

AMBULANCE ALERT & RESPONSE

Purpose

It is essential to provide prompt and efficient patient care to the citizens of Allegany County. As such, it is necessary to develop a policy to ensure that an ambulance is responding to each request for help in a timely manner. This policy outlines the steps which have been developed and adopted to achieve the goal of having a staffed ambulance responding to routine BLS calls within 9 minutes and Critical ALS calls within 3 minutes.

Advanced Life Support (ALS) is an essential part of pre-hospital medical care. It is important that every patient needing ALS care receives it. However, the need for ALS care should never result in the delay of transporting a patient to the closest appropriate hospital when a Basic Life Support unit provides the initial response. It should be noted that transporting a patient “without delay” assumes the field clinician has access to the patient and understands that issues such as, remote location, stairs, and extrication can extend on scene times.

Each individual EMS Company will be solely responsible to establish response CAD box cards for their first due area. The box cards shall be in accordance with county, state, and medical direction protocol.

lamResponding

lamResponding system lets departments and the Communication Center know immediately who is responding to your calls and dispatches, where they are responding, and when they will be responding. This saves critical time, and reduces response times, for fire departments, EMS agencies, SAR and technical rescue teams, and any other incident response teams when responding to emergencies. It is imperative that personnel, volunteer and career logon when available to help expedite the dispatch process and properly utilize resources.

Personnel logged on with available status or shown responding should be always ready to respond in a timely manner and will be held to Maryland’s “Standard of Care” including the duty to act.

Alerting for Routine Type Alpha, Bravo & Omega calls as determined by EMD

The 911 Communications Center will perform the following alerting procedures:

1. When an emergency medical related call is received, Communications will alert the first due company for the ambulance call. If after three minutes, there is no response from that company, a second alert will be performed for that company which will provide an additional three minutes to respond.
2. If after six minutes the first due company does not have a crew and ambulance responding, then the next due company will be alerted. First Responders from the appropriate Fire Department will also be alerted at the six-minute time period.
3. If after nine minutes, an ambulance and crew from the first or second due company is not responding, then a third company will be alerted which Communications selects as the closest available staffed ambulance based upon staffing posted on the "IamResponding" system.
4. If no staffed ambulance is available, dispatch will use the CAD box cards to determine next due.
5. Alerting script will be translated an ALS or BLS type call.

Alerting for Routine Type Charlie & Delta (ALS) calls as determined by EMD

The 911 Communications Center will perform the following alerting procedures:

1. When an emergency medical related call is received, Communications will alert the first due company for the ambulance call. If after three minutes there is no response from that company, a second alert will be performed. If no response at six minutes, Fire/Rescue First responders and mutual aid will be alerted.
2. If after nine minutes the first due company does not have a crew and ambulance responding, then the closest staffed ALS ambulance based upon staffing posted on the "IamResponding" system will be alerted. First Responders from the appropriate Fire Department will also be alerted at the six-minute time period.
3. Alerts for ALS will continue until a responding unit advises they are ALS, or until a BLS transport unit arrives on scene and advises no need for ALS.

The 911 Communications Center, will have the discretion of altering this policy under any circumstances to provide prompt care to the patient. (Example: using other returning ambulances near the call, chase cars or individual clinicians in the area of need, and/or who have contacted the 911 Communications Center) Using EMD and call history, the 911 Communications Center may divert an already responding unit to a higher priority call. In this case, dispatch will alert additional resources based on the original call EMD and resources available.

Echo Automatic ALS Alerting as determined by EMD

The following types of “Hot” or serious calls will automatically have ALS dispatched on the initial alert:

1. Respiratory and / or Cardiac Arrest
2. Unconscious / Unresponsive
3. Severe Trauma involving multi systems, rollover, ejection, or fatality
4. Other calls where the information received by the Communications Center staff indicates a pending life or death situation

The 911 Joint Communications Center will always alert the first due company first for an ALS clinician along with First Responders from the appropriate Fire Department. If after three minutes, the first due company does not have an ALS clinician who has contacted the Communications Center, via landline, “IamResponding” or radio, that they are responding, then the dispatcher will alert the next due ALS company and the closest “staffed” ALS company.

In the event a first due ambulance company does not have ALS posted available on “IamResponding”, Communications will alert the closest Advanced Life Support staffed department as well as the first due company for “Hot calls”. Current procedures for alerting staffed Allegany County ALS clinicians with first due companies on the initial alert will continue.

The Communications Center will have the discretion of altering this policy under special circumstances to provide prompt care to the patient. (Example: using other returning ALS ambulances, chase cars or individual ALS clinicians in the area of need who have contacted the Communications Center)

ALS (Charlie & Delta) Dispatch	
Initial	# First Due ALS Ambulance
3 Minutes	#First Due ALS Ambulance 2 nd Alert
6 Minutes	# Second Due Ambulance
3 Minutes	* Closest Staffed ALS Clinician
6 Minutes	Fire-Rescue 1st Responders

BLS (Alpha - Bravo) Dispatch	
Initial	First Due Ambulance
3 Minutes	First Due Ambulance 2 nd Alert
6 Minutes	Second Due Ambulance
6 Minutes	Fire-Rescue 1st Responders
9 Minutes	* Closest Staffed Ambulance

ALS-HOT (Echo) Dispatch	
Initial	# First Due ALS Ambulance
	Fire-Rescue 1 st Responders
3 Minutes	* Closest Staffed ALS Clinician
	Second Due ALS Ambulance

Fire-Rescue Dispatch	
Initial	First Due Fire-Rescue
3 Minutes	First Due Fire-Rescue 2 nd Alert
6 Minutes	Response Check
	Second Due Fire-Rescue

* = Utilize IamResponding to determine
= If a BLS Ambulance responds in place of an ALS Ambulance, next due ALS Clinician is dispatched.
(Second Alert will occur at 3 minutes)
*** Fire Department First Responders will not be dispatched to medical facilities with nursing staff present unless specifically requested by the facility or responding EMS unit.***
****Fire/Rescue will be dispatched on initial alert for Charlie and above calls when primary transport unit is already in service****

EMS LIEUTENANT
The EMS Lieutenant should be dispatched on all Delta and Echo calls. If the EMS Lieutenant is unavailable the next closest ALS clinician should be dispatched in their place.

Request for an ALS Clinician on BLS Dispatched Calls

A BLS crew must contact the 911 Communications Center as soon as possible to request an ALS Intercept. ALS Intercepts can be requested when:

1. The initial response did not include an ALS response and the responding crew feels that the skills provided by an ALS clinician will be needed;
2. After assessing the patient(s) the BLS crew determines the patient would benefit from skills provided by an ALS clinician; or
3. While enroute to the hospital the patient condition changes and the patient would benefit from skills provided by an ALS clinician.

4. If no staffed ALS clinician is available, dispatch will use the CAD box cards to determine next due.

The BLS crew will package and begin patient transport ensuring not to delay transport of the patient to the closest appropriate hospital. ALS Intercepts will occur en route to the hospital if the ALS unit does not arrive on scene before the BLS ambulance is ready to transport the patient.

Responding Ambulance

An ambulance shall notify the 911 Communications Center that they are responding to the call AND identify the highest licensed clinician onboard. Units staffed by an EMT shall respond as Ambulance, CRT units shall respond as Medic, and Paramedic Units shall respond as Paramedic.

If the ambulance is not fully staffed (driver or clinician only) they shall advise they are responding understaffed. Ambulances responding understaffed may only respond if there is an EMT or higher trained clinician on board OR the driver will pick up an EMT or higher trained clinician while en route to or on the scene of the call. Dispatch shall be advised if a crew will be formed in this manner and the time when the crew is formed. An ambulance responding understaffed without the expectation of becoming fully staffed should advise dispatch to alert mutual aid.

A responding mutual aid fully staffed unit shall have the option of patient transport or upstaffing a first due understaffed unit. This does not apply to ALS intercepts, nor should it involve removing a patient from one ambulance and placing them in another.

Understaffed, Delayed and Failed Responses

1. If a unit responds understaffed and does not form a full crew prior to mutual aid initiating transport, the company will have the call marked as understaffed.
2. If after mutual aid is alerted, the first due company does not have an ambulance and crew responding then the company will have the call marked as delayed.
3. If after mutual aid ambulance arrives on scene, an ambulance and crew is not responding from the first due company, they will be marked with a failed call.
4. If after the next due medic arrives on scene, the previously alerted medic will receive a fail.

Re-alerting a Failed Company

When a company has failed to respond on a call, they may automatically be dual alerted with the next due mutual aid company for all alerts within the thirty (30) minute period following the previous failed alert. This time will start once mutual

aid has cleared the scene returning to station or enroute to the hospital.

Response Rates and Automatic Dual Alerts

In accordance with NFPA 1720, individual company delayed and failed response rates should not exceed a combined twenty-five percent (25%). Any company which exceeds the combined twenty percent for three consecutive months is subject to being placed on automatic dual alerts with their mutual aid companies at the discretion of the Emergency Services Board until such time as their response rate falls below twenty percent for three consecutive months.

Request for an Ambulance or ALS Assist by Outside Jurisdictions

Outside jurisdictions or ambulances not dispatched by the Allegany County 911 Communications Center who are requesting an ambulance or ALS Intercept, will not be permitted to make a specific unit or company request. Alerting for an ambulance or ALS clinician will be performed in order of the closest BLS/ALS Company to the requested location as per the 911 Communication Center and the boundary and box alarm assignments on file.

ALS Intercept

1. BLS staffed units that determine the patient has a need for or would benefit from ALS interventions should request an ALS intercept as early in the call as possible.
2. When an ALS Intercept occurs, the transfer of ALS equipment if necessary should be brief and transport resumed as quickly as possible. At no time is an exchange of patients to occur unless the transport is of special needs. ALS intercepts should ***NOT*** occur on the interstate, however, the use of Interstate entrance and exit ramps is permitted if it will not cause much delay. ALS assessments and interventions will be performed en route to the hospital.
3. Proper clinician judgement should determine if an ALS intercept would be beneficial to the patient. In most cases, there is minimal clinical benefit for ALS intercepts less than 10 minutes from the hospital. Unless the patient needs immediate ALS lifesaving interventions the BLS crew should continue to the hospital.

Release of Clinician

1. If an EMT or higher trained clinician arrives on scene and following an appropriate patient assessment determines that any responding units are not needed (BLS or ALS), that clinician can place those units in service. If the clinician cancels all responding EMS units, the clinician shall be responsible for appropriate release of the patient and documenting the event in the Maryland eMEDS system including obtaining a patient refusal (if appropriate).

2. ALS staffed units can only be canceled by an EMT or higher level clinician. An EMT should perform a patient assessment before placing a responding ALS unit in service.
3. If the ALS unit arrives on the scene prior to transport and after assessing the patient determines ALS care is not required, the ALS clinician may turn care of the patient over to the BLS clinician(s) if the BLS clinician feels he/she is capable of providing care for the patient. *Refer to Maryland Protocol.*

Scene Safety

The operational setting continues to evolve to a more dangerous and unknown environment. In many incidents, the determination that a scene is safe or unsafe is very difficult for a dispatcher to establish with complete certainty. In those cases, it is the responder's responsibility to always be on guard and make a decision using EMS protocol if the scene is safe to enter or to stage out. In those incidents where the dispatcher determines there is an active assault, or post active assault, weapons in the area, or an unknown situation that the dispatcher does not feel comfortable with; the dispatch crew will send an APAG to the companies dispatched on the call stating the scene is not safe and to stage out. The dispatcher will always announce over the radio during pre-arrivals instructions if the scene is not safe.

Definitions

EMD:

Omega - BLS, non-emergency, EMS Service type calls

Alpha - BLS, non-emergency response (minor injury or illness)

Bravo - BLS emergency response (minor injury with potential to worsen)

Charlie - BLS emergency, ALS non-emergency (life-threatening potential)

Delta - BLS & ALS emergency (life-threatening)

Echo - BLS, ALS, nearest trained responder (FD, PD), all emergency (cardiac arrest, total airway obstruction, non-breathing)

Trained Personnel: A Maryland EMT, CRT-I, or Paramedic

Certified/Licensed: the clinician is in possession of a valid certification or license issued by the Maryland Institute of Emergency Medical Services System to provide care to the level specified.

County/State Minimum Ambulance Staffing Standard:

Ambulance: 1 certified EMT and a Driver Medic: 1

licensed CRT-I and a Driver Paramedic: 1 licensed

Paramedic and a Driver

County Minimum ALS Chase Car Staffing Standard:

1 Licensed CRT-I, or Paramedic

Staffed: a department will be considered staffed when minimum standard personnel for BLS and/or ALS is posted on “IamResponding” system and available to respond within three (3) minutes.

Understaffed: An ambulance responding with personnel below the county/state manning standard.

Fully Staffed: An ambulance responding with required personnel meeting the county/state manning standard.

Fill-In: Personnel and ambulance dispatched to fill a shortage in the initial alarm assignment.

Task Force: an EMS Task Force will consist of three (3) ambulances ALS orBLS unless specific request made.

Statistical Reporting

The following statistical information gathered and reviewed shall consist of but not limited to:

1. Responses after six (6) minutes
2. Responses after nine (9) minutes
3. Responses for mutual aid calls
4. ALS Medic Assist response
5. Understaffed responses