ID.
6. Release the PTT button and wait for acknowledgment.
7. When contact is completed wait for the called ambulance to clear, and say your call sign (found in Appendix II) and "clear."

8. Depress the PTT button and enter the 3-digit "Off-Code" for the local repeater. It is the responsibility of the unit initiating the call to turn off, or "close", the repeater.

**To contact a Lubbock hospital, Lubbock EMS Dispatch or AeroCare Dispatch:**

1. Open the local repeater by depressing the PTT button and entering the 3-digit "On-Code" for the local repeater.
2. Wait for the transmit, or busy, light to go off.
3. Open the Regional Control Station by depressing the PTT button and entering the 3-digit "On-Code" for the appropriate Med Channel.

<b>MED Channel</b>	<b>On-Code</b>	<b>Off-Code</b>
MED 1	12*	12#
MED 3	34*	34#
MED 5	56*	56#
MED 7	78*	78#

4. Wait for the transmit, or busy, light to go off.
5. Alert the Lubbock hospital by depressing the PTT button and entering the 4-digit code for the hospital being called.

<b>Hospital</b>	<b>Alert Code</b>
UMC (229)	111*
CMC (624)	015*
AeroCare Dispatch	N/A
Dispatch (660)	660*

6. Pick up the microphone & depress the Push-to-Talk (PTT) button.
7. Identify the hospital being called, your hospital and the MED Channel being used.
8. Release the PTT button to receive acknowledgment.
9. When contact is completed wait for the hospital to clear, and say your hospital call sign (found in Appendix II) and "clear."
10. Depress the PTT button and enter the 3-digit "Off-Code" for both the Regional Control Station and local repeater. It is the responsibility of the user initiating the call to turn off, or "close", the Regional Control Station and local repeater.

The Regional Control Station receives on all four MED Channels simultaneously, but can transmit on only one MED Channel at a time. Lubbock EMS Dispatch will monitor and record all radio traffic of simultaneous contacts and will put calls through on a priority basis. If you advised to standby, do not deactivate the Regional Control Station or your local repeater by punching in their respective "Off-Codes." Release PTT button to listen and wait for permission to transmit.

## **Radio Etiquette**

1. Be polite and courteous.
2. Be calm and reassuring.
3. Be firm, in a normal tone of voice.
4. Use clear speech.
5. All conversations need to be clear, neat, brief, easily understood and in plain English.
6. Avoid dropping the sound level of voice.
7. Do not use the phrases "over and out," "roger," "Okay," or "wilco". The proper response is "Received" or your call sign.
8. Long messages should be broken into short phrases to give the receiver time to copy the message.
9. Be specific with time; use a.m. & p.m. or 24-hour time.
10. You should transmit numbers twice with the word "repeating" between transmissions. The number "0" is always pronounced "ZERO".
11. Use the International Phonetic Alphabet when spelling difficult words or names, if familiar with phonetic alphabet. These should be spoken as "A Alpha", "B Bravo", "C Charlie", etc., or "A as in Alpha", "B as in Bravo", etc.

## **Microphone Techniques**

1. Speak directly into the microphone.
2. In case of loud background noise, you should shield the microphone by turning the face of the microphone away from the noise, or cupping the hand around it.
3. Shouting and yelling into the microphone may cause a distorted signal and must be avoided even in the presence of a great deal of background noise.
4. It is essential that you maintain a constant volume that does not trail off at the end of sentences.
5. To avoid "clipping" words, depress the PTT button for a moment before speaking and do not release it for a moment after completion of your last word; otherwise, a portion of your message may be lost.
6. Do not mumble or speak too fast.
7. Do not become excited or try to transmit while someone else is transmitting.

## **The Stuck Microphone**

1. Beware of the stuck PTT button.
2. If your microphone is stuck "on the air," no one will be able to transmit or receive on that frequency.
3. Everything you say will be picked up by the microphone and transmitted for all to hear.
4. The PTT button could accidentally be depressed if a heavy object such as a book is placed on the desktop microphone, or if a mobile microphone is placed on the seat of a vehicle.
5. Check the transmit light on the radio occasionally to see if your radio is accidentally "on the air."
6. Personnel should place desktop microphones in a safe place and should hang up the microphone on mobile radio units.

## **Radio Message Codes & Pro-Words**

The use of a "10-code" is acceptable if everyone in the system is knowledgeable of the "10-code" being used. Appendix II contains a list of the Categories & Signals used by Lubbock EMS. While their use is not required by SPEMS agencies, they may be adopted as needed. Remember, the use of language common to all parties will always be the quickest and most reliable.

Certain words can be confusing or misunderstood when used over the radio. Radio pro-words should be used to make sure everyone understands the meaning of the message.

<b>Pro-Word</b>	<b>Meaning</b>
Affirmative	Yes
Approach	Within thirty to sixty seconds of arrival
Contact	Establish communications
Clear	Available for reassignment
Disregard	Do not take action on last transmission
En Route	Traveling to a specified destination
Incorrect	Wrong
Monitoring	Listening to all traffic on radio frequency
Negative	No
Obtain	Get
Priority	First order traffic requiring immediate attention
Relay	Pass the radio traffic or information to another person or location
Received	The message is understood
Routine	Third order traffic dealt with after priority and urgent category traffic
Repeat	Repeat last message
Standby	Do not transmit again until called upon
Traffic	Radio message between stations
Urgent	Second order traffic in importance

## **Patient Information Presentation Protocol**

One of the main purposes of the SPEMS Communications System is to provide a mechanism for EMS providers in the field to communicate vital patient information directly to the physician in the Emergency Department.

The field EMS provider must remember that national training standards in both BLS and ALS all address the importance of initial assessment of the scene, patient's condition, diagnostic signs, gathering pertinent medical history, and relaying this information to the receiving health care facility. The EMS provider should consider this a major responsibility to insure that established patient care standards are maintained.

The following format for patient information presentation is widely accepted throughout the region, however EMS providers are encouraged to contact their local medical control and discuss possible changes in this format to meet specific needs of the local EMS system.

1. Establish contact with appropriate facility.
2. Identify yourself (unit number, name of service, Med channel, and personal ID number).
3. Identify your patient(s) (age, sex, weight).
4. Briefly describe situation (causes, mechanism of injury, complications) & identify chief complaint or injuries.
5. Provide vital signs (pulse, respirations, blood pressure, pupils, skin, neurological, & vascular signs).
6. Provide pertinent information about medical history, medications & allergies.
7. Describe treatment given & significant changes in patient condition.
8. Give name of patient's physician.
9. Give method of transport (Code 1 or Code 3) and estimated time of arrival (E.T.A.).

Several points should be made concerning the radio transmission of this information.

1. Not each patient transport will require this amount of detailed information. The EMS provider must use judgment as to the pertinent amount of information to be given. The ultimate goal is to provide the quickest, most accurate description of the patient's overall condition.
2. If reporting on multiple patients, number each patient and present complete information on each patient before continuing to the next. You should start with the most serious.
3. Avoid on-going radio transmissions. If your report will take longer than one minute, stop transmitting and confirm the receiving party has copied all information (remember the receiving party will not be able to interrupt your transmission if there are any questions or problems).

4. If you are uncomfortable in presenting this information, a good practice is to write down all the information in the order you want to present it before you start transmitting.
5. When transmitting numbers such as vital signs, repeat the numbers to assure there are no mistakes. Use the phonetic alphabet when spelling words or names of medications.
6. Discretion should be used when transmitting sensitive information such as "rape victim" or "attempted suicide." Patient names should **NEVER** be transmitted.

## **APPENDIX I**

### **DTMF ACCESS CODES**

<b>County</b>	<b>MED Channel</b>	<b>On-Code</b>	<b>Off-Code</b>	<b>Hospital</b>	<b>Alert Code</b>
Bailey	1	74*	74#	Muleshoe Area Medical Center	524
Cochran	3	13*	13#	Cochran Memorial Hospital (Morton)	565
Crosby	5	12*	12#	Crosbyton Clinic Hospital	382
Dawson	5			Medical Arts Hospital	
Dickens	3	63*	63#		
Floyd	1	45*	45#	W.J. Mangold Memorial Hospital (Lockney)	373
Gaines	3	500*	500#	Memorial Hospital (Seminole)	N/A
Garza	7	87*	87#		
Hale	3	32*	32#	Covenant Medical Center – Plainview	531
				High Plains Hospital (Hale Center)	471
Hockley	5	46*	46#	Covenant Medical Center – Levelland	963
Lamb	7	56*	56#	Lamb Healthcare Center (Littlefield)	411
Lynn	3	58*	58#	Lynn County Hospital (Tahoka)	533
Motley	7	52*	52#		
Terry	1	42*	42#	Brownfield Regional Medical Center	551
Yoakum	7	98*	98#	Yoakum County Hospital (Denver City)	121
Regional Control Station – Lubbock	1	12*	12#		
	3	34*	34#		
	5	56*	56#		
	7	78*	78#		
				University Medical Center – 229	111*
				Covenant Medical Center – 624	015*
				AeroCare Dispatch	N/A
				Lubbock EMS Dispatch – 660	660*

### Quick Reference Map

Use this map as a quick reference for the “on-code” for each repeater. For the “off-code”, replace the “\*” with “#”.

<b>Bailey</b> MED 1 74*	<b>Lamb</b> MED 7 56*	<b>Hale</b> MED 3 32*	<b>Floyd</b> MED 1 45*	<b>Motley</b> MED 7 52*
<b>Cochran</b> MED 3 13*	<b>Hockley</b> MED 5 46*	<b>Lubbock</b> Regional Control Station MED 1, 3, 5, 7	<b>Crosby</b> MED 5 12*	<b>Dickens</b> MED 3 63*
<b>Yoakum</b> MED 7 98*	<b>Terry</b> MED 1 42*	<b>Lynn</b> MED 3 98*	<b>Garza</b> MED 7 87*	
<b>Gaines</b> MED 3 500*		<b>Dawson</b> MED 5 ##		



## **APPENDIX II**

### **HOSPITAL CALL SIGNS**

<b>City</b>	<b>Hospital</b>	<b>Call Sign</b>
Amherst	South Plains Hospital	WGM-295
Brownfield	Brownfield Regional Medical Center	
Crosbyton	Crosbyton Clinic Hospital	WGM-290
Denver City	Yoakum County Hospital	WGM-289
Floydada	Caprock Hospital	WGM-293
Hale Center	Hi-Plains Hospital	WGM-291
Lamesa	Medical Arts Hospital	
Levelland	Covenant Medical Center – Levelland	WGM-297
Littlefield	Lamb Healthcare Center	WGM-294
Lockney	W.J. Mangold Memorial Hospital	WGM-286
Lubbock	Covenant Medical Center	KMK-229
Lubbock	Covenant Medical Center – Lakeside	KMK-229
Lubbock	University Medical Center	KMK-229
Morton	Cochran Memorial Hospital	WGM-288
Muleshoe	Muleshoe Area Medical Center	WGM-296
Muleshoe	Muleshoe Police Department	WGM-299
Plainview	Covenant Medical Center – Plainview	WGM-292
Post	???	WGM-287
Seminole	Seminole Memorial Hospital	
Tahoka	Lynn County Hospital	WGM-298

## **APPENDIX III**

### **REGIONAL UNIT NUMBERS**

#### **SPEMS Mobile Radio ID Numbers**

All radio communications equipment on the South Plains Regional Communication System must be assigned a unit number by the SPEMS Communications Committee to be considered as a provider legally operating under FCC rules and regulations. Anyone on the current system or entering for the first time must comply with these rules and regulations.

Anyone who has not received a unit number should contact the South Plains EMS.

#### **Radio System Unit Numbering Scheme**

For mobile radio equipment, all unit numbers used in the SPEMS system are four digits and are assigned by the SPEMS Communications Committee.

The unit number is designed to not only identify the unit, but to inform the operator and the dispatcher of the units "Home" channel and backup channel.

As an example: Muleshoe unit 1701: The one indicates the unit's home channel to be MED 1 and the seven indicates that the next closest repeater is MED 7. The last 2 digits are the number of the particular ambulance.

1	7	01
MED 1 Repeater Primary MED Channel	MED 7 Repeater Secondary MED Channel	Unit of Ambulance

This number would quickly relate to the receiving centers that this ambulance is from a specific part of the region.

### Regional Unit Numbers

Unit #	Service	Unit #	Service	Unit #	Service
<b>Bailey County</b>		<b>Gaines County</b>		<b>Lamb County</b>	
1701	Muleshoe	3516	Seminole	7500	Amherst
1702	Muleshoe	3517	Seminole	7501	Amherst
1703	Muleshoe	3518	Seminole	7502	Earth
		3906	Seagraves	7503	Earth
<b>Cochran County</b>		3907	Loop	7504	Littlefield
3501	Morton	3908	Seagraves	7505	Littlefield
3502	Morton			7506	Sudan
3503	Morton	<b>Garza County</b>		7507	Sudan
		7901	Post	7509	Littlefield (1 <sup>st</sup> Resp.)
<b>Crosby County</b>		7902	Post	7510	Littlefield
5901	Crosbyton			7307	Olton
5902	Lorenzo	<b>Hale County</b>		7308	Olton
5903	Ralls	3901	Hale Center	7309	Olton (1 <sup>st</sup> Resp.)
5904	Crosbyton	3902	Hale Center		
		3903	Petersburg	<b>Lynn County</b>	
<b>Dawson County</b>		3911	Plainview Fire	1901	O'Donnell
9301	Lamesa	3912	Plainview Fire	1902	O'Donnell
9302	Lamesa	3913	Plainview Fire	1903	Tahoka
9303	Lamesa	3914	Plainview Fire	1904	Tahoka
<b>Dickens County</b>		<b>Hockley County</b>		<b>Motley County</b>	
3510	Dickens	5910	Levelland	7508	Matador
3511	Dickens (McAdoo)	5911	Levelland		
3512	Dickens (Spur)	5912	Anton	<b>Terry County</b>	
		5913	Ropesville	1518	Brownfield
<b>Floyd County</b>		5914	Sundown	1519	Brownfield
1501	Floydada	5915	Sundown	1520	Brownfield
1502	Floydada	5916	Levelland		
1506	Lockney			<b>Yoakum County</b>	
				7101	Denver City
				7102	Denver City
				7103	Plains
				7104	Plains
				7107	Denver City

Unit #	Service	Unit #	Service	Unit #	Service
<b>Lubbock County</b>					
9740	Lubbock	9770	RRAMS		Lubbock Ambulance
9741	Lubbock	9771	RRAMS		
9742	Lubbock	9772	RRAMS		
9743	Lubbock	9773	RRAMS		
9744	Lubbock				
9745	Lubbock	AeroCare			
9746A	Abernathy	AC-1	Helicopter		
9746B	Abernathy	AC-2	Helicopter		
9747	Idalou	AC-3	Fixed Wing		
9748A	Slaton	AC-4	Helicopter		
9748B	Slaton	AC-5	Helicopter		
9749	Wolfforth	AC-D3	Ground Unit		
9750	Shallowater				
9751A	Carlisle				
9751B	Carlisle				
9752	Lubbock				
9753	Lubbock				
9754	Lubbock				
9755	Lubbock				

# **APPENDIX IV**

## **LUBBOCK EMS CATEGORIES & SIGNALS**

### **CATEGORIES**

- |  |  |
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| <ol style="list-style-type: none"> <li>1) Abdominal Pain/Problems</li> <li>2) Allergies/Hives/Med. Reactions/Stings</li> <li>3) Animal Bites</li> <li>4) Assault/Rape</li> <li>5) Back Pain</li> <li>6) Breathing Problems</li> <li>7) Burns</li> <li>8) CO/Inhalation/Hazardous Materials</li> <li>9) Cardiac/Respiratory Arrest</li> <li>10) Chest Pain</li> <li>11) Choking</li> <li>12) Convulsions/Seizures</li> <li>13) Diabetic Problems</li> <li>14) Drowning (Near)/Diving Accident</li> <li>15) Electrocution</li> <li>16) Eye Problems</li> <li>17) Fall</li> <li>18) Headache</li> <li>19) Heart Problems</li> <li>20) Heat/Cold Exposure</li> <li>21) Hemorrhage</li> <li>22) Industrial/Machinery Accident</li> <li>23) Overdose/Poisoning/Ingestion</li> <li>24) Pregnancy</li> <li>25) Psychiatric/Behavioral Problem</li> <li>26) Sick Person (Specific Diagnosis)</li> <li>27) Stab/Gunshot Wound</li> <li>28) Stroke/CVA</li> <li>29) Traffic Accident/Injury</li> <li>30) Traumatic Injury (Specific)</li> <li>31) Unconscious/Fainting</li> <li>32) Unknown Problem (Man Down)</li> <li>33) Emergency Transfer</li> <li>34) Emergency Infant Transfer</li> <li>35) Non-Emergency Transfer</li> <li>36) Standby/Special Event</li> </ol> | <ol style="list-style-type: none"> <li>7) EMS Crew Away From Radio – Available By Phone Or Pager</li> <li>8) EMS Crew Going Off Duty</li> <li>9) EMS Crew En Route To Refuel</li> <li>10) EMS Crew En Route For Maintenance</li> <li>11) EMS Crew En Route To Call</li> <li>12) EMS Crew Out At Hospital</li> <li>13) Potential Dangerous Situation</li> <li>14) Request For Shift Chief On Duty</li> <li>15) Request For Service Number</li> <li>16) Intoxicated Patient</li> <li>17) Non-EMS Rider/Observer</li> <li>18) Public Service EMS Dispatch - Non-Urgent</li> <li>19) Public Service EMS Dispatch - Urgent</li> <li>20) Police Needed - Non-Urgent</li> <li>21) Police Needed - Urgent</li> <li>22) Justice-Of-The-Peace Needed</li> <li>23) EMS Crew On Scene</li> <li>24) Cancel 211</li> <li>25) Private Ambulance Needed For Dead Body</li> <li>26) Mental Patient</li> <li>27) Possible Dead Body</li> <li>28) Confirmed Dead Body</li> <li>29) Patient Injury Code - Minor</li> <li>30) Patient Injury Code - Moderate</li> <li>31) Patient Injury Code - Serious</li> <li>32) Patient Injury Code - Critical</li> <li>33) Patient Injury Code - Cardiac/Respiratory Arrest</li> <li>70) Fire Department Needed</li> <li>71) Jaws Needed For Extrication</li> <li>211) One Additional Unit Needed</li> <li>311) Two Additional Units Needed</li> <li>411) Three Additional Units Needed</li> <li>N1) Unfounded Call</li> <li>N2) Duplicate Call</li> <li>N3) Patient Refused Treatment/Transport</li> <li>N4) Patient Accepted Treatment/Refused Transport</li> <li>N5) EMS Refuses To Transport</li> <li>N6) No Injuries</li> <li>N7) Transported By Other Means</li> <li>N8) Dead Body</li> </ol> |
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### **SIGNALS**

- 1) Radio Transmission Unreadable
- 2) Radio Transmission Loud & Clear
- 3) Fire Department Needed
- 4) Jaws Needed For Extrication
- 5) EMS Crew Out For A Meal
- 6) EMS Crew Busy - Not Subject To Call

## **APPENDIX V**

### **MAINTENANCE & EMERGENCY REPAIR PROCEDURES**

Any new or additional repeater or control stations to be added to the system will be coordinated by SPEMS. Any agency requesting additional equipment should send a written ***Request for Radio Repair, Additional Equipment or Change in Equipment*** form to the Communications Committee through the SPEMS office. The form may be downloaded from [www.spems.org](http://www.spems.org) or call the SPEMS office to have the form faxed. The SPEMS Communications Committee will coordinate frequency assignment.

If an agency is experiencing problems with the Regional Communications System at **ANY** level, a written ***Request for Radio Repair, Additional Equipment or Change in Equipment*** form should be sent to the Communications Committee through the SPEMS office. The form may be faxed to (806) 791-5260. For immediate assistance, call the SPEMS office at (806) 791-2582. The Communications Committee will investigate the problem and recommend appropriate action. All base stations and remote consoles, along with mobile and portable radios, being utilized on the SPEMS system will be maintained by the county or local provider; repeaters and other major components will be maintained by SPEMS. Maintenance or alterations **MUST** have prior approval from SPEMS to insure there will be no adverse effects to the system. No repairs will be made without authorization of SPEMS. Payment for all unauthorized repairs or changes, and any repairs to return the system to its original state, will be the responsibility of the agency or individual requesting repairs.

The SPEMS office should be notified immediately when any station is out of service to initiate notification of Regional coordination points.



# South Plains EMS Communications Committee

## Request for Radio Repair, Additional Equipment or Change in Equipment

Please complete all information. Submit this form to SPEMS by mail, fax or email. All repairs **MUST** have prior authorization from SPEMS. All unauthorized repairs, additions, or changes will be the responsibility of the requesting agency or individual.

Contact Agency: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: Texas Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ x \_\_\_\_\_ Email: \_\_\_\_\_  
Pager: \_\_\_\_\_ ☐ Voice ☐ Digital ☐ Alphanumeric Fax: \_\_\_\_\_

County: \_\_\_\_\_ Primary MED Channel: \_\_\_\_\_  
Description of Problem or Request (please be as detailed as possible. Include additional documentation if necessary.)

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### ***Office Use Only***

Received by: _____	Date/Time: _____
Forwarded to: _____	Date/Time: _____
Repairs Authorized by: _____	Date/Time: _____
Bill to: _____	Estimate: _____
Forwarded to Vendor: _____	Date/Time: _____
Invoice #: _____ Total: _____	Repairs Completed: _____
Comments: _____	

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