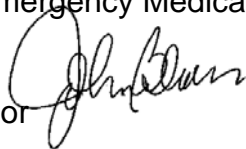




September 16, 2008

To: Santa Clara County Emergency Medical System Stakeholders
From: John Blain
Compliance Coordinator 
Subject: AMR 9-1-1 Ambulance Dispatching & Low Level Action
Procedures Revision

On October 1, 2008 at 00:00 hours, the Santa Clara County Emergency Medical Services System will be implementing several changes to our current 9-1-1 System ambulance's dispatching practices related to initial event assignments and subsequent reassignments; and Utilization of STAR and non-AMR private ambulances during periods of low EOA Contractor ambulance levels.

These changes are being made to improve upon the level of service being provided to the system's patients and the first response agencies. The procedures are outlined in the following two attachments:

- (AMR) 9-1-1 System Ambulance Assignment & Reassignment
- (AMR) 9-1-1 System Ambulances Low Level Actions

Key Concepts

9-1-1 System Ambulance Assignment & Reassignment

The closest, available ambulance will be dispatched to all events and will not be diverted from a Code 2 and/or Code 3 event with the exception of "ECHO" responses.

If an event is triaged as an "ECHO", the closest ambulance will be assigned or reassigned to that event, even if the reassignment removes the ambulance from a "CHARLIE" or "DELTA" Code 3 response.

First responder field and dispatching personnel must remember that when a need to upgrade an event to an "ECHO" response occurs, the requestor must specifically identify the request an "ECHO Response". Use of "ECHO" should be consistent with MPDS type coding.

Example: A first responder is on the scene with a patient with an uncontrollable airway and the only therapy is immediate transport – the call should be upgraded.

In the event that a dispatched ambulance crew believes that they will not be able to arrive on the scene of the event in the contracted performance standard, the crew shall advise County Communications that they will be “delayed.” Upon receipt of a “delayed” notification, County Communications shall immediately advise the AMR Field Supervisor who will be responsible for on-line/dynamic system status management actions (if appropriate) to assure compliance with established standards.

9-1-1 System Ambulance Low Level Actions

Identifies the specific ambulance level thresholds for implementation of Standard Dispatch Order (SDO) #1 and, if needed, initiation of an “Ambulance Availability Query.” SDO #1 is a compilation of EOA Contractor actions that are put in place to reduce time of task and increase ambulance levels. Components of SDO #1 include:

- All EOA Contractor's ambulances & field supervisors are advised of the status
- Electronic PCR completion is suspended
- Off duty times are suspended
- Hospital extensions & meal breaks are suspended
- Hospital timers are set to 20 minutes
- All units assigned to off duty status are placed back into the system
- EOA Contractor's private ALS calls are cancelled (if they have not arrived on-scene, some types are exempt even if not on scene) & units placed into the 9-1-1 system

The initiation of SDO #1 is done by radio broadcast on MED 91. If the implementation of SDO #1 does not mitigate the low levels, an “Ambulance Availability Query” will be launched via *EMSystem®*. An “Ambulance Availability Query” is the signal that EOA Contractor ambulance levels have reached a critically low level and additionally resources are required.

STAR and non-AMR private ambulance providers are responsible for monitoring *EMSystem®* to determine activation and cancellation of an “Ambulance Availability Query”. Notification from the County will only occur via *EMSystem®* and will not be followed up by phone or fax.

The Agency will conduct an ongoing assessment of the effectiveness of these procedural changes. If you should have any questions about the procedures identified in this memorandum, please contact me at john.blain@hhs.sccgov.org or by phone at (408) 885-4258.