



Standard Guide for Interagency Information Exchange¹

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INTRODUCTION

This guide has been developed to address the need to provide for effective information exchange between agencies involved in responding to emergency medical services (EMS) situations.

Communications in the context of this guide refers to the communications that need to occur (1) *prior* to the EMS event, (2) *during* the EMS event, and (3) *after* the EMS event. *Communications* in this guide includes face-to-face communications, telecommunications, and written communications.

Before EMS events, the agencies that need to work closely together in emergency medical situations need to hold face-to-face meetings to develop communication plans that include an interagency communications component. These communication plans need to include written protocols outlining how the emergency response agencies will interface with each other during EMS events.

During the actual event, the agencies need to communicate either directly between emergency units, or through dispatch centers, or face-to-face (for example, communications related to implementing protocols or communications regarding decision making between agencies' senior officials, or combination thereof). After an emergency, there is a need for the agencies to critique the response. This may include face-to-face meetings to review the events, written critique reports of the emergency events, and revisions to the written protocols as may be found necessary by review of the events. (See the Rationale in Appendix X1.)

1. Scope

1.1 This guide covers the planning, operations, and evaluation phases of interagency communications as part of a comprehensive EMS system.

1.2 This is a guide for interagency communications within an EMS system. Interagency communications involves the EMS responder and support agencies whose primary mission is *not* to deliver prehospital emergency medical care.

1.3 The primary focus of this guide is to address interagency communications necessary for ongoing EMS responses.

1.4 The guide also addresses interagency communications in any major EMS incident, including man-made or natural disasters.

1.5 The recommendations for drills/exercises for the evaluation of interagency communications during an EMS event are also incorporated into this guide.

1.6 Additional information can be found in Guide F 1220 and Refs 1-5.²

1.7 The sections in this guide appear in the following sequence:

	Section
Introduction	
Scope	1
Referenced Document	2
Terminology	3
Significance and Use	4
Procedure	5
Rationale	Appendix X1
Keywords	6
References	

1.8 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

- 2.1 *ASTM Standards:*
 F 1220 Guide for Emergency Medical Services System (EMSS) Telecommunications³

¹ This guide is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.04 on Communications.

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² The boldface numbers in parentheses refer to the references at the end of this guide.

³ *Annual Book of ASTM Standards*, Vol 13.02.

3. Terminology

3.1 *Definitions of Terms:*

3.1.1 *citizen access*—act of requesting emergency assistance for a specific event.

3.1.2 *dispatch*—act of sending emergency resources in response to a specific event.

3.1.3 *interagency communication evaluation phase*—interagency communications following an EMS incident for evaluation purposes.

3.1.4 *interagency communication operations phase*—interagency communications during an EMS incident for operational purposes.

3.1.5 *interagency communication planning phase*—interagency communications before an EMS incident for planning purposes.

3.1.6 *interagency communications*—communications that take place between EMS responders and agencies, nonmedical in nature, that respond in conjunction with emergency medical services.

3.1.7 *intra-agency communications*—communications that take place between agencies, medical in nature, within an EMS system.

3.1.8 *ongoing EMS incident*—any EMS incident that is managed without multiple EMS response units.

3.1.9 *significant EMS incident*—any EMS incident requiring multiple EMS response units including: multiple-casualty incidents, man-made or natural disasters.

3.1.10 *support agency*—any agency providing nonmedical support to EMS responders.

3.1.11 *vehicles*—all modes of transportation, including air, ground, or water, or combination thereof.

4. Significance and Use

4.1 This guide has been developed to facilitate communications between agencies involved in the delivery of emergency medical services. This guide is intended to be applied by agencies providing emergency medical services to improve their communications with EMS support agencies. It recommends necessary communication before, during, and after an EMS event.

5. Procedure

5.1 *Interagency Communication Planning Phase:*

5.1.1 *Methods*—A plan is needed for the coordination of interagency communication activities during ongoing and significant EMS responses. This plan must include alternatives for events which exceed or overwhelm the systems' communication capability. Contingency plans for diminished system capabilities, due to equipment or other failures, should also be addressed. The following methods should be used to develop the plan:

- Meeting notices
- Meeting documentation
- Interagency communication agreement documents
- Interagency communication protocols
- Public information documents

At a minimum one or more of the following communication processes shall be used annually to develop, review, or amend,

or combination thereof, interagency communication documents and protocols: face-to-face, telephone, or teleconference.

5.1.2 *Drills*—Interagency communication drills shall be conducted at a minimum of once annually. This drill should be used to evaluate procedures, protocols, communication path availability, grade of service, and communication path activation time. The exercise plans shall include performance parameters that will permit evaluation of interagency communication, procedures, protocols, communication paths, and executive times.

5.2 *Interagency Communications Operation Phase:*

5.2.1 *Off-Line Communications*—Documents developed in the planning phase are used for training and on-line reference to implement operational procedures. Documents shall include information on agencies such as law enforcement, fire protection, public utilities, special response agencies, and public information. This material shall uniquely identify each agency and provide an interagency protocol for each agency. Each protocol shall clearly identify resources by: who, what, when, and where for each EMS response.

5.2.2 *On-Line Communications*—On-line methods that include face-to-face, telephone, teleconference, one-way, and two-way radio shall be identified for each of the following elements of an EMS response for interagency communications:

5.2.2.1 *EMS Access*—Any agency that receives requests for EMS assistance (for example, citizens, public safety personnel) shall have immediate direct access to the EMS dispatcher.

5.2.2.2 *EMS Dispatch/Coordination*—Any EMS dispatch/coordination agency shall have immediate direct access to all supporting agencies.

5.2.2.3 *Enroute to or from an EMS Incident*—Interagency coordination to or from vehicles enroute to or from the EMS incident shall use two-way radio communication to the dispatch/coordination center and its immediate direct access interagency links.

5.2.2.4 *Scene Coordination*—Interagency communications by the first arriving emergency agency at the scene of an EMS incident shall be by two-way radio communication to the dispatch/coordination center and its immediate direct access interagency links. Direct two-way radio communication for on-scene interagency coordination is recommended. Alternative methods for interagency coordination at the scene may include: relay through the dispatch/coordination center(s), face-to-face communication, messenger, or other radio facilities such as cellular radio telephone. When an on-scene command post is established, additional communication capabilities are required to provide on-scene interagency communication and communication between the command post and the dispatch/coordination center or EOC.

5.2.3 *Drills/Exercises*—During drills or exercises, additional qualified personnel must be available to monitor and measure the process without affecting operations.

5.3 *Interagency Communication Evaluation Phase:*

5.3.1 *Methods*—The following methods should be used to evaluate interagency communication activities during ongoing and significant EMS responses:

- Meeting notices

Meeting documentation
Interagency evaluation reports
Interagency communication agreement document reviewed or revised
Interagency communication protocol reviewed or revised
Public information documents

At the earliest opportunity, not more than 60 days following a drill or a significant EMS incident, an evaluation of interagency communication agreements and protocols shall be conducted using one or more of the following communication processes: face-to-face, telephone, teleconference. This process shall be in addition to the recommended annual planning process.

5.3.2 *Drills/Exercises*—Within 60 days following a significant EMS incident, exercise, or drill, an evaluation report shall be completed and distributed to all involved agencies including recommended changes in procedures, protocols, and other system elements.

6. Keywords

6.1 communications; emergency medical services; interagency information exchange

APPENDIX

(Nonmandatory Information)

XI. RATIONALE

X1.1 Those agencies who use this guide should carefully document when, why, and how specific rules or regulations, or both, were developed. This will allow revisions to be made as

changes occur in communication technology or emergency medical practices, or both.

REFERENCES

- (1) *Communications Act of 1934* (47 U.S.C. 405) as amended and Title 47 United States Code of Federal Regulations (47 CFR) on Telecommunications.
- (2) *Communication Manual*, U.S. Department of Transportation, National Highway Traffic Safety Administration, June 1978, DOT, HS-802976, Department of Transportation, National Highway Traffic Safety Administration, Washington, DC.
- (3) *EMS Communications Compatibility Study*, November 1978, DOT, HS-803858, final report prepared for Department of Transportation, National Highway Traffic Safety Administration, Washington, DC 20590.
- (4) *Emergency Medical Services Communication Systems Technical Planning Guide*, March 1979, NTIA, Reports Series NTIA SP793, U.S. Department of Commerce, National Telecommunications and Information Administration.
- (5) *Guidelines for Developing an EMS Communications Plan*, March 1977, HSA-772036, U.S. Department of Health, Education and Welfare, Public Health Service Administration, Bureau of Medical Services, Box 911, Rockville, MD 20852.

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