



State of Iowa

## Emergency Medical Services Communications Plan

January 2025

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## 1. Document Control

### 1.1 Document Statistics

<b>Title</b>	State of Iowa Emergency Medical Services Communications Plan
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### 1.2 Change History

<b>Version Number</b>	<b>Date</b>	<b>Nature of Change</b>	<b>Date Approved</b>
1.0	1978	Initial Version	1978
2.0	December 2024	Update	February 2025

## 2. Introduction

### 2.1 Purpose

To establish a common standard of redundant and resilient communications, including talkgroup assignments and radio usage protocols, to be used between hospitals, Emergency Medical Services (EMS) and Emergency Communications Centers (ECCs) in the state of Iowa.

### 2.2 Background

#### Background

The initial Emergency Medical Services Communications Plan for the State of Iowa was prepared for the state of Iowa Department of Health, Community Health Services in 1973. By 1978, a revised Final Report on the Iowa Emergency Medical Services Summary Communications Plan reported that a significant portion of the state and most of the ambulance units providing EMS response had VHF high band equipment installed and operating.

The 1978 EMS Communications Plan provided various recommendations for radio equipment configurations for ambulances, hospitals, and county communications centers (CCCs), as well as telephone equipment configurations for the hospitals and CCCs. The plan also included medical radio channel frequency plans, mutual aid channel plans, and recommendations for various protocols. Throughout the 1980s and 1990s, VHF radio and the channels and protocols as specified the 1978 EMS Communications Plan provided the primary means of EMS communications.

In the early 2000s, technological advancements that had started a decade earlier began to change the EMS communications landscape in Iowa. While radio communications remained the primary method for ambulance dispatching and scene response, several jurisdictions began migrating to trunked radio communications using the 800MHz band. Ambulances started using cellular phones to communicate with hospitals for patient reports and medical control orders.

The Iowa Statewide Interoperable Communications System Board (ISICSB) was established in Iowa Code in 2007 and is under the joint purview of the Iowa Department of Public Safety and the Iowa Department of Transportation. The ISICSB is required to develop, implement, and oversee policy, operations, and fiscal components of communications interoperability efforts at the state and local level, and coordinate with similar efforts at the federal level, with the ultimate objective of developing and overseeing the operation of a statewide integrated public safety communications interoperability system.

Construction of the Iowa Statewide Communications System (ISICS) platform started in 2016, and the system was officially accepted by the State of Iowa in Spring of 2021. The ISICS platform is a trunked radio system that uses the 700/800 MHz band and P25 Phase II Technology Standard. As of December 2023, the System had 145 interconnected tower sites and 34,294 user radios, with monthly push-to-talk (PTT) numbers nearing 3 million per month. ISICS provides 95% or better mobile radio coverage throughout the entire state. ISICS is used daily by public safety agencies spanning all levels of government; schools; state and local public service agencies; and select non-governmental organizations.

Today, there is a patchwork of various communications methods in use around the state, each presenting its own set of unique challenges.. The conventional VHF channels from the 1978 EMS Communications Plan are very susceptible to interference and have a limited range. The use of local radio systems discourages interoperability by alienating communications from ambulances transporting to hospitals in other jurisdictions. Cellular and landline telephone systems lack the redundancy and resiliency of public safety grade communications networks. A review of several large-scale emergency incidents has shown that many hospitals lack situational awareness of public safety activities causing them to feel out of the loop and underprepared for potential mass casualty incidents.

**Bureau of Emergency Medical and Trauma Services (BEMTS) Background**  
Iowa Code 147A establishes the Department of Health and Human Services (Iowa HHS) as the lead agency responsible for coordinating and implementing the provision of EMS in Iowa. The Bureau of Emergency Medical and Trauma Services (BEMTS) is designated by Iowa HHS as the state EMS authority. BEMTS is responsible for adopting administrative rules pertaining to the operation of emergency service programs, certification of individuals, and the operation of EMS training programs. It is the mission of BEMTS to continuously improve and enhance Iowa's EMS system through technical assistance, data sharing, and regulatory action.

### **2.3 Scope**

This Plan covers public safety to hospital communications within the state of Iowa, including transport authorized services, non-transport authorized services, and air medical authorized services.

Individual hospital policy may vary, but to facilitate interoperability and promote consistency, hospital systems with the state of Iowa should use the ISICS system as the primary means of communications for all EMS calls for service, as well as other related communications.

## **3. EMS Considerations**

Regardless of how requests for service are received, EMS units should use standardized communications pathways.

### **Required Equipment:**

Radios are essential equipment for all EMS personnel. Radios are critical to responder safety and ensure efficient communications. All EMS vehicles shall be equipped with a mobile radio. EMS personnel should carry a portable radio on their person while on duty, on call, and when responding to a call for service.

### Transmitting on the Radio:

All users should speak clearly, and in a concise manner, using a normal volume and tone of voice. Subject matter discussed should be precise and professional. Shouting or speaking too softly will reduce the intelligibility of the received audio for other users.

To transmit on ISICS using a portable or mobile radio, the user must ensure their radio is selected to the assigned talkgroup, press the PTT button, and only speak after the permit-to-talk tone has been heard. The face of the microphone should be facing the user's mouth and held about 6 to 8 inches away.

### Initiating Radio Contact

On the appropriate or assigned talkgroup, the user shall press the PTT button and wait for the permit-to-talk tone before speaking. Best practice is to wait to be acknowledged before transmitting additional information, except when transmitting brief, status updates.

#### *Example:*

- Ambulance Unit [Hospital Talkgroup]: [Hospital] from [Ambulance Unit] on [Talkgroup Name]

### EMS Dispatching

The specific way EMS units are dispatched varies between emergency communications center (ECCs) throughout the state, and individual services should follow their specific dispatch guidelines. In general, a dispatch center will take a call for service, then dispatch the call to the appropriate EMS unit, i.e. a caller makes a call through 911 or other means, and then a dispatcher takes that call information then determines the appropriate response based on incident type or location. Additionally, Emergency Medical Dispatch (EMD) protocols may be used (ECC dependent). A dispatcher will alert the appropriate EMS and/or public safety units via local communications systems, which may include pagers, trunked/conventional, etc.

#### *Example:*

- Dispatcher [Paging Resource]: [Ambulance Unit and 1st Responders] – Respond to 123 North Main Street for a 60-year-old male patient who is conscious, alert, and breathing having chest pains with difficulty speaking between breaths; 123 North Main Street.

### EMS to Hospital Communications

When assigned to an incident, call for service, interfacility transport, or any time EMS personnel need to communicate with a hospital, they should contact the desired hospital on that hospital's encrypted talkgroup. Cellular and landline telephone communications rely on commercial networks which are not designed for the reliability, redundancy, and resiliency present in public safety Land Mobile Radio (LMR) systems. The use of calling

in via cell phones shall be a secondary means of communication between EMS and hospitals used when LMR communications is not possible.

While enroute to the destination facility, ambulance personnel should radio the destination hospital on that facility's encrypted ISICS talkgroup to provide their unit number and a patient care report. Patient care reports should be timed to give the receiving hospital as much advanced notice of the incoming patient(s) as possible. Refer to Appendix F for example patient care report (PCR) scripts.

*Example:*

- Ambulance [Hospital Talkgroup]: [Hospital ER] from [Ambulance Unit], for a patient report.
- Hospital ER [Hospital Talkgroup]: This is [Hospital ER], go ahead.
- Ambulance [Hospital Talkgroup]: [Ambulance Unit], (insert PCR – see Appendix F) ETA, 25 minutes.
- Hospital ER [Hospital Talkgroup]: Copy.

The destination facility should be immediately notified of the following:

- Patient is unstable or potentially unstable (abnormal vital signs)
- Mass Casualty Incidents (MCI)
- Patient exposure to radiation, hazardous materials (HazMat) or other potentially hazardous substances is known, possible, or suspected
- Alerts and Codes including, but not limited to:
  - STEMI Alert (ST-elevation myocardial infarction)
  - Stroke Alert (Cerebral Vascular Accident or CVA)
  - Trauma Alert
  - Code Blue (Cardiac and/or Respiratory Arrest)

To ensure all pertinent information is relayed in a logical, comprehensive, and concise manner, patient reports should be no more than 60 seconds in length and adhere to the report scripts for requesting medical control orders, or medical or trauma patients (Appendix F). All facility notification attempts, requests for medical control orders, and completed notification reports to the receiving hospital shall be documented in the PCR.

### Call Signs and Plain Language

Designated call signs are extremely important to avoid confusion when communicating on any radio system. Calls signs should be prefaced with agency name to eliminate misunderstanding. Consistent call signs and equipment designators usage prevents confusion for all radio users.



Using local codes and/or signals can also cause confusion. 10-Code assignments can vary from one agency to another, therefore all use of 10-codes is strongly discouraged. Radio users should use plain language to avoid conflicts and confusion.

### Out of Response Area Issues

If a unit encounters an emergency while out of its response area, the unit should follow agency protocols for reporting the emergency. The unit may contact the local ECC directly by hailing them on the appropriate regional calling (CALL) talkgroup. The notifying radio user(s) may be assigned an interoperable tactical (TAC) talkgroup to switch to for their incident if extended radio communications with the local jurisdiction is required.

### Personnel Notifications

Personnel may be notified through several different mediums, the most common forms of which include radio-based voice pagers, application-based paging, station alerting, and direct notification via radio or phone call.

Personnel should adhere to their individual agency's guidance for making notifications. It is also recommended that agencies possess multiple means of notification via redundant pathways to ensure notifications can still be made efficiently even if the primary system fails.

## 3.1 Scene Transport

Most requests for service are routed through a primary dispatch center, which then may alert the appropriate response personnel directly, or will coordinate with another dispatch center to ensure proper scene response. Responding units are notified through a myriad of methods, including but not limited to, direct radio notification, station alerting, and application-based paging. Responding scene units usually then communicate with their dispatch center via the local public safety radio system.

Primary responding units should follow their local protocols for requesting additional support, such as a higher level of care unit or air medical resources. Additionally, local communications pathways as well as interoperability pathways are situation and service dependent.

### Contacting a Destination Facility

When contacting a destination facility, EMS crews should use the hospital's specific talkgroup. If the hospital does not have a specific talkgroup, or it is not programmed into the crew's radio, the regional medical talkgroup should be utilized instead. Refer to Appendix G – PACE Plans for more information regarding communications methods.

Below is a figure illustrating 911 Call Flow.



Figure 1: Call Flow



## 3.2 Air Medical

### Requesting Air Medical

The methods for requesting Air Medical support are:

- Placing a phone call to the dispatch center for the air medical service; OR
- Requesting via a CALL talkgroup (situation dependent – unit must have the capabilities and be willing to receive calls for service this way)

### Scene Responses

If the responding aircraft has ISICS interoperability talkgroups in their radio, the appropriate interoperability TAC shall be assigned for the incident. If incident communications are currently on a local talkgroup, that talkgroup should be patched to the assigned interoperability TAC. This allows the incoming flight crew to have situational awareness of the incident while inbound and will facilitate communications with the flight crew. Once on scene, this interoperability TAC should be used for landing zone coordination between the flight crew and ground contact.

If the responding aircraft does not have ISICS interoperability talkgroups in their radio, a shared conventional interoperability channel from the [ISICSB ICS-217A](#) shall be assigned for the flight crew to coordinate with the ground contact personnel for landing zone coordination. More information can be found in [ISICS 1.5.2 Use of Statewide and/or Regional Interoperability Talkgroups - Air Ambulance Emergency Landing Zone Coordination](#)

### Hospital Reports

Air medical crews generally make contact with the receiving facility to give a patient care report within the first 10 minutes after liftoff. When contacting the receiving facility, air medical crews should use the hospital's specific talkgroup. If the hospital does not have a specific talkgroup, or it is not programmed into the crew's radio, the regional medical talkgroup should be utilized instead. Receiving facilities may monitor air medical radio traffic on the regional TAC talkgroup assigned to an incident to obtain situational awareness.

### 3.3 Interfacility

Requests for interfacility transfers may be coordinated through a variety of communications pathways, such as by radio, landline, or cell phones. These transfers may be pre-arranged, and scheduling methods are left to the discretion of the EMS agencies coordinating the transfer.

Updated patient reports should be delivered via the communications pathway designated by the receiving facility while a crew is en route to the destination. Pathway examples include:

- Calling in directly via phone to the receiving facility/receiving floor
- Using specific or regional talkgroups where applicable

If unit diversion is necessary while en route to a destination facility, whether due to change in patient condition or another unforeseen circumstance, the new destination facility should be contacted through the following methods:

- Primary: Specific talkgroup
- Secondary: Regional talkgroup
- Tertiary: Direct contact by phone call

If air medical support is necessary due to a change in patient condition, follow the Requesting Air Medical guidance listed in Section 3.2.

## 4. Emergency Communications Center (ECC) Considerations

### Public Access

Most public requests for emergency assistance are made via the 911 phone system, including through texting. Public safety telecommunicators receive calls for service, obtain and verify location information, obtain patient condition, and then dispatch the appropriate public safety personnel. They may also use EMD protocols to classify complaint acuity, determine the appropriate response, and provide pre-arrival instructions such as controlling bleeding, administering CPR, childbirth delivery instructions, etc. to the caller.

### Requirements

To be considered a primary public safety answering point (PSAP) for 911 and thereby eligible for 911 surcharge funding, an ECC must be the initial answering location for 911 calls and be able to receive and process 911 calls 24 hours a day. An ECC must also be able to receive both wireline and wireless calls to be considered a PSAP. Within Iowa Code and Rule, only PSAP is defined, and there is no definition of Secondary PSAP. Consequently, secondary communication centers that receive calls transferred from primary PSAPs are not eligible to receive 911 surcharge funding even if they are operational 24 hours a day.

More information regarding state level 911 requirements may be found in [Iowa Code 34.A](#) and [605.10](#).

### PTT over LMR

Mission critical or public safety grade LMR PTT networks have distinct differences from broadband (cellular) networks. Public safety LMR systems are dedicated networks, often owned and/or operated by public safety agencies, municipalities, and/or other jurisdictions. Broadband networks operate within the framework of commercial cellular networks, often utilizing third-party software and other interfaces. Public safety agencies are often reluctant to rely exclusively on broadband networks due to security concerns and the ‘hardened’ nature of public safety facilities. Broadband PTT does provide some advantages in coverage, voice quality, and software-driven features and solutions, such as situational awareness applications.

- Public safety has embraced LMR for reliable and quick communication, evolving from VHF and UHF analog systems to 700/800 MHz digital trunked systems.
- LMR systems are generally isolated from the public, while broadband public safety networks still have to share infrastructure with commercial users.
- LMR networks can be divided into a variety of talkgroups, or channels, and can be designated for specific work groups, like hospital emergency rooms or tactical response teams.
- If an LMR tower goes out of service, LMR users can often still communicate when within proximity to other users. Broadband/cellular users don’t often have this capability.
- The ISICS LMR system provides reliable and wide-reaching coverage for EMS and other public safety agencies.
- A direct link through ISICS between a hospital and a local ECC can aid both sides with situational awareness concerns.

LMR will likely remain the primary communication technology for public safety personnel because of its inherent reliability. It’s likely, however, that a convergence of broadband and LMR will continue to expand, allowing the two technologies to complement each other, giving responders the best of both worlds.

### EMD

Currently, the use of EMD protocols is not required at the state level. EMD implementation is highly encouraged, but at the discretion of individual agencies.

Additionally, over time and through litigation, society's expectations of emergency dispatch systems include providing EMD instructions as a minimum standard of care. Dispatchers can be trained to gather specific information about medical emergencies and then provide instructions to callers until help arrives on scene. This is the first link in the chain of survival. Standard of care is a legal term, not a medical term, referring to the degree of care a prudent and reasonable person would exercise under the circumstances. Public safety agencies without such a standard in place may need to defend that practice in court, and in the court of public opinion. Ignorance of the standard is not a reasonable defense. Failure to provide EMD instructions can leave agencies and personnel liable for errors made. When a standard protocol is followed, dispatch errors are reduced, and legal exposure is limited.

## 5. Health System Considerations

### Call Intake

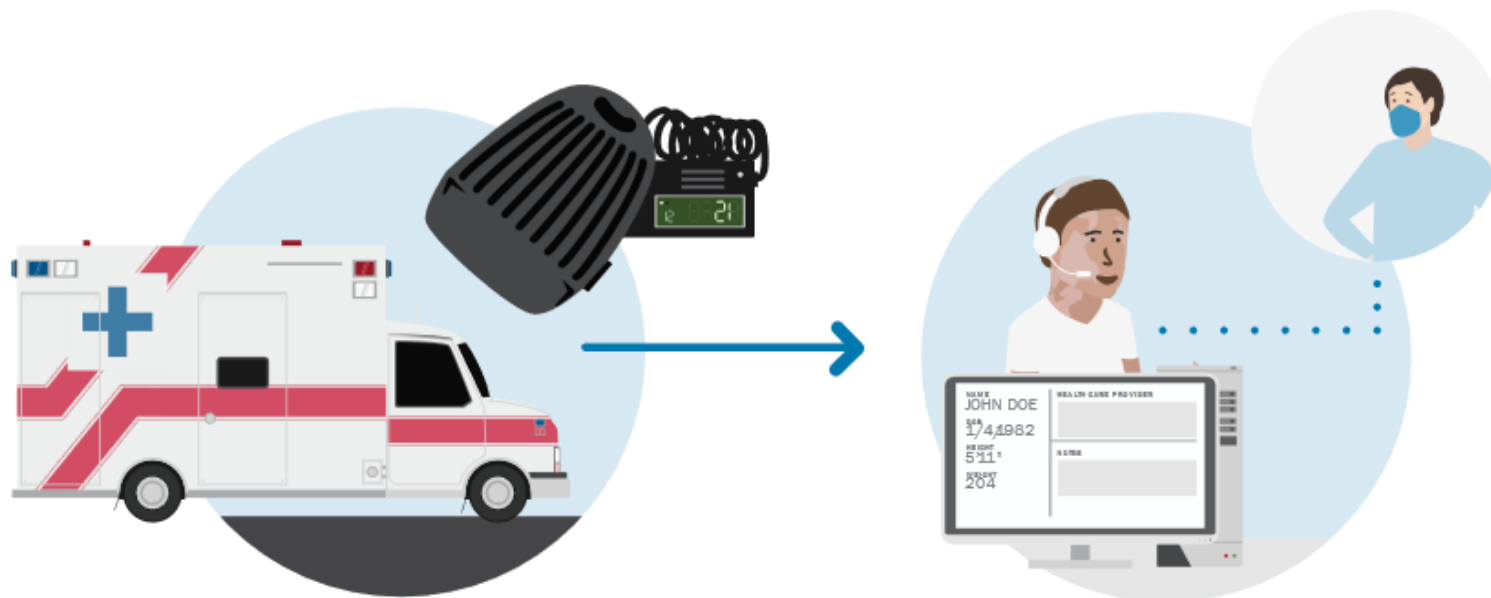
The ways in which hospitals intake EMS reports varies depending on the size and capabilities of each individual facility. The most common call-intake pathways include the first point of report-taking contact being an RN in the ER, admissions personnel, or staff manning a full-time EMS communications call center.

Refer to Appendix G – PACE Plans for more information regarding communications methods.

### **5.1 EMS – Hospital Communications Workflow Examples**

The following are examples of the flow of communications between incoming EMS units and receiving facilities:

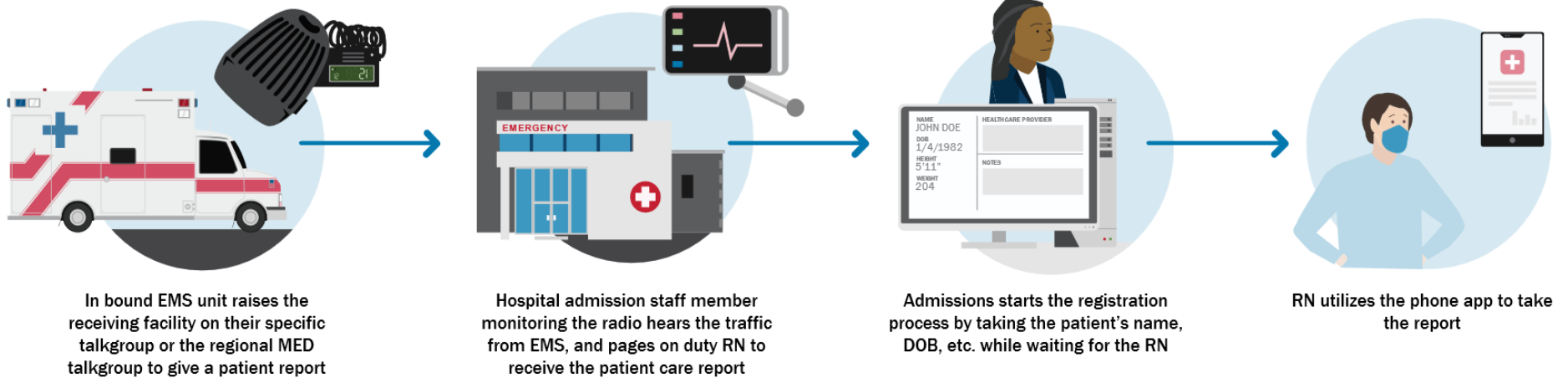
## Transporting to a health system with a full-time staffed EMS communications center:



In bound EMS unit raises the receiving facility on their specific talkgroup or the regional MED talkgroup to give a patient report

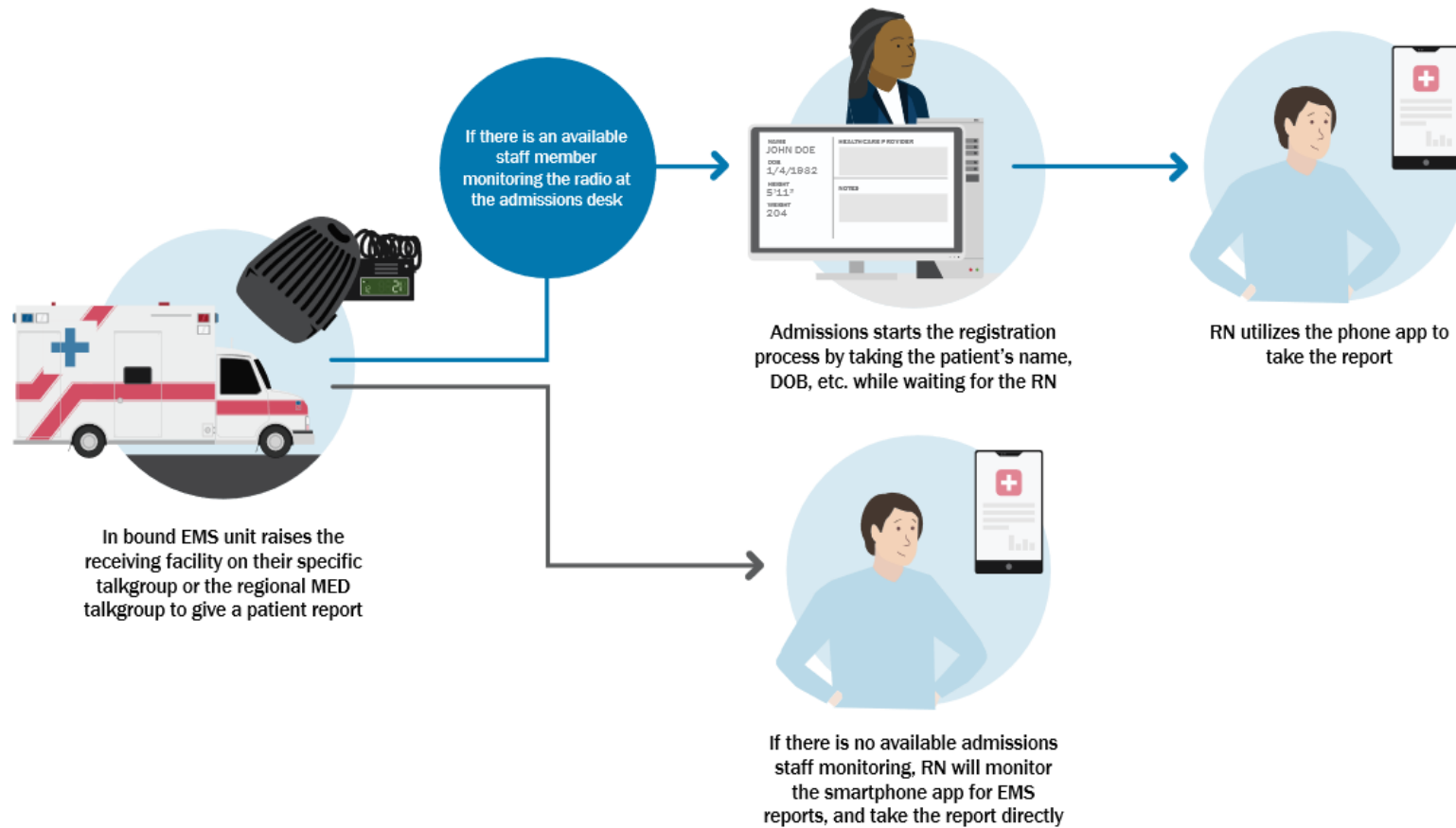
A dedicated healthcare provider monitoring the radio hears the traffic from EMS, takes the report, and relays it to the receiving staff/charge RN

**Transporting to health system with a separate, dedicated hospital admissions or unit clerk:**





Transporting to a health system without a separate, dedicated hospital admissions or unit clerk:



## Call Signs

Designated call signs are extremely important to avoid confusion when communicating on any radio system. Calls signs should be prefaced with agency name to eliminate misunderstanding. Consistent call signs and equipment designators usage prevents confusion for all radio users. For health systems, call signs should include the following:

- Name of Facility – Hospital
  - If designation between similar names is needed, follow with Community Name
  - For example: UnityPoint Hospital – Marshalltown vs. UnityPoint Hospital – Trinity Fort Dodge
- Call signs may further distinguish between a general facility call center and a specific specialty
  - UnityPoint Hospital – Marshalltown
  - UnityPoint Hospital – Marshalltown Emergency Room

## Suggested Equipment

To facilitate PTT communications, hospitals must be equipped with the appropriate PTT equipment. Over-the-air radio equipment is required as it is the most reliable and redundant means of communication. Portable radios, broadband PTT devices, desktop applications, and mobile phone applications may also be used to provide a more user-friendly interface, better form factor, enhanced features, or to facilitate PTT communications in locations where a desktop over-the-air radio may not be practical. All personnel shall use proper radio etiquette and protocols to communicate pertinent information via the assigned talkgroup.

Suggested equipment for utilization of PTT communications includes, but is not limited to:

1. Radio (mobile, base, and/or portable)
2. 700/800 MHz, P25 Phase II, AES 256 encryption, multi-key OTAR (check with system admin)
3. Mobile app
4. Desktop app

## Personnel Notifications

Personnel may be notified through several different mediums, and staff should adhere to their individual facility's guidance for making notifications. It is also recommended that health systems possess multiple means of notification via redundant pathways to ensure notifications can still be made efficiently even if the primary system fails.

## 6. Communications System Components/Design

### PSAP vs. ECC overview

A Public Safety Answering Point (PSAP) is a critical facility in emergency response systems designed to handle 911 calls. Serving as the first point of contact when someone dials 9-1-1, PSAPs are staffed by trained dispatchers responsible for receiving calls, determining the nature and location of the emergency, and dispatching the appropriate services—such as police, fire, or medical responders. The term PSAP is closely associated with the legacy of 911 operations, where call-taking and dispatching focus on providing immediate assistance to those in distress.

In contrast, the term ECC has become more prevalent in recent years, reflecting a broader scope of operations. While similar to PSAPs, ECCs not only answer 911 calls but also manage the dispatch of emergency services and coordinate across multiple agencies. Some ECCs handle communication for large-scale incidents or public safety events, expanding their role beyond traditional emergency services like police, fire, and EMS. This multifaceted function underscores the ECC's significance in ensuring timely and efficient emergency responses across various scenarios.

### ISICS Access

ISICS is the statewide 700/800 MHz P25 Phase II trunked radio system with core redundancy for the state of Iowa. The following graphics illustrate the system's design and the different ways ECCs can access ISICS.

## 6.1 Equipment Overview

*Figure 2: Hospital Base Radio/Control Station*

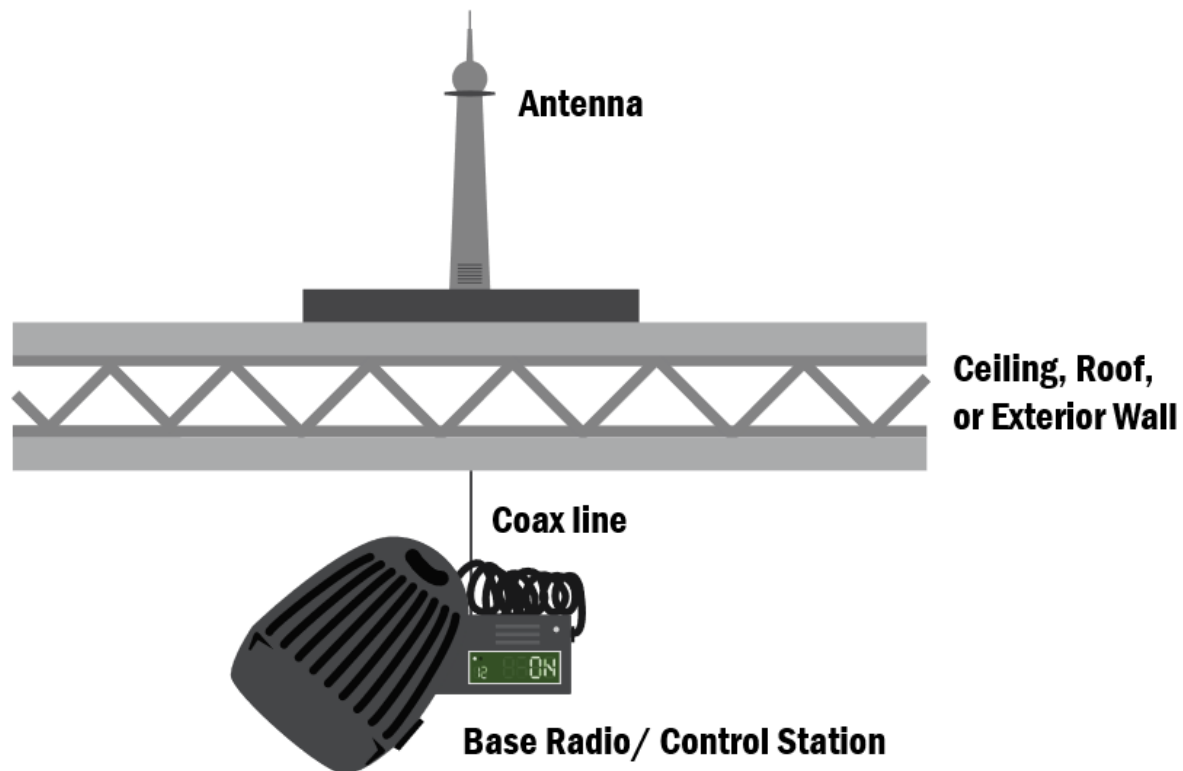


Figure 2 illustrates a Base Radio/Control Station in desktop configuration located near nurses' station or other regularly occupied workstation. May serve as the primary or backup access method. The antenna must be within radio range of an ISICS tower site.

*Figure 3: Mobile Application (Smart Phone)*

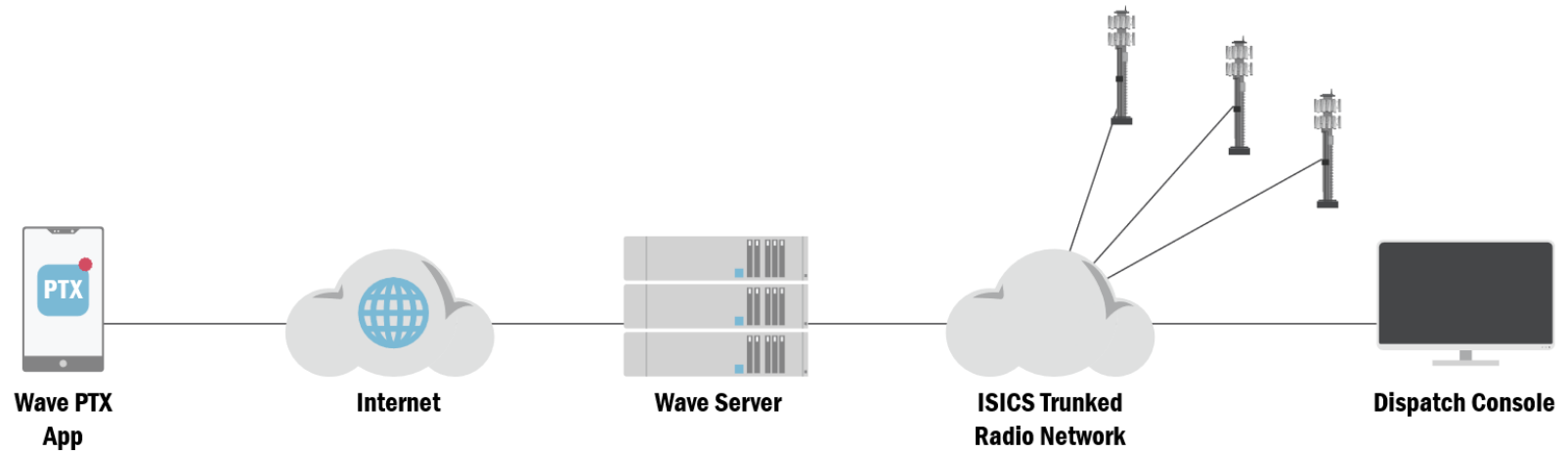


Figure 3 illustrates a mobile application on smart phone carried by Emergency Department Charge Nurse or other designated personnel.

*Figure 4: Desktop Computer Application*

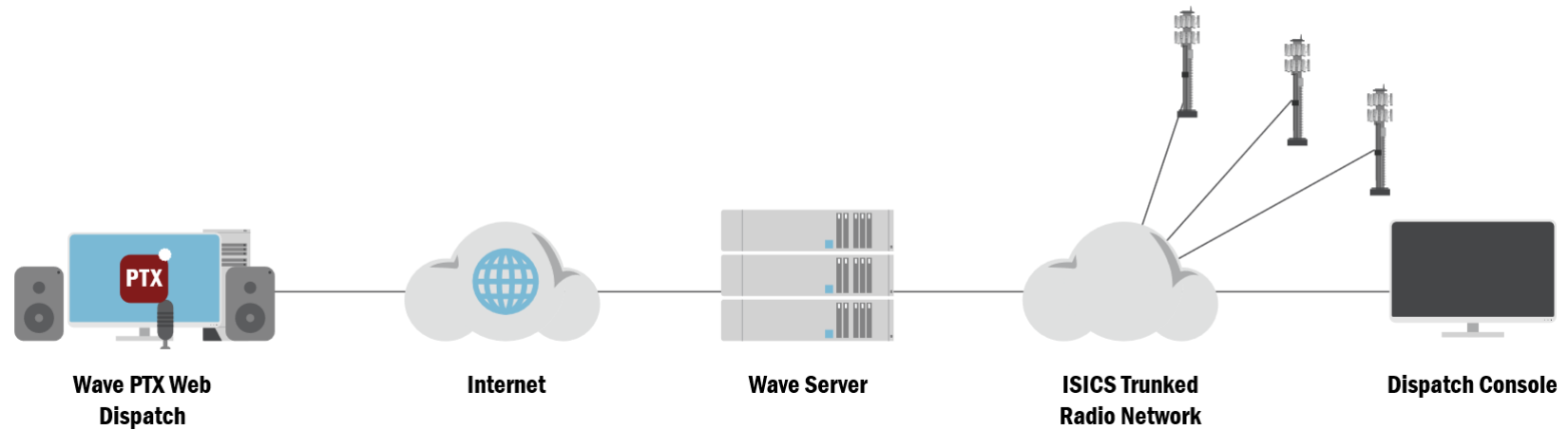


Figure 4 illustrates a desktop computer application positioned at nurses' station, admissions desk or other regularly occupied workstation.

## 6.2 Installation Diagrams

Figure 5: Consolette/Control Station - Standalone

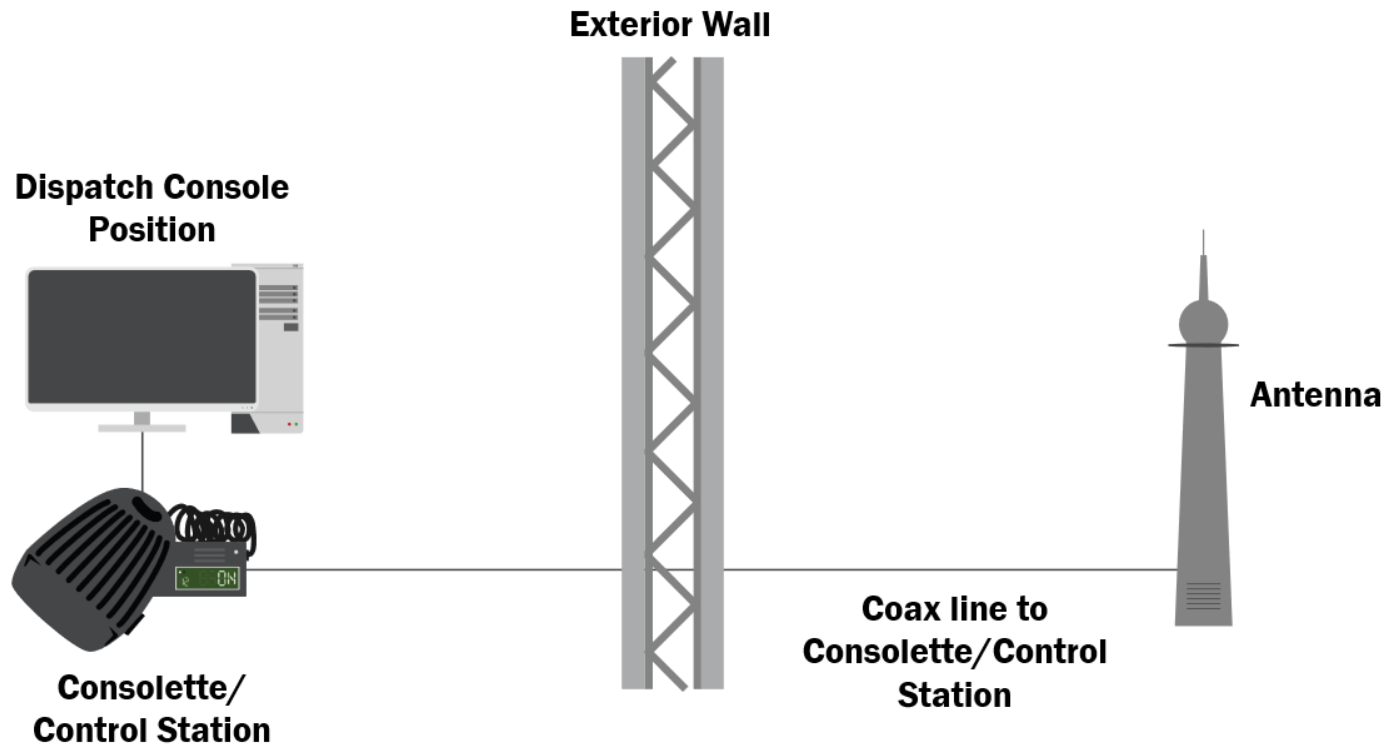


Figure 5 illustrates a dispatch console and consolette/control station at position. The dispatcher can access control head to change talkgroups and must relay audio.



Figure 6: Console/Control Station - Integrated 1

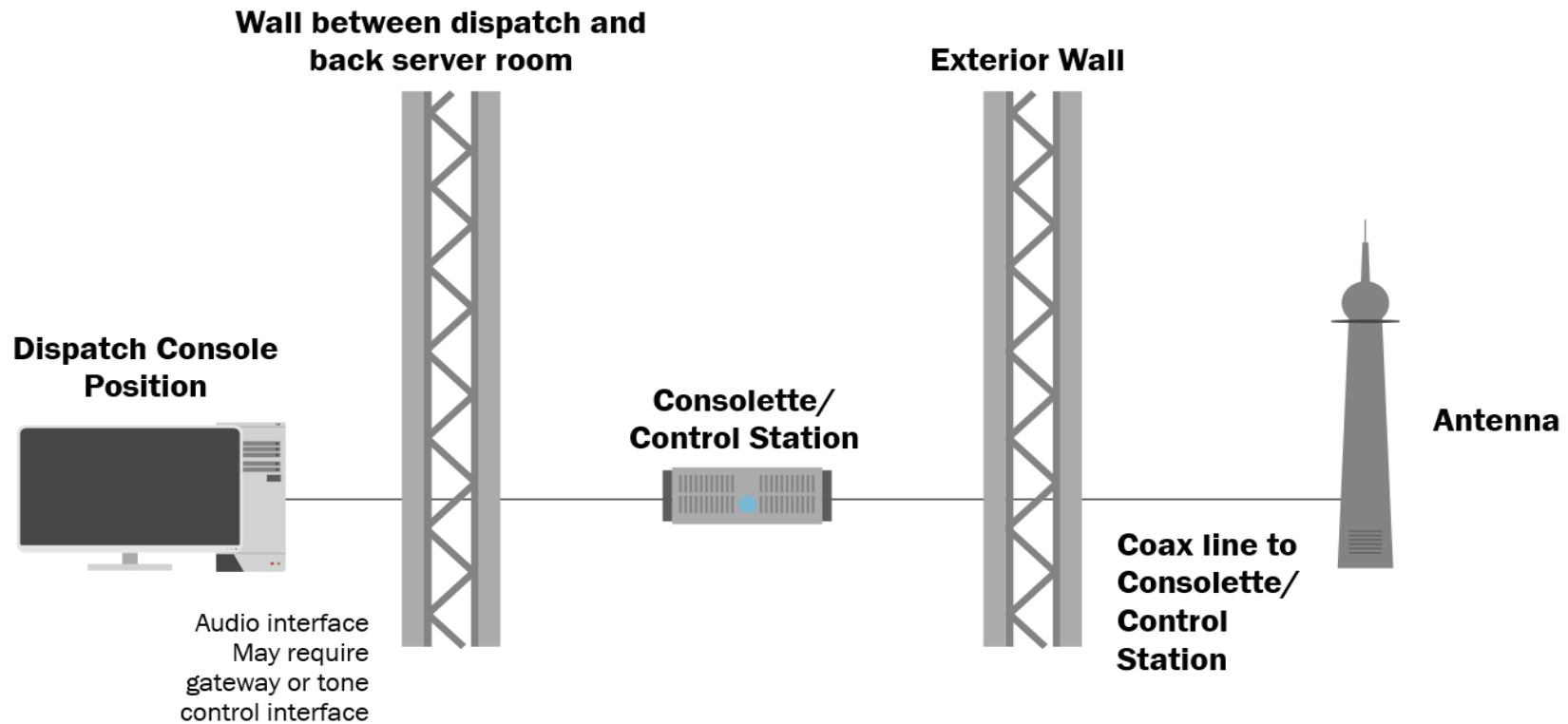


Figure 6 illustrates a console/control station fully integrated to dispatch console. Dispatcher can fully control console/control station from dispatch screen.

Figure 7: Console/Control Station - Integrated 2

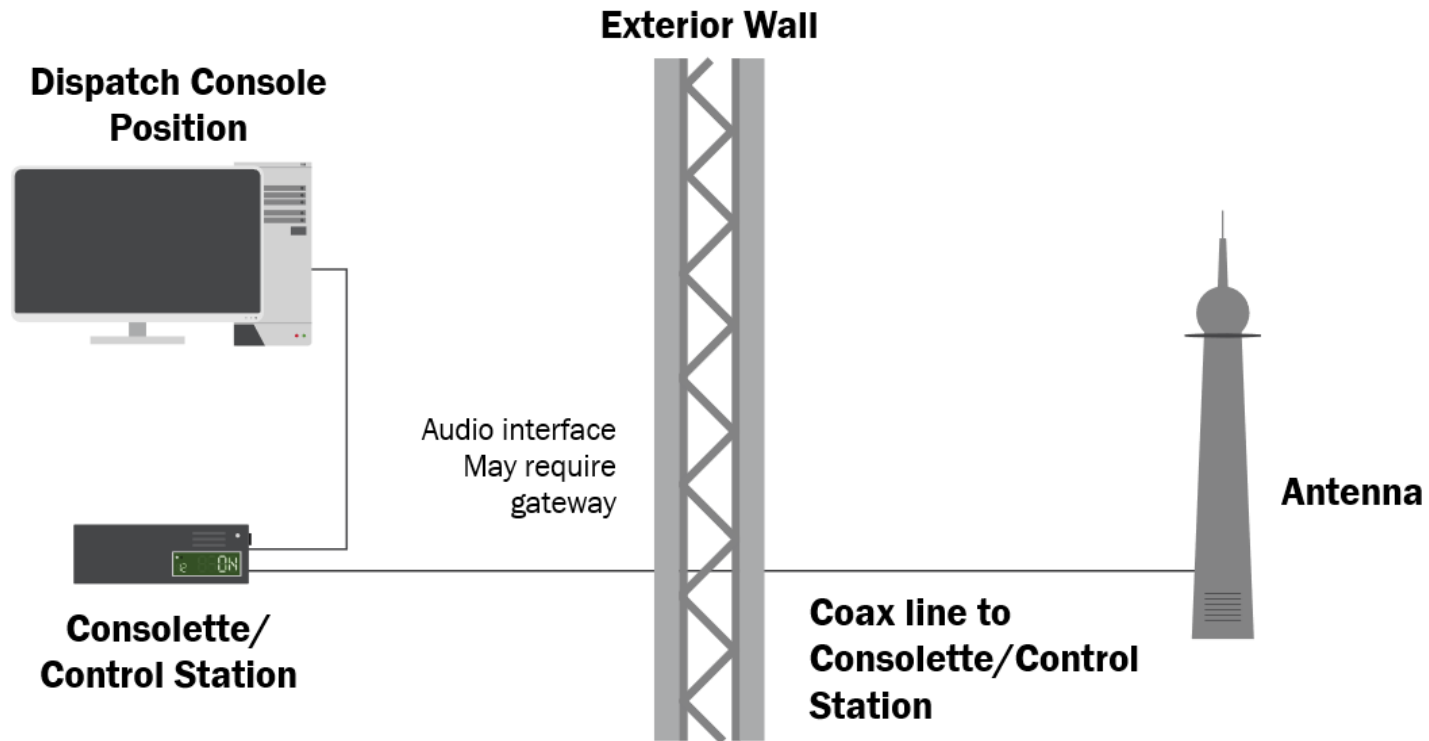


Figure 7 illustrates a dispatch console and console/control station at position. The dispatcher can access control head to change talkgroups. Audio is available for patching via console. This configuration would be used when remote steering of the console/control station is not available at the dispatch console.

Figure 8: Console/Control Station - Integrated 3

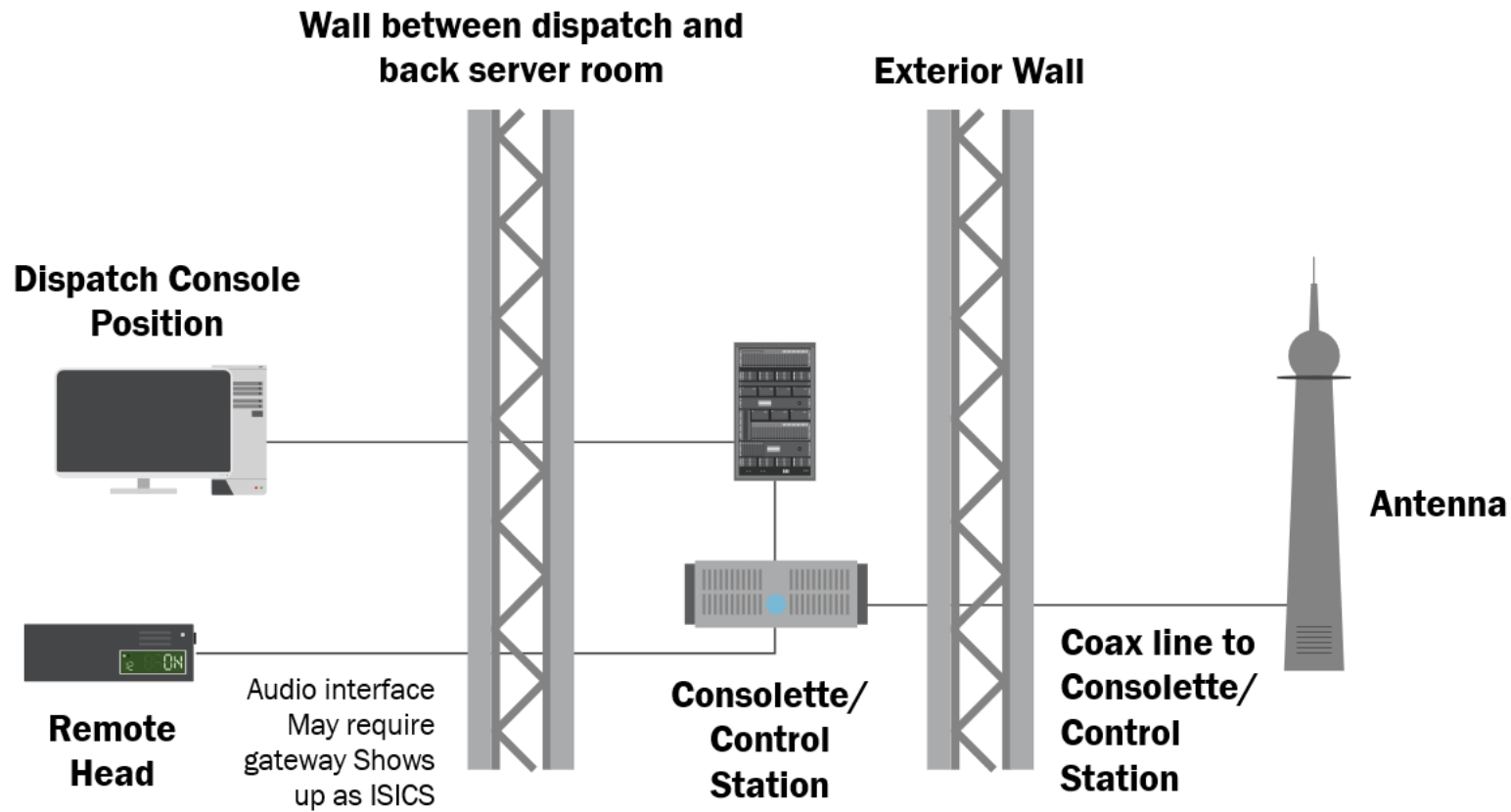


Figure 8 illustrates a dispatch console and remote-control head at position. The dispatcher can access remote control head to change talkgroups. Audio is available for patching via console.

*Figure 9: Console/Control Station - Integrated w/ Antenna Combiner*

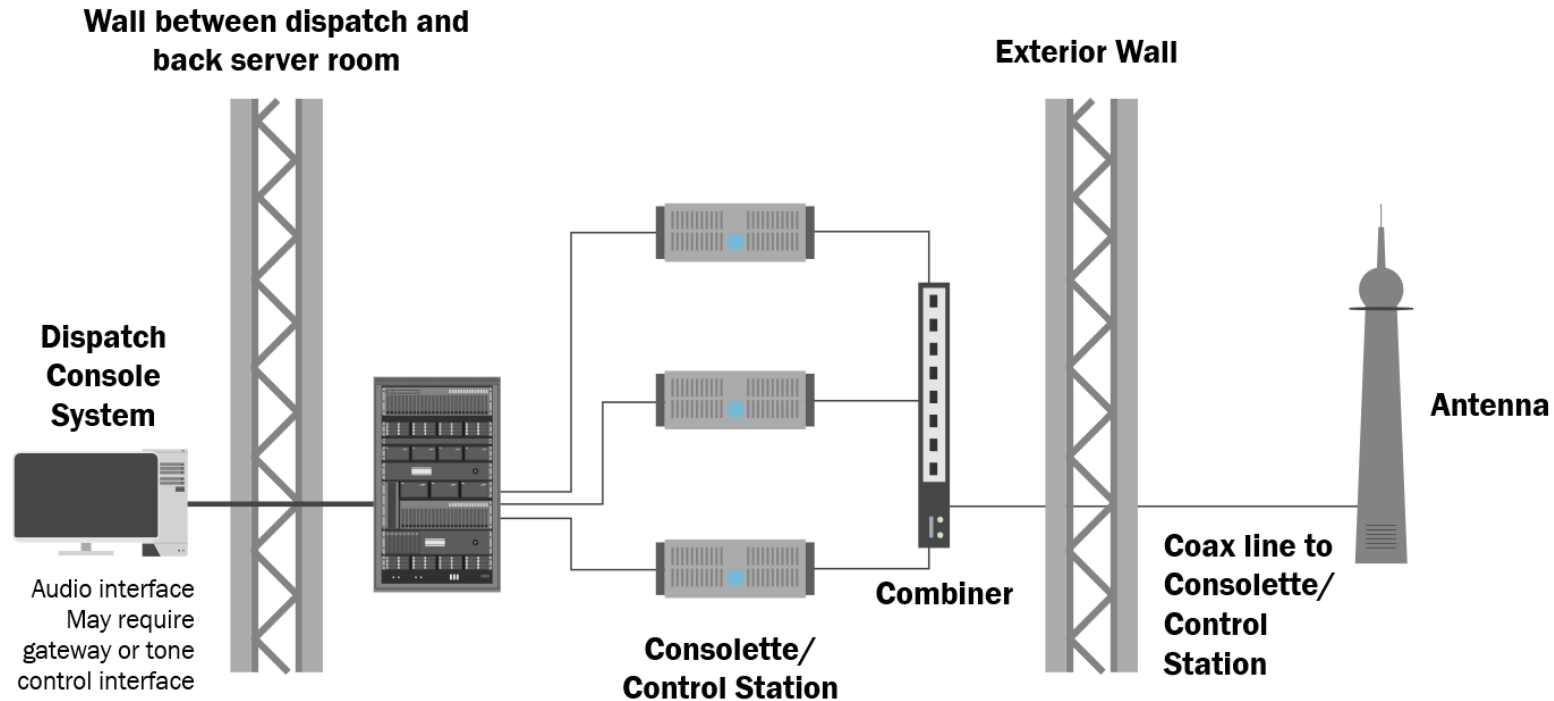


Figure 9 illustrates a console/control station fully integrated to dispatch console. PSAP has opted to use multiple console/control stations. Dispatcher can fully control console/control station from dispatch screen.

Figure 10: Console/Control Station - Integrated w/ Audio Buffer

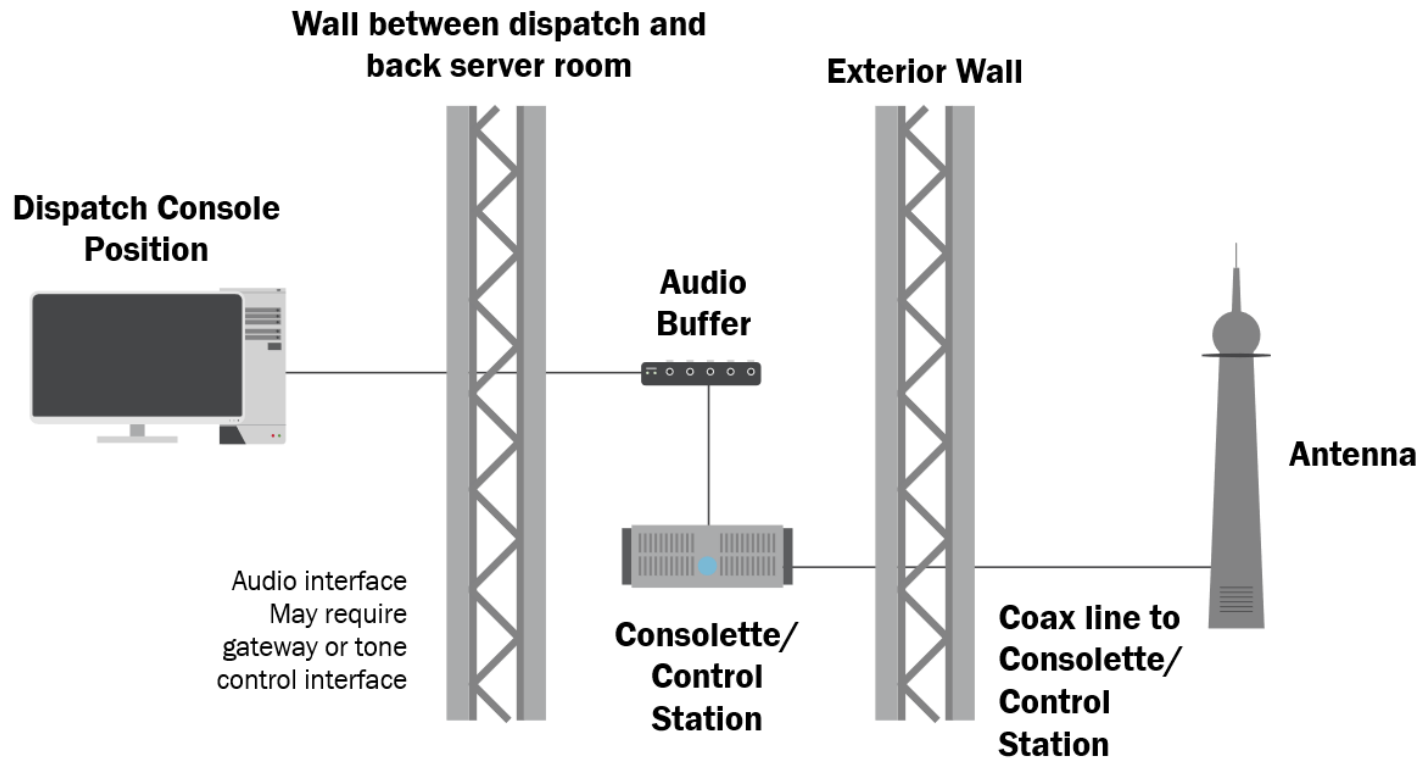


Figure 10 illustrates a console/control station fully integrated to dispatch console. The audio buffer is used to delay audio between resources to avoid clipping of transmissions. Dispatcher can fully control console/control station from dispatch screen.

Figure 11: Console/Control Station - Integrated w/ Antenna Combiner & Audio Buffer

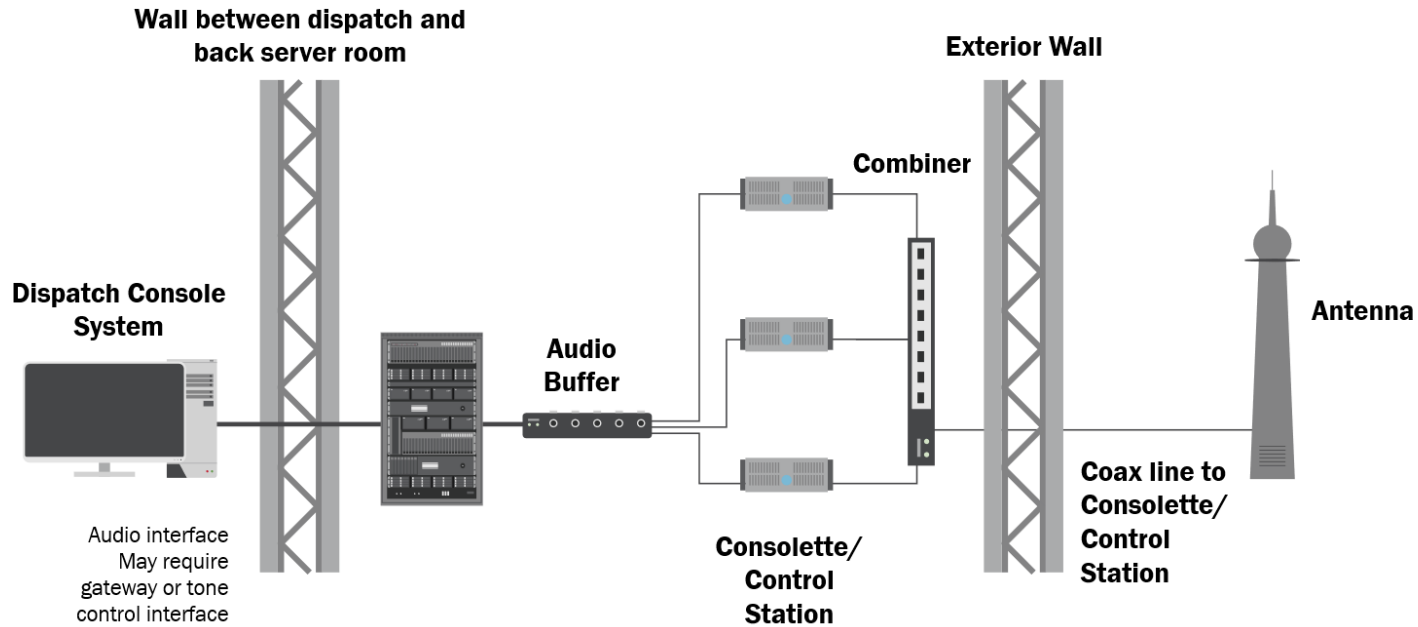


Figure 11 illustrates a console/control station fully integrated to dispatch console. The PSAP has opted to use multiple console/control stations. Dispatcher can fully control console/control.

## HAN Overview

The Iowa Health Alert Network (HAN) system is a secure, web-based communication system. This communication system is a partnership implemented by the Iowa Department of Health and Human Services, Local Public Health Agencies, Hospitals, and other agencies. It is designed to enable a 24/7 flow of critical information between Iowa HHS and local partners throughout the state.

Iowa's HAN system is capable of rapid distribution of health information, important documents, announcements, news items, and collaborative sharing between agencies throughout Iowa. The system utilizes multiple formats to deliver notifications which include email, phone, pager, and text messaging.

## 7. Plan Management

Overall plan management is the responsibility of Iowa BEMTS and HHS. During the plan adoption and management process for the 2024 update, some hospitals and agencies within the state may still operate based on the 1978 plan version during the transition period.

The following table identifies the positions responsible for the maintenance of Communications Plan procedures, as well as details those responsible for the different aspects of plan maintenance.

Activity	Responsible Party	Frequency
Plan Update and Certification	Iowa BEMTS*	Annually
Orient New Policy Officials and Senior Management	Iowa BEMTS	Within 90 days of appointment
Develop and Conduct Plan Exercises	Iowa HHS*	Annually

*\*In accordance with Iowa Code 80.29 [ISICSB] Board duties, the ISICSB Operations Committee shall be consulted in an advisory capacity.*



## Appendix A: Glossary and Acronyms

<b>BP</b>	Blood Pressure
<b>BEMTS</b>	Bureau of Emergency Medical and Trauma Services
<b>CALL</b>	Regional Calling talkgroup
<b>CVA</b>	Cerebral Vascular Accident i.e., a stroke
<b>CCC</b>	County Communications Center
<b>ECC</b>	Emergency Communications Center
<b>EMD</b>	Emergency Medical Dispatch
<b>EMS</b>	Emergency Medical Services
<b>Encrypted</b>	Secure communications which require proper encoding and decoding to send and receive messages.
<b>ER</b>	Emergency Room
<b>FCC</b>	Federal Communications Commission
<b>GETS</b>	Government Emergency Telecommunications Service
<b>GCS-AVPU</b>	Glasgow Coma Scale-Alert/Verbal/Pain/Unresponsive
<b>HAN</b>	Health Alert Network
<b>HHS</b>	Health and Human Services
<b>IC</b>	Incident Commander
<b>ISICS</b>	Iowa Statewide Interoperability Communications System, a statewide 700 MHz and 800 MHz trunked radio platform that provides a network of microwave-connected radio towers to support communications for public safety agencies, schools and others, border to border, in the State of Iowa, designed to improve public safety across the state.
<b>ISICSB</b>	Iowa State Interoperability Communications System Board
<b>LMR</b>	Land Mobile Radio, describes radio systems and technology which relies on radios, towers sites and backhaul that is separate from other technology systems, cellular telephone, and wireless broadband.
<b>Non-STEMI</b>	Non-ST-Elevated Myocardial Infarction
<b>PACE</b>	Primary, Alternate, Contingency, Emergency
<b>PCR</b>	Patient Care Report
<b>Permit-to-Talk Tone</b>	After the radio user presses the PTT button, an audible chirp which indicates the system and talkgroup are available and the user may speak.
<b>PSAP</b>	Public Safety Answering Point
<b>PSCC</b>	Public Safety Communications Center; also known as a PSAP.
<b>PTT</b>	Push-To-Talk button on the side of radio which causes the radio to transmit voice on the selected talkgroup or channel.
<b>RoIP</b>	Radio Over Internet Protocol
<b>STEMI</b>	ST-Elevated Myocardial Infarction
<b>TAC</b>	Tactical Talkgroup
<b>Talkgroup</b>	A virtual channel in a trunked system.
<b>US</b>	United States
<b>VA</b>	Veterans Affairs
<b>WPS</b>	Wireless Priority Service (WPS)

## Appendix B: References and Authorities

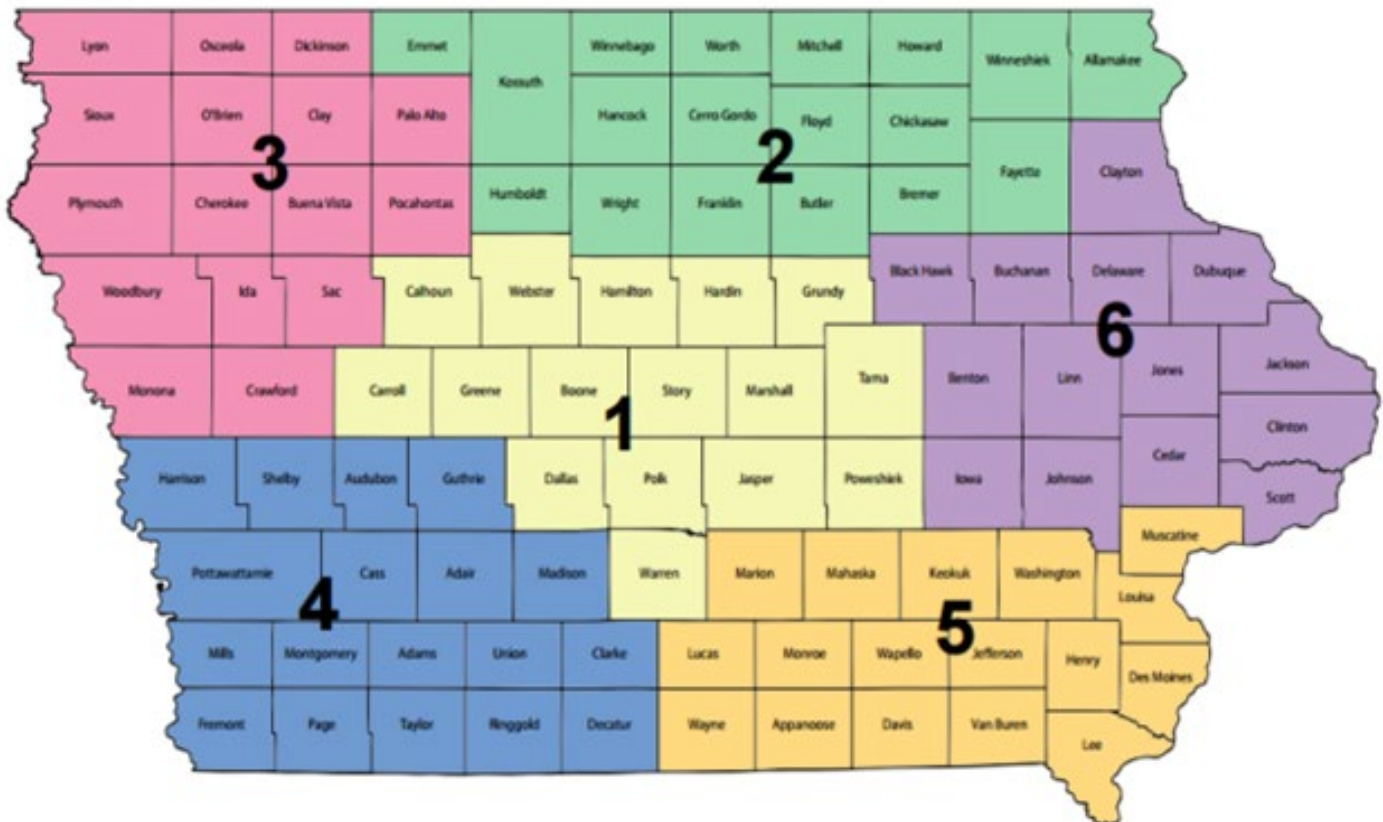
- [ISICS 1.3.0 Statewide Interoperable Plain Language Policy](#) – Use of 10-code or other signals is prohibited on all interoperable talkgroups and channels, to including regional and statewide ISICS talkgroups.
- [ISICS 1.5.0 ISICS Regional & Statewide Interoperability Talkgroups](#) – Interoperability talkgroups are required programming for all ISICS radios. Interoperability talkgroup assignment and tracking described. Permitted uses, patching, and coordination defined.
- [ISICS 1.5.1 Transport Interoperability](#) – Public Safety Communications Centers (PSCC) should announce hazards for transport vehicles on appropriate regional calling (CALL) talkgroup. Drivers of public safety transport vehicles should monitor the appropriate Regional CALL talkgroup. Local PSCCs may be hailed on the appropriate regional CALL talkgroup if needed.
- [ISICS 1.5.2 Use of Statewide and/or Regional Interoperability Talkgroups - Air Ambulance Emergency Landing Zone Coordination](#) – If an incoming medical aircraft has ISICS radio, an ISICS regional talkgroup is the preferred radio resource to use for communicating with and landing zone coordination. If the aircraft is not equipped with an ISICS radio, a shared conventional channel may be used. Such resources are listed on the ISICSB ICS-217A.
- [ISICSB ICS-217A](#) – ICS Communications Resource Availability Worksheet of Iowa Interoperability Channels in the VHF, UHF, 700 MHz, and 800 MHz bands.
- [ISICS 1.5.3 Travel Communications](#) – Traveling personnel should scan the geographically appropriate regional calling talkgroup. Local Public Safety Communications Centers (PSCC) should announce any hazards for traveling personnel via the geographically appropriate regional calling talkgroup.
- [ISICS Standard Medical Interoperable Communications](#) – Establishes guidelines for using ISICS talkgroups to facilitate and maintain medical communications as outlined in the appended list of statewide, regional, and individual hospital talkgroups.
- [Iowa EMS System Standards 3.0 – Communications](#)
- [Iowa Code – Chapter 147A, Emergency Medical Care – Trauma Care EMS Statute](#)
- [Iowa Code – 80.28 – Statewide interoperable communications system board — established — members](#)

- [Iowa Code – 80.29 – Board duties](#) – Defines the duties required of the Iowa Statewide Interoperable Communications System Board (ISICSB) to include: review and monitor communications interoperability performance and service levels on behalf of agencies; and establish, monitor and maintain appropriate policies and protocols to ensure interoperable communications systems function properly.
- [Iowa Administrative](#) – Public Safety 661, Chapter 600 – Administrative code governing the Iowa Statewide Interoperable Communications System Board (ISICSB). Authorizes the ISICSB to appoint a Statewide Interoperability Coordinator (SWIC), elect officers, establish committees, enter into contracts, and award grants.

## Appendix C: Maps

### Interoperability/Iowa Homeland Security Regions

## Iowa Homeland Security Regions



## Iowa HHS Preparedness Program Service Areas

## Iowa HHS Preparedness Program Service Areas as of October 1, 2024



## Appendix D: Talkgroup Plan and Hospital Directory

EMS radios should be programmed with any hospital talkgroups they transport to or communicate with regularly, and contacting hospitals on their individual talkgroups is preferred when possible.

Medical interoperability talkgroups should be used to communicate when a specific hospital talkgroup is not available for use. Additionally, hospitals may benefit from monitoring and communicating on other assigned interoperable talkgroups. Both hospital and interoperable medical talkgroups are encrypted.

The following directory lists the hospitals within the state of Iowa, including their address, county, phone number, and talkgroup alias (where applicable). The Statewide Medical Interoperability Talkgroup alias is IAMED E.

Hospital	Address	County	Phone Number	Talkgroup Alias
<b>Region 1</b>				<b>R1MED10E; Sub-Region 1 - SR1MED110E</b>
Boone County Hospital	1015 Union Street, Boone, IA 50036	Boone	(515) 432-3140	08HOSPITAL1E
Broadlawns Medical Center	1801 Hickman Road Des Moines, IA 50314	Polk	(515) 282-9749	77 BRDLAWN1E
Dallas County Hospital	610 10 <sup>th</sup> Street Perry, IA 50220	Dallas	(515) 465-7660	25 PRYH 1E
Greene County Medical Center	1000 W Lincoln Way Jefferson, IA 50129	Greene	(515) 386-2114	37HOSPITAL1E
Grinnell Regional Medical Center (UnityPoint Health)	210 4th Avenue Grinnell, IA 50112	Poweshiek	(641) 236-7511	79HOSPITAL1E
Grundy County Memorial Hospital (UnityPoint Health)	201 E J Avenue Grundy Center, IA 50638	Grundy	(319) 824-5421	38HOSPITAL1E
Hansen Family Hospital (MercyOne)	920 S Oak Street Iowa Falls, Iowa 50126	Hardin	(641) 648-7000	42HOSPITAL1E
Iowa Lutheran Hospital (UnityPoint Health)	700 E University Des Moines, IA 50316	Polk	(515) 263-5120	77 LUTHRN 1E



**State of Iowa Emergency Medical Services**  
Communications Plan

<b>Hospital</b>	<b>Address</b>	<b>County</b>	<b>Phone Number</b>	<b>Talkgroup Alias</b>
Iowa Methodist Medical Center (UnityPoint Health)	1200 Pleasant Street Des Moines, IA 50309	Polk	(515) 241-6423	77METHDST1E
Manning Regional Healthcare Center	410 Main Street Manning, IA 51455	Carroll	(712) 653-2072	14 SARH 1E
Mary Greeley Medical Center	1111 Duff Avenue Ames, IA 50010	Story	(515) 239-2011	85MRY GRLY1E
MercyOne Des Moines Medical Center	1111 6th Avenue Des Moines, IA 50314	Polk	(515) 247-3121	77MRCY DSM1E
MercyOne Newton Medical Center	204 N 4 <sup>th</sup> Avenue E Newton, IA 50208	Jasper	(641) 791-4300	50HOSPITAL1E
MercyOne West Des Moines Medical Center	1755 59 <sup>th</sup> Place West Des Moines, IA 50266	Polk	(515) 358-8000	77MRCY WL1E
Methodist West Hospital (UnityPoint Health)	1660 60 <sup>th</sup> Street West Des Moines, IA 50266	Dallas	(515) 343-1000	25 METHWEST 1E
St. Anthony Regional Hospital	311 S Clark Street Carroll, IA 51401	Carroll	(712) 792-3581	14 MRHC 1E
Stewart Memorial Community Hospital	1301 W Main Street Lake City, IA 51449	Calhoun	(712) 464-3171	13 HOSPITAL 1E
Story County Medical Center	630 6 <sup>th</sup> Street Nevada, IA 50201	Story	(515) 382-7019	85 SCMC
UnityPoint Health – Marshalltown Hospital	55 UnityPoint Way Marshalltown, IA 50158	Marshall	(641) 754-5151	64 HOSPITAL 1E
UnityPoint Health – Trinity Regional Medical Center	802 Kenyon Road Fort Dodge, IA 50501	Webster	(515) 573-3101	94 HOSPITAL 1E
Van Diest Medical Center	2350 Hospital Drive Webster City, IA 50595	Hamilton	(515) 832-9400	40 HOSPITAL 1E
Veterans Affairs (VA) Medical Center – Des Moines	3600 30 <sup>th</sup> Street Des Moines, IA 50310	Polk	(515) 699-5999	77 VAMC 1E

**State of Iowa Emergency Medical Services**  
Communications Plan

Hospital	Address	County	Phone Number	Talkgroup Alias
<b>Region 2</b>				<b>R2MED20E</b>
Avera Holy Family Hospital	826 N 8th Street Estherville, IA 51334	Emmet	(712) 362-2631	32 HOSPITAL 1E
Community Memorial Hospital Sumner (UnityPoint Health)	909 W 1 <sup>st</sup> Street Sumner, IA 50674	Bremer	(563) 578-3275	09 CMH 1E
Floyd County Medical Center	800 11 <sup>th</sup> Street Charles City, IA 50616	Floyd	(641) 228-6830	34 HOSPITAL 1E
Franklin General Hospital (MercyOne)	1720 Central Avenue E Hampton, IA 50441	Franklin	(641) 456-5000	35 HOSPITAL 1E
Gundersen Palmer Lutheran Hospital	112 W Jefferson Street West Union, IA 5217	Fayette	(563) 422-3811	33 GPH 1E
Hancock County Memorial Hospital (MercyOne)	532 1 <sup>st</sup> Street NW Britt, IA 50423	Hancock	(641) 843-3801	41 HOSPITAL 1E
Humboldt County Memorial Hospital	1000 N 15 <sup>th</sup> Street Humboldt, IA 50548	Humboldt	(515) 332-4200	46 HOSPITAL 1E
Iowa Specialty Hospital – Belmond	403 1 <sup>st</sup> Street SE Belmond IA 50421	Wright	(641) 444-3223	99ISH BLMD 1E
Iowa Specialty Hospital - Clarion	1316 S Main Street Clarion, IA 50525	Wright	(515) 532-2811	99ISH CLRN 1E
Kossuth Regional Health Center (MercyOne)	1515 S Phillips Street Algona, IA 50511	Kossuth	(515) 295-2451	55 HOSPITAL 1E
MercyOne New Hampton Medical Center	308 N Maple Avenue New Hampton, IA 50659	Chickasaw	(641) 394-4121	19 HOSPITAL 1E
MercyOne North Iowa Medical Center	1000 4 <sup>th</sup> Street SW Mason City, IA 50401	Cerro Gordo	(641) 422-7000	17 HOSPITAL 1E
MercyOne Oelwein Medical Center	201 8 <sup>th</sup> Avenue SE Oelwein, IA 50662	Fayette	(319) 283-6000	33 MRCYOLWN 1E



**State of Iowa Emergency Medical Services**  
Communications Plan

<b>Hospital</b>	<b>Address</b>	<b>County</b>	<b>Phone Number</b>	<b>Talkgroup Alias</b>
Mitchell County Regional Health Center	616 N 8 <sup>th</sup> Street Osage, IA 50461	Mitchell	(641) 732-6000	66 HOSPITAL 1E
Osceola Regional Health Center	600 9th Avenue N Sibley, IA 51249	Osceola	(712) 754-2574	72 HOSPITAL 1E
Regional Health Services of Howard County	235 8 <sup>th</sup> Avenue W Cresco, IA 52136	Howard	(563) 547-2101	45 HOSPITAL 1E
Veterans Memorial Hospital	40 1 <sup>st</sup> Street SE Waukon, IA 52172	Allamakee	(563) 568-3411	03 HOSPITAL 1E
Waverly Health Center	312 9 <sup>th</sup> Street SW Waverly, IA 50677	Bremer	(319) 352-4120	09 WVRLY HC 1E
Winneshiek Medical Center	901 Montgomery Street Decorah, IA 52101	Winneshiek	(563) 382-2911	96 HOSPITAL 1E
<b>Region 3</b>				<b>R3MED30E</b>
Avera Merrill Pioneer Hospital	1100 S 10 <sup>th</sup> Avenue Rock Rapids, IA 51246	Lyon	(712) 472-5400	60 HOSPITAL 1E
Buena Vista Regional Medical Center	1525 W 5 <sup>th</sup> Street Storm Lake, IA 50588	Buena Vista	(712) 732-4030	11 HOSPITAL 1E
Burgess Health Center	1600 Diamond Street Onawa, IA 51040	Monona	(712) 423-2311	67 HOSPITAL 1E
Cherokee Regional Medical Center	300 Sioux Valley Drive Cherokee, IA 51012	Cherokee	(712) 225-5101	18 HOSPITAL 1E
Crawford County Memorial Hospital	100 Medical Parkway Denison, IA 51442	Crawford	(712) 263-5021	24 HOSPITAL 1E
Floyd Valley Healthcare	714 Lincoln Street NE Le Mars, IA 51031	Plymouth	(712) 546-7871	75 HOSPITAL 1E
Horn Memorial Hospital	701 E 2 <sup>nd</sup> Street Ida Grove, IA 51445	Ida	(712) 364-3311	47 HOSPITAL 1E
Lakes Regional Healthcare (Avera)	2301 Highway 71 S Spirit Lake, IA 51360	Dickinson	(712) 336-1230	30 HOSPITAL 1E
Loring Hospital	211 Highland Avenue Sac City, IA 50583	Sac	(712) 662-7105	81 HOSPITAL 1E

**State of Iowa Emergency Medical Services**  
Communications Plan

<b>Hospital</b>	<b>Address</b>	<b>County</b>	<b>Phone Number</b>	<b>Talkgroup Alias</b>
MercyOne Siouxland Medical Center	801 5 <sup>th</sup> Street Sioux City, Iowa 51101	Woodbury	(712) 279-2010	97 MRCY SMC 1E
Palo Alto County Health System (MercyOne)	3201 1 <sup>st</sup> Street Emmetsburg, IA 50536	Palo Alto	(712) 852-5500	74 HOSPITAL 1E
Pocahontas Community Hospital	606 NW 7 <sup>th</sup> Street Pocahontas, IA 50574	Pocahontas	(712) 335-3501	76 HOSPITAL 1E
Sanford Sheldon Medical Center	118 N 7 <sup>th</sup> Avenue Sheldon, IA 51201	O'Brien	(712) 324-5041	77 SSMC 1E
Spencer Hospital	1200 1 <sup>st</sup> Avenue E Spencer, IA 51301	Clay	(712) 264-6198	21 HOSPITAL 1E
UnityPoint Health – St. Luke's	2720 Stone Park Boulevard Sioux City, IA 51104	Woodbury	(712) 279-3500	97ST LUKES 1E
<b>Region 4</b>				<b>R4MED40E</b>
Adair County Memorial Hospital (MercyOne)	609 SE Kent St Greenfield, IA 50849	Adair	(641) 743-2123	01 HOSPITAL 1E
Audubon County Memorial Hospital	515 Pacific Audubon, IA 50025	Audubon	(712) 563-2611	05 HOSPITAL 1E
Cass County Memorial Hospital	1501 E 10 <sup>th</sup> Street Atlantic, IA 50022	Cass	(712) 243-3250	15 HOSPITAL 1E
CHI Health Mercy Corning	603 Rosary Drive Corning, IA 50841	Adams	(641) 322-3121	02 HOSPITAL 1E
CHI Health Mercy Council Bluffs	800 Mercy Drive Council Bluffs, IA 51503	Pottawattamie	(712) 328-5573	78 CHI MRCY 1E
CHI Health Missouri Valley	631 N 8 <sup>th</sup> Street Missouri Valley, IA 51555	Harrison	(712) 642-2784	43 HOSPITAL 1E
Clarinda Regional Health Center	220 Essie Davison Driver Clarinda, IA 51632	Page	(712) 542-2176	73 CRHC 1E

**State of Iowa Emergency Medical Services**  
Communications Plan

<b>Hospital</b>	<b>Address</b>	<b>County</b>	<b>Phone Number</b>	<b>Talkgroup Alias</b>
Clarke County Hospital (UnityPoint)	800 S Filmore Osceola, IA 50213	Clarke	(641) 342-2184	20 HOSPITAL 1E
Decatur County Hospital (MercyOne)	1405 NW Church Street, Leon, Iowa 50144	Decatur	(641) 446-4871	27 HOSPITAL 1E
George C. Grape Community Hospital	2959 US-275 Hamburg, IA 51640	Freemont	(712) 382-1515	36 HOSPITAL 1E
Greater Regional Health, Main Campus	1700 W Townline Street Creston, IA 50801	Union	(641) 782-7091	88 HOSPITAL 1E
Guthrie County Hospital (UnityPoint)	710 N 12 <sup>th</sup> Street Guthrie Center, IA 50115	Guthrie	(641) 747-2201	39 HOSPITAL 1E
Hawarden Regional Healthcare	1111 11 <sup>th</sup> Street Hawarden, IA 51023	Sioux	(712) 551-3100	84 HRH 1E
Hegg Memorial Health Center (Avera)	1202 21 <sup>st</sup> Avenue Rock Valley, IA 51247	Sioux	(712) 476-8000	84 HHC 1E
Madison County Memorial Hospital (MercyOne)	300 W Hutchings Street Winterset, IA 50273	Madison	(515) 462-2373	61 HOSPITAL 1E
Methodist Jennie Edmundson Hospital	933 E Pierce Street Council Bluffs, IA 51503	Pottawattamie	(712) 328-6000	78 JEN ED 1E
Montgomery County Memorial Hospital	2301 Eastern Avenue Red Oak, IA 51566	Montgomery	(712) 623-7000	69 HOSPITAL 1E
Myrtue Medical Center	1213 Garfield Avenue Harlan, IA 51537	Shelby	(712) 755-5161	83 HOSPITAL 1E
Orange City Area Health System	400 Central Avenue NW Orange City, Iowa 51041	Sioux	(712) 737-5279	84 OCAHS 1E
Shenandoah Medical Center	300 Pershing Avenue Shenandoah, IA 51601	Page	(712) 246-7400	73 SMC 1E

**State of Iowa Emergency Medical Services**  
Communications Plan

<b>Hospital</b>	<b>Address</b>	<b>County</b>	<b>Phone Number</b>	<b>Talkgroup Alias</b>
Sioux Center Health (Avera)	605 S Main Avenue Sioux Center, IA 51250	Sioux	(712) 722-1271	84 SCH 1E
Ringgold County Hospital (MercyOne)	504 N Cleveland Street Mt Ayr, IA 50854	Ringgold	(641) 464-3226	80 HOSPITAL 1E
<b>Region 5</b>				<b>R5MED50E</b>
Davis County Hospital	507 N Madison Street Bloomfield, IA 52537	Davis	(641) 664-2145	26 HOSPITAL 1E
Henry County Health Center (Great River Health)	407 S White Steet Mt Pleasant, IA 52641	Henry	(319) 385-3141	44 HOSPITAL 1E
Jefferson County Health Center	2000 S Main Street Fairfield, Iowa 52556	Jefferson	(641) 472-4111	51 HOSPITAL 1E
Keokuk County Hospital	23019 Highway 149 Sigourney IA 52591	Keokuk	(641) 622-2720	54 HOSPITAL 1E
Knoxville Hospital (MercyOne)	1002 S Lincoln Street Knoxville, IA 50138	Marion	(641) 842-7211	63 KHC 1E
Lucas County Health Center (UnityPoint)	1200 N 7 <sup>th</sup> Street Chariton, IA 50049	Lucas	(641) 774-3000	59 HOSPITAL 1E
Mahaska Health Partnership	1229 C Ave E Oskaloosa, IA 52577	Mahaska	(641) 672-3100	62 HOSPITAL 1E
MercyOne Centerville Medical Center	One St. Joseph's Drive Centerville, Iowa 52544	Appanoose	(641) 437-4111	04 HOSPITAL 1E
Monroe County Hospital (MercyOne)	6580 165 <sup>th</sup> Street Albia, IA 52531	Monroe	(641) 932-2134	68 HOSPITAL 1E
Ottumwa Regional Health Center	1001 E Pennsylvania Avenue Ottumwa, IA 52501	Wapello	(641) 684-2300	90 HOSPITAL 1E
Pella Regional Health Center	404 Jefferson Street Pella, IA 50219	Marion	(641) 628-3150	63 PRHC 1E
Southeast Iowa Regional Medical	5445 Avenue O Fort Madison, IA 52627	Lee	(319) 372-6530	56 HOSPITAL 1E

**State of Iowa Emergency Medical Services**  
Communications Plan

<b>Hospital</b>	<b>Address</b>	<b>County</b>	<b>Phone Number</b>	<b>Talkgroup Alias</b>
Center – Fort Madison Campus				
Southeast Iowa Regional Medical Center – West Burlington Campus	1221 S Gear Avenue West Burlington, IA 52655	Des Moines	(319) 768-1000	29 HOSPITAL 1E
UnityPoint Health – Trinity Muscatine	1518 Mulberry Avenue Muscatine, IA 52761	Muscatine	(563) 264-9100	70 HOSPITAL 1E
Van Buren County Hospital (MercyOne)	304 Franklin Street Keosauqua, IA 52565	Van Buren	(319) 293-3171	89 HOSPITAL 1E
Washington County Hospital	400 E Polk Street Washington, IA 52353	Washington	(319) 653-5481	92 HOSPITAL 1E
Wayne County Hospital	417 S East Street Corydon, IA 50060	Wayne	(515) 872-2260	93 HOSPITAL 1E
<b>Region 6</b>				<b>R6MED60E</b>
Buchanan County Health Center	1600 1 <sup>st</sup> Street Independence, IA 50644	Buchanan	(319) 332-0999	10 HOSPITAL 1E
Compass Memorial Healthcare (UnityPoint)	300 W May Street Marengo, IA 52301	Iowa	(319) 642-5543	48 HOSPITAL 1E
Guttenberg Municipal Hospital (MercyOne)	200 Main Street Guttenberg, IA 52052	Clayton	(563) 252-1121	22 GMH 1E
Jackson County Regional Health Center (MercyOne)	601 Hospital Drive Maquoketa, IA 52060	Jackson	(563) 652-2474	49 HOSPITAL 1E
Mercy Medical Center – Cedar Rapids	701 10 <sup>th</sup> Street SE Cedar Rapids, IA 52403	Linn	(319) 398-6482	57 MRCY CR H1E
MercyOne Cedar Falls Medical Center	515 College Street Cedar Falls, IA 50613	Black Hawk	319-268-3000	07 MRCY CF 1E
MercyOne Clinton Medical Center	1410 N 4 <sup>th</sup> Street Clinton, IA 52732	Clinton	(563) 244-5555	23 MRCY CLNT1E

**State of Iowa Emergency Medical Services**  
Communications Plan

<b>Hospital</b>	<b>Address</b>	<b>County</b>	<b>Phone Number</b>	<b>Talkgroup Alias</b>
MercyOne Dyersville Medical Center	1111 3 <sup>rd</sup> Street SW Dyersville, IA 52040	Dubuque	(563) 875-7101	31 MRCY ONE H1E
MercyOne Dubuque Medical Center	250 Mercy Drive Dubuque, IA 52001	Dubuque	(563) 589-8000	31 MRCY ONE H1E
MercyOne Elkader Medical Center	901 Davidson Street Elkader, IA 52043	Clayton	(563) 245-7000	22 MRCY ELK 1E
MercyOne Genesis Davenport Medical Center	1227 E Rusholme Davenport, IA 52803	Scott	(563) 421-7681	82 GENESIS H1E
MercyOne Genesis Davenport West Medical Center	1401 W Central Park Avenue Davenport, IA 52804	Clinton	(563) 421-1100	23 GMC DWTT 1E
MercyOne Genesis Dewitt Medical Center	1118 11 <sup>th</sup> Street DeWitt, IA 52742	Black Hawk	(563) 659-4200	07 MRCY WTRL 1E
MercyOne Waterloo Medical Center	3421 W 9 <sup>th</sup> Street Waterloo, IA 50702	Delaware	(319) 272-8000	28 HOSPITAL 1E
Regional Medical Center	709 W Main Street Manchester, IA 52057	Black Hawk	(563) 927-3232	07 UNTY PNT H1E
UnityPoint Health – Allen Hospital	1825 Logan Ave Waterloo, IA 50703	Dubuque	(319) 235-3697	31 UNTY PNT H1E
UnityPoint Health – Finley Hospital	350 N Grandview Avenue Dubuque, IA 52001	Jones	(563) 589-2460	53 HOSPITAL 1E
UnityPoint Health – Jones Regional Medical Center	1795 Highway 64 E Anamosa, IA 52205	Linn	(319) 462-6131	57 UNTY PNT H1E
UnityPoint Health – St. Luke's Hospital – Cedar Rapids	1026 A Avenue NE Cedar Rapids, IA 52402	Scott	(319) 369-7105	82 UNTY PNT H1E
UnityPoint Health – Trinity Bettendorf	4500 Utica Ridge Road Bettendorf, IA 52722	Black Hawk	(563) 742-5000	10 HOSPITAL 1E
University of Iowa Health Care	500 East Market Street Iowa City, IA 52245	Johnson	(319) 339-0300	52 UIMCDT E1

**State of Iowa Emergency Medical Services**  
Communications Plan

<b>Hospital</b>	<b>Address</b>	<b>County</b>	<b>Phone Number</b>	<b>Talkgroup Alias</b>
Medical Center Downtown				
Iowa City VA Medical Center	601 Highway 6 W Iowa City, IA 52246	Johnson	(319) 338-0581	52 ICVAMC E1
Virginia Gay Hospital	502 N 9 <sup>th</sup> Avenue Vinton, IA 52349	Benton	(319) 472-6200	06 HOSPITAL 1E
University of Iowa Medical Center	200 Hawkins Drive Iowa City, IA 52242	Johnson	(319) 356-2233	CMED/VMED28

## **Appendix E: In-Hospital Technology Implementation Guidance**

Each hospital shall be equipped with at least one desktop ISICS base station radio that is programmed with required talkgroups for statewide, regional, and countywide interoperability, Iowa HAN, and any other needed talkgroups. Desktop radios should be located near personnel who can monitor radio communications at all times. The ISICS base station radio may serve as a backup if desktop and/or phone PTT applications are to be used.

Hospitals may be equipped with one or more portable radios to facilitate the monitoring and use of needed talkgroups. Caution should be taken to ensure that the portable radio has sufficient coverage on the ISICS Platform in the areas of the hospital where they are intended to be used. Hospitals may be equipped with a desktop computer access to a PTT application that provides Radio over Internet Protocol (RoIP) service such as WAVE Dispatch. Desktop applications may be deployed where the user interface or enhanced features are needed or preferred, or when an over-the-air desktop radio is not available or practical at an alternate location. Examples of locations that may benefit from desktop applications are the hospital admissions desk and the emergency department nurses station.

Hospital personnel also may be equipped with mobile device access to a PTT application that provides RoIP service, such as WAVE PTT. These devices may be deployed for personnel who have the need to monitor and communicate using ISICS talkgroups while they work away from fixed radio and/or desktop app locations and the use of a portable radio is not practical. Personnel that may benefit from having this type of device include the Emergency Charge Nurse and the Emergency Physician.



## Appendix F: EMS Patient Report Scripts

The following patient report scripts may be used as guidance for EMS crews contacting a hospital with a patient report or request for medical control. It is suggested that agencies work with their primary receiving facilities to determine what is most helpful for calling in reports and to develop best practices.

### Medical Patient Report Script

Hospital **FROM** Ambulance Medic # **FOR A PATIENT CARE REPORT**

**[ACKNOWLEDGEMENT FROM RECEIVING FACILITY]**

Ambulance Unit # **EN ROUTE WITH A(N):** Age, M/F

**COMPLAINING OF:** Chief Complaint

**HISTORY OF PRESENT ILLNESS:** Brief Summary

**PATIENT HAS A HISTORY OF:** Pertinent to Chief Complaint (include current medications IF relevant to Chief Complaint)

**PHYSICAL EXAM:**

**VITALS:** BP, Pulse, Respirations, Pulse Oximetry, Blood Glucose (if relevant)

**GENERAL:** AVPU / Level of Distress

**SKIN:** Warm / Dry / Cool / Clammy

**LUNGS:** Clear / Rales / Rhonchi / Wheezes / Diminished / Absent

**EKG SHOWS** (if relevant/protocol required): STEMI vs. non-STEMI

Rate, Rhythm Morphology

(Transmitted vs. Not Transmitted) – service capability dependent

**(INCLUDE OTHER BODY SYSTEMS IF RELEVANT)**

**TREATMENT:** If already performed

**ETA IS:** Minutes

Trauma Patient Report Script

Hospital **FROM** Ambulance Medic # **FOR A PATIENT CARE REPORT**

**[ACKNOWLEDGEMENT FROM RECEIVING FACILITY]**

Ambulance Unit # **EN ROUTE WITH A(N):** Age, M/F

**COMPLAINING OF:** Chief Complaint

**INJURED VIA A(N):** Mechanism

**HISTORY OF INJURY:** Brief Description of Circumstances

**PHYSICAL EXAM:**

**VITALS:** BP, Pulse, Respirations, Pulse Oximetry, Blood Glucose (if relevant)

**GENERAL:** GCS-AVPU / Level of Distress / Pupils

**SKIN:** Warm / Dry / Cool / Clammy

**LUNGS:** Clear / Rales / Rhonchi / Wheezes / Diminished / Absent

**ABDOMEN:** Soft / Tender / Rigid / Distended

**PELVIS:** Stable / Unstable

**EXTREMITIES:** Deformities / Pulse-Motor-Sensory

**EKG SHOWS** (if relevant/protocol required): STEMI vs. non-STEMI

Rate, Rhythm Morphology

(Transmitted vs. Not Transmitted) – service capability dependent

**(INCLUDE OTHER BODY SYSTEMS IF RELEVANT)**

**TREATMENT:** If already performed

**ETA IS:** Minutes

Requesting Medical Control/Orders Report Script

Hospital **FROM** Ambulance Medic # **REQUESTING MEDICAL CONTROL ORDERS**

**[ACKNOWLEDGEMENT FROM RECEIVING FACILITY]**

Ambulance Unit # **EN ROUTE / ON SCENE WITH A(N):** Age, M/F

**COMPLAINING OF:** Brief Description of Circumstances

**(INCLUDE PHYSICAL EXAM / VITAL SIGNS / TREATMENTS ALREADY  
PERFORMED AS RELEVANT)**

**REQUESTING ORDER FOR:** Medication / Procedure

**(REPEAT ORDERS BACK TO PHYSICIAN / NURSE ONCE RECEIVED)**

## Appendix G: PACE Plans

Primary, Alternate, Contingency, Emergency (PACE) is a methodology developed by the United States (US) military to help build resilient communications for units that need to communicate regardless of the situation they encounter.

Maintaining operability, interoperability, and the continuity of communications is critical for EMS units in all operating conditions. PACE communications plans are a vital tool for organizations to establish options for redundant communications capabilities if capabilities are disrupted or degraded.

Perfect situational awareness is not always possible, and communications may be impacted by environmental factors affecting infrastructure, equipment, and users. The PACE concept takes redundancy beyond the typical planning of having a primary means and a backup.

A PACE plan is triggered when the primary capability becomes unavailable. A PACE plan helps organizations establish predictable and redundant communications capabilities in changing operational environments. Having redundant communications methods in place and sharing these among users helps achieve interoperability and continuity throughout the emergency communications ecosystem, particularly in challenging environments.

The following tables and description sections detail the PACE Plans for both EMS and hospitals in the state of Iowa:

### EMS Communications PACE Plan:

EMS	Capability/Solution
Primary:	Mobile or portable radio using ISICS trunked radio talkgroups
Alternate:	Cellular telephone (cell phone)
Contingency:	Conventional (7MED65) or direct (7MED65D) radio channel
Emergency:	In Person patient report upon arrival

**Primary:** The primary method of communication from EMS units in the field to hospitals and other interoperability partners is mobile and portable LMR using ISICS trunked radio talkgroups. ISICS is a statewide, public safety grade system that provides geographical coverage throughout the state. PTT over LMR allows EMS crews to quickly and efficiently communicate while still providing patient care and completing other vital response tasks. Encrypted talkgroups should be used in situations where privacy is a concern.

**Alternate:** Cellular telephones may be used as an alternate method of communication as needed. Cell phone calls are one-to-one conversations and are limited by the coverage footprint and reliability of commercial cellular networks, which are generally not as extensive as public safety networks.

**Contingency:** If both ISICS and cellular networks are unavailable, a conventional radio channel should be used. In some areas, a dedicated repeater may be deployed to provide for such communications. If a repeater is used, it should be programmed for 7MED65, as this is the channel field units and hospitals should use to communicate in a contingency situation. Communications will be limited to the coverage footprint of the repeater, and utilizing these repeaters generally requires a Federal Communications Commission (FCC) license.

If a repeater is unavailable, the direct channel 7MED65D should be used. The range of a direct channel is limited to the transmitter power and antenna height of the radios utilized. Fixed base station radios must either be licensed or comply with the 6.1-meter rule.

**Emergency:** In extreme situations with no other options available, communications may need to be in person and patient reports given upon arrival. Message runners may also be used.

**Hospital Communications PACE Plan:**

Hospital	Capability/Solution
Primary:	Desktop or mobile application linked to ISICS trunked radio talkgroups
Alternate:	Base station or portable radio using ISICS trunked radio platform talkgroups
Contingency:	Landline or cellular telephone
Emergency:	Conventional (7MED65) or direct (7MED65D) radio channel; in person patient reports

**Primary:** The use of a desktop or mobile application provides hospital users with the benefits of PTT over LMR in a more suitable formfactor for accessing ISICS trunked radio talkgroups. These applications rely on a suitable internet connection to the application server and between the application server and the ISICS core.

**Alternate:** If connection issues are experienced between the user applications and the application server, or the application server and the ISICS Core, hospital users should use fixed base stations or portable radios to communicate on ISICS trunked radio talkgroups. Portable radio use will be dependent on the ISICS radio coverage available inside the facility.

**Contingency:** When the use of ISICS trunked radio talkgroups is not possible, the use of cellular or landline telephones may be used for communication between EMS units and hospital facilities.

**Emergency:** If ISICS, landline telephone, and cellular networks are unavailable, a conventional radio channel should be used. In some areas, a dedicated repeater may be deployed to provide for such communications. If a repeater is used, EMS and hospital personnel should use channel 7MED65 to communicate. Communications will be limited to the coverage footprint of the repeater, and utilizing these repeaters generally requires an FCC license.

If a repeater is unavailable, the direct channel 7MED65D should be used. The range of a direct channel is limited to the transmitter power and antenna height of the radios utilized. Fixed base station radios must either be licensed or comply with the 6.1-meter rule.

If no form of pre-arrival communications can be established, hospitals should be prepared to receive patients without notice and EMS personnel will provide a patient report upon arrival.

### **Government Emergency Telecommunications Service (GETS) and Wireless Priority Service (WPS)**

Emergency services and healthcare are recognized as critical infrastructure sectors. As a result, EMS and healthcare personnel are eligible to sign up for both GETS and WPS. GETS users receive call priority over wireline networks when networks are congested, while WPS gives authorized user devices priority on cellular networks when they are congested. In addition to PACE planning, it is recommended that key EMS and healthcare personnel sign up for these free services and be equipped with FirstNet devices. Users should be familiar with how to utilize each to further enhance communications resiliency. For more information on GETS and WPS, visit: [cisa.gov/topics/emergency-communications/priority-services](https://cisa.gov/topics/emergency-communications/priority-services).