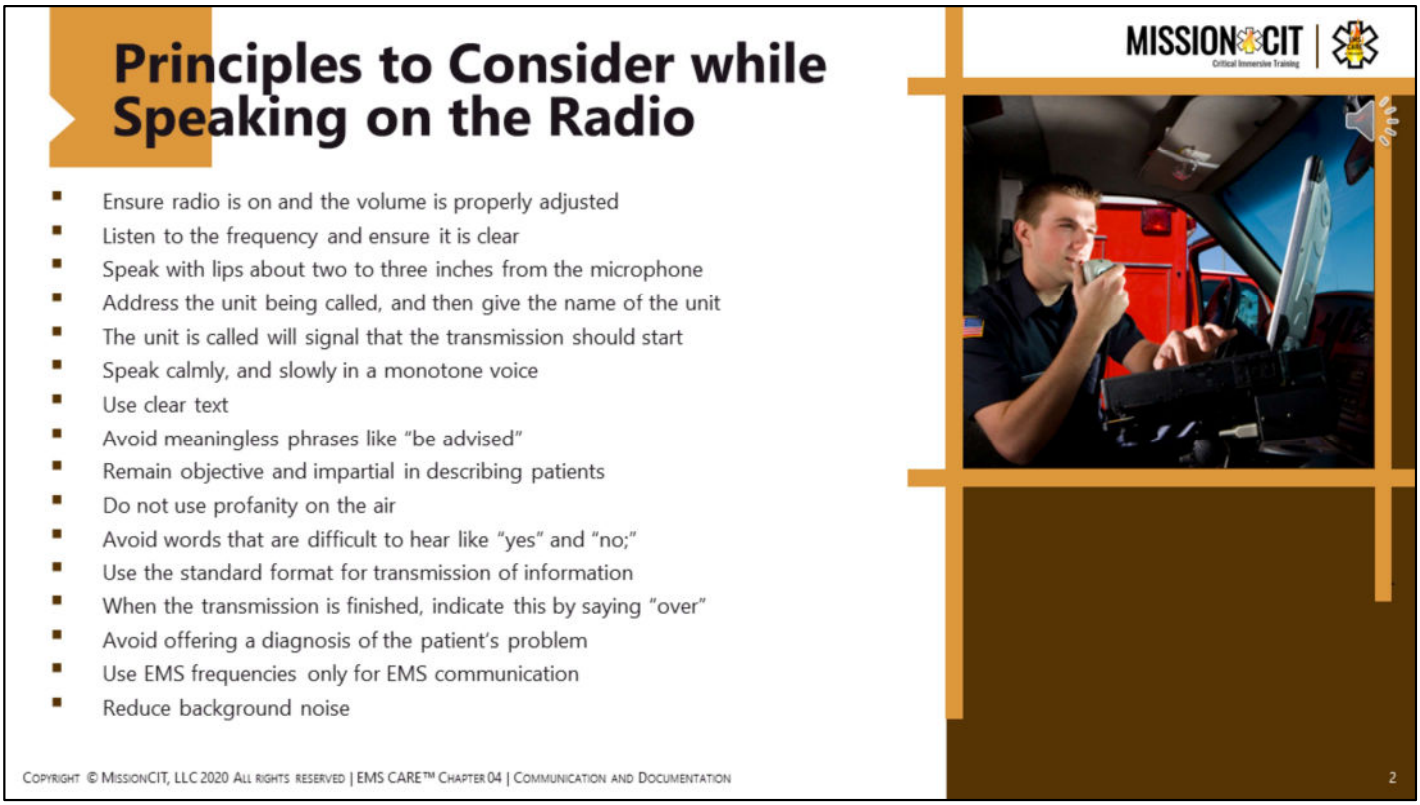



Thank you, Missah!

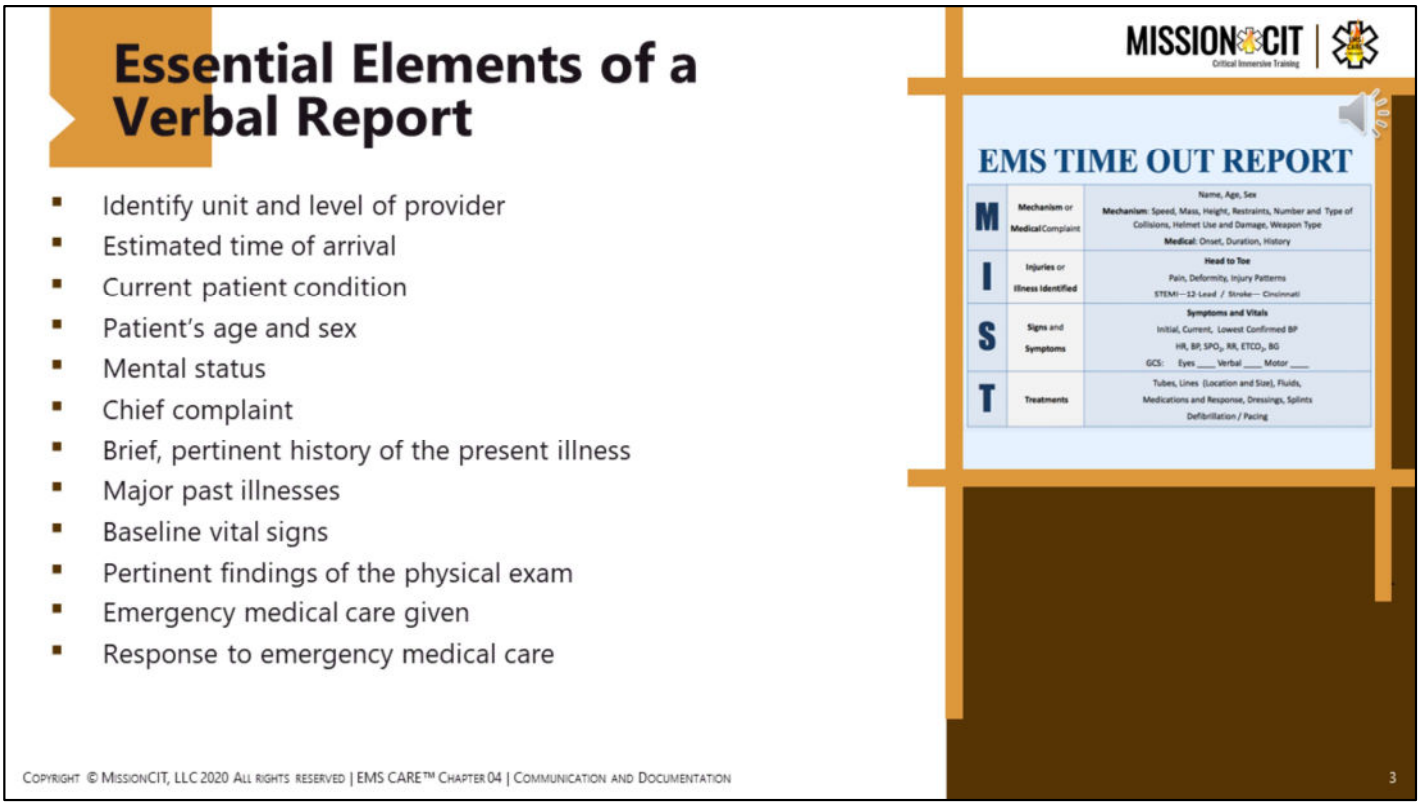
Welcome to this last lesson where we talk about some of the key strategies that can help boost your communication and reporting. So, let's get started.




Some of the principles to keep in mind while speaking on the radio are:

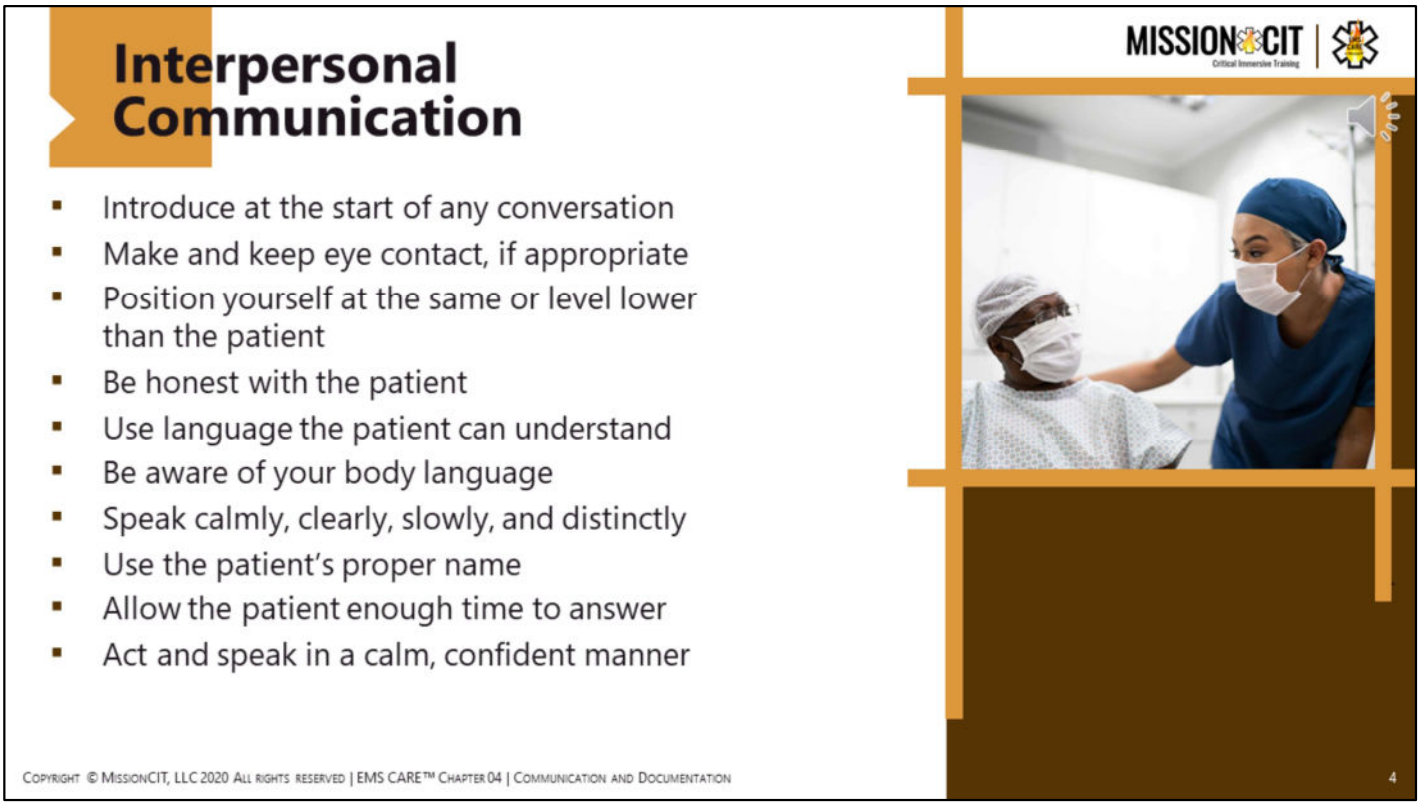
- Make sure the radio is on and the volume is properly adjusted
- Listen to the frequency and ensure it is clear before the beginning of a transmission
- Press the "press to talk" (PTT) button on the radio and wait for one second before speaking
- Speak with lips about two to three inches from the microphone
- Address the unit being called, and then give the name of the unit
- The unit is called will signal that the transmission should start
- Speak calmly, and slowly in a monotone voice
- Keep transmissions brief
- Use clear text
- Avoid codes or agency-specific terms
- Avoid meaningless phrases like "be advised"
- Courtesy is assumed, one should limit saying "please," "thank you," and "you're welcome"
- When transmitting a number that might be confused (e.g., a number in the teens), give the number, then give the individual digits
- The airwaves are public and scanners are popular
- Remain objective and impartial in describing patients
- Do not use profanity on the air
- Avoid words that are difficult to hear like "yes" and "no;"
- Use "affirmative" and "negative"

- Use the standard format for the transmission of information
- When the transmission is finished, indicate this by saying “over”
- Avoid codes
- Avoid offering a diagnosis of the patient’s problem
- Use EMS frequencies only for EMS communication
- Reduce background noise




When communicating with medical direction or the receiving facility, a verbal report should be given. The essential elements of such a report, in an order that is efficient and effective, are:

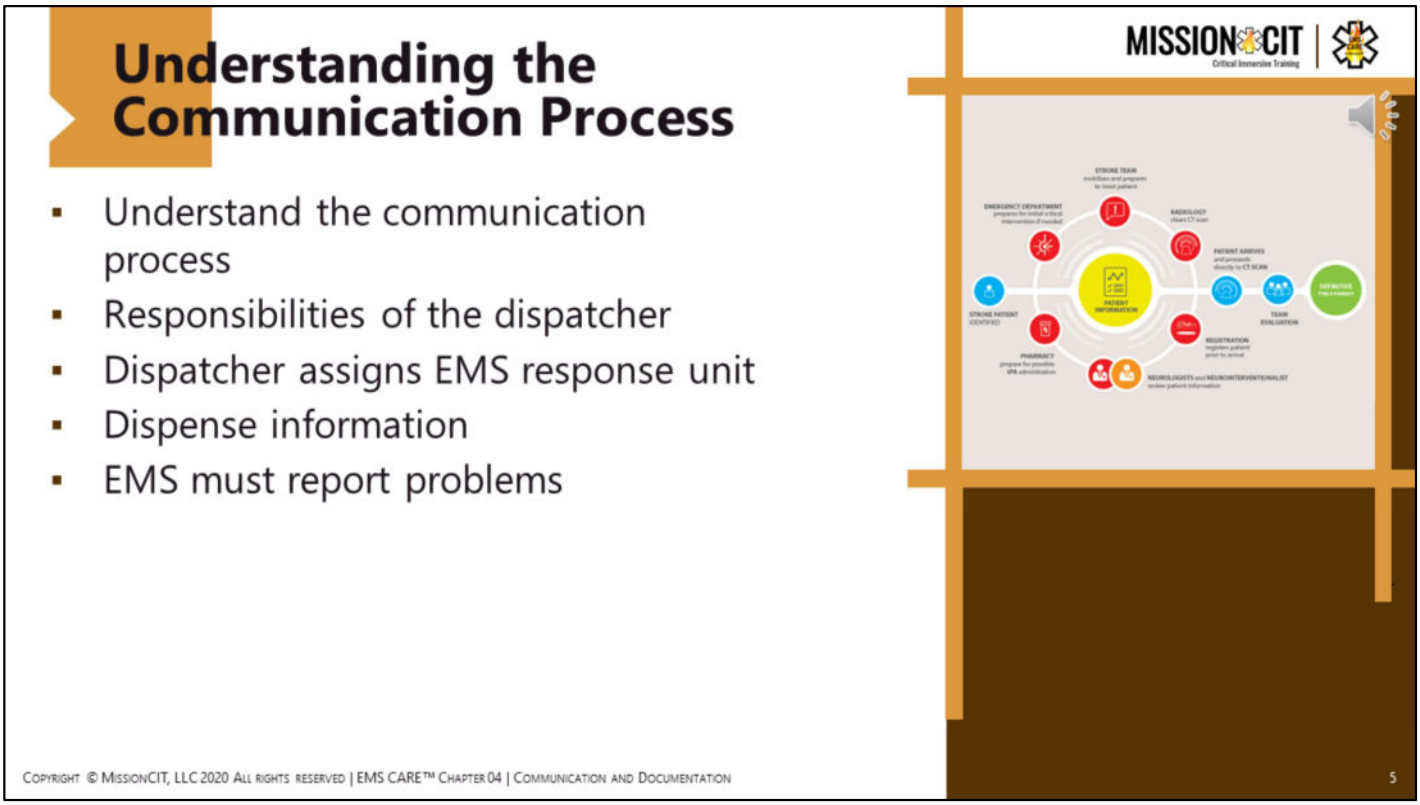
- Identify unit and level of provider (can utilize the name of the provider giving the report as well as the unit identification)
- Estimated time of arrival
- Current patient condition
- Patient's age and sex
- Mental status
- Chief complaint
- Brief, pertinent history of the present illness
- Major past illnesses
- Baseline vital signs
- Pertinent findings of the physical exam
- Emergency medical care given
- Response to emergency medical care




Interpersonal Communication is important as it can show the EMT in good light, achieve positive patient outcomes, and create a cordial working environment for everyone involved.

Some of the aspects that can boost interpersonal communication are:

- The EMT should self-introduce at the start of any conversation
- Make and keep eye contact, if appropriate
- When practical, position yourself at a level lower than the patient or on the same level
- Be honest with the patient
- Use language the patient can understand and avoid medical jargon
- Be aware of your body language
- Speak calmly, clearly, slowly, and distinctly
- Use the patient's proper name, either first or last, depending on the circumstances
- If a patient has difficulty hearing, speak clearly with lips visible
- Allow the patient enough time to answer a question before asking the next one
- Act and speak in a calm, confident manner




Understanding the EMS process including the communication points can greatly ease your job.

The dispatcher receives the first call to 911 and this is the start of the communication process. The responsibilities of the dispatcher are to:

- Properly screen and assign priority to each call, according to predetermined protocols.
- Select and alert the appropriate EMS response unit.
- Dispatch and direct EMS response unit to the correct location.
- Coordinate EMS response unit with other public safety services until the incident is over.
- Provide emergency medical instructions to the telephone caller.

The dispatcher assigns the appropriate EMS response unit based on several criteria such as:

- Nature and severity of the problem.
- Anticipated response time to the scene.
- Level of training of available EMS response unit(s).
- The need for additional support.

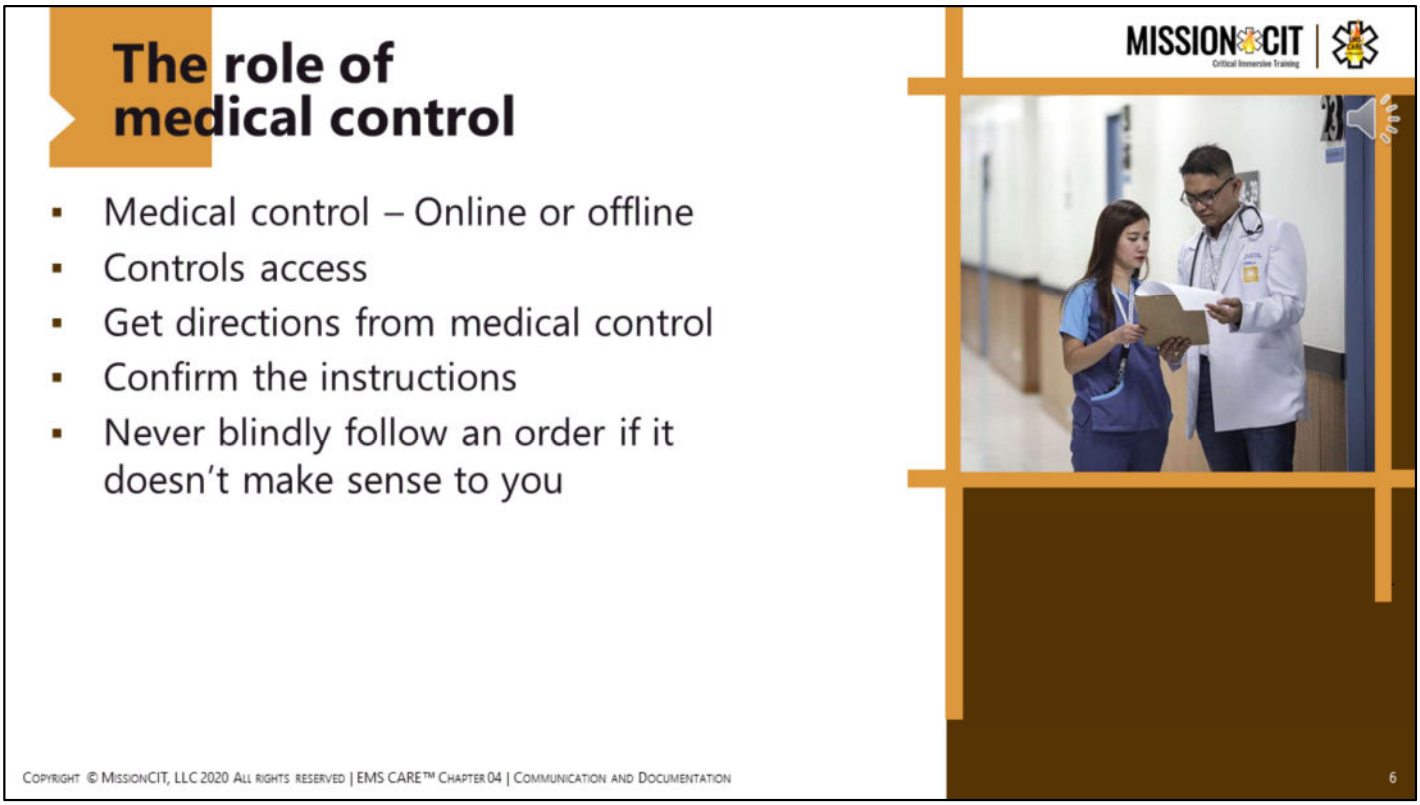
Also, the dispatcher should give the responding units the following information:

- Nature and severity of the injury, illness, or incident.
- The exact location of the incident.
- Number of patients.

- Responses by other public safety agencies.
- Special directions or advisories like adverse road or traffic conditions or severe weather reports.
- The time when units are dispatched.

EMTs should report any problems that took place during a run to the dispatcher. EMTs should inform the dispatcher:

- Upon arrival at the scene.
- The arrival report should include any obvious details observed during scene size-up.
- Radio communications must be brief and easily understood.
- Speaking in plain English is best.
- Report only important information.




Medical control is either offline or online. You may need to call medical control for permission to:

- Administer certain treatments
- Determine the transport destination of patients
- Stop treatment and/or not transport a patient

In most areas, medical control is provided by the physicians working at the receiving hospital. Many variations have developed across the country and the link to medical control is vital to maintain a high quality of care.

There are many ways to control access on ambulance-to-hospital channels:

- Dispatcher monitors and assigns appropriate, clear medical control channels
- Centralized medical emergency dispatch or resource coordination centers

The physician bases his or her instructions on the information the EMT provides and never uses unless directed to do so by local protocol.

Once you receive an order from medical control, repeat the order back word for word and then receive confirmation. Do not blindly follow an order that does not make sense to you.

With this, we end this lesson and Missah will handle the chapter review next.