

## 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 provider 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.*

### IamResponding

IamResponding 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 providers 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 provider along with First Responders from the appropriate Fire Department. If after three minutes, the first due company does not have an ALS provider 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 providers 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 providers in the area of need who have contacted the Communications Center)

ALS (Charlie & Delta) Dispatch	
Initial	# First Due ALS Ambulance
6 Minutes	# Second Due Ambulance
3 Minutes	* Closes Staffed ALS Provider
6 Minutes	Fire-Rescue 1st Responders

BLS (Alpha - Bravo) Dispatch	
Initial	First Due Ambulance
6 Minutes	Second Due Ambulance
6 Minutes	Fire-Rescue 1st Responders
9 Minutes	* Closes Staffed Ambulance

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

Fire-Rescue Dispatch	
Initial	First Due Fire-Rescue
6 Minutes	Response Check
	Second Due Fire-Rescue

\* = Utilize lamResponding to determine  
# = If a BLS Ambulance responds in place of an ALS Ambulance, next due ALS Provider 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\*\*\*\***

**Request for an ALS Provider 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 provider will be needed;
2. After assessing the patient(s) the BLS crew determines the patient would benefit from skills provided by an ALS provider; or
3. While enroute to the hospital the patient condition changes and the patient would benefit from skills provided by an ALS provider.
4. If no staffed ALS provider 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 **will not** notify the 911 Communications Center that they are responding to the call unless one of the following applies:

1. The ambulance is staffed with a Maryland EMT or above and a qualified driver. (this is the preferred method); or
2. The ambulance responds with one of the crew members listed in item 1 above and will pick up the other crew member along the direct route to the call; or
3. The ambulance is responding with one crew member trained at minimum EMT level with absolute knowledge that the second crew member is on the scene of the call or will arrive at the same time or before the ambulance arrives.
4. When a chase unit or ambulance is responding, they must identify if they are ALS or BLS. If they do not, dispatch must query them for their staffing.

### **Delayed and Failed Responses**

1. 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.
2. 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.
3. 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.

### **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 provider 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. 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. 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.
2. ***Rendezvous with an ALS unit within 5 minutes of the hospital should not occur.*** Rarely will the patient benefit from ALS care in the field this close to a hospital. Once the BLS ambulance has determined that the ALS intercept cannot occur outside of the five minute time frame they are to notify the 911 Communications Center of such so the ALS response unit can be cancelled.

### Release of Provider

1. BLS staffed ambulances can only be cancelled by a fully staffed Basic Life Support ambulance which is on the scene.
2. The only exception to this is when a First Response Unit staffed with at least one EMT arrives on the scene. If after assessing the patient, the BLS provider feels that the ambulance is not needed, then the BLS provider can cancel the responding unit(s) en route to the scene. That BLS provider will be responsible for documenting the event in the Maryland EMEDS system.
3. ALS staffed ambulances, chase cars, etc. cannot be cancelled until a Basic Life Support ambulance or First Response Unit staffed with at least one EMT arrives on the scene. If after assessing the patient, the BLS crew feels that ALS care is not needed, then the BLS provider can cancel the ALS responding unit en route to the scene.
4. If the ALS unit arrives on the scene prior to transport and after assessing the patient determines ALS care is not required, the ALS provider may turn care of the patient over to the BLS provider(s) if the BLS provider feels he/she is capable of providing care for the patient. *Refer to Maryland Protocol.*

## **Definitions**

### **EMD:**

**Omega- BLS, non-emergent, 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 provider is in possession of a valid certification or license issued by the Maryland Institute of Emergency Medical Services Systems to provide care to the level specified.

### **County/State Minimum Ambulance Manning 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 Manning 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.

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

**Fully Manned:** 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 or BLS unless specific request made.



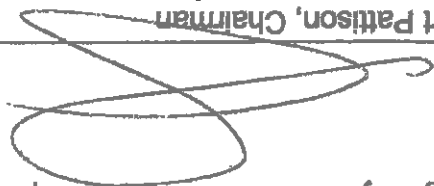
**Statistical Reporting**

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




This policy has been approved by the following and is hereby presented to the  
Emergency Services Board for adoption.



Robert Pattison, Chairman  
Allegany County EMS Committee

04/17/2017  
Date

This policy was tentatively approved by the EMS Committee on the 26<sup>th</sup> day of March  
2015. It was presented to and approved by the Emergency Services Board on the 14<sup>th</sup>  
day of February 2017, and will become effective June 1, 2017.



Richard L. DeVore, Chairman  
Allegany County Emergency Services Board

4-17-2017  
Date