

EMS Dispatch Regulation and Medical Control

Position Paper and Recommendations

In order to provide for the uniform, orderly and appropriate dispatch of emergency medical services resources and to allow local government agencies (cities and special districts) the following additions should be made to the Sonoma County Pre-Hospital and Emergency Services Ordinance, CVEMSA Regulations and Policies, REDCOM Policies, and any future RFP regarding EMS Dispatch.

1. *All requests for pre-hospital or emergency medical services shall receive, at a minimum, one authorized transportation unit and one paramedic.*

It is a well-established industry practice and a well-reasoned expectation of the public that upon activating the EMS system that they will receive, at their location, a paramedic to perform the highest skilled field evaluation possible and have EMS transportation available to them in a timely manner. To assure that no undue delay is encountered in being transported to a higher level of care, the immediate dispatch of an authorized transportation unit is both prudent and expected by the public.

Determining the exact response pattern to achieve these two standards will be addressed below. The use of term “authorized transportation unit,” is deliberately selected and recommended as to allow for the use of transportation units other than ALS ambulances should the regulatory environment change and allow further use of BLS ambulances as well as alternate transportation units (e.g. mental health transport units, community paramedic units, and other not yet described units).

2. *Local government entities (cities and special districts) shall determine the response patterns for their jurisdiction to fulfil, and in some cases exceed, the minimum standard prescribed in item #1.*

Each community and agency is unique and as such the agencies which serve them need sufficient authority to determine what combination of equipment and personnel best meets the needs, expectations and capabilities of their given community. LEMSA oversight of response patterns, under the medical control statute, serves to determine the compliance with the provisions of the ordinance using the very simple measure listed in item #1.

3. *LEMSA shall provide medical DIRECTION for Emergency Medical Dispatch pre-arrival instructions and coding using vendor provided determinant system.*

Recognizing that emergency dispatchers who utilize an Emergency Medical Dispatch system are EMS providers following a scripted assessment and treatment tool, medical direction is appropriate in the same manner which it is appropriate for EMTs and paramedics working in the same system. The physician-based review and authorization

of the EMD protocols is a necessary step, however, the manner in which agencies choose to use the data collected from that process is prescribed in item #1 and #2 above. For instance, if the Emergency Medical Dispatcher determines, using an EMD protocol authorized by the medical director, that a call is an “alpha call,” that information is to be relayed to the response agencies responding to the call, but any changes to the response pattern will be dictated by the response agency as prescribed in item #2.

4. *Authorized dispatch center(s) shall dispatch response units in accordance with the response patterns as determined by the local government agency responsible for emergency response in the jurisdiction in which a call originates.*

In building on items #1-#3 this provision codifies that the dispatch center(s) must comply with the prescribed response patterns of the local government agency responsible for emergency response in a given area. Failure to comply with the prescribed response patterns would be a per se violation of the codifying ordinance, regulation or policy. This provision ensures that the control of response patterns for a given jurisdiction remains with the agency most accountable to the public, and voters and tax payers, of a given jurisdiction and further ensures that a dispatch center does not unduly interfere with the agency’s ability to meet the expectations of their community.

In short, the purpose of the proposed changes to explicitly protect the authority of a local government agency to determine and deliver a level of service which is directly reflective of the expectations of the voters and taxpayers of the jurisdiction which they serve. It also allows local government agencies to custom tailor the response patterns which maximize the resources of their agency to the deliver the highest level of care to their constituents.

(CVEMSA)After discussion with the ordinance-writing group staff worked to create ordinance language incorporating the points of concern raised in this document and the group discussion. Most of what was proposed is agreeable, but we do not have complete alignment. Here is what EMS Staff came up with:

1. *(d) EMS Dispatch. All calls routed to the EMS Communications Center shall be processed by an electronic medical triage system utilizing standards for call processing and pre-arrival instructions approved by the National Academy of Emergency Medical Dispatch under the medical control of the Local EMS Agency Medical Director. All requests for emergency medical services shall result at minimum, in the dispatch of an ambulance or other appropriate resources as determined by LEMSA-Approved call-triaging algorithm. Local government entities (cities and special districts) providing emergency response services shall determine the response patterns for their jurisdiction to fulfil, and in some cases exceed, the minimum standard. Authorized dispatch center(s) shall dispatch response units of local jurisdictions in accordance with the direction of that jurisdiction to meet or exceed minimum standards.*

CVEMSA believes the specific direction to follow the instructions of a jurisdiction about the dispatch of resources under their control respects the administrative authority of the public safety agencies without encroaching on the medical control authority of the Medical Director. The medical control is exercised in defining the minimum standard; jurisdictional authority is exercised in determining what resources will go and how they will get there. A jurisdiction unable to provide resources to meet the minimum still has agency to send what they have as part of, or in addition to, the minimum.

The area of concern staff expressed in the meeting was in putting minimums for medical response in the ordinance. Although the proposed minimum is relevant today in most places, circumstances and medical knowledge change over time, and minimums should be based on current understanding. The difficulty inherent in opening ordinances for changes is evident by the length of time that has elapsed since the current ordinance was changed. Locking the minimum standard into a document that cannot be changed without a political process seems ill advised, and determination of minimums should be a patient safety decision ultimately made by the medical director.

The sentiment expressed regarding the desire and expectations of taxpayers is understood, and the EMS Agency feels the clearly stated authority of local jurisdictions to define the response patterns of their resources in their areas is appropriate to lock into an ordinance. Local communities should be empowered to make local decisions.