TITLE: **MEDICAL PRIORITY DISPATCH SYSTEM USE AND ASSIGNMENTS**

EMS Policy No. **3202**

PURPOSE:

The purpose of this policy is to establish a process for emergency medical dispatch (EMD) approval and uniform EMS resource response assignments using the Medical Priority Dispatch System (MPDS) through the coordinated and authorized use of MPDS.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220, 1797.223, 1798. et seq.

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

~~A. "EMD" means Emergency Medical Dispatch, a series of components that allow the dispatcher to triage calls, send appropriate resources with the appropriate response, and provide pre-arrival/post-dispatch instructions as needed.~~
~~B. "EMR" means Emergency Medical Responder, a basic life support (BLS) or advanced life support (ALS) non-transport resource operated by an EMR provider~~
~~C. "MPDS" means the Medical Priority Dispatch System.~~
~~D. "IAED" means the International Academies of Emergency Dispatch.~~
~~E. "NRLS" means an immediate response without delay not requiring or using emergency red lights and siren.~~
~~F. "RLS" means an emergency response without delay using emergency red lights and siren.~~
~~G. "SJCEMSA" means the San Joaquin County Emergency Medical Services (EMS) Agency.~~

POLICY:

~~E~~Emergency Medical Dispatch (EMD) shall be accomplished using the Medical Priority Dispatch System (MPDS) and shall be used on all medical calls received for the EMS System. MPDS must be incorporated into medical call processing procedures in accordance with SJCEMSA policies and procedures and in accordance with IAED standards at all times

PROCEDURE:

I. EMD Authorization:

A. EMD and MPDS shall only be performed by an authorized local Public

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Safety Answering Point (PSAP) or by the San Joaquin County Emergency Medical Services Agency (SJCESMA) designated emergency ambulance dispatch center.~~used upon written authorization statement of compliance from the SJCEMSA.~~

B. A PSAP performing EMS call processing must first apply and be approved by SJCEMSA prior to implementation of EMD or MPDS.

C. PSAPs and the designated emergency ambulance dispatch center performing EMD shall submit and maintain a plan for performing EMD using MPDS to the SJCEMSA. At a minimum the plan for EMD shall address ~~all of~~all the following requirements:

1. Compliance with all SJCEMSA policies and procedures.
2. Adherence to the standards outlined in ASTM F-1258 Standard Practice for Emergency Medical Dispatch, ASTM F-1552 Standard Practice for Training Instructor Qualification and Certification Eligibility of Emergency Medical Dispatchers, and ASTM F-1560 Standard Practice for Emergency Medical Dispatch Management.
3. Ability to obtain, within 1 year of authorization, and continuously maintain medical Accredited Center of Excellence (ACE) recognition from the IAED.
4. Use of the current MPDS and ProQA versions (within one year of release).
5. Submit to the SJCEMSA for approval, and maintain, internal written policies and procedures that address the following:
   a. Emergency call surge and “Urgent Disconnect” procedures;
   b. Internal EMD orientation, continued dispatch education, and MPDS CQI programs.
   c. Ensuring third party caller interrogation procedures.
   d. Ensuring language translation procedures.
   e. Ensuring back-up/continuity of operation plan (COOP).
6. Digitally record and maintain all EMS related radio channels and phone lines for a period of not less than 90 days for CQI purposes.
7. Demonstrate that CAD interfaces are fully integrated among all other authorized MPDS centers and emergency ambulance dispatch centers in San Joaquin County with the following minimum functionality:
   a. Bilateral C2C open interface with real time comment sharing.
   b. Synchronization with time server for accurate time stamp continuity through all interfaces.

c. Ability to share MPDS determinants immediately.
d. Ability to correctly request, and subsequently update ambulance response based on MPDS determinant.

8. Maintain all personnel EMD certification and training records for four years.
9. Actively participate in required San Joaquin County CQI activities and programs.
10. Provide timely accurate data and reports to the SJCEMSA as requested, including but not limited to, monthly ProQA EMD case review reports and AQUA reports.

D. SJCEMSA shall review and approve or deny a plan for EMD within sixty (60) days of receiving a complete plan for EMD. If a plan for EMD is denied SJCEMSA will specify the reason for denial and suggest potential corrections to assist the applying organization prior to resubmission.

II. MPDS Use and Operations:

A. MPDS Determinant Levels reflect the complement, level of service, and priority of emergency ambulance and other EMS resource(s) needed for each protocol situation ~~based on EMD interrogation~~ and shall be performed in accordance with this policy.

B. MPDS use shall only be performed by SJCEMSA authorized EMD center(s) and shall process all requests for emergency ambulance and EMR resources in accordance with the assignments established by this policy in Appendix 3202A. Any Fire based EMR that chooses to respond to MPDS assignments differently than prescribed in this policy shall submit to ~~the SJCEMSA~~SJCEMSA their EMS response plans and methodology, including any subsequent modifications, ten (10) days prior to implementation for efficient EMS System planning.

C. Emergency ambulances resources shall be dispatched to EMS requests only after MPDS call processing has appropriately reached a determinant code based on an EMD interrogation.

D. For emergency ambulance response “level of service” described in EMS Policy No. 3202, Appendix A, the following definitions apply:

1. “ALS” – One paramedic and one EMT

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2. "BLS" – Two EMT's
3. "BLS or ALS" – Closest emergency ambulance whether BLS or ALS

E. Once the location of the medical emergency is confirmed~~known~~, if the MPDS determinant cannot be determined through caller interrogation and case entry within 120 seconds, the EMD shall assign a default override determinant of "Delta."

F. Emergency ambulance resources shall not be unnecessarily delayed in circumstances when law enforcement PSAP has determined responder life-safety prevails and the use of the MPDS caller interrogation is not possible. In those cases, EMS calls shall be sent immediately for emergency ambulance dispatch through C2C interfaces, or other means, with instructions and information available for proper emergency ambulance dispatch.

G. Emergency ambulance requests ~~response to requests~~ to "stage" at the scene by law enforcement or as deemed appropriate by the emergency ambulance crew shall respond NRLS until a safe location is reached or law enforcement or other public safety personnel have indicated the scene is safe.

H. Emergency ambulance response to a staging location or for an emergency ambulance that is on the scene staging but~~and~~ has~~ve~~ not made patient contact shall be available for a reassignment to a MPDS Level Echo or Delta call. I~~f reassigned and i~~n such cases a replacement emergency ambulance shall be dispatched in the same manner to the staging location and the appropriate law or other public safety responder's notified of the reassignment.

I. All emergency ambulance responses are subject to cancelation or response priority modification as determined by additional information or patient condition changes as determined by MPDS.

J. All emergency ambulance responses are subject to reassignment of a closer available emergency ambulance resource or to a higher Level (acuity) call as determined by the MPDS determinant Level methodology or the emergency ambulance dispatcher. Reassignment of a closer emergency ambulance resource shall only be done when the following

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conditions exist:

1. The call reassignment presents a clear and obvious response time reduction to a higher Level (acuity) call of a DELTA or ECHO only, or;
2. The reassignment from a lower Level (acuity) call will not subject unnecessary risk to a patient of the lower Level (acuity) response.

K. All emergency ambulance response priorities are subject to modification based upon the on scene EMR evaluation of a patient condition. However, a PSAP or ~~on scene~~ EMR that is on scene is prohibited from requesting a higher emergency ambulance priority only to reduce a perceived extended response.

L. Notification of any response changes while enroute to an EMS call outlined above shall be made immediately to all affected Emergency Ambulance Dispatch Centers and Public Safety Dispatch centers involved.

III. SJCEMSA approves MPDS response and priority assignments for chief complaint Protocol 33 – Transfer / Interfaculty / Palliative Care, as specified in this section and EMS Policy No. 3202, Appendix A.

A. Protocol 33 applies to requests from non-acute care hospital medical facilities with onsite medical personnel that have performed an assessment of the patient and are requesting transport to an emergency department. Protocol 33 should be used to process requests for ambulance service received from the following types of health facilities: same day surgery centers, skilled nursing facilities, hospice facilities, and palliative home care with an onsite physician or registered nurse. Protocol 33 shall not be used for processing requests from dental offices and dental surgery centers.

B. Based on the availability of ALS or BLS ambulances and the needs of the EMS system the authorized emergency ambulance dispatch center may delay dispatch of an ambulance for a Protocol 33 Alpha level determinant without priority symptoms as follows:
1. Alpha Acuity I may be held for up to 30 minutes.
2. Alpha Acuity II may be held for up to 60 minutes.
3. Alpha Acuity III may be held for up to 90 minutes.

C. Any ambulance response to Protocol 33 Alpha level determinants may

be pre-arranged or scheduled at the request of the transferring facility.

~~C.~~D. Interfacility transfer requests from the California Hospital Correctional Facility (CHCF) to local emergency department shall be processed as requested and shall be considered an emergency interfacility transport.

IV. Approved EMD and MPDS centers shall report compliance with this policy to SJCEMSA.

~~SJCEMSA may modify response and priority assignments and authorize the use of BLS staffed and equipped ambulances to respond to requests for service in the EMS system.~~

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