

Kalamazoo County Medical Control Authority

EMERGENCY MEDICAL SERVICES DISPATCHING & RESPONSE PROTOCOL

Date: February 17, 2022

Section 8-30

Emergency Medical Services Dispatching & Response Protocol

Purpose:

The purpose of this protocol is to establish medical call processing procedures, assure optimal utilization of available resources, and provide a process for reporting call processing and response time targets within the Kalamazoo County Medical Control Authority.

Definitions:

ALS	Advanced Life Support
BLS	Basic Life Support
ECHO call	A call in which a patient is known to have ineffective breathing or is not breathing
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Services
KCMCA	Kalamazoo County Medical Control Authority
LALS	Limited Advanced Life Support
MCI	Multiple Casualty Incident
Med-Zero	A call received by the PSAP, which has a high probability for a life-threatening emergency
MFR	Medical First Responder
Priority 1	Real or potential life threatening emergency
Priority 2	Unknown or non-life threatening emergency
Priority 3	Non-life threatening emergency
PSAP	Public Safety Answering Point
RLS	Red Lights and Siren
Zone	Predefined response region

Overview:

Call processing procedures will result in the prioritization of a call. This prioritization is based upon a KCMCA-approved medical prioritization system. The prioritization will result in dispatching emergency medical response agencies as either Priority 1, Priority 2, or Priority 3 as described below. Note that these are dispatch priorities: Emergency medical personnel should deliver appropriate patient care based upon their assessment of the situation once they arrive on scene.

The EMD is responsible for determining the initial response priority. The priority may be upgraded or downgraded as additional information becomes available. This process may be initiated by information obtained by the responding MFR agencies, however the final decision remains with the EMD. If the EMD changes the priority based on additional information, the EMD will notify the PSAP and the PSAP will then notify other responding MFR's.

MFR and KCMCA approved ALS agencies are encouraged to most appropriately utilize their resources in accordance with this protocol. Procedures outlined by this protocol are meant to enhance the EMS system, without reducing EMS resources

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Unit Response Guidelines

- A. Medical First Responder Response
 - a. Priority 1
 - i. Response required
 - ii. Response mode: RLS permitted
 - b. Priority 2
 - i. Response required
 - ii. Response mode: RLS permitted
 - 1. May be downgraded to non-RLS response when the responding ALS unit is closer
 - 2. If the ALS unit is responding RLS and diverted to another call, the MFR unit should be notified by radio and permitted to respond RLS
 - c. Priority 3
 - i. Response not required (pre-determined by agency)
 - ii. Response mode: Non-RLS
 - iii. May be asked to respond by EMD for assistance in certain situations
 - d. Exclusions
 - i. Licensed nursing homes (excluding cardiac or respiratory arrest)
 - ii. Physicians' offices/medical centers within physician office (per protocol)
 - iii. KCMCA exempted site having own MFR services (industrial, private business, etc.)
 - e. Calls requiring staging
 - i. Initial response mode (all priorities): non-RLS
 - ii. Once cleared to enter a scene, if not at staged location, response mode should be in accordance with the determined priority of the call
- B. Advanced Life Support
 - a. Priority 1
 - i. Response mode: RLS permitted
 - b. Priority 2
 - i. Response mode: non-RLS
 - 1. May upgrade to RLS response, if closer to the scene than the responding MFR unit
 - 2. If diverted to another call while responding RLS, the MFR unit responding non-RLS should be notified by radio and permitted to respond RLS.
 - c. Priority 3
 - i. Response mode: non-RLS
 - d. Exclusions
 - i. None
 - e. Calls requiring staging
 - i. Initial response mode (all priorities): non-RLS
 - ii. Once cleared to enter a scene, if not at staged location, response mode should be in accordance with the determined priority of the call
- C. Basic Life Support Response
 - a. Priority 1 (If no ALS Response Available)
 - i. Response mode: RLS permitted
 - b. Priority 2 (If no ALS Response Available)
 - i. Response mode: non-RLS

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- c. Priority 3
 - i. Response mode: non-RLS
- d. Exclusions
 - i. None
- e. Calls requiring staging
 - i. Initial response mode (all priorities): non-RLS
 - ii. Once cleared to enter a scene, if not at staged location, response mode should be in accordance with the determined priority of the call
- f. See KCMCA Protocol 8.16 *Use of Basic Life Support Ambulances for 911 Response And Other EMS Response Incidents.*

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Emergency Medical Call Processing Time Targets:

	Time Interval	Compliance
PSAP notified to time EMD notified	≤ 60 seconds	≥ 90%
EMD notified to time unit notified	≤ 120 seconds	≥ 90%
Unit notified to time PSAP notified*	≤ 15 seconds	≥ 90%

- PSAP notified – Time that PSAP picks up the call
- EMD notified – Time that EMD picks up the call
- Unit notified – Time that the EMD assigns a call to an ambulance
- *For calls initially received by EMD

Advanced Life Support Unit Response Time Targets:

Priority	Zone 1*		Zone 2*	
	Time Interval	Compliance	Time Interval	Compliance
1	≤ 10:00	≥ 90%	≤ 14:00	≥ 90%
2	≤ 14:00	≥ 90%	≤ 16:00	≥ 90%
3	≤ 20:00	≥ 90%	≤ 20:00	≥ 90%

- The time the responding unit is notified will be used to evaluate the response time interval.
- The Advanced Life Support Unit response time target begins upon the time the unit is notified by the EMD.
- The Advanced Life Support Unit response time target ends upon arrival of the Advanced Life Support Unit to the physical address or staged location.
- * See Appendix A for additional detail of Zone 1 and Zone 2

Note:

- KCMCA emergency medical call processing and EMS agency response time targets are the minimal acceptable standards. Municipalities may elect to enter into a contract with KCMCA authorized EMS agencies to provide response times that are less than the KCMCA response time targets.

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Call processing procedures:

- 1) Emergency medical calls received at a PSAP
 - a) The PSAP telecommunicator should determine if the caller is in need of police, fire and/or EMS.
 - b) If the call is determined to be an EMS call, the PSAP telecommunicator shall obtain and confirm the location of the call (address) and call back telephone number of the caller.
 - c) Once the call location and callback telephone number are obtained, the PSAP should conference the call immediately with the EMD (goal within 60 seconds of answering the initial call)
 - d) If the caller indicates any of the Med-Zero conditions, the appropriate MFR's should be dispatched "Med-Zero." (See Appendix B)
 - i) The PSAP telecommunicator should not ask any additional questions about the medical problem unless trying to determine scene safety or the need for additional equipment. Questions geared toward eliciting Med-Zero criteria should not be asked.
 - ii) If a Med-Zero is assigned, the telecommunicator will state to the EMD, "This is [PSAP name] with [MFR agency name]. We have a Med-Zero on a [Chief complaint]."
 - e) Upon conferencing, the telecommunicator will identify their PSAP to the EMD and the confirmed address and callback number, of which, the phone number confirmation should be deferred to the end of the call.
 - f) The PSAP will stay on the line until a dispatch priority is announced.
 - g) The PSAP will acknowledge the priority of the call. The PSAP dispatcher will announce "PSAP off" when disconnecting from the call.
 - h) The PSAP dispatcher will dispatch MFR's per the priority of the call.
 - i) If advised of an ECHO level call, please see Appendix C.

- 2) Emergency medical calls received at an Emergency Medical Dispatch center:
 - a) Prior to initiating priority dispatch protocols, the EMD shall obtain and confirm the address and call back telephone number of the caller.
 - b) The EMD should prioritize all requests for EMS using KCMCA-approved medical priority dispatch protocols, including pre-arrival instructions.
 - c) Prioritization, including address and phone number verification as well as ambulance notification should be completed within 120 seconds of answering the call.
 - d) For Priority 1 and 2 calls, notify the appropriate PSAP within 15 seconds of the time the ambulance is notified.
 - i) When an ECHO level call is identified, the EMD will announce this to the PSAP and follow the procedure outlined in Appendix C.

- 3) ALS Dispatch
 - a) Dispatch the closest appropriate ALS unit.
 - i) The dispatcher is responsible to assure that the ALS unit dispatched is likely to meet response time target.
 - ii) In the event that the ALS Unit is unlikely to meet this target the dispatcher must seek mutual aid per procedure in Appendix D.
 - iii) The dispatcher should continue to respond the initial ALS unit until the mutual aid agency verifies they have a closer available unit.
 - iv) In the event that resource availability changes, the involved Emergency Medical Dispatch centers should coordinate the appropriate response.

- 4) Responding ALS Unit
 - a) Acknowledge and repeat priority and location of the call to the EMD.

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- b) Notify the appropriate MFR agency on the appropriate communication channel of the following:
 - i) ALS agency and unit identifier
 - ii) Priority (emergency vs non-emergency)
 - iii) Address
 - iv) Responding from location

Reporting requirements

- 1. Reporting delayed responses
 - a. The EMD center must complete an exception report in all cases where the response time exceeded established response time standards. This is to include the following:
 - i. Location/status of responding ALS unit at time of dispatch
 - ii. Route taken to scene
 - iii. Time call received
 - iv. Time call address determined
 - v. Time unit was notified
 - vi. Time ALS unit arrived
 - vii. Response time interval
 - viii. Notification time of second agency, if delayed response anticipated
 - ix. Explanation of delayed response and prevention steps taken
 - b. Response time exception reporting
 - i. All response intervals that exceed the standards by $\geq 50\%$ of the response time targets should notify KCMCA within 24 hours of occurrence. A root cause analysis should be submitted within 5 business days.
 - ii. The responding agency will document the cause of all response time intervals that do not meet the standard. In conjunction with performance reports, the agency will report exceptions and corrective action. The agency may report aggregate data, trended with correction taken at the system level, or report as individual responses with corrective action taken case-by-case.
- 2. Mutual Aid Responses
 - a. Fifteen days after the reporting period (determined by KCMCA), responding agencies should provide the following information when requesting mutual aid/transferring a call to another provider.
 - i. Agency requesting mutual aid
 - 1. Call priority
 - 2. Time call prioritized
 - 3. Time mutual aid is requested
 - ii. Agency providing mutual aid
 - 1. Time notified by agency requesting mutual aid
 - 2. Time unit notified
 - 3. Time ALS unit arrives to the physical address
- 3. When an ALS Unit is dispatched as a Priority 3 and meets Priority 1 transport criteria or presents as cardiac/respiratory arrest, that shall be a reported event and an exception report is required. A review of the call will be performed by KCMCA.
- 4. Acceptable exceptions: The responding agency may request that an exception be excused if that agency can adequately demonstrate that the cause of a missed response was beyond the reasonable scope of control, determined by KCMCA.

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Performance Reporting Guidelines

1. Fifteen days after the reporting period (determined by KCMCA), provider agencies should provide a performance report, of the time interval(s), to the medical control authority. This report should contain the following:
 - a. A summary, in two-minute intervals up to 20 minutes, for each category of response.
 - b. A list of all Zone 1 and Zone 2 responses that includes date, time, municipality, received call time, unit notified time, on-scene time; sorted by priority and response interval (fastest to slowest).

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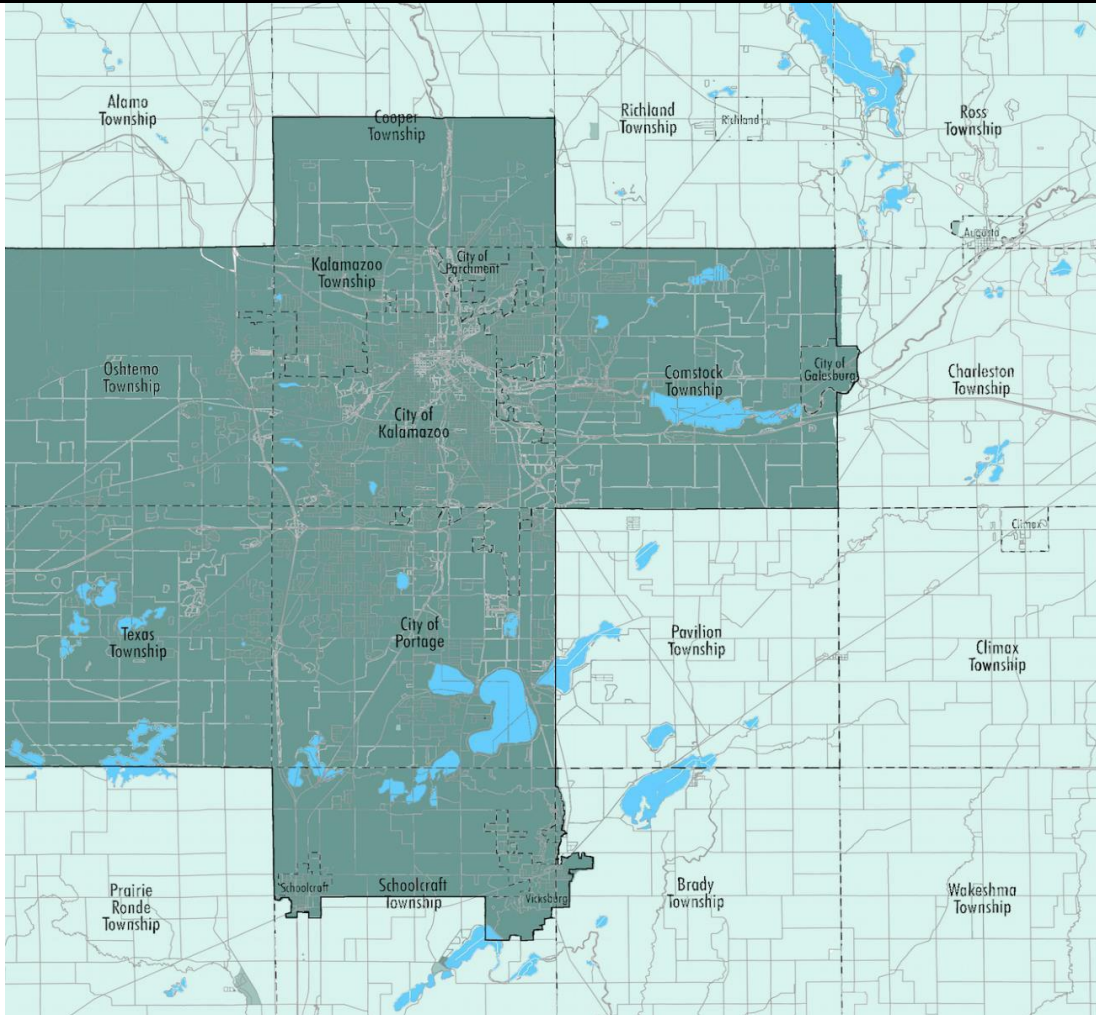
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Appendix A: Zone 1 & Zone 2

Zone 1	Zone 2
City of Galesburg	Alamo Township
City of Kalamazoo	Brady Township
City of Parchment	Charleston Township
City of Portage	Climax Township (and Village of Climax)
Comstock Township	Cooper Township (D Avenue and North)
Cooper Township (D Avenue and South)	Pavilion Township
Kalamazoo Township	Prairie Ronde Township
Oshtemo Township	Richland Township (and Village of Richland)
Schoolcraft Township (W Avenue and North)	Ross Township
Texas Township	Schoolcraft Township (W Avenue and South)
Village of Schoolcraft	Village of Augusta
Village of Vicksburg	Wakeshma Township



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Appendix B: Med-Zero Criteria

- I. Breathing problems/trouble breathing
- II. Cardiac arrest
- III. Electrocution or lightning strike
- IV. Serious Bleeding
- V. Unconscious or not alert
- VI. Seizure
- VII. Traffic accidents with known or unknown injuries
- VIII. Any situation that involves more than one patient
- IX. Childbirth—when the baby is seen or is out
- X. Entrapment of any type, when the patient is still entrapped
- XI. Other conditions in which the probability for life threatening emergency is high



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Appendix C: Response to ECHO Calls

Purpose: To define the process for the assignment of resources when a request for service is received, which meets the criteria for ECHO level response.

1. Medical First Responder
 - a. The MFR PSAP dispatcher, when notified by the EMD that the call is an ECHO level call, will assign the call to the MFR unit per standard protocol, if not already assigned.
 - b. The MFR PSAP should alert other public safety resources in the immediate area for ECHO level calls.
 - c. Municipalities are encouraged to expand the use of mutual aid resources in an effort to decrease the response time of MFR resources for ECHO level calls. Agencies are encouraged to broaden the current scope of agreements to manage the response of their assets and personnel in a manner consistent with the intent of this document
2. Advanced Life Support
 - a. The EMD center, after dispatching the ALS unit, should poll other KCMCA approved agencies, for any response expected to exceed 5:00 minutes.
 - b. If another KCMCA approved ALS unit is determined to be closer, the call will then be turned over to the closer agency.
3. Other Ambulance Resources
 - a. The EMD center should consider non-KCMCA approved transport agencies to first respond to ECHO level calls.
 - b. The EMD center should consider KCMCA approved BLS agencies to first respond to ECHO level calls.



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Appendix D: Use of Mutual Aid

In the event that the provider does not have ALS Unit resources immediately available, that can reasonably be expected to meet the response time requirements, that provider must rapidly seek closer mutual aid through other KCMCA approved ALS Unit providers.

1. Upon receiving an emergency request for service, the initial agency should determine if they are able to meet the KCMCA approved response time interval.
 - a. If an emergency unit is available at the initial agency, the dispatcher should continue to respond the ALS unit until the mutual aid agency verifies they have a closer available unit.
 - b. For extended response times, the agency should consider Non-KCMCA approved ALS units.
2. In the event that the initial ALS agency is unable to meet the response target interval, a secondary ALS provider should be contacted at the time the initial agency is aware that they are unable to meet the KCMCA approved response time interval.
 - a. Upon notification, the mutual aid agency's (KCMCA or Non-KCMCA) estimated time of arrival to the response location should be requested.
 - b. If the mutual aid agency is unable to meet the time standards, the ALS agency that is closer to the call will be responsible for the call.
 - c. In the event that resource availability changes, the affected EMD centers should coordinate the appropriate response.
 - d. In the event that a non-KCMCA approved ALS unit is sent on an ALS call, a turnover report should be submitted by the initial agency.