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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 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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1.6 Additional information can be found in Guide F1220 and Refs (1-5).²

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

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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, health, and environmental practices and determine the applicability of regulatory limitations prior to use.*

1.9 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the*

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

Development of International Standards, Guides and Recommendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.

2. Referenced Documents

2.1 *ASTM Standards*:³

F1220 Guide for Emergency Medical Services System (EMSS) Telecommunications

3. Terminology

3.1 *Definitions*:

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 combinations 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*:

³ For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

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 combinations 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),