## Action Medical Field Radio Protocol

There is a tendency among activists who specialize in communications at protests to complicate the language systems they use when speaking over open FM, UHF and similar two-way radio channels. This is a trap medics should avoid. The perceived "security" attained through the use of complex radio codes and protocols does not make up for the risks associated with complicated radio procedures.

The following suggestions for field radio protocol are based on standards used in numerous fields, including some EMS systems. This protocol is designed with clarity as its primary objective, instead of secrecy. We hope action medical organizers find it helpful when developing a protocol for demonstrations they are covering.

Team radio ID designations are known as **call signs. Call signs** should be determined before entering the field.

Pronunciation of any **call sign** should not sound anything like that of any other.

• "Dispatch" and "Itchy & Scratchy" are incompatible call signs.

It is good to have a **call sign** consist of an unimportant word or two, followed by a unique designation, in case the first second or so of a transmission is truncated, as tends to happen.

- "Medical Dispatch," "Street Medic Mondragon," and "Medic Team Two-Six" are examples of good call signs.
- "Dispatch," "Mondragon," and "Two-Six" are poor call signs.

Your radio should be securely attached and located above the waist for audibility. Permanent attachment to chest or shoulder is optimal for easy access.

Make sure the volume level is not too high or too low, and to adjust **squelch** if necessary. **Squelch** is the control used to establish a balance between range of reception and clarity of reception, but not all two-way radios offer this control.

Don't speak straight into the radio microphone; speak sideways to prevent any distortion of your voice. When available, use a headset or earpiece/remote microphone to improve clarity and/or privacy of signals.

Always designate appropriate **channels** before entering the field. There should be an initial **channel** at the beginning of the shift, and a pattern designated for **channel switches**.

Request a **channel switch** whenever there is undue interference or interruption coming over the channel you are using, such as when a non-medical party transmits over your channel. **Channel switches** follow a pre-designated pattern, such as two channels up, or two channels down.

(Most of the FRS-style radios we usually use employ a sub-channel system. That is, for every main channel [1-14] there are 38 sub-channels, or **quiet channels**. Quiet channels should remain the same throughout a shift, in order to limit complication.)

After a channel switch, all parties will need to **check in**.

An **all-radio check-in** is performed once shortly after teams deploy on a shift, and again any time a channel switch has been requested. A pre-designated order (usually alphabetical) is followed so as to avoid concurrent transmissions.

A **transmission** is the entire audio signal sent between the instant you press the Push-To-Talk button and the instant you release it, even if the content of the signal is incomplete. A **message** is any portion of a **transmission**, or an entire **transmission**. A **series of transmissions** is a complete dialog of alternating **transmissions** between two or more parties.

Before initiating a **series of transmissions**, listen for a moment to make sure the channel is clear. Never depress your Push-To-Talk button in the middle of another **transmission**.

When transmitting, make sure the Push-To-Talk button is fully activated, pause for one second before speaking, and ensure it remains pressed for the duration of your intended **message** or messages.

Remember to use **call signs** at the start of your **transmission**, always giving the **call sign** of the recipient first, followed by your own. The exception to this is **terminating a series of transmissions**, when only your own **call sign** is necessary.

Use '**over**' at the end of each transmission you make to signal that you are ending the transmission to await a response.

Use the word **'copy'** to confirm or request acknowledgement of a transmission. This is useful prior to a long **transmission**, when you want to make sure the other party is receiving before you begin a string of **messages**.

Use 'out' or 'clear' to terminate a series of transmissions.

Use 'your last' to refer to the other party's previous transmission.

"Medical Dispatch, this is Street Medic Delta, do you copy? Over."
 "Street Medic Delta, this is Medical Dispatch. I copy. Go ahead. Over."
 "Medical Dispatch, this is Street Medic Delta, Section One is secure. Over."
 "Street Medic Delta, this is Medical Dispatch, copy your last. Over."
 "Street Medic Delta, out."
 "Medical Dispatch, clear."

Use 'please spell' if you want a word to be spelled for you, and begin with 'I spell' when you are asked to spell a word. Use 'I spell' to spell a word that may be mistaken for another. Use

**phonetic pronunciations** of letters when spelling a word. (See table below for phonetic alphabet.)

If there are two streets, Pine St. and Vine St., near each other, the following is an appropriate transmission:
 "Medical Dispatch, this is Street Medic Delta. We are now headed North on Pine Street \_ I spell 'Papa-India-November-Echo'. Over."

Use 'say again' when asking for a message/transmission to be repeated. Use 'I repeat' to preface a repeated message/transmission.

When mobile, use **'inbound'** to indicate you are approaching the other party, and **'outbound'** to indicate you are headed away from the other party.

To communicate a timeframe for an arrival at a location, use **'echo-tango-alpha'** instead of 'ETA' or 'estimated time of arrival.'

"Street Medic Delta, this is Medical Dispatch, please say again your last. Over."
 "Medical Dispatch, this is Street Medic Delta. I repeat, 'we are headed north on Main Street, inbound to your location. Our echo-tango-alpha is two minutes.' Over."

When communicating emergency or other very important information, precede the message with **'be advised'** and always repeat a version during the same **transmission**.

Always repeat and request confirmation of emergency transmissions addressed to you.

Use the words 'affirmative' and 'negative' to confirm or deny any message.

When requesting **backup**, try to be as precise about your location and in your description of the situation, and what you need, as possible.

"Medical Dispatch, this is Street Medic Delta. Be advised, we have a mass contamination situation at the intersection of Main Street and First Street. We request immediate backup. I repeat, multiple casualties at Main and First, please send backup. Over."
 "Street Medic Delta, this is Medical Dispatch. Please confirm your last: 'mass casualties at First and Main Streets, backup requested.' Over."
 "Medical Dispatch, this is Street Medic Delta. Affirmative, your last. Street Medic Delta, out."

Use 'situation report' to request a team's location, heading and operating status.

- "Street Medic Delta, this is Medical Dispatch, requesting situation report. Over."
   "Medical Dispatch, this is Street Medic Delta. We are between Main Street and First Street on Grande Avenue, headed northbound. Our situation is normal. Over."
- "Street Medic Delta, this is Medical Dispatch, requesting updated situation report. Over."
   "Medical Dispatch, this is Street Medic Delta. We are still at last-reported location. We are treating casualties. Situation is stable. Over."
   "Street Medic Delta, this is Medical Dispatch. Copy your last. Medical Dispatch, clear."
   "Street Medic Delta, this is Medical Dispatch. Copy your last. Medical Dispatch, clear."

Use 'visual' to indicate *confirmation of actual, visual contact* with someone or something.

"Street Medic Delta, this is Street Medic Foxtrot. We are standing near the statue in the middle of the plaza. Over." "Street Medic Foxtrot, this is Street Medic Delta. We have visual. We are proceeding inbound to your location. Street Medic Delta, clear." "Street Medic Foxtrot, out."

Use 'stand by' to indicate you are too busy to transmit a full message, too busy to comply with a request, or that you are determining an answer. Use 'standing by' to confirm a 'stand by' message. Each term is treated as a temporary termination of a series of transmissions, and thus can be used like 'out' or 'clear'.

In some cases, it is acceptable to use your radio briefly while you are treating a patient. However, except in emergencies where you or another party are requesting or disseminating something urgent, it is most appropriate to tell the other party to stand by until your hands are free.

- "Street Medic Delta, this is Street Medic Foxtrot. We are inbound to your location. Our echotango-alpha is thirty seconds. Request you signal to achieve visual. Over." "Street Medic Foxtrot, this is Street Medic Delta. Negative, your last. We are treating casualties at present. Please stand by." "Street Medic Foxtrot inbound and standing by."
- "Street Medic Delta, this is Medical Dispatch. Can you confirm rumors of activity at the intersections of Main Street and Grande Avenue? Over." "Medical Dispatch, this is Medic Team Delta. Copy, your last. We will investigate. Please stand bv."

"Medical Dispatch, standing by."

Adapt these protocol guidelines as you see fit, but be sure to communicate whatever standard you settle upon *before* entering the field.

International Phonetic Alphabet			
•	Alpha	•	November
•	Bravo	•	Oscar
•	Charlie	•	Papa
•	Delta	•	Quebec
•	Echo	•	Romeo
•	Foxtrot	•	Sierra
•	Golf	•	Tango
•	Hotel	•	Uniform
•	India	•	Victor
•	Juliet	•	Whisky
•	Kilo	•	X-ray
•	Lima	•	Yankee
•	Mike	•	Zulu