

• County of Kern

EMERGENCY MEDICAL SERVICES

EMERGENCY MEDICAL SERVICES DISPATCH POLICIES AND PROCEDURES

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Revisions:

04/01/94: Section II. Definitions - Alpha, Bravo, Charlie, Delta added (page 4); XII., C., 6. - prior section c., e., f. deleted,

new sections c., d., e. added.

05/02/2002: Complete revision of entire document.

07/03/2002: Final revision of policies after multiple month review process by EMS Dispatch QI Group.

07/01/2004: Disaster Medical Dispatch Protocol added to Section XV. after EMS Dispatch QI Group review.

10/15/2004: Added poison control center and mental health hotline conference process to XII. J. 7.

05/21/2007: Revisions to achieve consistency with Ambulance Performance Standards, and Revised EMD Reports.

09/01/2010: Revisions to Med Alert trigger from five (5) patients to ten (10) patients; specify EMD version in use in the system

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4200.3090 EMERGENCY MEDICAL DISPATCH POLICIES AND PROCEDURES

I. GENERAL PROVISIONS

- A. These policies and procedures define requirements for Emergency Medical Dispatcher (EMD) scope of practice, training, certification, recertification, challenge of certification, EMD providers, EMD and EMS dispatch operational requirements within the County of Kern (County). Authority and medical control of the Kern County Emergency Medical Services Department (Department) is in accordance with California Health and Safety Code and California Code of Regulations Title 22.
- B. It is a minimum standard of the County that all callers requesting emergency medical assistance from any area or jurisdiction within the county have direct access to an authorized emergency medical dispatch provider and qualified emergency medical dispatch personnel. EMD Services include priority medical dispatch of EMS resources, pre-arrival instructions and post dispatch instructions using Department authorized protocol (reference: ASTM Standard Practice for Emergency Medical Dispatch F 1258 90).
- C. All EMD Personnel, EMD providers and all organizations having responsibility for emergency medical services call coordination or dispatch operating within the County shall comply with the provisions of these policies and procedures at all times. However, it is recognized that fire departments, at the discretion and direction of the fire chief may find it advantageous to respond emergency equipment for other purposes above and beyond the established medical response level approved by the Medical Director. This policy document is not intended to limit or interfere with a fire chief's statutory authority to dispatch additional resources under his/her command. The accountability for deploying said additional resources in excess of the medically approved response level for any EMS response becomes that of the fire chief of the responding agency.
- D. No dispatch agency and/or dispatch personnel may provide priority medical dispatch of medical resources or provide pre-arrival instructions or post dispatch instruction by a dispatch protocol to any EMS caller unless having valid EMD provider authorization from the Kern County EMS Department. The intent of this section is to prevent unauthorized use of EMS dispatch reference systems and reoccurring, unauthorized EMS dispatch functions.
- E. Public Safety Answering Point (PSAP) provision of EMD level service is optional at the discretion of the law enforcement agency having jurisdiction. For calls involving law enforcement resource needs and medical, a PSAP should gather law enforcement call information and transfer the caller to a Department authorized dispatch center for medical response or relay medical response information as specified by the Department. For medical calls, the PSAP should transfer the caller to a Department authorized medical dispatch center after law related call information is obtained.
- F. Each ambulance provider shall have emergency medical dispatcher (EMD) service available at all times. This requirement may be satisfied with a contract for service from another locally EMD-accredited dispatch center, provided that said other dispatch center is responsible for

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accepting service request calls for the ambulance provider. [Ambulance Performance Standards III. C.]

II. DEFINITIONS

- A. "Accredited or Authorized EMS Dispatch Center" means a Department authorized dispatch center to provide emergency medical dispatch.
- B. "Ambulance" as used in EMD Protocols and further refined under definition of "Charlie Response" shall mean an available BLS ambulance from a Department authorized ambulance service or ambulance provider covering a geographic ambulance service area or operating area or zone approved by the Department.
- C. "Alpha F" means a Fire First Responder is sent Cold as further defined in these policies.
- D. "Alpha Level Response" shall mean a Code-2 (Cold) emergency medical call where the ambulance service takes immediate steps to dispatch a response.
- E. Advanced Life Support (ALS) ambulance an ambulance with valid California Highway Patrol certification that has the basic personnel, equipment, and supplies set forth in Title 13 and Title 22 of the California Code of Regulations and Department specifications. [Ordinance 8.12.030 Definitions, A]
- F. "ALS Ambulance Response" as used in dispatch protocol means an ALS Ambulance response if closest and available (unassigned).
- G. Advanced Life Support first responder a public or private provider or agency that engages in EMS first response at the advanced life support level through a Department-approved ALS program. [Ordinance 8.12.030 Definitions, C]
- H. Ambulance service medical transportation service for patients requiring medical treatment and/or medical monitoring due to illness, injury, or other medical condition. [Ordinance 8.12.030 Definitions, G]
- I. "Bravo F" means a Fire First Responder is sent Hot as further defined in these policies.
- J. "Bravo Level Response" shall mean a potential time issue emergency medical call as indicated by EMD Protocol.
- K. "Charlie F" means a Fire First Responder is sent Hot as further defined in these policies.
- L. "Charlie Level Response" shall mean a potential life-threatening emergency medical call as indicated by EMD Protocol.
- M. "Code-3 or Hot" shall mean medical resource response mode using emergency lights and/or siren.

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- N. "Code-2 or Cold" shall mean immediate medical resource response mode without use of emergency lights and siren, obeying standard traffic laws.
- O. "Closest Ambulance" shall mean an available operational area ambulance that will provide the shortest response time to an EMS call.
- P. "Closest First Responder" as used in dispatch protocol means the closest and available ALS or EMT-1 or other First Responders that are formally approved through the Kern County EMS Department that will provide the shortest response time to the incident.
- Q. County the County of Kern, a political subdivision of the State of California. [Ordinance8.12.030 Definitions, S]
- R. "Delta Level Response" shall mean a life-threatening emergency medical call as indicated by EMD Protocol.
- S. Department the Kern County Emergency Medical Services Department, as established by Ordinance Code Section 2.23.010; the designated local EMS agency (LEMSA). [Ordinance8.12.030 Definitions, U]
- T. "ECC" means the Emergency Communications Center.
- U. "Echo Level Response" shall mean the highest priority life-threatening emergency medical call as indicated by EMD Protocol.
- V. "Emergency Medical Dispatcher" (EMD) means a person having a valid national EMD certificate recognized by the Department and valid EMD certification issued by the Department, authorized to provide pre-arrival medical telephone instructions and/or post dispatch medical instruction, and medical priority dispatch of EMS resources in accordance with Department protocols.
- W. "Emergency Medical Dispatch Intern" (EMD Intern) means a person having a valid national EMD certificate recognized by the Department and formally being trained by an EMD Preceptor for EMD Certification.
- X. "Emergency Medical Dispatch Preceptor" (EMD Preceptor) means a person authorized to provide training to an EMD Intern as specified in these policies.
- Y. "EMD Provider" means a group, organization or service having valid authorization from the Department to provide EMD services for the public.
- Z. EMS aircraft any aircraft designed and equipped to provide air transport of sick, injured, convalescent, infirm, or otherwise medically incapacitated persons in compliance with Title 22, and has been approved and certified by the Department for use as an EMS aircraft. EMS aircraft includes air ambulances and all categories of rescue aircraft. An EMS aircraft shall be

- certified by the Federal Aviation Administration and have a Part 135 Certificate as an air carrier if a fee is collected for transportation services. [Ordinance 8.12.030 Definitions, DD]
- AA. "EMS Caller" means any emergency medical services caller requesting non-prescheduled medical services received through any method.
- AB. "EMS Dispatcher" means a dispatcher that receives calls for EMS response and dispatches EMS resources.
- AC. "Fire" means a fire department authorized by the Department to provide first responder service within the County (this does not preclude use of fire resources outside Kern County if appropriate).
- AD. "Medical Priority Dispatch or Priority Dispatch" means the dispatch of tiered medical resource responses in Code-3/Hot or Code-2/Cold response modes dependent on EMS call severity as defined by Department authorized EMD protocol.
- AE. "Medical Resources or EMS Resources" for the purposes of these policies and procedures means personnel and vehicles/equipment of Department authorized EMS First Responders and Department authorized EMS Transportation Providers.
- AF. "Paramedic First Responder" means a Paramedic First Responder authorized by the Department.
- AG. "Pre-arrival Instruction or Post Dispatch Instruction" means medical instructions provided to EMS callers by authorized EMD personnel in accordance with Department authorized EMD protocol.
- AH. "Protocol(s) or EMD Protocol" for the purposes of these policies and procedures, means any medical priority dispatch system authorized by the Department for post dispatch and pre-arrival instructions and priority dispatch of EMS resources.

III. MEDICAL CONTROL

- A. The Department Medical Director shall be responsible for medical control of all EMS dispatch programs operating within Kern County, including the overall EMD program, EMD providers, EMD personnel, training, policies, procedures and protocols in accordance with California Health and Safety Code and California Code of Regulations Title 22.
- B. The Department Medical Director may take action necessary to maintain medical control of any EMS dispatch program, including any EMD program in the County.

IV. EMD SCOPE OF PRACTICE

A. An EMD shall operate and function as an EMD only under the employment of an EMD provider authorized by the Department or as an authorized EMD intern.

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- B. EMD personnel and EMD providers shall only use medical dispatch system protocol(s) authorized by the Department for the provision of priority medical dispatch or pre-arrival medical instructions via telephone or other telecommunication mechanism and shall operate under the medical control of the Department. An organization shall submit a request in writing to the Department for authorization of any medical dispatch protocol that has not been authorized for use by the Department.
- C. The scope of practice for an EMD is:
 - 1. Receipt of EMS calls, medical interrogation of the caller using techniques specified in EMD training and EMD protocol(s), and obtain required EMS call information as specified by EMD protocol.
 - 2. Information relay, accurate dispatch and upgrade or downgrade of various EMS resource response configurations as defined by EMD protocol authorized by the Department.
 - 3. Provision of pre-arrival instruction and post dispatch instruction in compliance with EMD protocol.
 - 4. Provision of updated call information to responding EMS resources.
 - 5. Provision of interagency response coordination.
- D. All EMD personnel operating within the County shall operate within the EMD scope of practice as specified in these policies and procedures.
- E. Inappropriate EMD activity includes any of the following:
 - 1. Display of hostility or arguing with a caller;
 - 2. Pre-mature judgment of a situation based on past experience with a caller;
 - 3. Judgment of situation severity based on previous personal experiences;
 - 4. Refusal or failure to dispatch available unit(s) in accordance with protocol;
 - 5. Inappropriate termination of a call for assistance; or
 - 6. Failure to act or to dispatch in accordance with EMD protocol or policies and procedures.

V. EMD TRAINING REQUIREMENTS

A. All EMD personnel operating within the County shall be trained in accordance with Department requirements and according to Emergency Medical Dispatcher Training Guidelines (State EMD Guidelines) established by the State of California Emergency Medical Services Authority.

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- B. EMD personnel shall successfully complete the following training according to State EMD Guidelines and the Department requirements:
 - 1. A Basic EMD Training Program consisting of a minimum of twenty-four (24) hours that includes the following topics:
 - a. Emergency medical dispatcher orientation and basic telecommunication techniques.
 - b. Obtaining information from caller.
 - c. Use of the medical priority protocol.
 - d. Providing pre-arrival instructions and post dispatch instructions using protocol.
 - e. Medical/Legal considerations.
 - f. Written and practical testing.
 - 2. Upon confirmation by the employer of successful completion of a Basic EMD Training Program, the individual shall complete a minimum of eight (8) hours in the following EMD Local Protocol Training:
 - a. EMS Dispatch Policies and Procedures.
 - b. Allocation of local EMS resources including EMS Aircraft dispatch.
 - c. Local responses on EMD Protocol.
 - d. Multi-casualty incidents and disaster procedures.
 - e. Practical lab (scenario work with EMD Protocol).
 - 3. EMD Internship: Upon confirmation by the employer of successful completion of the Basic EMD Training Program and EMD Local Protocol Training with appropriate documentation, an individual shall be considered an EMD Intern. An EMD Intern shall successfully complete a minimum of eight (8) hours of EMD Practical Training and successfully manage a minimum of ten (10) EMD calls through an EMS Department authorized EMD Provider, under the direct supervision of an EMD preceptor with valid certification; and provide documentation of successful EMD Practical Training completion signed by the EMD Preceptor. Successful management of an EMD call shall mean that the EMD Intern can manage the entire call without EMD Preceptor intervention.
 - 4. The total program shall include a minimum total of forty (40) hours in training including testing.

- 5. The Department may specify additional EMD training requirements.
- 1. E. A Kern County EMD Provider is authorized to designate one or more EMD Preceptors to provide EMD Intern training. In order to be eligible as an EMD Preceptor, the individual shall:
 - 1. Have a minimum of one (1) year active practice as a certified EMD within Kern County within the previous two (2) years;
 - 2. Have an overall positive record of EMD performance with a minimum 90% protocol compliance rate of EMD practice during the previous year;
 - 3. Complete an EMD Preceptor briefing provided by the EMD Provider in educational techniques, oversight of EMD intern practice, problem mitigation and documentation; and
 - 4. Notify the Department of each EMD Preceptor that has completed the process.
- F. An EMD intern may be required by the EMS Department to repeat any training requirement that is not successfully completed. EMD Practical Training must be successfully completed within a maximum of two (2) attempts. If EMD Practical Training is not successfully completed within two (2) attempts, the EMD intern will be required to complete remedial training as specified by the Department, repeat all local EMD training requirements and EMD Internship to be eligible for EMD certification.
- G. EMD internship shall be conducted by the authorized EMD Provider under the direction of the Kern County EMS Department. The EMD Provider shall provide written notice to the EMS Department of any EMD intern that fails to successfully complete EMD intern training within two (2) attempts. The notice shall include the reason or reasons why the intern did not successfully complete EMD internship.
- H. In any case of dispute between an EMD Provider, EMD Preceptor, or an EMD intern regarding EMD Practical Training, the Kern County EMS Department shall be the final decision authority.
- L. For repeated failure of EMD training, the Department may terminate an individual's eligibility to complete EMD training for up to one (1) year.

VI. EMD TRAINING PROGRAM

- A. All EMD training programs shall have valid authorization from the Department.
- B. In order to be eligible to apply for Basic EMD Training Program authorization, the following minimum requirements shall be met:

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- 1. The program shall be provided through an accredited college, university, agency of government, or other Department approved organization.
- 2. The program shall have instructor(s) with valid EMD certification which meet the following subject to Department approval:
 - a. Advanced life support licensure and/or certification for instruction of medical subject matter of the program;
 - b. Two (2) years experience in telecommunications and EMD operations;
- 3. The program shall provide and utilize a training curriculum that is consistent with State EMD Guidelines and Department specifications.
- C. The following shall be submitted to the Department for Basic EMD Training Program authorization application:
 - 1. Name and location of the applicant college, university, agency of government or other organization;
 - 2. Name, qualifications and experience of medical dispatch instructor;
 - 3. Name, qualifications and experience of telecommunications instructor;
 - 4. An EMD training program curriculum that is compliant with State EMD Guidelines and Department specifications and copy of program examinations;
 - 5. A sample EMD program course completion record that shows the following:
 - a. The name of the authorized Basic EMD Training Program, type of program and wording that the individual listed has successfully completed the program;
 - b. The full name of the individual that successfully completed the program;
 - c. Wording in clear print, "this is not an EMD certificate, forward this record and certification application to the Kern County EMS Department for EMD certification";
 - d. Name and signature of both medical and telecommunications instructors; and
 - e. Issue date.
 - 6. A letter verifying continued program compliance with State EMD Guidelines and Department specifications with signature of an authorized representative of the applicant college, university or agency of government.

- D. Upon completion of a Basic EMD Training Program, the program shall send a list to the Department identifying student names, course dates and times, total hours, student examination performance and final program score of each student successfully completing the program.
- E. The Department may withdraw program authorization at any time for non-compliance with requirements.

VII. EMD CERTIFICATION

- A. All dispatch personnel that provide priority dispatch of medical resources or provide prearrival/post dispatch instructions to the public shall have valid EMD certification from the Department.
- B. In order to become certified as an EMD, an individual shall complete all of the following requirements:
 - 1. Complete and submit a Department certification application;
 - 2. Submit a valid EMD course completion record from a Basic EMD Training Program approved by the Department with an issue date of not more than one (1) year from the date the application is submitted to the Department; or have a valid national EMD certification in the current version of EMD Protocol approved for use by the Department (telephone confirmation with the NAED regarding valid EMD certification status is also acceptable for certification);
 - 3. Successfully complete eight (8) hours of EMD Local Protocol Training in local EMD policies, procedures and protocols, provided by an EMS Department authorized instructor, and provide a valid course completion record with an issue date of not more than one (1) year from the date the application is submitted to the Department;
 - 4. Provide documentation of successful EMD Practical Training completion signed by the EMD Preceptor;
 - 5. A valid CPR card;
 - 6. A valid picture identification for photocopy;
 - 7. Pay the established EMD certification fee; and
 - 8. Meet other requirements as specified by the Department for EMD certification. Additional requirements not specified herein shall be subject to feedback and review.
- C. Upon completion of all EMD certification requirements, the Department will issue EMD certification.

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- D. Local EMD certification will be the same term and expiration date as their national EMD certification.
- E. An EMD having current national EMD certification in the current version of EMD Protocol authorized by the Department with documented full time experience as a practicing EMD in another area within the last six (6) months, may become certified within the County through an EMD certification challenge process (challenge) provided by the Department. After successful completion of the EMD challenge process, EMD certification shall be issued. The EMD challenge process shall include at minimum the following:
 - 1. Eight (8) hours of EMD Local Protocol Training;
 - 2. Successful completion of EMD Practical Training with successful management of a minimum of five (5) EMD calls through an EMS Department authorized EMD Provider, under the direct supervision of an EMD preceptor with valid certification; and provide documentation of successful EMD Practical Training completion signed by the EMD Preceptor (successful management of an EMD call shall mean that the EMD Intern can manage the entire call without EMD Preceptor intervention); and
 - 3. Meet other requirements for EMD certification. Additional requirements not specified herein shall be subject to feedback and review.
- F. Failure to successfully complete all requirements for EMD certification challenge as specified shall require the individual to successfully complete the EMD Local Protocol Training Program and EMD Practical Training for EMD certification. If the challenge process cannot be completed within two (2) attempts, the individual shall be required to wait one (1) year from the date of the second failure to reinitiate the challenge process.
- G. EMD certification may be placed on probation, suspended or revoked for non-compliance with these policies and procedures in accordance with Department Certificate Review Process Policies and Procedures.

VIII. EMD RE-CERTIFICATION

- A. EMD personnel shall recertify through the Department prior to the expiration of their Local EMD certification in compliance with each of the following:
 - 1. Complete and submit a Department certification application;
 - Submit a current NAED card or a letter from NAED validating current EMD certification.
 Department telephone confirmation with the NAED regarding valid EMD certification status is also acceptable for recertification;
 - 3. Copy of valid CPR card;

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- 4. Pay the established EMD recertification fee; and
- 5. Meet other requirements as specified by the Department for EMD recertification. Additional requirements not specified herein shall be subject to feedback and review.
- B. An individual with expired county or national EMD certification shall not be permitted to operate within the EMD scope of practice within the county. National EMD recertification that has been completed, but has not been received, is an exception to this requirement for no more than a ninety (90) day period from the national EMD certification expiration date.
- C. An individual with expired local EMD certification may recertify within one (1) year of EMD certification expiration date through the Department by submitting a valid NAED card, and documentation of completion of additional training in local policy and protocol as specified by the Department. If more than one (1) year has elapsed from the expiration date of local EMD certification, the individual shall at minimum be required to successfully complete EMD Challenge requirements.

IX. EMD CONTINUING EDUCATION

- A. CDE shall be coordinated and organized through the EMD Provider Agency, and approved by the Medical Director.
- B. EMD continuing education approval shall be considered for any of the following:
 - 1. Monthly EMD case/tape review and outcome sessions provided by an EMD Provider or the Department;
 - 2. Monthly EMS Dispatch Quality Improvement Group meetings provided by the Department;
 - 3. EMD topic lectures related to emergency medical dispatch provided by an EMD Provider, the Department, EMD educational organization, authorized EMD training program;
 - 4. An EMD training program or upgrade module provided by an approved EMD training program;
 - 5. Other medical education topics, classes or training programs directly related to EMS; or
 - 6. Mandatory EMD training required by the Department.
- C. EMD continuing education hour(s) shall be granted for each hour of EMD attendance in a Department approved program ((1) EMD continuing education hour per hour of attendance). A continuing medical dispatch education certificate shall be issued through an approved prehospital continuing education provider.

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X. EMS DISPATCH CENTER FACILITY, EQUIPMENT & STAFFING REQUIREMENTS

- A. All EMS dispatch centers shall provide for a continuously available and staffed dispatch facility for receipt of calls, dispatch of EMS resources (i.e., ambulances, fire apparatus, etc.) and EMS resource status maintenance. Facility shall have heating, cooling and restroom facilities, and the availability of auxiliary power (batteries, gas or diesel generator, and appropriate procedures) that will maintain adequate power to dispatch facility lights, phones and radio equipment to operate for a minimum of 72 hours. The dispatch center shall also have reasonable security measures in place to prevent unauthorized access to the dispatch center or equipment. Security may be in the form of locked entry, surveillance video, or a dispatch facility security plan.
- B. All EMS dispatch centers shall continuously staff the dispatch facility with dispatch personnel and maintain the ability to receive calls for service on a continuous 24-hour basis.
- C. All EMS dispatch centers shall have sufficient telecommunications and recording equipment for communications and dispatch operations.
- D. All EMS dispatch centers shall have access to a dispatch facility with sufficient telecommunication equipment for communications on Kern County Medical Radio System through the repeater network.
- E. All EMS dispatch centers shall maintain audio recordings of the primary telephone and radio communications related to EMS dispatch for a minimum of six (6) calendar months. Dispatch logs shall be maintained by all EMS dispatch centers for a minimum of one (1) calendar year. If recording equipment breaks down due to mechanical failure or other reasons, the Department will allow a reasonable time for the EMS dispatch center to have equipment repaired. [Ambulance Performance Standards VI.I.]
- F. All EMS Dispatch Center personnel shall complete at minimum a local EMS system briefing to include education on EMS system resources, communications, and EMS dispatch functions. The EMS Dispatch Center shall be responsible for the training and maintain training documentation on file. Training documentation shall be provided to the Department upon request.

XI. EMD PROVIDER REQUIREMENTS

- A. All EMD Providers shall maintain compliance with Department policies, procedures, regulations and protocols.
- B. An organization may apply to the Department for EMD Provider authorization. The application shall be made in writing to the Department and shall include information contained in Appendix "B" with evidence of compliance to all provisions of this section and these policies and procedures.
- C. EMD Providers and organizations applying to the Department for EMD Provider authorization shall have and maintain the following:

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- 1. A dispatch center which routinely receives calls from the public for emergency medical assistance and is responsible for dispatch or requesting dispatch of EMS resources within the EMS system;
- 2. Staffed by a minimum of one (1) Kern County Certified EMD on a 24 hour per day basis with EMD dispatch as the primary function; and
- 3. Verification of use of National Academy of EMD Protocols authorized by the Department for use within Kern County with local EMS response configurations on each appropriate card.
- D. All authorized EMD Providers and organizations applying to the Department for EMD Provider authorization shall have and maintain the following:
 - 1. An assigned communications center manager, with completion of executive level EMD training, or equivalent, or higher level EMD training, responsible for oversight and supervision of the communications center.
 - 2. An assigned EMD Coordinator, having valid EMD certification and valid National Academy of EMD quality assurance certification, responsible for oversight of the EMD Program including, but not limited to, coordination of initial training, continuing education, and quality assurance. Specific functions may be delegated to other EMD qualified personnel.
 - 3. An assigned EMD-Q, having valid EMD certification and valid National Academy of EMD quality assurance certification, responsible for, but not limited to, initial training, continuing education, and quality assurance.
 - 4. EMD quality assurance functions shall include EMD case activity evaluation, protocol compliance evaluation and individual case review.
 - 5. Monthly continuing education classes shall be provided for EMD personnel.
 - 6. A Department approved EMD Protocol for each active EMD call taker position.
 - 7. A mechanism for continuous EMD supervision.
 - 8. A written reporting mechanism for EMD questions and feedback.
 - 9. Continuous recording capability of telephone line(s) assigned for receipt of EMS callers and provider radio frequencies used for dispatch or coordination of dispatch of EMS resources.
 - 10. Ensure continued EMD personnel compliance with EMD protocol and these policies and procedures.

- 11. Ensure adequate EMD staffing to meet customary EMD services demand.
- 12. A structured mechanism for random tape evaluation of all EMD personnel performance and accuracy of protocol compliance by all EMD personnel.
- 13. Provide representation at monthly EMS Dispatch Quality Improvement Group meetings scheduled by the Department.
- 14. Maintain EMD records and/or data as specified by these policies and make such records or data available to the Department upon request.
- 15. Employ the most current version of the Medical Priority Dispatch System (MPDS) provided by the National Academies of Emergency Dispatch which has been authorized by the medical director. The version authorized for use within the County as of September 1, 2010 is version 12.1.
- E. EMD Provider authorization may be placed on probation, suspended or revoked by the Department for non-compliance with these policies and procedures.

XII. EMD OPERATIONAL PROCEDURES

- A. The EMS Dispatch Center should answer an incoming call within three (3) rings whenever possible, identify for the caller the name of the center.
- B. ECC shall contact the appropriate ambulance dispatch for response within two (2) minutes of call time. Ambulance dispatch shall contact ECC or the appropriate fire department for fire response within two (2) minutes of call time.
- C. The EMD shall comply with EMD Protocol procedures for Case Entry, Chief Complaint selection, determinant selection, dispatch of response, pre-arrival and post dispatch instructions.
- 1. D. If an EMS call is received from another dispatch agency, the dispatch center shall obtain the incident location, call back number, and chief complaint/problem and-or EMD Code. In addition, if an EMS call is received from a Kern County Authorized EMD Provider, the dispatch center shall obtain the EMD Code.
- E. In cases where two separate EMD Providers have processed an EMS call, the EMD Provider that communicated with the highest level caller (first party highest) shall take priority in determinant selection and dispatch of response. In cases where the same level of caller is available to both EMD Providers, the highest level of response selected shall be dispatched according to EMD Protocol.

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- F. Once the EMD Protocol has been utilized by an EMD center for an EMS call, another EMD from a different EMD Provider shall not contact the caller to reassess the call for a different level of response.
- G. For EMS calls located outside the usual and customary response area and /or mutual aid response area outside Kern County shall be managed in accordance with EMD Protocol with the exception of 4th Party Callers. 4th Party Callers for calls located outside the usual and customary response area outside Kern County shall be advised that the incident is located beyond the usual and customary response area.
- H. Card #33 "Transfer/Interfacility/Palliative Care" shall be used for prehospital EMS calls originating from physician offices, dialysis centers, clinics, urgent care centers, nursing facilities, extended care facilities, surgical centers or an acute care hospital with no emergency services in which the patients known end point is an emergency department. A Registered Nurse (RN), Nurse Practitioner, Physician Assistant or Medical Physician must be present at the call location to use this EMD Card. If such medical staff are not on-site, triage in accordance with an appropriate chief complaint Card (1-32).

I. EMD Determinant:

- 1. The EMD shall document the EMD Protocol Determinant Code used for each response which indicates the protocol card used (1-33), determinant level (Ω,A,B,C,D,E) , the determinant descriptor (1-28), and suffix or override if applicable.
- 2. PCR entry of EMD Codes shall be based on the initial EMD Code assigned.

J. EMD Selection & Dispatch of Response:

- 1. "Alpha F" means a Fire First Responder is sent Cold (with the exception of Card #7) as specified on EMD Protocols (when Fire and Ambulance are not responding from the same area or community).
- 2. "Bravo F" means a Fire First Responder is sent Hot as specified on EMD Protocols if an ambulance is unable meet the response time standard or Fire resources are closest to the location of the call. Fire is not sent if Fire and ambulance are responding from the same area and the ambulance can meet the response time standard. Fire and ambulance response is continued Hot until EMS personnel on-scene confirmation of the patient problem.
- 3. "Charlie F" means a Fire First Responder is sent Hot as specified on EMD Protocols if an ambulance is unable meet the response time standard or Fire resources are closest to the location of the call. Fire is not sent if Fire and ambulance are responding from the same area and the ambulance can meet the response time standard. Fire and ambulance response is continued Hot until EMS personnel on-scene confirmation of the patient problem.

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- 4. "Charlie A" means an ambulance is sent Cold initially for fire related cases warranting an ambulance staged stand-by.
- 5. "ALS Ambulance Response" as used in dispatch protocol means an ALS Ambulance response from the operational area provider is dispatched if closest and available (unassigned).
- 6. "Closest First Responder" as identified for ECHO determinants mean dispatch of the closest ALS, EMT-1 or other First Responders for the jurisdiction or operational area that are formally approved and assigned for response to the call location through the Kern County EMS Department, in addition to standard Fire and Ambulance resources.
- 7. All EMS responses to incidents that are staged to a specific location before scene clearance and entry will be dispatched Cold. If the scene is cleared and secured by law enforcement before EMS arrival, the response will be modified according to protocol.
- 8. Fire response for EMS incidents shall be made by contact of the appropriate communications center having jurisdiction over the call location.
- 9. Ambulance response shall be made by contact of the ambulance service covering the operational area in which the call is located. Ambulance service operational areas are defined by the Department.
- 10. All EMD personnel shall always initiate a response to all EMS calls as specified by these policies, procedures and Department authorized protocols.
- 11. Dispatch call information provided to responding resources should include:
 - a. Chief complaint, problem or situation
 - b. Call location description; and
 - c. Response mode or priority response code
- 12. Dispatch call information provided to another dispatch center or EMD provider shall include at minimum:
 - a. Chief complaint, problem, or situation; and EMD Code (an EMD provider shall provide the complete EMD Code);
 - b. Call location description to include area or community, street address, intersection or roadway location description, and Key Map coordinates;
- 13. In cases where an EMS call is received from a non-EMD provider, the EMD should contact the EMS caller to provide EMD services as appropriate.
- K. EMD Post Dispatch Instruction & Pre-Arrival Instructions:

- 1. EMD personnel shall provide post dispatch instruction(s) and pre-arrival instructions as indicated on protocol, incorporating EMD techniques of repetitive persistence and anticipation of predictive caller behaviors.
- 2. EMD personnel shall stay on the telephone line, emergency call workload permitting, according to EMD protocol.
- 3. EMD personnel shall provide updated information on call location changes or situation changes to responding EMS resources.
- 4. EMD personnel shall up-grade or down-grade response mode if additional information is obtained after initial resources are responded if indicated by protocol.
- 5. EMD personnel shall only terminate the call according to protocol.
- 6. EMD personnel shall not transfer the caller to another agency or organization or terminate an EMS call without completing the protocol (including EMS related calls received outside the Kern County jurisdiction).
- 7. An EMS caller may be transferred or referred to another agency or organization, such as a poison control center or a mental health hotline, only after a response is dispatched if appropriate by protocol.
 - a. The caller will be "conferenced" to poison control and the dispatcher will remain on the line until the call is completed, or when units arrive on scene.
 - b. If required by protocol to remain on the line with a "violent or suicidal patient", if appropriate, the caller will be "conferenced" to the Mental Health hotline and the dispatcher will remain on the line to monitor the situation and provide any pertinent updates to responding units until the call is completed or when units arrive on scene.

L. EMD Interagency Coordination:

- 1. EMD Providers shall ensure that EMD personnel provide adequate interagency response coordination for public agencies, communication/dispatch centers, fire departments, and ambulance services that are responding to an incident, involved in communication coordination or have jurisdictional authority related to the incident. Interagency coordination includes but is not limited to the following:
 - a. Prompt notification of the appropriate Law Enforcement Agency of all vehicle accidents and potential or actual crime related incidents;
 - b. Updated call information including situational changes, patient condition changes, upgrade or downgrade of response, response cancellation and call location changes;

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- c. Additional resources dispatched after original dispatch including notification of EMS aircraft response;
- d. Any apparent hazards brought to the attention of the EMD which may cause threat to safety of responding personnel; and
- e. Response routing instructions to avoid response delays or for hazardous materials incidents as available and appropriate.

M. Specific Resource Response or Cancellation Requests

- a. After dispatch, the standard response shall be continued unless further verifiable on-scene information is obtained.
- b. Specific ambulance resource requests received from on-scene Fire Department or Law Enforcement shall be referred to the operational area ambulance service.
- c. An ambulance service may request Fire Department or Law Enforcement resources as needed.
- d. Any response or cancellation of additional resources shall be brought to the attention of the scene manager.
- e. EMD personnel shall inform involved agencies, ambulance services, and or requesting parties of any specific resource request or cancellation that is not in compliance with EMD protocol provisions.
- f. Within Kern County, an ambulance service with the closest available ambulance resource may be responded by ECC to prehospital calls located outside of the ambulance service operational area if it has been confirmed by ECC that the operational area ambulance service has no ambulance available for response in the area.
- g. If a specific level of ambulance is requested for Priority 1, 2 or 3 responses (ALS or BLS), the response shall be managed in accordance with the Department authorized EMD response configuration.

XIII. ECC OPERATIONAL PROCEDURES

A. ECC shall respond the closest available fire first responders to EMS calls within jurisdiction based on fire station response areas and location of closest Fire Department EMS resources in accordance with EMD Protocol.

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- B. Ambulance response shall be made by contact of the ambulance service covering the Kern County Ambulance Service Operational Area in which the call is located.
- C. EMS Aircraft dispatch shall be in accordance with the EMD protocol and Kern County EMS Department EMS Aircraft Dispatch/Utilization Policies and Procedures.
- D. For EMS calls located outside the jurisdiction of ECC, the EMD protocol shall be completed. Fire or ambulance response shall be made by contact of the appropriate communications center having jurisdiction over the call location. ECC may dispatch fire first responder and ambulance resources to areas outside Kern County in accordance with automatic mutual aid processes or agreements.
- E. ECC shall respond the operational area ambulance service that does not have an immediately available resource(s) in the operating area if such resource(s) will become available and reasonably provide a shorter response time than the next closest ambulance service. If the operational area ambulance service does not have an ambulance available and requests a mutual aid ambulance response, ECC shall respond the next closest ambulance service to the call location. When a mutual aid ambulance is requested or the operational area ambulance is not available at call time for a pre hospital response, ECC will dispatch fire first responders (if not already responding) to the incident if first responder resources can reasonably provide a shorter response time than the next closest ambulance service.
- F. ECC shall notify the responding ambulance service if first in fire resources sent to an EMS call are responding from outside the first-in fire station response area.

XIV. AMBULANCE SERVICE DISPATCH OPERATIONAL PROCEDURES

- A. These procedures shall also be applicable to an ambulance dispatch center that is not based within an ambulance service or is contracted to provide ambulance dispatch.
- B. For Priority 1 and 2 calls, ambulance Service(s) shall respond the closest available ambulance (either basic life support ambulance or advanced life support ambulance) within the operational area that will provide the shortest response time to the call location.
- C. An ambulance may be reassigned from a lower level response to an Echo level call. Other resource reassignments can be managed by the ambulance dispatch center.
- D. In the event that the ambulance provider anticipates that the maximum response time will be exceeded [or the ambulance is being responded from a different area or community for any prehospital Priority 1, 2, or 3 response, ECC shall be notified within two (2) minutes of call time.

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Response Priority Code	Response Time Definition	EMD Response Level	Response Mode
1	Life-Threatening Pre-hospital Emergencies – All prehospital life- threatening emergency requests, as determined by the dispatcher in strict accordance with Department authorized EMD protocol.	All Echo callsAll Delta calls	Hot, Code-3
2	Time-sensitive Pre-hospital Emergencies – All prehospital non-life-threatening emergency requests, including emergency standby requests, as determined by the dispatcher in strict accordance with Department authorized EMD protocol.	 All Charlie calls All Bravo and Alpha calls where hot response is authorized. 	Hot, Code-3
3	Urgent Pre-hospital – Emergency medical call where ambulance provider takes immediate steps to dispatch a response, as determined by the dispatcher in strict accordance with Department authorized EMD protocol.	All Alpha and Bravo calls where cold response is authorized All Omega calls	Cold, Code- 2
4	Time-sensitive Interfacility Emergencies – medically necessary requests from an acute care hospital for a hot response for an emergency interfacility transfer	•All acute care hospital emergency transfer requests for hot response	Hot, Code-3
5	Urgent Interfacility - medically necessary requests from an acute care hospital for an emergency interfacility transfer. These may include transfer to other facility for orthopedic services, CT scan, MRI.	•All acute care hospital urgent transfer requests for cold response	Cold, Code-2
6	Scheduled Transfer or Long Distance Transfer – All prescheduled interfacility patient transfer requests, including long distance transfer requests, as requested by caller.	4-hour advanced notification to ambulance provider is required	Cold, Code-2
7	Unscheduled Transfer – All non- emergency interfacility patient transfers, as requested by the caller. These may include transfer directly off- the-floor to SNF, home, etc.	Non-emergency transfers not scheduled 4 hours in advance	Cold, Code- 2
8	Special Event Stand-by – paid special event stand-by requests	4-hour advanced notification to ambulance provider is required	Cold, Code-2
9	Miscellaneous - ambulance responses that are requests for service outside Kern County.	N/A	N/A

- E. An ALS ambulance shall be dispatched to all calls where ALS service is presumptively indicated. ALS service shall be presumptively indicated for the following calls:
 - a. All Priority 1 calls,

- b. All Priority 2 calls [where an ALS response is indicated in accordance with Department authorized response configurations],
- c. All Priority 3 calls where an ALS response is indicated in accordance with Department authorized response configurations,
- d. All Priority 4, 5, 6, 7, and 8 calls for interfacility transfer where the transferring physician requests ALS service, and
- e. All Priority 8 special event stand-by calls where the event sponsor requests ALS service.
- f. This shall not prohibit the ambulance provider from providing all ALS ambulance service for every call. A BLS ambulance may be used on the above listed Priority 1, 2, and 3 calls when all of the ambulance provider's normally available ALS ambulance resources have been exhausted and the BLS unit(s) is the only remaining available ambulance(s). [Ambulance Performance Standards VII. A.]
- F. Priority 1 or 2 responses, in which the public safety agency has instructed the ambulance provider to stage for law enforcement or fire, will be dispatched COLD. If staging the required response time shall be the same as a Priority 3 response. If the scene is cleared and secured before EMS arrival, the response will be modified according to protocol. [Ambulance Performance Standards IX. C. 4.]
- G. Ambulance services receiving private, 7 digit emergency medical calls from the public shall comply with the following:
 - 1. Each ambulance provider shall have emergency medical dispatcher (EMD) service available at all times. This requirement may be satisfied with a contract for service from another locally EMD-accredited dispatch center, provided that said other dispatch center is responsible for accepting service request calls for the ambulance provider. [Ambulance Performance Standards III. C]
 - 2. The ambulance provider shall use an Emergency Medical Dispatch (EMD) service that is authorized and accredited by the Department for receiving all pre-hospital calls for service. [Ambulance Performance Standards VI. F.]
 - 3. *Non-*EMD personnel shall comply with the NON-EMD OPERATIONAL SEQUENCE listed in Appendix A.
 - 4. EMD Protocols shall be used by each Kern County EMD Provider for all prehospital emergency medical calls in which the transport destination is an emergency department.
 - 5. If provider's dispatch receives a prehospital direct seven-digit private person call and the call is from outside the provider's operational area, the provider dispatch receiving the call

shall provide EMD services and immediately notify ECC. Upon notification of ECC, the ambulance service responsibility to dispatch or continue response to the call is no longer in effect. If the call was not processed through EMD Protocol previously, ECC will attempt to contact the reporting party and process the call through EMD Protocol. ECC will notify the appropriate ambulance provider for response in accordance with EMS Dispatch Policies and Procedures. The requirement to notify ECC shall not be applicable to out of County responses.

1.

H. Special Event Medical Stand-By Services:

- 1. For EMS calls originating at a special event with medical stand-by services that are not ALS or BLS ambulance level, the operational area ambulance service shall be dispatched.
- 2. For EMS calls originating at a special event with ambulance level stand-by services, the on-site ambulance will responded if appropriate. The on-site ambulance may request dispatch of the operational area ambulance service.

XV. MULTI-CASUALTY OR MASS CASUALTY INCIDENT DISPATCH AND RESPONSE

- A. Multi-Casualty Incident Dispatch:
 - 1. EMD personnel shall initially dispatch the standard protocol response configuration according to protocol.
 - 2. EMD personnel may dispatch fire response and a maximum of two (2) ground ambulances if verified and accurate call information is received from a second party caller or first party caller.
 - 3. EMD personnel may respond additional resources as requested by on scene ambulance, fire, law enforcement or Department personnel.
 - 4. EMS Department on-call staff may be alerted regarding any incident that may meet Med-Alert criteria.
 - 5. For multi-casualty incidents with ten (10) or more reported victims or mass casualty incidents, EMS dispatch personnel shall initially dispatch a standard protocol response configuration and activate the Kern County Med-Alert system through ECC.
 - 6. EMS dispatch personnel shall activate the Kern County Med-Alert System through ECC if any of the following criteria apply to the situation or call:
 - a. Ten (10) or more casualties;
 - b. Evacuation of a medical facility (convalescent home or hospital);

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- c. Significant medical hazard to a significant population (hazardous materials, flood, evacuation, etc.); or
- d. Any hazardous materials incident patient or victim with exposure or contamination with risk of secondary contamination.
- 7. EMS dispatch personnel shall provide the following information to ECC when activating the Med-Alert system:
 - a. Name of organization;
 - b. Location of incident, incident type and number of patients reported; and
 - c. Units responding and communication frequency used (if known).
- 8. EMS dispatch personnel shall inform the Department staff or ECC of situational changes and additional resource requests during Med-Alert operations. The Department staff will coordinate response of additional ambulance resources and ambulance transportation as necessary. Further Med-Alert system information is contained in Appendix "C".
- 9. For multiple ambulance response, EMS dispatch personnel and the Department during Med-Alert operations shall initially respond resources from the ambulance service covering the operational area until such ambulance service resources are depleted.
- 10. After the initial ambulance service resources are depleted, ambulance services in adjoining operating areas may be responded by the Department that will provide the shortest response to the incident location.
- B. Mass casualty incident dispatch shall be in accordance with procedures contained in the Kern County Emergency Plan Annex "D".
- C. Disaster Medical Dispatch Protocol Indications/Activation: The Disaster Medical Dispatch Protocol (DMDP) is indicated for use in incidental cases of dispatch center overload due to incoming call volume and severe cases of inadequate resources (X X-Ray Level or Y Yankee Level) that may be activated by a dispatch center; or in a significantly more serious disaster medical level that may only be activated by the Department (Z Zulu Level). The following are DMDP levels and actions:
 - 1. X X-Ray Level: Dispatch Center caller overload, unable to answer and fully manage incoming emergency calls with the EMD Emergency Rule (no post-dispatch instructions provided) in effect for one (1) hour or more. 1) <u>Instruct callers of likely response delay.</u> 2) Notify the EMS Department.
 - 2. Y Yankee Level: Mass incidents clearly beyond resources to respond as determined by the EMS Department. 1) <u>No post dispatch or pre-arrival instructions</u>. 2) <u>Instruct callers of likely response delay</u>

3. Z – Zulu Level: Mass casualty medical disaster operations as approved by the Department. 1) <u>No response generated to any incident by dispatch center</u>. 2) <u>All callers are instructed where to receive help</u>. 3) <u>Priority incidents are referred to the EMS DOC for priority setting and response assignment</u>.

XVI. QUALITY IMPROVEMENT

A. EMD Provider Level:

- 1. All authorized EMD Providers shall have an EMD coordinator responsible for oversight of the EMD Program including, but not limited to, coordination of initial training, continuing education, and quality assurance. Specific functions may be delegated to other EMD qualified personnel.
- An EMD-Q, may be responsible for, but not limited to, initial training, continuing education, and quality assurance.
- 3. An EMD coordinator or an EMD-Q under the responsibility of the EMD provider shall conduct a minimum of two random EMD case reviews bi-weekly of each EMD who has provided EMD services during the bi-weekly period. Part time, relief, or EMD Preceptor personnel that do not have sufficient cases (2 or more within the time period) to meet this requirement will have each EMD call reviewed up to the minimum review standard.
- 4. The EMD coordinator or EMD-Q shall evaluate protocol compliance during the EMD case review and document EMD performance observations on an EMD case review record which shall be forwarded to the EMD for review and feedback and maintained on file.
- 5. EMD case review records shall be maintained on each EMD by the EMD provider for a minimum of one year from the date of the case. Such records may be used by the EMD provider for performance evaluation and shall be available to the Department upon request.
- 6. The EMD provider shall provide a documentation system for EMD personnel questions and feedback and problem related incident reporting.
- 7. An agency or provider representative should attend EMS Dispatch Quality Improvement Group meetings scheduled by the Department.
- 8. Each EMD case involving a determinant level or determinant descriptor over-ride shall be reviewed by an EMD-Q. Case review data for each over-ride shall be submitted to the Department no later than 20 calendar days after the end of the month being reported.
- 9. The EMD provider shall maintain and report monthly EMD activity and QI data to the Department. The Department will provide an electronic reporting tool in an excel

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spreadsheet format. The completed spreadsheet for the month shall be electronically submitted to the Department no later than 20 calendar days after the end of the month being reported. EMD activity data report shall include the following:

 Total number of protocol card uses by each card (1-33) determinant level (Ω, A, B, C, D, or E), determinant descriptor selected (1-28), subdescriptor (a-z) and Problem Suffixes*.

*Upon request providers may be granted an implementation period to comply with the requirement to report problem suffixes if their current reporting system is not configured to report the problem suffix.

- b. Total number of EMD cases reviewed.
- c. Average case review compliance scores for the following areas
 - 1. Case Entry
 - 2. Chief Complaint
 - 3. Key Questions
 - 4. Dispatch Life Support
 - 5. Final Coding
 - 6. Customer Service (optional)
- d. Determinant Drift Information
- 10. The Department Director is the final authority for determination of distribution of EMD data reports. Any EMD Provider may request in writing that the Department hold a specific report confidential. The written request must include the specific report topic or topics and detailed rationale for confidentiality. The Department Director may seek County Counsel advice regarding report confidentiality, before the report is distributed or withheld from distribution.

B. Department:

- 1. The Department shall be responsible and have medical control of the EMS dispatch system to include the establishment of regulations, policies, procedures and protocols.
- 2. The Department shall conduct investigations of written complaints and/or problem incident reports related to the EMS dispatch system and/or EMD operations as necessary. The Department shall implement action(s) necessary to correct identified problems and/or needs of the EMS dispatch system, providers, training programs or personnel.
- 3. The Department shall establish an EMS Dispatch Quality Improvement Group and conduct monthly meetings. The EMS Dispatch Quality Improvement Group shall at minimum be comprised of one (1) EMD coordinator or (1) EMD-Q representative of each authorized EMD provider operating within the County and Department staff.

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The EMS Dispatch Quality Improvement Group shall primarily provide a forum for the following:

- a. Conduct EMD and EMS dispatch case review as indicated;
- b. Exchange of ideas and information between EMD providers to improve operational and EMD efficiency;
- c. Identify training needs for system wide protocol or procedural changes, i.e. Trauma System, NAED Protocol upgrades, etc.;
- d. Provide feedback on EMS dispatch system and EMD efficiency to the Department staff;
- e. Discuss and resolve inter-organizational issues related to EMD operations and the EMS dispatch system where possible; and
- f. Serve as an EMD advisory source to the EMS Department.
- 4. The Department will establish an EMS Dispatch Steering Committee and conduct, at minimum, quarterly meetings. The EMS Dispatch Steering Committee shall at minimum be comprised of one (1) representative of each authorized EMD provider agency or EMS Dispatch Center operating within the County and Department staff. The EMS Dispatch Steering Committee shall primarily provide a forum for the following:
 - a. Review of recommendations from the EMS Dispatch Quality Improvement Group
 - b. Discussion of broader EMS dispatch policy and position statements.
 - c. Strategic planning of system wide dispatch and communications.
 - d. To address issues and concerns in dispatch and communications.
 - e. Serve as an EMS dispatch advisory source to the EMS Department.
- 5. The Department shall collect and analyze EMD activity data from EMD providers and provide an EMD activity data summary to assist with EMS dispatch system development and policy priorities.
- 6. The Department may offer quarterly CDE training and will provide CDE certificates if requested.

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	actions.	
	performance analysis to resolve issues or problem trends with pro	spective, concurrent or reactive
C.	EMD and EMS dispatch system quality improvement shall involve	a continuous process of system

NON-EMD OPERATIONAL SEQUENCE

The following Operational Sequence defines the sequence of activities for non-EMD Providers for prehospital calls for service:

> "XYZ Ambulance Service, do you have an emergency?" PREHOSPITAL EMS CALL RECEIVED I.D. CENTER NAME, OBTAIN THE FOLLOWING INFORMATION: 1. Location

- 2. Call Back Number
- 3. Chief Complaint/Problem

TRANSFER THE CALLER TO A DEPARTMENT AUTHORIZED AND ACCREDITED EMD DISPATCH CENTER RESPONSIBLE FOR ACCEPTING SERVICE REQUEST CALLS FOR THE AMBULANCE PROVIDER.

IF THE CALL TRANSFER IS UNSUCCESSFUL THE AMBULANCE DISPATCH SHALL PROVIDE THE OBTAINED INFORMATION TO A DEPARTMENT AUTHORIZED AND ACCREDITED EMD **DISPATCH CENTER**

If all of the above measures fail, the non-EMD Provider shall dispatch a response as a final recourse.

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XVIII. Appendix B: EMD Provider Application

The following EMD Provider Application information shall be submitted to the Department in writing for EMD Provider approval:

- 1. A letter requesting EMD provider authorization and commitment to maintain compliance with Department policies, procedures, regulations and protocols with signature of chief, owner or corporate chairman.
- 2. A description of the dispatch center name, location, management structure, jurisdiction or responsibility, number of dispatch employees and dispatcher staffing schedule.
- 3. A description of the dispatch center activities, dispatch positions/functions, and volume and common source of EMS calls received or coordinated.
- 4. A description of how the center interacts with fire or ambulance resources (example: direct dispatch, call information relay, etc).
- 5. A description of dispatcher duties or copy of dispatcher job description.
- 6. A list of names of certified EMD personnel employed.
- 7. Name and description of duties of assigned EMD coordinator.
- 8. A description of EMD case review procedures, copy of EMD case review record(s) to be used and length of time case review records are maintained.
- 9. A description of procedure and copy of the documentation system for EMD personnel questions and feedback and problem related incident reporting.
- 10. A description of procedure and copy of records to maintain and report required EMD activity data to the Department monthly.
- 11. A description of the EMD protocol (card or reference system) to be used.
- 12. A description of the mechanism for continuous on-site EMD supervision.
- 13. A description of continuous recording equipment for telephone line(s) used for receipt of callers and radio frequencies used for dispatch or coordination of dispatch of EMS resources.

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XIX. Appendix C: Med-Alert System Information

MISSION STATEMENT/ACTIVATION CRITERIA AND INFORMATION

INTENT:

The intent is to provide information related to the Kern County Emergency Medical Services Department (EMS Department) activation, response and operations procedures for multi-casualty, mass casualty, hazardous materials or other incidents negatively impacting the EMS system within Kern County.

MISSION STATEMENT:

It is the mission of the EMS Department to provide direction and coordination of EMS system providers and resources during multi-casualty, mass casualty, hazardous materials, and other incidents having negative impact to the EMS system.

KERN COUNTY MED-ALERT SYSTEM ACTIVATION CRITERIA AND INFORMATION:

The Kern County Med-Alert system provides a mechanism to manage multi-casualty, mass casualty, hazardous materials and other incidents having negative impact to delivery and operations of the EMS system within the county. At the initial response phase to an individual incident, a standard EMS response shall be generated to the incident location. The Kern County Med-Alert system shall be activated if any of the following criteria apply:

- 1. Ten or more casualties;
- 2. Evacuation of a medical facility (convalescent home, hospital);
- 3. Significant medical hazard to a significant population (hazardous materials, flood, populated area evacuation, etc); or
- 4. Any hazardous materials incident patient or victim with exposure or contamination.

The Kern County Med-Alert system may be activated by public agency dispatch or communications center personnel, fire, ambulance or law enforcement personnel, hospital emergency department personnel and the EMS Department. Early activation should be made if possible.

Activation of the Kern County Med-Alert system is accomplished through contact of the Kern County Emergency Communications Center (ECC). ECC has continuous access to on-call EMS staff on a 24-hour basis. ECC may be contacted by dialing (661) 868-4055.

Once the Med-Alert system is activated, the EMS Department will initially analyze the situation and determine necessary actions which may include monitoring the situation until an on scene assessment is available or the situation is secured, activating Med-Alert operations, or securing from Med-Alert when no

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longer necessary.

Activation of Med-Alert operations entails response or cancellation of additional EMS resources, coordination with other responding agencies, assessment of hospital casualty care capability, direction of patient transport destinations and casualty care operations at the scene by the EMS Department staff. All additional EMS resources shall be dispatched with confirmation through the Department. In large scale incidents, the EMS Department may activate various Med-Alert system operational stages which entail more complex EMS operations structure.

The EMS Department will establish communication with ambulance dispatch, hospitals, fire department dispatch, and various other county and state agencies as needed.

Reference to the Kern County Emergency Plan, Annex "D", Medical Operations for further information related to the Kern County Med-Alert system or contact the Kern County EMS Department at (661) 868-5201.

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XX. Appendix D: Trauma Care System Dispatch Activation

The Kern County Trauma Care System may be activated through dispatch by:

- 1. Fire Department:
 - ACS Step 1 or Step 2 Adult or Pediatric Trauma Cases
 - In cases when requested by on-scene ambulance personnel
- 2. Ambulance Service:
 - When requested by on-scene ambulance personnel

Dispatch personnel will need to contact the Trauma Center Emergency Department and relay the following:

- 1. Call Location
- 2. Number of Victims
- 3. Each Patient Activation:
 - Age/Sex
 - Description of Injuries
 - Trauma Triage Criteria Met

Ambulance dispatch may also be requested to deactivate the Trauma Care System upon request of an ALS Ambulance. Dispatch staff needs to contact the Trauma Center Emergency Department, confirm the incident type, location and relay the deactivation request.

Reference to the Dispatch Trauma Care System Form on the following page.

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Kern County Trauma Care System

Date	DateDispatcher					_				
CALL LC	CATION						-			
NUMBER	OF VICTIMS									
AGE/SEX	DESCRIPT	IOI	N OF INJURIES - T	RAUN	MA TRIAGE CRIT	ERI	A ME	ET		
Patient # 1										_
			Adult Step 2 Pediatric Step 2					Adult	Step	4
Patient # 2										_
☐ Adult S	Step 1 ric Step 1		Adult Step 2 Pediatric Step 2		Adult Step 3 Pediatric Step 3			Adult	Step	4
Patient # 3										_
☐ Adult S☐ Pediati	Step 1 ric Step 1		Adult Step 2 Pediatric Step 2		Adult Step 3 Pediatric Step 3			Adult	Step	4
Patient # 4										_
			Adult Step 2 Pediatric Step 2					Adult	Step	4
TRAUMA A	CTIVATIONS									
CALL TIM	E		ACTIVATION BY_			@				
KMC NOTI	FIED @									
RESPONDI	NG AMBULANCE	NC	DTIFIED @							
_	EACTIVATIONS	it	Only)							
CALL TIM	1E		DEACTIVATION BY			_@				
KMC NOTI	FIED @									

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