# County of Santa Cruz

## HEALTH SERVICES AGENCY

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EMERGENCY MEDICAL SERVICES PROGRAM


**Policy No. 1112**
**November 2014**

**Emergency Medical Services Program**

**Approved**

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**Medical Director**

**Subject: EMS Resource Response and Management**

## I. Overview

The goal of EMS resource response and management is to meet the time and resource needs of any particular medical emergency while still maintaining the integrity of EMS coverage throughout the County. This policy establishes guidelines for call response, and for resourcing EMS calls, particularly when the immediate demand for resources outstrips EMS resource availability.

## II. Core Principles

- **EMS calls adhere to the Incident Command System.** While law enforcement has ultimate scene authority on all calls, the incident commander (IC) at most EMS incidents will be the highest ranking fire officer. In the absence of this officer on scene, the IC is the highest trained, most senior medical responder.

- **The Santa Cruz County Emergency Medical Dispatch (EMD) system in place is highly accurate in determining the priority of any given EMS call, and the subsequent recommended EMS resource response.**

- **A cavalry EMS response with lights and sirens is often unnecessary, and defeats the purpose of a sound call triage system.**

- **EMS systems that are flexible and efficient in their EMS resource response will be better able to handle surges in requests for response, and are more likely to bring the correct EMS resource to the patient's side in order to effect the best patient disposition.**

## III. Guidelines for EMS Resource Response and Management

EMS resources – fire apparatus, ambulances, and other first response units - in Santa Cruz County are dispatched according to established EMD criteria. There are instances, however, when multiple EMS calls occur simultaneously, requiring responding units to alter their call destinations in order to optimize EMS call coverage and to provide the timeliest response to the highest acuity patient. This policy helps to guide EMS response diversion within the incident command system.

**Procedure**

A. If a fire or ambulance resource has been committed to an incident it shall remain committed to that incident until it has completed the call or if one of the following conditions has been met:

1. If fire and ambulance units are enroute to a call, and another, higher priority call occurs in the units' response area, one or both of the units may divert to the higher priority call.

2. If a fire or ambulance unit is at the scene of a call and the second incoming EMS unit is diverted to another call, NetCom shall advise the on-scene unit of this diversion, and the location/ETA of the next closest EMS unit. The IC may, at this point, declare the call "non-divertible." Should this occur, NetCom will direct the original incoming EMS resource to continue to the initial call, and will dispatch another EMS resource to the second incident.

3. Criteria for non-diversion include the following:

   i. The patient at the original incident is ***in extremis*** or near ***in extremis.***

   ii. The patient at the original incident has a substantially time dependent clinical emergency that cannot be managed on scene, with further delays to definitive care worsening the patient's chances for survival or reduced morbidity.

B. If a fire unit is at the scene with a **Status IV-V** patient requiring no further treatment other than transport, this unit may leave the patient to respond to another pending call under the following conditions:

1. This pending call requires a time dependent response (e.g., a structure fire, cliff rescue, confirmed vehicle accident with injuries, high priority medical call with credible RP information).

2. There is no other fire or ambulance unit in close enough proximity to handle the pending call in a reasonable time frame.

3. The patient has no identifiable need for immediate, continued treatment and has been informed that another EMS unit is coming to his/her location. The patient will also be prompted to call 911 back if his/her status worsens.

4. The new incoming EMS resources and Net Com are aware of the diversion and the location of the patient waiting for transport.

5. Given the time dependent nature of this resource diversion, no AMA/RAS paper work needs to be completed at scene. The ambulance copy of the TOC, if filled out, should be left with the patient for the incoming transport unit. After the higher priority response has been completed, however, EMS responders should document their initial evaluation and care of the first patient encountered.

C. If a fire unit is at the scene with a **Status IV-V** patient requiring no treatment other than transport, this unit may leave the patient and become available for response. This decision should be based on the patient's complaints, scene safety considerations, stability of the patient's vital signs and physiologic status, and proximity and reliability of the incoming transport resource. In this instance, a release at scene (RAS) should be completed, if possible. However, if the patient is not in agreement with the fire resource clearing the scene, this resource may still clear as long as appropriate documentation backs up this decision. This decision shall be documented in the patient care record, and in the operational report for the call.

D. Fire and ambulance resources may be used as single response resources to triage low priority calls in the system, particularly when the system is experiencing high resource demand. In addition, NetCom may queue non-emergent Priority A calls for up to one hour if transport resources drop below coverage limits that would safely allow for County-wide response to high priority, time dependent calls. The criteria for delaying response to calls should be developed by local approved EMS providers in partnership with County EMS and NetCom.

E. A mass casualty incident (MCI) or prolonged disaster can quickly drain County first response and transport resources. In the event of an MCI or disaster, first responder and transport command staff will coordinate area resource use to most efficiently manage these incidents. This could include utilizing non-traditional transport vehicles (mass transit, etc.) to transport victims to appropriate medical destinations, use of non-traditional field medical stations, and the like.

   An MCI or disaster can also greatly reduce the ability of the EMS system to respond to other emergent and non-emergent calls occurring in the system. Should this occur, resource response to higher priority (B – E) calls can also be amended by fire and transport command staff in coordination with NetCom. In these instances, response to these higher priority calls may be delayed or cancelled completely, and single resource response may also be utilized to manage these calls.