Emergency Medical Services Program
Policies – Procedures – Protocols

Emergency Medical Dispatch Policy and Procedures (2001.00)

I. GENERAL PROVISIONS

A. These policies and procedures define requirements for Emergency Medical Dispatcher (EMD) scope of practice, training, certification, recertification, challenge of certification, EMD providers, EMD and EMS dispatch operational requirements within the County of Kern. Authority and medical control of the Kern County Emergency Medical Services Program is in accordance with California Health and Safety Code and California Code of Regulations Title 22.

B. It is a minimum standard of the County that all callers requesting emergency medical assistance from any area or jurisdiction within the county have direct access to an authorized emergency medical dispatch provider and qualified emergency medical dispatch personnel. EMD Services include priority medical dispatch of EMS resources, pre-arrival instructions and post-dispatch instructions using Program authorized protocol (Reference: ASTM Standard Practice for Emergency Medical Dispatch F1258 – 95(2022)).

C. All EMD personnel, EMD providers, and all organizations having responsibility for emergency medical services call coordination or dispatch operating within the County shall comply with the provisions of these policies and procedures at all times. However, it is recognized that fire departments, at the discretion and direction of the fire chief may find it advantageous to respond emergency equipment for other purposes above and beyond the established medical response level approved by the Medical Director. This policy document is not intended to limit or interfere with a fire chief's statutory authority to dispatch additional resources under his/her command. The accountability for deploying said additional resources in excess of the medically approved response level for any EMS response becomes that of the fire chief of the responding agency.

D. No dispatch agency and/or dispatch personnel may provide priority medical dispatch of medical resources or provide pre-arrival instructions or post-dispatch instruction by a dispatch protocol to any EMS caller unless having valid EMD provider authorization and current accreditation from the Kern County EMS Program. The intent of this section is to prevent unauthorized use of EMS dispatch reference systems and reoccurring, unauthorized EMS dispatch functions.

E. Public Safety Answering Point (PSAP) provision of EMD level service is optional at the discretion of the law enforcement agency having jurisdiction. For calls involving law enforcement resource needs and medical, a PSAP should gather law enforcement call information and transfer the caller to a Program authorized dispatch center for medical response or relay medical response information as specified by the Program. For medical calls, the PSAP should transfer the caller to a Program authorized medical dispatch center after law related call information is obtained.

F. Each ambulance provider shall have emergency medical dispatcher (EMD) service available at all times. This requirement may be satisfied with a contract for service from another locally approved EMD dispatch center, provided that said other dispatch center is responsible for accepting service request calls for the ambulance provider. [Ambulance Performance Standards III. C.]

II. DEFINITIONS

A. "Accredited or Authorized EMS Dispatch Center" means a Program authorized dispatch center to provide emergency medical dispatch.

B. Assign Acuity: EMDs use callers' responses to assign acuity levels and select a Determinant Code used for response. There are six priority levels used to determine the urgency of the response: OMEGA (lowest), ALPHA, BRAVO, CHARLIE, DELTA, and ECHO (highest). Once EMDs identify callers' primary concerns through the scripted questions, they select one of these priority levels and a corresponding Determinant Code. The Program assigns specific responses to each Determinant Code depending on data received.

C. "Alpha Level Response" shall mean a Code-2 (Cold) emergency medical call where the ambulance service takes immediate steps to dispatch a response.

D. Advanced Life Support (ALS) ambulance - an ambulance with valid California Highway Patrol certification that has the basic personnel, equipment, and supplies set forth in Title 13 and Title 22 of the California Code of Regulations and Division specifications. [Ordinance 8.12.030 Definitions, A]

E. "ALS Ambulance Response" as used in dispatch protocol means an ALS Ambulance response if closest and available (unassigned).

F. Advanced Life Support first responder / Fly Car – a public or private provider or agency that engages in EMS first response at the advanced life support level through a Program-approved ALS program. [Ordinance 8.12.030 Definitions, C]

G. Ambulance service - medical transportation service for patients requiring medical treatment and/or medical monitoring due to illness, injury, or other medical condition. [Ordinance 8.12.030 Definitions, G]

H. "BLS" means Basic Life Support as defined in section 1797.60 of the Health and Safety Code.

I. "C3AF" Cold Committed Code 2 Advanced Life Support and Fire department Response as specified by the program.

J. "C3A" Cold Committed Code 2 Advanced Life Support only for time sensitive interfacility emergencies.

K. "C3B" Cold Committed Code 2 Basic Life Support only.

L. "Code-3 or Hot" shall mean medical resource response mode using emergency lights and/or siren.

M. "Code-2 or Cold" shall mean immediate medical resource response mode without use of emergency lights and siren, obeying standard traffic laws.

N. "Closest Ambulance" shall mean an available operational area ambulance that will provide the shortest response time to an EMS call.

O. "Closest First Responder" as used in dispatch protocol means the closest and available ALS or EMT-1 or other First Responders that are formally approved through the Kern County EMS Program that will provide the shortest response time to the incident.

P. "County" the County of Kern, a political subdivision of the State of California. [Ordinance8.12.030 Definitions, S]

Q. "Duty Officer" the on-call EMSP Coordinator.

R. "ECC" means the Emergency Communications Center.

S. "Emergency Medical Dispatcher" (EMD) means a person having a valid national EMD certificate recognized by the Program and valid EMD certification issued by the Program, authorized to provide pre-arrival medical telephone instructions and/or post-dispatch medical instruction, and medical priority dispatch of EMS resources in accordance with Program protocols.

T. "Emergency Medical Dispatch Intern" (EMD Intern) means a person having a valid national EMD certificate recognized by the Program and formally being trained by an EMD Preceptor for EMD Certification.

U. “Emergency Medical Dispatch Preceptor” (EMD Preceptor) means a person authorized to provide training to an EMD Intern as specified in these policies.

V. “EMD Provider” means a group, organization or service having valid authorization from the Program to provide EMD services for the public.

W. EMS aircraft - any aircraft designed and equipped to provide air transport of sick, injured, convalescent, infirm, or otherwise medically incapacitated persons in compliance with Title 22, and has been approved and certified by the Kern County EMS Program for use as an EMS aircraft. EMS aircraft includes air ambulances and all categories of rescue aircraft. An EMS aircraft shall be certified by the Federal Aviation Administration and have a Part 135 Certificate as an air carrier if a fee is collected for transportation services. [Ordinance 8.12.030 Definitions, DD]

X. “EMS Caller” means any emergency medical services caller requesting non-prescheduled medical services received through any method.

Y. “EMS Dispatcher” means a dispatcher that receives calls for EMS response and dispatches EMS resources.

Z. “Fire” means a fire department authorized by the Program to provide first responder service within the County (this does not preclude use of fire resources outside Kern County if appropriate).

AA. “Medical Priority Dispatch or Priority Dispatch” means the dispatch of tiered medical resource responses in Code-3/Hot or Code-2/Cold response modes dependent on EMS call severity as defined by the most current version of the Program authorized EMD protocol.

BB. “Medical Resources or EMS Resources” for the purposes of these policies and procedures means personnel and vehicles/equipment of Program authorized EMS First Responders and Program authorized EMS Transportation Providers.

CC. “OCD” means the Operational Communication Division of Hall Ambulance Service Inc.

DD. “Paramedic First Responder / Fly Car” means a Paramedic First Responder authorized by the Program.

EE. “Pre-Arrival Instruction or Post-Dispatch Instruction” means medical instructions provided to EMS callers by authorized EMD personnel in accordance with Program authorized EMD protocol.

FF. “Program” he Kern County Emergency Medical Services Program, as established by Ordinance Code Section 2.23.010; the designated local EMS agency (LEMSA). [Ordinance8.12.030 Definitions, U]

GG. “Protocol(s) or EMD Protocol” for the purposes of these policies and procedures, means any medical priority dispatch system authorized by the Program for post-dispatch and pre-arrival instructions and priority dispatch of EMS resources.

III. MEDICAL CONTROL

A. The Program Medical Director shall be responsible for medical control of all EMS dispatch programs operating within Kern County, including the overall EMD program, EMD providers, EMD personnel, training, policies, procedures and protocols in accordance with California Health and Safety Code and California Code of Regulations Title 22.

B. The Program Medical Director may take action necessary to maintain medical control of any EMS dispatch program, including any EMD program in the County.

IV. EMD SCOPE OF PRACTICE

A. An EMD shall operate and function as an EMD only under the employment of an EMD provider authorized by the Program or as an authorized EMD intern.

B. An EMD shall operate and function as an EMD only with current and valid certification from the International Academies of Emergency Dispatch (IAED), current and valid cardiopulmonary resuscitation certification, and current and valid accreditation by the Program. An EMD who does not possess the requirements is operating and functioning outside of the scope of practice of an EMD.

C. EMD personnel and EMD providers shall only use medical dispatch system protocol(s) authorized by the Program for the provision of priority medical dispatch or pre-arrival medical instructions via telephone or other telecommunication mechanism and shall operate under the medical control of the Program. An organization shall submit a request in writing to the Program for authorization of any medical dispatch protocol that has not been authorized for use by the Program.

D. The scope of practice for an EMD is:

1. Receipt of EMS calls, medical interrogation of the caller using techniques specified in EMD training and EMD protocol(s) and obtain required EMS call information as specified by EMD protocol.

2. Information relay, accurate dispatch, and upgrade or downgrade of various EMS resource response configurations as defined by EMD protocol authorized by the Program.

3. Provision of pre-arrival instruction and post-dispatch instruction in compliance with EMD protocol.

4. Provision of updated call information to responding EMS resources.

5. Provision of interagency response coordination.

E. All EMD personnel operating within the County shall operate within the EMD scope of practice as specified in these policies and procedures.

F. Inappropriate EMD activity includes any of the following:

1. Display of hostility or arguing with a caller.

2. Pre-mature judgment of a situation based on past experience with a caller.

3. Judgment of situation severity based on previous personal experiences.

4. Refusal or failure to dispatch available unit(s) in accordance with protocol.

5. Inappropriate termination of a call for assistance; or

6. Failure to act or to dispatch in accordance with EMD protocol or policies and procedures.

V. EMD TRAINING REQUIREMENTS

A. All EMD personnel operating within the County shall attend an Advanced EMD certification training course provided by the IAED. Training shall be in the version of IAED protocols approved for use by the Program. In limited situations, training may be in a version of IAED protocols that are in the process of being implemented by the Program.

B. Upon confirmation by the employer of successful completion of an Advanced EMD certification training program, the individual shall complete a minimum of eight (8) hours in the following EMD Local Protocol Training:

1. EMS Dispatch Policies and Procedures.

2. Allocation of local EMS resources including EMS Aircraft dispatch.

3. Local responses on EMD Protocol.

4. Multi-casualty incidents and disaster procedures.

5. Practical lab (scenario work with EMD Protocol).

C. EMD Internship: Upon confirmation by the employer of successful completion of the Advanced EMD certification training program and EMD Local Protocol Training with appropriate documentation, an individual shall be considered an EMD Intern. An EMD Intern shall successfully complete a minimum of twelve (12) hours of EMD Practical Training and successfully manage a minimum of ten (10) EMD calls through an EMS Program authorized EMD Provider, under the direct supervision of an EMD Preceptor with valid certification; and provide documentation of successful EMD Practical Training completion signed by the EMD Preceptor. Successful management of an EMD call shall mean that the EMD Intern can manage the entire call without EMD Preceptor intervention.

D. The Program may specify additional EMD training requirements.

E. A Kern County EMD Provider is authorized to designate one or more EMD Preceptors to provide EMD Intern training. In order to be eligible as an EMD Preceptor, the individual shall:

1. Have a minimum of one (1) year active practice as a certified EMD within Kern County within the previous two (2) years;

2. Have an overall positive record of EMD performance. EMD performance shall individually be the same standard as the IAED Standards for Accreditation. The EMD Preceptor candidate shall meet the standards during the previous year;

3. Complete an EMD Preceptor briefing provided by the EMD Provider in educational techniques, oversight of EMD intern practice, problem mitigation and documentation; and

4. Notify the Program of each EMD Preceptor that has completed the process prior to assignment of an EMD intern.

F. An EMD intern may be required by the Program to repeat any training requirement that is not successfully completed. EMD Practical Training must be successfully completed within a maximum of two (2) attempts. If EMD Practical Training is not successfully completed within two (2) attempts, the EMD intern will be required to complete remedial training as specified by the Program, repeat all local EMD training requirements and EMD internship to be eligible for EMD accreditation.

G. EMD internship shall be conducted by the authorized EMD Provider under the direction of the Program. The EMD Provider shall provide written notice to the Program of any EMD intern that fails to successfully complete EMD intern training within two (2) attempts. The notice shall include the reason or reasons why the intern did not successfully complete EMD internship.

H. In any case of dispute between an EMD Provider, EMD Preceptor, or an EMD intern regarding EMD practical training, the Program shall be the final decision authority.

I. For repeated failure of EMD training, the Program may terminate an individual's eligibility to complete EMD training for up to one (1) year.

VI. EMD ACCREDITATION

A. All dispatch personnel that provide priority dispatch of medical resources or provide pre-arrival/post-dispatch instructions to the public shall have current and valid EMD accreditation from the Program.

B. In order to become accredited as an EMD, an individual shall complete all of the following requirements:

1. Complete and submit a Program All Purpose Certification/Accreditation Form;

2. Submit a valid national EMD certification in the current version of EMD Protocol approved for use by the Program (telephone confirmation with the IAED regarding valid EMD certification status is also acceptable for certification);

3. Successfully complete eight (8) hours of EMD Local Protocol Training in local EMD policies, procedures and protocols, provided by a Program authorized instructor, and provide a valid course completion record with an issue date of not more than one (1) year from the date the application is submitted to the Program;

4. Provide documentation of successful EMD Practical Training completion signed by the EMD Preceptor;

5. A valid CPR card;

6. A valid picture identification;

7. Pay the established EMD certification fee; and

8. Meet other requirements as specified by the Program for EMD accreditation. Additional requirements not specified herein shall be subject to feedback and review.

C. Upon completion of all EMD accreditation requirements, the Program will issue EMD accreditation.

D. Local EMD accreditation will be the same term and expiration date as their IAED EMD certification.

E. An EMD having current IAED EMD certification in the current version of EMD Protocol authorized by the Program with documented full-time experience as a practicing EMD in another area within the last six (6) months, may become accredited within the County through an EMD accreditation challenge process (challenge) provided by the Program. After successful completion of the EMD challenge process, EMD accreditation shall be issued. The EMD challenge process shall include at minimum the following:

1. Eight (8) hours of EMD Local Protocol Training;

2. Successful completion of EMD Practical Training with successful management of a minimum of five (5) EMD calls through an Program authorized EMD Provider, under the direct supervision of an EMD preceptor with valid certification; and provide documentation of successful EMD Practical Training completion signed by the EMD preceptor (successful management of an EMD call shall mean that the EMD Intern can manage the entire call without EMD Preceptor intervention); and

3. Meet other requirements for EMD accreditation. Additional requirements not specified herein shall be subject to feedback and review.

F. Failure to successfully complete all requirements for EMD accreditation challenge as specified shall require the individual to successfully complete the EMD Local Protocol Training Program and EMD Practical Training for EMD accreditation. If the challenge process cannot be completed within two (2) attempts, the individual

shall be required to wait one (1) year from the date of the second failure to reinitiate the challenge process.

G. EMD accreditation may be placed on probation, suspended or revoked for non-compliance with these policies and procedures.

VII. EMD RE-ACCREDITATION

A. EMD personnel shall reaccredit through the Program prior to the expiration of their Local EMD accreditation in compliance with each of the following:

1. Complete and submit a Program All Purpose Certification/ Accreditation Form.

2. Submit a current IAED card or a letter from IAED validating current EMD certification. Program telephone confirmation with the IAED regarding valid EMD certification status is also acceptable for recertification. If confirmation cannot be obtained, EMD personnel may submit copies of <u>all</u> documents submitted to the IAED for recertification to the Program as evidence of recertification submission and successful completion of recertification requirements, including but not limited to, application, verification or copies of continuing dispatch education and applicable testing scores used for recertification.

3. Copy of valid CPR card.

4. Pay the established EMD reaccreditation fee; and

5. Meet other requirements as specified by the Program for EMD reaccreditation. Additional requirements not specified herein shall be subject to feedback and review.

B. An individual with expired county accreditation or IAED EMD certification shall not be permitted to operate within the EMD scope of practice within the county. IAED EMD recertification that has been completed, but has not been received, is an exception to this requirement for no more than a ninety (90) day period from the national EMD certification expiration date. This exception does not absolve EMD personnel from the requirement to reaccredit through the Program prior to the expiration of their Local EMD accreditation. EMD Personnel shall submit documentation, as outlined in section A.2 above, and may receive temporary accreditation.

C. An individual with expired local EMD accreditation may reaccredit within one (1) year of EMD accreditation expiration date through the Program by submitting a valid IAED card, and documentation of completion of additional training in local

policy and protocol as specified by the Program. If more than one (1) year has elapsed from the expiration date of local EMD accreditation, the individual shall at minimum be required to successfully complete EMD Challenge requirements.

VIII. EMD CONTINUING EDUCATION

A. Continuing Dispatch Education (CDE) shall be coordinated and organized through the EMD Provider Agency, in accordance with IAED CDE requirements.

B. EMD continuing education hour(s) shall be granted for each hour of EMD attendance in a Program approved program (one (1) EMD continuing education hour per hour of attendance). A continuing medical dispatch education certificate shall be issued through an approved prehospital continuing education provider.

IX. EMS DISPATCH CENTER FACILITY, EQUIPMENT & STAFFING REQUIREMENTS

A. All EMS dispatch centers shall provide for a continuously available and staffed dispatch facility for receipt of calls, dispatch of EMS resources (i.e., ambulances, fire apparatus, etc.) and EMS resource status maintenance. Facility shall have heating, cooling and restroom facilities, and the availability of auxiliary power (batteries, gas or diesel generator, and appropriate procedures) that will maintain adequate power to dispatch facility lights, phones, and radio equipment to operate for a minimum of 72 hours. The dispatch center shall also have reasonable security measures in place to prevent unauthorized access to the dispatch center or equipment. Security may be in the form of locked entry, surveillance video, or a dispatch facility security plan.

B. All EMS dispatch centers shall continuously staff the dispatch facility with dispatch personnel and maintain the ability to receive calls for service on a continuous 24-hour basis.

C. All EMS dispatch centers shall have sufficient telecommunications and recording equipment for communications and dispatch operations.

D. All EMS dispatch centers shall have access to a dispatch facility with sufficient telecommunication equipment for communications on Kern County Medical Radio System through the repeater network.

E. All EMS dispatch centers shall maintain audio recordings of the primary telephone and radio communications related to EMS dispatch for a minimum of six (6) calendar months. Dispatch logs shall be maintained by all EMS dispatch centers for a minimum of one (1) calendar year. If recording equipment breaks down due to mechanical failure or other reasons, the Program will allow a reasonable time

for the EMS dispatch center to have equipment repaired. [Ambulance Performance Standards VI.I.]

F. All EMS dispatch centers shall be equipped with a computer aided dispatch (CAD) system. The CAD software shall be capable of recording incident information, location verification, incident display, unit display, incident dispatch including automatic vehicle location, integration with mobile data terminals and unit recommendation, time stamping and mapping.

G. All EMS dispatch centers shall be equipped with Pro-QA dispatch software for processing of emergency calls. Pro-QA software shall be capable of supporting the version of MPDS protocols in use and approved by the Program.

H. All EMS dispatch centers shall have AQUA software for quality assurance evaluation and required reporting to the Program.

X. EMD PROVIDER REQUIREMENTS

A. All EMD Providers shall maintain compliance with Program policies, procedures, regulations and protocols.

B. An organization may apply to the Program for EMD Provider authorization. The application shall be made in writing to the Program and shall include evidence of compliance to all provisions of this section and these policies and procedures.

C. EMD Providers and organizations applying to the Program for EMD Provider authorization shall have and maintain the following:

1. A dispatch center which routinely receives calls from the public for emergency medical assistance and is responsible for dispatch or requesting dispatch of EMS resources within the EMS system;

2. Staffed by a minimum of one (1) Kern County accredited EMD on a 24 hour per day basis with EMD dispatch as the primary function; and

3. Verification of use of IAED EMD Protocols authorized by the Program for use within Kern County with local EMS response configurations on each EMD code.

D. All authorized EMD Providers and organizations applying to the Program for EMD Provider authorization shall have and maintain the following:

1. An assigned communications center manager, with completion of executive level EMD training, or equivalent, or higher level EMD training, responsible for oversight and supervision of the communications center.

2. An assigned EMD Coordinator, having valid EMD certification and valid IAED EMD quality assurance certification, responsible for oversight of the EMD Program including, but not limited to, coordination of initial training, continuing education, and quality assurance. Specific functions may be delegated to other EMD qualified personnel.

3. An assigned EMD-Q, having valid EMD certification and valid IAED EMD quality assurance certification, responsible for, but not limited to, initial training, continuing education, and quality assurance.

4. EMD quality assurance functions shall include EMD case activity evaluation, protocol compliance evaluation and individual case review.

5. Monthly continuing education classes shall be provided for EMD personnel.

6. A Program approved EMD Protocol for each active EMD call taker position.

7. A mechanism for continuous EMD supervision.

8. A written reporting mechanism for EMD questions and feedback.

9. Continuous recording capability of telephone line(s) assigned for receipt of EMS callers and provider radio frequencies used for dispatch or coordination of dispatch of EMS resources.

10. Ensure continued EMD personnel compliance with EMD protocol and these policies and procedures.

11. Ensure adequate EMD staffing to meet customary EMD services demand.

12. A structured mechanism for random tape evaluation of all EMD personnel performance and accuracy of protocol compliance by all EMD personnel.

13. Provide representation at EMS Dispatch Quality Improvement Group meetings scheduled by the Program.

14. Maintain EMD records and/or data as specified by these policies and make such records or data available to the Program upon request.

15. Employ the most current version of the Medical Priority Dispatch System (MPDS) provided by the International Academies of Emergency Dispatch (IAED) which has been authorized by the medical director.

E. EMD Provider authorization may be placed on probation, suspended or revoked

by the Program for non-compliance with these policies and procedures.

XI. EMD OPERATIONAL PROCEDURES

A. The EMS Dispatch Center should answer an incoming call within three (3) rings whenever possible and identify for the caller the name of the center.

B. ECC shall contact OCD for ambulance response within two (2) minutes of call time. OCD shall contact ECC or the appropriate fire department for fire response within two (2) minutes of call time.

C. The EMD shall comply with EMD protocol procedures for case entry, chief complaint selection, determinant selection, dispatch of response, pre-arrival and post-dispatch instructions.

D. If an EMS call is received from another dispatch agency, the dispatch center shall obtain the incident location, call back number, and chief complaint/problem and/or EMD Code. In addition, if an EMS call is received from a Kern County Authorized EMD Provider, the dispatch center shall obtain the EMD Code.

E. In cases where two separate EMD Providers have processed an EMS call, the EMD Provider that communicated with the highest-level caller (first party highest) shall take priority in determinant selection and dispatch of response. In cases where the same level of caller is available to both EMD Providers, the highest level of response selected shall be dispatched according to EMD Protocol.

F. Once the EMD Protocol has been used by an EMD center for an EMS call, another EMD from a different EMD Provider shall not contact the caller to reassess the call for a different level of response.

G. For EMS calls located on hospital campus or within 250 yards of a general acute care hospital that includes an emergency department, EMD shall contact the emergency department to notify them of the incident. The hospital staff shall be directed to contact the person requesting emergency services in order to avoid a possible EMTALA violation. The call shall be dispatched, and a response shall not be canceled unless it is canceled by hospital personnel on scene and in direct contact with the patient.

H. For EMS calls located outside the usual and customary response area and /or mutual aid response area outside Kern County shall be managed in accordance with EMD Protocol with the exception of 4th Party Callers. 4th Party Callers for calls located outside the usual and customary response area outside Kern County shall be advised that the incident is located beyond the usual and customary response area.

I. Protocol #33 "Transfer/Interfacility/Palliative Care" shall be used for all prehospital EMS calls originating from physician offices, dialysis centers, clinics, urgent care centers, nursing facilities, extended care facilities, surgical centers, jail/prison medical facilities, or an acute care hospital with no emergency services in which the patients known end point is an emergency department. A Registered Nurse (RN), Nurse Practitioner, Physician Assistant, or Medical Physician must be present at the call location to use this EMD Card. If such medical staff are not on-site, triage in accordance with an appropriate chief complaint Card (1-32). Alpha acuity levels are designated by local Medical Control as the following:

1. ACUITY I (no priority symptoms) 33-A-1: Shall be used for patients with a medical or trauma complaint. Such complaints may include, but are not limited to; hypertension, diabetes, soft tissue injuries, fractures, stroke, labor, or non-severe complaints of pain.

2. ACUITY II (no priority symptoms) 33-A-2: Shall be used for patients without a medical or trauma complaint who requires a procedure that the sending facility is unable to perform. Such complaints may include, but are not limited to; PEG tube placement or re-insertion, Foley catheter placement or re-insertion, abnormal lab values, or x-rays.

3. ACUITY III (no priority symptoms) 33-A-3: Shall be used for non-critical patients that originate from a jail or prison infirmary or treatment area. This EMD code shall only be used for non-critical patients that do not meet criteria for a higher level of response as dictated by the protocol.

J. EMD Determinant:

1. The EMD shall document the EMD Protocol Determinant Code used for each response which indicates the protocol card used (1-33), determinant level (Ω,A,B,C,D,E), the determinant descriptor (1-28), and suffix or override if applicable.

2. PCR entry of EMD Codes shall be based on the initial EMD Code assigned.

K. EMD Selection & Dispatch of Response:

1. "ALS Ambulance Response" as used in dispatch protocol means an ALS Ambulance response from the operational area provider is dispatched if closest and available.

2. “Closest First Responder” as identified for ECHO determinants mean dispatch of the closest ALS, BLS or other First Responders for the jurisdiction or operational area that are formally approved and assigned for response to the call location through the Kern County EMS Program, in addition to standard Fire and Ambulance resources.

3. All EMS responses to incidents that are staged to a specific location before scene clearance and entry will be dispatched Cold. If the scene is cleared and secured by law enforcement before EMS arrival, the response will be modified according to protocol.

4. Fire response for EMS incidents shall be made by contact of the appropriate communications center having jurisdiction over the call location.

5. Ambulance response shall be made by contact of the ambulance service covering the operational area in which the call is located. Ambulance service operational areas are defined by the Program.

6. All EMD personnel shall always initiate a response to all EMS calls as specified by these policies, procedures and Program authorized protocols.

7. Dispatch call information provided to responding resources should include:

   a. Chief complaint, problem or situation

   b. Call location description; and

   c. Response mode or priority response code

8. Dispatch call information provided to another dispatch center or EMD provider shall include at minimum:

   a. Chief complaint, problem, or situation; and EMD Code (an EMD provider shall provide the complete EMD Code);

   b. Call location description to include area or community, street address, intersection or roadway location description, and Key Map coordinates.

9. In cases where an EMS call is received from a non-EMD provider, the EMD should contact the EMS caller to provide EMD services as appropriate.

L. EMD Post-Dispatch Instruction & Pre-Arrival Instructions:

1. EMD personnel shall provide post-dispatch instruction(s) and pre-arrival instructions as indicated on protocol, incorporating EMD techniques of repetitive persistence and anticipation of predictive caller behaviors.

2. EMD personnel shall stay on the telephone line, emergency call workload permitting, according to EMD protocol.

3. EMD personnel shall provide updated information on call location changes or situation changes to responding EMS resources.

4. EMD personnel shall up-grade or down-grade response mode if additional information is obtained after initial resources are responded if indicated by protocol.

5. EMD personnel shall only terminate the call according to protocol.

6. EMD personnel shall not transfer the caller to another agency or organization or terminate an EMS call without completing the protocol (including EMS related calls received outside the Kern County jurisdiction).

7. An EMS caller may be transferred or referred to another agency or organization, such as a poison control center or a mental health hotline, only after a response is dispatched if appropriate by protocol.

    a. The caller will be "conferenced" to poison control and the dispatcher will remain on the line until the call is completed, or when units arrive on scene.

    b. If required by protocol to remain on the line with a "violent or suicidal patient", if appropriate, the caller will be "conferenced" to the Mental Health hotline and the dispatcher will remain on the line to monitor the situation and provide any pertinent updates to responding units until the call is completed or when units arrive on scene.

M. EMD Interagency Coordination:

1. EMD Providers shall ensure that EMD personnel provide adequate interagency response coordination for public agencies, communication/dispatch centers, fire departments, and ambulance services that are responding to an incident, involved in communication coordination or have jurisdictional authority related to the incident. Interagency coordination includes but is not limited to the following:

a. Prompt notification of the appropriate Law Enforcement Agency of all vehicle accidents and potential or actual crime related incidents;

b. Updated call information including situational changes, patient condition changes, upgrade or downgrade of response, response cancellation and call location changes;

c. Additional resources dispatched after original dispatch including notification of EMS aircraft response;

d. Any apparent hazards brought to the attention of the EMD which may cause threat to safety of responding personnel; and

e. Response routing instructions to avoid response delays or for hazardous materials incidents as available and appropriate.

N. Specific Resource Response or Cancellation Requests

1. After dispatch, the standard response shall be continued unless further verifiable on-scene information is obtained.

2. Specific ambulance resource requests received from on-scene Fire Department or Law Enforcement shall be referred to the operational area ambulance service.

3. An ambulance service may request Fire Department or Law Enforcement resources as needed.

4. Any response or cancellation of additional resources shall be brought to the attention of the scene manager.

5. EMD personnel shall inform involved agencies, ambulance services, and/or requesting parties of any specific resource request or cancellation that is not in compliance with EMD protocol provisions.

6. Within Kern County, an ambulance service with the closest available ambulance resource may be responded by OCD to prehospital calls located outside of the ambulance service operational area if it has been confirmed by OCD that the operational area ambulance service has no ambulance available for response in the area.

7. If a specific level of ambulance is requested for Priority 1, 2 or C3AF, C3A, C3b, 3 responses (ALS or BLS), the response shall be managed in accordance with the Program authorized EMD response configuration.

XII. ECC OPERATIONAL PROCEDURES

A. ECC shall respond the closest available fire first responders to EMS calls within jurisdiction based on fire station response areas and location of closest Fire Department EMS resources in accordance with EMD Protocol.

B. Ambulance response shall be made by contact of OCD.

C. EMS Aircraft dispatch shall be in accordance with the EMD protocol and Kern County EMS Program – *EMS Aircraft Dispatch/Utilization Policies and Procedures*.

D. When a mutual aid ambulance is requested or the operational area ambulance is not available at call time for a prehospital response, as specified in section XIII.D. below, ECC will dispatch fire first responders (if not already responding) to the incident if first responder resources can reasonably provide a shorter response time than the next closest ambulance service.

E. ECC shall notify OCD if first in fire resources sent to an EMS call are responding from outside the first-in fire station response area.

XIII. AMBULANCE SERVICE DISPATCH OPERATIONAL PROCEDURES

A. These procedures shall also be applicable to an ambulance dispatch center that is not based within an ambulance service or is contracted to provide ambulance dispatch.

B. For Priority 1 and 2 calls, ambulance service(s) shall respond the closest available ambulance (either basic life support ambulance or advanced life support ambulance) within the operational area that will provide the shortest response time to the call location. If the operational area ambulance service does not have an immediately available resource (s) in the operating area, but such resource(s) will become available and reasonably provide a shorter response time than the next closest ambulance service, that ambulance service shall be responded. If the operational area ambulance service does not have an ambulance available and requests a mutual aid ambulance response, OCD shall respond the next closest ambulance service to the call location.

C. An ambulance may be reassigned from a lower level response to an Echo level call. Other resource reassignments can be managed by the ambulance dispatch center.

D. In the event that the ambulance provider anticipates that the maximum response time will be exceeded for any prehospital Priority 1, 2, C3AF, C3B, or 3 responses, ECC shall be notified within two (2) minutes of call time.

Response Priority Code	Response Time Definition	EMD Response Level	Minimum Time Compliance Standard	Time Zone (minutes)	Response Mode	Time Compliance Combination
1	**Life-Threatening Pre-hospital Emergencies** – All prehospital life-threatening emergency requests, as determined by the dispatcher in strict accordance with Program authorized EMD protocol.	• As specified by the Program	Not less than ninety percent (90%) per month by EOA.	Closest ALS Metro – 8 Urban – 15 Suburban – 25 Rural – 50 Wilderness – 75	Hot, Code-3	Priority 1
2	**Time-sensitive Pre-hospital Emergencies** – All prehospital non-life-threatening emergency requests, including emergency standby requests, as determined by the dispatcher in strict accordance with Program authorized EMD protocol.	• As specified by the Program	Not less than ninety percent (90%) per month, by EOA	Closest ALS Metro – 10 Urban – 15 Suburban – 25 Rural – 50 Wilderness – 75	Hot, Code-3	Priority 2
C3AF	**Urgent Pre-hospital** – Emergency medical call where ambulance provider takes immediate steps to dispatch a response, as determined by the dispatcher in strict accordance with Program authorized EMD protocol. These include public safety standby requests.	• As specified by the Program • Committed ALS/Fire		Closest ALS Metro – 15 Urban – 25 Suburban – 30 Rural – 50 Wilderness – 75	Cold, Committed Code-2	Priority C3AF
C3A	**Time-sensitive Interfacility Emergencies** – medically necessary requests from an acute care hospital for a hot response for an emergency interfacility transfer.	• All acute care hospital emergency transfer requests for hot response			Cold, Committed Code-2	Priority C3A
C3B	**Urgent Pre-hospital** – Emergency medical call where ambulance provider takes immediate steps to dispatch a response, as determined by the dispatcher in strict accordance with Program authorized EMD protocol. These include public safety standby requests.	• As specified by the Program • Committed BLS Only		Closest BLS Metro – 15 Urban – 25 Suburban – 30 Rural – 50 Wilderness – 75	Cold, Committed Code-2	Priority C3B
3	**Urgent Pre-hospital** – Emergency medical call where ambulance provider takes immediate steps to dispatch a response, as determined by the dispatcher in strict accordance with Program authorized EMD protocol. These include public safety standby requests.	• As specified by the Program		Metro – 20 Urban – 25 Suburban – 30 Rural – 50 Wilderness – 75	Cold, Code-2	Priority 3, 4
5	**Urgent Interfacility -** medically necessary requests from an acute care hospital for an emergency interfacility transfer, based on patient acuity/condition.	All acute care hospital urgent transfer requests for cold response		Metro – 60 Urban – 60 Suburban – 60 Rural – 60 Wilderness – 75	Cold, Code-2	Priority 5
6	**Scheduled Transfer or Long Distance Transfer** – All prescheduled patient transfer requests, including long distance transfer requests, as requested by caller.	4-hour advanced notification to ambulance provider is required.		On-Time, as mutually agreed	Cold, Code-2	Priority 6, 7, 8

7	**Unscheduled Transfer** – All non-emergency patient transfers, as requested by the caller. These may include transfer directly off- the-floor to SNF, home, etc.	Non-emergency transfers **not** scheduled 4 hours in advance		On-Time, as mutually agreed	Cold, Code-2	Priority 6, 7, 8
8	**Special Event Stand-by** – paid special event stand-by requests	24-hour advanced notification to ambulance provider is required		On-Time, as mutually agreed	Cold, Code-2	Priority 6, 7, 8
9	**Miscellaneous** - ambulance responses that are requests for service outside Kern County.	N/A	N/A	N/A	N/A	N/A
10	**Any response to "Stage"**	N/A	N/A	N/A	Cold, Code 2 unless scene is declared safe, and a request is made to upgrade	

E. Ambulances shall be dispatched according to the current Emergency Medical Dispatch Response Configuration. ALS service shall be indicated for the following calls: All Priority 4, 5, 6, 7, and 8 calls for interfacility transfer where the transferring physician requests ALS service, and All Priority 8 special

F. event stand-by calls where the event sponsor requests ALS service.

G. This shall not prohibit the ambulance provider from providing all ALS ambulance service for every call. A BLS ambulance may be used on the above listed Priority 1, 2, and 3 calls when all the ambulance provider's normally available ALS ambulance resources have been exhausted and the BLS unit(s) is the only remaining available ambulance(s). [Ambulance Performance Standards VIII. B.]

H. Priority 1 or 2 responses, in which the public safety agency has instructed the ambulance provider to stage for law enforcement or fire, will be dispatched COLD. If staging, the required response time shall be the same as a Priority 3 response. Arrived at scene means the time the assigned ambulance / fly car arrives at the requested call location or scene, wheels stopped, and ambulance dispatch is notified. In situations where the ambulance / fly car has responded to a location other than the scene (e.g., staging areas for hazardous scenes), arrived at scene shall be the time the ambulance / fly car arrives at the designated staging location. All responses to stage will be Priority C3AF. In the event that an ambulance has staged for greater than 30 minutes and law enforcement has not dispatched a unit to the call, the ambulance shall clear the scene and re-respond when called by law enforcement. [Ambulance Performance Standards X. E. 4.]

I. An ambulance provider may consider automatic staging without notification from a public safety agency in Program approved situations. ECC shall be notified within two (2) minutes of call time. All responses will be dispatched according to protocol. For response measurement purposes, the "at scene" time will be

measured when the ambulance arrives to the staging area if the situation meets automatic staging criteria. If the scene is cleared and secured before EMS arrival, the "at scene" time will be measured when the ambulance arrives at the dispatched location. All other calls (those that do not meet stage criteria) shall be dispatched according to protocol, and response measurement shall be conducted as outlined in the *Ambulance Performance Standards*. The following situations may allow for automatic staging at the discretion of the ambulance provider:

1. 4 card (Assault/Sexual Assault): If the assailant is still nearby or unknown location, or weapons were involved or mentioned.

2. 7 card (Burns (Scalds)/Explosion (Blast)): When suffix E (Explosives) applies.

3. 8 card (Carbon Monoxide/Inhalation/Hazmat/CBRN): Until determined safe to enter by public safety agency.

4. 23 card (Overdose/Poisoning (Ingestion)): When suffix V (violent or combative) applies.

5. 25 card (Psychiatric/Abnormal Behavior/Suicide Attempt): When suffix V (violent), W (weapons), or B (both violent and weapons) applies.

6. 27 card (Stab/Gunshot/Penetrating Trauma): When assailant is nearby or unknown location.

7. 32 card (Unknown Problem (Man Down)).

J. Ambulance services receiving private, 7 digit emergency medical calls from the public shall comply with the following:

1. Each ambulance provider shall have emergency medical dispatcher (EMD) service available at all times. This requirement may be satisfied with a contract for service from another locally EMD-accredited dispatch center, provided that said other dispatch center is responsible for accepting service request calls for the ambulance provider. [Ambulance Performance Standards III. C]

   The ambulance provider shall use an Emergency Medical Dispatch (EMD) service that is authorized by the Division for receiving all pre-hospital calls for service. [Ambulance Performance Standards VI. F.]

2. *Non*-EMD personnel shall obtain the call location, phone number of the caller, and chief complaint and forward the caller to a Division authorized EMD Provider.

3. EMD Protocols shall be used by each Kern County EMD Provider for all prehospital emergency medical calls in which the transport destination is an emergency department.

K. Special Event Medical Stand-By Services:

1. For EMS calls originating at a special event with medical stand-by services that are not ALS or BLS ambulance level, the operational area ambulance service shall be dispatched.

2. For EMS calls originating at a special event with ambulance level stand-by services, the on-site ambulance will respond. The on-site ambulance may request dispatch of additional ambulance(s) as needed.

XIV. OUT OF COUNTY MUTUAL AID REQUESTS

A. IF OCD receives a prehospital direct seven-digit private call and the call is from outside of Kern County, OCD shall provide EMD services and immediately notify the ambulance dispatch center with jurisdiction. Upon notification of the ambulance dispatch center with jurisdiction, OCD responsibility to dispatch or continue response to the call is no longer in effect.

B. For EMS calls located outside the jurisdiction of ECC through 9-1-1 or other services, the EMD protocol shall be completed. Fire or ambulance response shall be made by contact of the appropriate communications center having jurisdiction over the call location. ECC may dispatch fire first responder and ambulance resources to areas outside Kern County in accordance with automatic mutual aid processes or agreements.

C. Mutual aid requests for ambulance resources from out-of-county EMD providers shall be made by contacting OCD to request ambulance response.

D. Mutual aid requests for fire department resources from out-of-county EMD providers shall be made by contacting ECC to request fire department response.

E. Requests for both Fire and ambulance service response from out-of-county EMD centers will be accomplished through contact with both OCD and ECC separately.

XV. MULTI-CASUALTY OR MASS CASUALTY INCIDENT DISPATCH AND RESPONSE

A. Multi-Casualty Incident Dispatch:

1. EMD personnel shall initially dispatch the standard protocol response configuration according to protocol.

2. EMD personnel may dispatch fire response and a maximum of two (2) ground ambulances if verified and accurate call information is received from a second party caller or first party caller.

3. EMD personnel may respond additional resources as requested by on scene ambulance, fire, law enforcement or Program personnel.

4. EMS Program Duty Officer shall be alerted regarding any incident that is believed to meet Med-Alert criteria at any time during the incident. Program Duty Officer will advise dispatch personnel if he/she will be monitoring on-scene radio traffic on the channel specified by dispatch personnel or responding to the scene.

5. For multi-casualty incidents with five (5) or more reported victims or any of the below Med-Alert criteria are met, EMS dispatch personnel shall initially dispatch a standard protocol response configuration and activate the Kern County Med-Alert system. Activation of the Med-Alert system by ECC involves notification to the communications center responsible for the area in which the incident is occurring, if applicable, and the EMS Duty Officer notification. Med-Alert activation by OCD shall include initiation of MCI through the use of ReddiNet, which automatically alerts EMS Duty Officer, and telephone notification to ECC of the Med-Alert. Refer to appendix A for detailed information on ReddiNet and Med-Alert activities.

6. EMS dispatch personnel shall activate the Kern County Med-Alert System if any of the following criteria apply to the situation or call:

    a. Five (5) or more victims or casualties;

    b. Evacuation of a medical facility of any kind, for any reason;

    c. Significant medical hazard or possible threat to a significant population (hazardous materials, flood, evacuation, etc.); or

    d. Any hazardous materials incident, patient or victim with exposure or contamination;

    e. Suspected or confirmed active shooter, or other acts of violent extremism with potential for loss of life.

7. EMS dispatch personnel shall enter the following information into ReddiNet when activating the Med-Alert system:

   a. Name of organization;

   b. Location of incident, incident type and number of patients reported; and

   c. Units responding and communication frequency used (if known).

8. EMS dispatch personnel shall inform the Program staff and other dispatch centers of situational changes and additional resource requests during Med-Alert operations. Further Med-Alert system information is contained in Appendix “A”.

9. For multiple ambulance response, EMS dispatch personnel during Med-Alert operations shall initially respond resources from the ambulance service covering the operational area until such ambulance service resources are depleted.

10. After the initial ambulance service resources are depleted, ambulance services in adjoining operating areas may be responded that will provide the shortest response to the incident location.

B. Mass casualty incident dispatch shall be in accordance with procedures contained in the Kern County Emergency Plan Annex “D”.

C. Disaster Medical Dispatch Protocol - Indications/Activation: The Disaster Medical Dispatch Protocol (DMDP) is indicated for use in incidental cases of dispatch center overload due to incoming call volume and severe cases of inadequate resources (X – X-Ray Level) that may be activated by a dispatch center; or in a significantly more serious disaster medical level that may only be activated by the Program (Y – Yankee Level or Z – Zulu Level). The following are DMDP levels and actions:

1. X – X-Ray Level: Dispatch Center caller overload, unable to answer and fully manage incoming emergency calls with the EMD Emergency Rule (no post-dispatch instructions provided) in effect for one (1) hour or more. *1) Instruct callers of likely response delay*. *2) Notify the EMS Program.*

2. Y – Yankee Level: Mass incidents clearly beyond resources to respond as determined by the Program. *1) No post dispatch or pre-arrival instructions*. *2) Instruct callers of likely response delay.*

3. Z – Zulu Level: Mass casualty medical disaster operations as approved by

the Program. 1) No response generated to any incident by dispatch center. 2) All callers are instructed where to receive help. 3) Priority incidents are referred to the EMS DOC for priority setting and response assignment.

XVI. QUALITY IMPROVEMENT

A. EMD Provider Level:

1. All authorized EMD Providers shall have an EMD coordinator responsible for oversight of the EMD Program including, but not limited to, coordination of initial training, continuing education, and quality assurance. Specific functions may be delegated to other EMD qualified personnel.

2. An EMD-Q, may be responsible for, but not limited to, initial training, continuing education, and quality assurance.

3. An EMD coordinator or an EMD-Q under the responsibility of the EMD provider shall conduct a minimum of two random EMD case reviews bi-weekly of each EMD who has provided EMD services during the bi-weekly period. Part time, relief, or EMD Preceptor personnel that do not have sufficient cases (2 or more within the time period) to meet this requirement will have each EMD call reviewed up to the minimum review standard.

4. The EMD coordinator or EMD-Q shall evaluate protocol compliance during the EMD case review and document EMD performance observations on an EMD case review record which shall be forwarded to the EMD for review and feedback and maintained on file.

5. EMD case review records shall be maintained on each EMD by the EMD provider for a minimum of one (1) year from the date of the case. Such records may be used by the EMD provider for performance evaluation and shall be available to the Program upon request.

6. The EMD provider shall provide a documentation system for EMD personnel questions and feedback and problem related incident reporting.

7. An agency or provider representative should attend EMS Dispatch Quality Improvement Group meetings scheduled by the Program.

8. Each EMD case involving a determinant level or determinant descriptor over-ride shall be reviewed by an EMD-Q. Case review data for each over-ride shall be submitted to the Program no later than forty-five (45) calendar days after the end of the month being reported.

9. The EMD provider shall maintain and report monthly EMD activity and QI data to the Program. The Program will provide an electronic reporting tool in an excel spreadsheet format. The completed spreadsheet for the month shall be electronically submitted to the Program no later than forty-five (45) calendar days after the end of the month being reported. EMD activity data report shall include the following:

    a. Total number of protocol card used by each card (1-33) determinant level (Ω, A, B, C, D, or E), determinant descriptor selected (1-28), sub-descriptor (a-z) and Problem Suffixes*.

*Upon request providers may be granted an implementation period to comply with the requirement to report problem suffixes if their current reporting system is not configured to report the problem suffix.

    b. Total number of EMD cases reviewed.

    c. Percentage of deviation for the following areas:

        i. Case Entry
        ii. Chief Complaint
        iii. Key Questions
        iv. Dispatch Life Support
        v. Final Coding
        vi. Customer Service (optional)

    d. Determinant Drift Information

    e. Percentage of calls for each of the following categories:

        i. High Compliance
        ii. Compliant
        iii. Partial Compliance
        iv. Low Compliance
        v. Non-Compliant

10. The Program Manager is the final authority for determination of distribution of EMD data reports. Any EMD Provider may request in writing that the Program hold a specific report confidential. The written request must include the specific report topic or topics and detailed rationale for confidentiality. The Program Manager may seek County Counsel advice regarding report confidentiality, before the report is distributed or withheld from distribution.

B. Program:

1. The Program shall be responsible and have medical control of the EMS dispatch system to include the establishment of regulations, policies, procedures, and protocols.

2. The Program shall conduct investigations of written complaints and/or problem incident reports related to the EMS dispatch system and/or EMD operations as necessary. The Program shall implement action(s) necessary to correct identified problems and/or needs of the EMS dispatch system, providers, training programs or personnel.

3. The Program shall establish an EMS Dispatch Quality Improvement Group and conduct meetings. The EMS Dispatch Quality Improvement Group shall at minimum be comprised of one (1) EMD coordinator or (1) EMD-Q representative of each authorized EMD provider operating within the County and Program staff.

   The EMS Dispatch Quality Improvement Group shall primarily provide a forum for the following:

   a. Conduct EMD and EMS dispatch case review as indicated;

   b. Exchange of ideas and information between EMD providers to improve operational and EMD efficiency;

   c. Identify training needs for system wide protocol or procedural changes, i.e. Trauma System, IAED Protocol upgrades, etc.;

   d. Provide feedback on EMS dispatch system and EMD efficiency to the EMS System Collaborative;

   e. Discuss and resolve inter-organizational issues related to EMD operations and the EMS dispatch system where possible;

   f. Serve as an EMD advisory source to the EMS System Collaborative;

   g. Review of recommendations from the EMS System Collaborative.

C. The Program will establish an EMS System Collaborative and conduct quarterly meetings, or as deemed necessary by the Manager. The EMS System Collaborative shall be comprised of representatives of each authorized EMD provider agency or EMS Dispatch Center, ambulance service management personnel, and hospital administrative personnel operating within the County and Program staff. The EMS System Collaborative shall primarily provide a forum for the following as it relates to dispatch:

a. Review of recommendations from the EMS Dispatch Quality Improvement Group

b. Discussion of broader EMS dispatch policy and position statements.

c. Strategic planning of system wide dispatch and communications.

d. To address issues and concerns in dispatch and communications.

D. The Program shall collect and analyze EMD activity data from EMD providers and provide an EMD activity data summary to assist with EMS dispatch system development and policy priorities.

E. The Program may offer CDE training and will provide CDE certificates if requested.

F. EMD and EMS dispatch system quality improvement shall involve a continuous process of system performance analysis to resolve issues or problem trends with prospective, concurrent, or reactive actions.

XVII. Duty Officer Notifications

A. The Program Duty Officer must be notified for any of the following situations:

a. Any Hazard Material incident with at least (one) reported patient.

b. Environmental Health dispatched to any hazardous material incident.

c. Bomb threats, shootings, or other incidents that involve SWAT team with an ambulance on stand-by.

d. Any time a law enforcement officer, EMT, or Paramedic are injured on scene or during the duration of the call.

e. Any vehicle accident involving an emergency vehicle.

f. Any alert 2 or alert 3 anywhere in the county.

g. Med-Alert.

Revisions:

04/01/94: Section II. Definitions - Alpha, Bravo, Charlie, Delta added (page 4); XII., C., 6. - prior section c., e., f. deleted, new sections c., d., e. added.

05/02/2002: Complete revision of entire document.

07/03/2002: Final revision of policies after multiple month review process by EMS Dispatch QI Group.

07/01/2004: Disaster Medical Dispatch Protocol added to Section XV. after EMS Dispatch QI Group review.

10/15/2004: Added poison control center and mental health hotline conference process to XII. J. 7.

05/21/2007: Revisions to achieve consistency with Ambulance Performance Standards, and Revised EMD Reports.

09/01/2010: Revisions to Med Alert trigger from five (5) patients to ten (10) patients; specify EMD version in use in the system

03/01/2012: Revisions to Med Alter trigger from ten (10) patients to five (5) patients; specify procedures for ReddiNet use. Change all “Department” to “Division”; replaced Dispatch Steering Committee with EMS System Collaborative.

09/20/2012: Revision to Protocol 33.

06/01/2013: Add protocol 12 to exception of Alpha F cold responses

11/22/2013: Add provision for ambulance service provider to consider staging on criteria calls without advisory to stage from public safety agency.

01/01/2015: Update policy. Remove training program information; updated dispatch center requirements, update reports. EMCAB approval 11/13/2014.

11/12/2015: EMCAB approved change to report deadline from twenty (20) days to forty-five (45) days.

09/01/2016: Revise to current practice to include OCD as single ambulance dispatch, further define scope of practice and requirements. Add mutual aid request section. Multiple additional clarifications.

09/19/2019: Changed “Division” to “Program”. Changed “on-call” to “duty officer”. Added definition for “Duty Officer”. Changed “Director” to “Manager”. Updated information number for Med-Alert. Added section to clarify when to contact the Duty Officer. Revision EMCAB approval 02/13/2020

02/06/2024: Revised prioritized response chart to achieve consistency with the Ambulance Performance Standard, EMD Downgrades.

04/30/2024: Revision to EMD Response configuration, with non-transporting ALS/fly car implementation, 911 calls near acute care hospitals clarification.

XVII. Appendix A: Med-Alert System Information

MISSION STATEMENT/ACTIVATION CRITERIA AND INFORMATION

INTENT:

The intent is to provide information related to the Kern County Emergency Medical Services Program (EMS Program) activation, response and operations procedures for multi-casualty, mass casualty, hazardous materials or other incidents negatively impacting the EMS system within Kern County.

MISSION STATEMENT:

It is the mission of the EMS Program to provide direction and coordination of EMS system providers and resources during multi-casualty, mass casualty, hazardous materials, and other incidents having negative impact to the EMS system.

KERN COUNTY MED-ALERT SYSTEM ACTIVATION CRITERIA AND INFORMATION:

The Kern County Med-Alert system provides a mechanism to manage multi-casualty, mass casualty, hazardous materials and other incidents having negative impact to delivery and operations of the EMS system within the county. At the initial response phase to an individual incident, a standard EMS response shall be generated to the incident location. The Kern County Med-Alert system shall be activated if any of the following criteria apply:

1. Five or more casualties or victims;

2. Evacuation of a medical facility (convalescent home, hospital), for any reason;

3. Significant medical hazard or threat to a significant population (hazardous materials, flood, populated area evacuation, etc); or

4. Any hazardous materials incident patient or victim with exposure or contamination;

5. Suspected or confirmed active shooter, or other acts of violent extremism with potential for loss of life.

The Kern County Med-Alert system may be activated by public agency dispatch or communications center personnel, fire, ambulance or law enforcement personnel, hospital emergency department personnel, and the EMS Program. Early activation should be made if possible.

Activation of the Kern County Med-Alert system is accomplished through the communications center of the area where the incident is occurring. If fire department personnel or ECC activate the Kern County Med-Alert System, ECC will notify OCD, or the out-of-county communications center responsible for the area in which the incident is occurring and notify the EMS Duty Officer. The OCD will initiate an MCI event in ReddiNet. ECC has continuous access to the EMS Duty Officer on a 24-hour basis. ECC may be contacted by dialing (661) 868-4055.

OCD will activate an MCI through ReddiNet and telephone notification to ECC. The OCD will send a

general notification to all hospitals in the area and conduct a hospital poll to determine bed availability. Hospitals will be provided with any other pertinent information regarding the event. Upon response from the hospitals, OCD will forward bed availability information to the on-scene paramedic supervisor or lead paramedic.

Upon receiving transport destination information from the paramedic supervisor or the lead paramedic, OCD will enter the information in the "Send Patients" link and complete the "Destination", "Ambulance" and "Patients in this rig" sections.

Upon notification from the paramedic supervisor or lead paramedic that all patients have been transported from the scene, the OCD will "END" the Med-Alert. After 48 to 72 hours following the Med-Alert the initiating communications center will "Close" the Med-Alert.

The EMS Program may establish communication with ambulance dispatch, hospitals, fire department dispatch, and various other county and state agencies as needed.

Refer to the Kern County Emergency Plan, Annex "D", Medical Operations for further information related to the Kern County Med-Alert system or contact the Kern County EMS Program duty officer through ECC.

XVIII. Appendix B: Trauma Care System Dispatch Activation

The Kern County Trauma Care System may be activated through dispatch by:

1. Fire Department:

   - Red Tier adult or pediatric trauma cases
   - In cases when requested by on-scene ambulance personnel

2. Ambulance Service:

   - When requested by on-scene ambulance personnel

Dispatch personnel will need to contact the Trauma Center Emergency Department and relay the following:

1. Call Location

2. Number of Victims

3. Each Patient Activation:

   - Age/Sex
   - Description of Injuries
   - Trauma Triage Criteria Met

Ambulance dispatch may also be requested to deactivate the Trauma Care System upon request of an ALS Ambulance. Dispatch staff needs to contact the Trauma Center Emergency Department, confirm the incident type, location and relay the deactivation request.