Iowa Statewide Interoperable Communications System (ISICS)
Standards, Protocols, Procedures

ISICS Standard:	**Standard #:**	1.5.5
Medical Interoperable Communications	Date Adopted:	11/14/2024
	Date Reviewed:	5/5/2026
	Version:	1.2

1. Purpose or Objective

The purpose of this standard is to establish guidelines for using ISICS talkgroups to facilitate and maintain medical communications as outlined in the appended list of statewide, regional, and individual hospital talkgroups. These talkgroups are shared resources that allow interoperability between emergency medical services personnel, hospitals, and other responders for the purpose of saving lives during medical incidents.

2. Technical Background

- **Capabilities**

  The Iowa Statewide Interoperable Communications System Board (ISICSB) has established a standard for use of the ISICS statewide and regional interoperability talkgroups in ISICS Standard 1.5.0 – ISICS Regional and Statewide Interoperability Talkgroups. This standard has been created to encourage interoperable communications among first responders and establishes common ISICS statewide and regional interoperability talkgroups to facilitate interoperability between medical providers. ISICSB also provides for Hospital Access in ISICS Standard 5.1.0.

  As provided in the appended list in this standard, and in conjunction with the State of Iowa Emergency Medical Services Communications Plan, emergency medical responders have talkgroups dedicated to interoperable communications with Iowa hospitals. These talkgroups are dedicated for medical communications such as, incoming medical patients, patient reports, or other medical incident communications needed between field personnel, Emergency Communications Centers (ECCs), and the hospital. These talkgroups are encrypted and available for programming into the appropriate responder

radios. The list of these medical interoperability talkgroups is maintained in the appendix of this standard.

- **Constraints**

  Experience has shown that communications between responders in the field and communications to the hospital can vary greatly. Over the last number of decades, cell phone use has become more common for such communications. Cell phone communication is not mission-critical public safety grade infrastructure. Through best practices, this Standard strives for consistency among agencies that use ISICS. The availability and use of the regional and statewide interoperability talkgroups must be easily understood by radio user personnel who are primarily concerned with their mission and not with the operation of complex radios under stressful conditions. Standardization of capabilities will provide responding agencies with an assurance that they will have interoperable communications with any other agency with whom they need to communicate.

  There are a finite number of available statewide and regional interoperable talkgroups within the current standard talkgroup nomenclature.

  Existing local ISICS talkgroups designated for hospital communication are not available to other user agencies for programming without an MOU or other formal permissions given to the outside agency. Furthermore, the management and updating of advanced system keys (ASKs) for local talkgroups would be cumbersome on a statewide basis.

  Individual hospital talkgroups, while the most used talkgroup for communicating with each hospital, will not be the most appropriate talkgroup in all situations. Regional or statewide interoperable talkgroups should be used for large scale incidents and when a user needs to communicate with a hospital but doesn't have the individual hospital talkgroup for that hospital.

  Until all hospitals and public safety responder radios have ISICS capabilities users may choose to maintain VHF radios and use conventional channels identified in the previous versions of the Iowa Statewide Emergency Medical Services Communications plan and/or conventional channels identified in ISICS Policy Statement ISICS 2021-03.U and the ISICS ICS-217A.

3. Operational Context

Emergency medical services personnel and others in public safety may need to coordinate operations and resources with hospitals locally or across a large multi-jurisdictional area of the state. This Standard works to facilitate successful interoperable medical communications for scalable events.

Users needing to communicate with a hospital have two possible talkgroup pathways available to them. First is the individual hospital talkgroup. Agencies should program their user's radios with the individual hospital talkgroups for those hospitals they frequently transport to or interoperate with.

When a user does not have the individual hospital talkgroup for a particular hospital they need to communicate with or the communications needs of the medical incident dictate the use of a more widely available talkgroup resource, a regional or statewide talkgroup should be used.

The layout of a talkgroup for each region of the state allows that, no matter where a responder might travel, they should be able to communicate with any hospital which, through this Standard, is recommended to always be monitoring their individual and regionally appropriate talkgroup for their geographic location.

The ISICS user understands they must be aware of and comply with all rules, regulations, policies, procedures, protocols, guidelines, standards, or requirements as established by the ISICSB and the State of Iowa, related to the use of ISICS.

4. Recommended Protocol/Standard

Hospitals should always monitor their assigned individual hospital talkgroup **and** the MED talkgroup(s) respective to their geographical region for situational awareness, to be aware of incoming patient reports, mass casualty incidents (MCI), and other incidents that could potentially influence their operational readiness.

Public safety field units and ECCs should have their radios programmed with the individual hospital talkgroups for the hospitals that they are most likely to interoperate with. These talkgroups should be used for the daily communications needs of delivering patient reports, coordinating patient care, receiving orders, and any other field to hospital communications.

Hospitals and public safety field units should have their radio programmed with the designated conventional interoperability channel(s) specified in the State of Iowa Emergency Medical Services Communications Plan to facilitate off system radio-to-radio communications. Such channel(s) may be used during times of infrastructure maintenance or failure. The range of conventional radio channels are highly dependent on distance, radio type, antenna type and placement, building density, and terrain.

Hospitals and Public safety field units should have radios programmed with the statewide and regional MED talkgroups to facilitate communications with any hospital for delivering patient reports, coordinating mass casualty incidents, receiving medical orders, and any other field to hospital communications.

Public Safety Communications Centers using core connected dispatch consoles should monitor the individual hospital talkgroup(s) for their area hospital(s) **and** the appropriate regional and statewide MED talkgroup(s). ECCs using only control stations to connect to ISICS should program their regional MED talkgroup **and** the individual hospital talkgroup(s) for their area hospital(s); however, if they wish to regularly monitor those talkgroups, additional control station(s) may be needed.

Radios and/or dispatch consoles for hospitals, public safety field units, and public safety communications centers should comply with ISICS Standard 1.7.0, Minimum Programming Requirements for the applicable trunked ISICS interoperability talkgroups and conventional Interoperable Radio Channels as identified in the ISICS ICS-217A.

It is possible and probable that more than one incident may be occurring at any given time on an interoperable ISICS resource, ensure that you wait for a clear talkgroup before keying up your radio and always clearly identify yourself.

5. Recommended Procedure

- Use individual hospital talkgroups when those talkgroups are available to all users in an incident and there is no need for greater interoperability.
- Monitor the geographically appropriate regional or statewide medical talkgroup listed in the appended Medical Interoperability Talkgroups list.
- When necessary, move communications to the appropriate regional or statewide medical talkgroup if it is a resource available to the users involved.
- When a user needs to contact a hospital and they don't have that hospital's individual hospital talkgroups available, they should hail that hospital on the geographically appropriate regional MED talkgroup, based on the facility's location.
- Before keying the microphone, monitor the talkgroup for a moment to ensure no other transmissions are occurring before you call out.
- It is very important to be clear on who you are and who you are trying to reach.
- Press the push to talk button and wait for the permit tone before speaking. The calling entity hails or states who they are calling and then identifies themselves.

    - **Example**: *a Carroll County Ambulance is enroute to Iowa Methodist Medical Center in Des Moines with a transfer and they <u>do not</u> have Iowa Methodist's operational talkgroups programmed in their radios. Carroll County Ambulance may call on the geographically appropriate regional Medical talkgroup listed in the appended Medical Interoperability Talkgroup list by calling out or "hailing" as described below*:

      "Iowa Methodist from Carroll County ambulance 14-33 on R1MED10E"

      Iowa Methodist – hearing their name over the talkgroup would call back:

      "Carroll County 14-33, go ahead for Iowa Methodist on R1MED10E."

      Carroll County may then proceed with any pertinent information for Iowa Methodist on R1MED10E. There may be several back-and-forth communications between the two entities from here on out and it would be proper at this point to drop the name of the talkgroup off and shorten the name of the ambulance or hospital. Any extended pause in communication would require that the communication be re-established.

6. Encryption

The Medical Interoperability talkgroups referenced in this Standard and listed in the Appendix are encrypted talkgroups. When necessary, emergency response personnel require that information is encrypted so that security and confidentiality can be maintained. ISICSB policy supports encryption on specific interoperability channels and talkgroups. See ISICS Standard 2.12.3 Encryption Key Security.

7. Management

Nothing in this standard shall be construed as a limitation of use of the ISICS statewide and regional interoperability talkgroups for incidents requiring interoperability.

For Management, see ISICS Standard 1.5.0 ISICS Regional & Statewide Interoperability Talkgroups for additional information.

Assignment of individual hospital talkgroups is managed by the Iowa Department of Health and Human Services with assistance from ISICSB Operations Committee through the State of Iowa Emergency Medical Services Communications Plan.

8. Appendix

Medical Interoperability Talkgroups

Statewide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Sub-Region 1
IAMED E	R1MED10E	R2MED20E	R3MED30E	R4MED40E	R5MED50E	R6MED60E	SR1MED110E

Individual Hospital Talkgroups

Hospital	County	City	Talkgroup Alias
Region 1			
Boone County	Boone	Boone	08HOSPITAL1E
Stewart Memorial	Calhoun	Lake City	13HOSPITAL1E
St Anthony	Carroll	Carroll	14 SARH 1E
Manning Regional	Carroll	Manning	14 MRHC 1E
Dallas County	Dallas	Perry	25 DCH 1E
Methodist West	Dallas	West Des Moines	25UPMW1E
Greene County Medical Center	Greene	Jefferson	37HOSPITAL1E
Grundy County Memorial	Grundy	Grundy Center	38HOSPITAL1E
Van Diest Medical Center	Hamilton	Webster City	40HOSPITAL1E
Hansen Family	Hardin	Iowa Falls	42HOSPITAL1E

MercyOne Newton	Jasper	Newton	50HOSPITAL1E
UnityPoint Health Marshalltown	Marshall	Marshalltown	64HOSPITAL1E
Broadlawns	Polk	Des Moines	77 BRDLAWN1E
Iowa Methodist	Polk	Des Moines	77IMMC1E
Lutheran	Polk	Des Moines	77 ILH 1E
MercyOne	Polk	Des Moines	77MRCY DSM1E
Mercy West Lakes	Polk	West Des Moines	77MRCY WL1E
Veterans Affairs Medical Center	Polk	Des Moines	77 VAMC 1E
Grinnell Regional Medical Center	Poweshiek	Grinnell	79GRMC1E
Mary Greeley	Story	Ames	85MRY GRLY1E
Story County Medical Center	Story	Nevada	85 SCMC1E
UnityPoint Health Fort Dodge	Webster	Fort Dodge	94HOSPITAL1E
Region 2			
Veterans Memorial	Allamakee	Waukon	03HOSPITAL1E
Community Memorial Hospital	Bremer	Sumner	09 CMH 1E
Waverly Health Center	Bremer	Waverly	09WVRLY HC1E
Mercy North Iowa	Cerro Gordo	Mason City	17HOSPITAL1E
MercyOne New Hampton	Chickasaw	New Hampton	19HOSPITAL1E
Avera Holy Family	Emmet	Estherville	32HOSPITAL1E
Gundersen Palmer	Fayette	West Union	33 GPH 1E
MercyOne Oelwein	Fayette	Oelwein	33MRCYOLWN1E
Floyd County	Floyd	Charles City	34HOSPITAL1E
Franklin General	Franklin	Hampton	35HOSPITAL1E
Hancock County	Hancock	Britt	41HOSPITAL1E
Cresco- Regional Health Services of Howard County	Howard	Cresco	45HOSPITAL1E
Humboldt County Memorial	Humboldt	Humboldt	46HOSPITAL1E
Kossuth Regional	Kossuth	Algona	55HOSPITAL1E
Mitchell County	Mitchell	Osage	66HOSPITAL1E
Decorah- Winneshiek Medical Center	Winneshiek	Decorah	96HOSPITAL1E
IA Specialty Belmond	Wright	Belmond	99ISH BLMD1E
IA Specialty Clarion	Wright	Clarion	99ISH CLRN1E
Region 3			

Buena Vista Regional Medical Center	Buena Vista	Storm Lake	11HOSPITAL1E
Cherokee Regional	Cherokee	Cherokee	18HOSPITAL1E
Spencer Hospital	Clay	Spencer	21HOSPITAL1E
Crawford County Memorial	Crawford	Denison	24HOSPITAL1E
Lakes Regional	Dickinson	Spirit Lake	30HOSPITAL1E
Horn Memorial	Ida	Ida Grove	47HOSPITAL1E
Avera Merrill Pioneer	Lyon	Rock Rapids	60HOSPITAL1E
Burgess Health Center	Monona	Onawa	67HOSPITAL1E
MercyOne Primghar	O'Brien	Primghar	71MRCY PRMGR1E
Sanford Sheldon	O'Brien	Sheldon	71 SSMC 1E
Palo Alto County	Palo Alto	Emmetsburg	74HOSPITAL1E
Floyd Valley	Plymouth	Le Mars	75HOSPITAL1E
Pocahontas Community	Pocahontas	Pocahontas	76HOSPITAL1E
Loring Hospital	Sac	Sac City	81HOSPITAL1E
MercyOne Sioux City	Woodbury	Sioux City	97MRCY SMC1E
UnityPoint St Luke's Sioux City	Woodbury	Sioux City	97ST LUKES1E
Hawarden Regional Health	Sioux	Hawarden	84 HRH 1E
Hegg Memorial	Sioux	Rock Valley	84 HHC 1E
Orange City Area Health System	Sioux	Orange City	84 OCAHS 1E
Sioux Center Health	Sioux	Sioux Center	84 SCH 1E
Osceola Regional Hospital	Osceola	Sibley	72HOSPITAL1E
Region 4			
Adair County Memorial	Adair	Greenfield	01HOSPITAL1E
CHI Health Mercy Corning	Adams	Corning	02HOSPITAL1E
Audubon County Memorial	Audubon	Audubon	05HOSPITAL1E
Cass County Memorial	Cass	Atlantic	15HOSPITAL1E
Clarke County	Clarke	Osceola	20HOSPITAL1E
Decatur County	Decatur	Leon	27HOSPITAL1E
George C Grape Community	Fremont	Hamburg	36HOSPITAL1E
Guthrie County	Guthrie	Guthrie Center	39HOSPITAL1E
CHI Health Missouri Valley	Harrison	Missouri Valley	43HOSPITAL1E
Madison County	Madison	Winterset	61HOSPITAL1E
Montgomery County Memorial	Montgomery	Red Oak	69HOSPITAL1E

Clarinda Regional Health	Page	Clarinda	73 CRHC 1E
Shenandoah Medical Center	Page	Shenandoah	73 SMC 1E
CHI Health Mercy Council Bluffs	Pottawattamie	Council Bluffs	78CHI MRCY 1E
Methodist Jennie Edmundson	Pottawattamie	Council Bluffs	78 JEN ED 1E
Ringgold County	Ringgold	Mount Ayr	80HOSPITAL1E
Myrtue Medical Center	Shelby	Harlan	83HOSPITAL1E
Greater Regional Medical Center	Union	Creston	88HOSPITAL1E
Region 5			
MercyOne Centerville	Appanoose	Centerville	04HOSPITAL1E
Davis County	Davis	Bloomfield	26HOSPITAL1E
Southeast Iowa Regional Medical Center West Burlington	Des Moines	West Burlington	29HOSPITAL1E
Henry County Health Center	Henry	Mount Pleasant	44HOSPITAL1E
Jefferson County Health Center	Jefferson	Fairfield	51HOSPITAL1E
Keokuk County Health	Keokuk	Sigourney	54HOSPITAL1E
Southeast Iowa Regional Medical Center Fort Madison	Lee	Fort Madison	56HOSPITAL1E
Lucas County	Lucas	Chariton	59HOSPITAL1E
Mahaska Health Partnership	Mahaska	Oskaloosa	62HOSPITAL1E
Knoxville Hosp and Clinics	Marion	Knoxville	63 KHC 1E
Pella Regional Health	Marion	Pella	63 PRHC 1E
Monroe County	Monroe	Albia	68HOSPITAL1E
UnityPoint Trinity Muscatine	Muscatine	Muscatine	70HOSPITAL1E
Van Buren County	Van Buren	Keosauqua	89HOSPITAL1E
Ottumwa Regional Health	Wapello	Ottumwa	90HOSPITAL1E
Washington County	Washington	Washington	92HOSPITAL1E
Wayne County	Wayne	Corydon	93HOSPITAL1E
Region 6			
Virginia Gay	Benton	Vinton	06HOSPITAL1E
MercyOne Cedar Falls	Black Hawk	Cedar Falls	07MRCY CF 1E
MercyOne Waterloo	Black Hawk	Waterloo	07MRCY WTRL1E
UnityPoint Allen Waterloo	Black Hawk	Waterloo	07 UNTY PNT H1E
Buchanan County Health Center	Buchanan	Buchanan	10HOSPITAL1E
Guttenberg Municipal	Clayton	Guttenberg	22 GMH 1E

MercyOne Elkader	Clayton	Elkader	22MRCY ELK1E
Genesis DeWitt	Clinton	DeWitt	23GMC DWTT1E
MercyOne Clinton	Clinton	Clinton	23MRCY CLNT1E
Regional Medical Center	Delaware	Manchester	28HOSPITAL1E
Dubuque- MercyOne	Dubuque	Dubuque	31MRCY ONE H1E
Dubuque- UnityPoint Finley	Dubuque	Dubuque	31UNTY PNT H1E
MercyOne Dyersville	Dubuque	Dyersville	31MRCY ONE H1E
Compass Memorial Healthcare	Iowa	Marengo	48HOSPITAL1E
Jackson County Regional	Jackson	Maquoketa	49HOSPITAL1E
Mercy Medical Center Iowa City	Johnson	Iowa City	52 MRCY IC H1E
University of Iowa Hospital and Clinics Iowa City	Johnson	Iowa City	52 U OF IA H1E
Anamosa- UnityPoint Health Jones Regional	Jones	Anamosa	53HOSPITAL1E
Cedar Rapids- UnityPoint St Luke's	Linn	Cedar Rapids	57UNTY PNT H1E
Mercy Medical Center Cedar Rapids	Linn	Cedar Rapids	57 MRCY CR H1E
Genesis East	Scott	Davenport	82 GENESIS H1E
UnityPoint Trinity Bettendorf	Scott	Bettendorf	82 UNTY PNT H1E