

POLICY #430.00

TITLE: **First Responder System Resource Response Management**

APPROVED: ON-FILE

EMS Administrator: Tim Williams

ON-FILE

EMS Medical Director: Ajinder Singh, MD CPE

EFFECTIVE DATE: 7/15/2022

REVISION DATE: New Policy

REVIEW DATE: 7/2025

PAGE: 1-3

**Purpose:** The objective of the System Resource Response Management Policy is to maintain and maximize emergency response capabilities during system surge situations. The Medical Priority Dispatching System (MPDS) is used to determine priority of response for any request for EMS services and to identify subsequent resource response needs.

Surge capacity is reliant on flexible, efficient use of resources and is an essential aspect of system planning. Situations when multiple requests for service are received simultaneously result in the need to prioritize dispatches in order to optimize response for the highest acuity patients. This policy aims to guide appropriate response during such surges in system demand.

**Policy:** First Responder resources committed to an incident shall remain committed to that incident until the call has been completed or one of the following conditions has been met:

1. If First Responder resources are enroute to an incident and another, higher priority request for service is received in the same response zone or district, units may divert to the higher priority call.
2. If First Responder resources are at scene and the incoming EMS Unit is reassigned to another call, the EMS Dispatch Center shall advise First Responder resources on-scene and provide if possible location/ETA of the next closest EMS unit.
3. First Responder resources on-scene should advise the EMS Dispatch Center that the incoming EMS unit shall continue **Priority 1** to the initial request for service if the following criteria are present:
  - a. The patient is in extremis (Level 1 Patient – **In Extremis**) (**Priority 1 Equivalent**)
  - b. The patient is in severe distress with a substantially time dependent clinical emergency that cannot be managed on scene (Level 2 Patient – **Severe Extremis**) (**Priority 1 Equivalent**)

First Responder resources at scene with a level 4-5 patient (see Patient Acuity Guide) requiring no further treatment but transport, may leave the patient to respond to another pending request for service if **all** the following conditions exist:

1. The pending request requires a time dependent response (structure fire, higher priority medical call, vehicle accident with injuries, technical rescue, etc.)
2. There is no other EMS Transport Unit resource in close proximity to handle the request in a reasonable time frame.
3. The patient has no need for immediate, continued treatment, has been informed that another EMS Unit is enroute and prompted to call 911 if condition worsens.

4. EMS Dispatch Center is notified of First Responders departing the scene and the location of the patient.

Considering the time dependent nature of such First Responder reassignments, no refusal paperwork is required to be completed by the patient. An electronic health record (EHR) is however required to be completed by the First Responder unit as soon as reasonably capable after the incident. The run disposition should be set to “Patient Treated, Released (per protocol)”.

First Responder resources may be utilized to triage low priority requests during times when the system is experiencing high demand and operating at surge capacity. Surge instances are characterized by the “pending” of low priority requests for service as outlined by Merced County EMS Agency (MCEMSA) Policy and the Emergency Ambulance Emergency Operational Area (EOA).

Response to higher priority requests for service may be suggested to the EMS Dispatch Center by First Responder resources in coordination with MCEMSA administrators to meet surge demands. In these instances, response to higher priority requests may be handled by alternative transport resources with priority given to the closest available resource in accordance with the System Status Planning and Mutual Aid provisions of the Emergency Ambulance EOA.

### **Patient Acuity Guide**

The following clinical acuity levels have been developed to assist First Responders with triage of a patient’s clinical status to facilitate diversion of resources and increase surge capacity of the system during times of high demand. This numeric acuity rating system describes patients from highest acuity (Level 1) to lowest acuity (Level 5). Guidelines for clinical classification of patients are as follows:

#### **Level 1 Patient (In Extremis)**

- a. Patients with immediate, life-threatening airway, breathing or circulatory compromise.
  1. Examples of Level 1 patient conditions include: cardiac or respiratory arrest; profound decompensated shock; respiratory failure; unmanageable obstructed airways; and uncontrolled life-threatening hemorrhage.
  2. These patients require immediate BLS and ALS interventions, and immediate Code 3 transport to the closest facility.

#### **Level 2 Patient (Severe Distress)**

- a. Patients in substantial physiologic distress requiring timely interventions; often present with significantly abnormal vital signs.
  1. Examples of Level 2 patient conditions include: Multi-systems trauma; respiratory distress requiring aggressive oxygen therapy via nebulizer and/or CPAP; cardiac chest pain with abnormal vital signs, refractory to nitro; actively seizing; significantly altered level of consciousness and abnormal vital signs.
  2. These patients require Code 3 transport and ALS intervention.

#### **Level 3 Patient (Moderate Distress)**

- a. Patients requiring modest ALS interventions; physiologically stable but may have slightly altered vital signs; condition will worsen without timely intervention.
  1. Examples of Level 3 Patients include: cardiac chest pain resolved with nitro; respiratory distress that responds to inhaler/breathing treatment;

isolated trauma requiring parenteral analgesia; post-seizure patients requiring prophylactic IV access; patients who experienced a significant mechanism of injury.

2. These patients require Code 2 transport with non-invasive ALS intervention.

**Level 4 Patient (Mild Distress)**

- a. Patients requiring non-invasive BLS interventions; physiologically stable with normal vital signs; may have mild discomfort.
  1. Examples of Level 4 patients include: minor extremity trauma; minor burns; pediatric fever without respiratory distress; elderly patients with isolated, non-systemic complaints.
  2. These patients require Code 2 transport with BLS intervention.

**Level 5 Patient (No Apparent Distress)**

- a. Patients with no physiologic distress and no substantive clinical findings upon exam; normal vital signs; require no substantive treatment on scene or during transport.
  1. Examples of Level 5 patients include: status-post choking without complaint or respiratory distress; minor trauma not requiring pre-hospital intervention; chronic pain/illness.
  2. These patients only need Code 2 transport and may often refuse further treatment/transport.