## I. POLICY

A. Only ambulance dispatch centers authorized by the Local EMS Agency shall be allowed to provide ambulance dispatch services in Fresno, Kings, Madera, and Tulare Counties.

B. Ambulance dispatch centers shall ensure that each request for ambulance service is managed in a manner consistent with established EMS Policies and Procedures.

C. Upon receipt of a request for ambulance service at a 911 Public Safety Answering Point (PSAP), the PSAP facility will manage the transfer or conference of the reporting party to the designated ambulance dispatch center in a manner consistent with established procedures for each county.

## II. DEFINITIONS

A. **Ambulance Dispatch Center** - A private or public dispatch center authorized by the local EMS Agency to provide ambulance dispatch services for a specific ambulance service area.

B. **Ambulance Provider Agency/Provider Agency** - A private or public organization, or entity, or individual utilizing any ground, water, or air vehicle specifically designed, constructed, modified, equipped, arranged, maintained, operated, used or staffed, including vehicles specifically licensed or operated pursuant to California Vehicle Code Section 2416, for the purpose of transporting sick, injured, invalid, convalescent, infirm, or otherwise incapacitated persons and which has met all license and other requirements in applicable Federal, State, and local law and regulation (Section 51151.1 of Title 22 of the California Code of Regulations and Section 1100.2(a) of Title 13 of the California Code of Regulations).

C. **Ambulance Service Areas** - Ambulance service area boundaries shall be used as guidelines in determining the dispatching of ambulances within Fresno, Kings Madera and Tulare Counties. Ambulance response zones within these ambulance service areas have been designated by the EMS Agency through EMS Policy and Procedure. These response zones are utilized for the identification of the primary ambulance unit and any applicable back-up ambulance units. In addition, these zones are also used for data collection.

D. **Ambulance Response Zone** - A specific geographic area within the ambulance service area, which is designated by the EMS Agency for the assignment of primary and back-up ambulance resources.
E. **Back-Up Response** - A response to provide back-up by a mutual aid/instant aid ambulance to an incident requiring more than one (1) ambulance, a response into another service area who's resources are committed or unavailable, or to provide assistance to a primary responding ambulance.

F. **Cover Unit** - The movement of a unit from its home service area to provide temporary ambulance coverage for one or more service areas without ambulance coverage.

G. **EMS Dispatcher Protocols** – Protocols used by EMS Dispatchers to determine priority of response and provision of prearrival instructions.

H. **Indirect Requests** - A source other than the patient, someone with the patient (including on-scene rescuers), or a physician calling for their patient. If the calling party is unable to answer key questions regarding the patient because they are not with the patient, then the call is indirect.

I. **Priority 1** - A lights and siren immediate response for a presumed life-threatening condition. Such incidents have a significant probability of a patient in cardiac arrest, with an airway problem, or serious compromise of the respiratory or cardiovascular systems, including, shock. This prompts the response of the closest advanced life support ambulance unit (if available) and the closest non-transport first responder unit in order to provide the most rapid response of personnel who can provide immediate basic life support in the form of airway management, CPR, bleeding control, and, if available, defibrillation. If the provider agency for the zone in question offers paramedic services, a paramedic ambulance shall be dispatched on this call for the provision of an advanced life support assessment. Transport is the next most important treatment mechanism. Therefore, the closest ambulance unit should be responded, including the diversion of an ambulance unit enroute to a lesser priority response. Specific response time requirements may exist through agreements with provider agencies.

J. **Priority 2** - A lights and siren immediate response for a presumed emergency condition. This priority prompts the immediate response of the closest advanced life support ambulance unit (if available). If the provider agency for the zone in question offers paramedic services, a paramedic ambulance shall be dispatched on this call for the provision of an advanced life support assessment. Such incidents may require immediate transportation and, if available, advanced life support care to treat the patient’s emergency condition. In an urban setting with rapid ambulance response times, the response of a non-transport first responder unit is not necessary as the need for immediate basic life support intervention is limited. However, in rural, remote, or wilderness areas where the ambulance response is prolonged, the response of a non-transport first responder unit is appropriate to provide supportive basic life support until the arrival of the ambulance. Specific response time requirements may exist through agreements with provider agencies.

K. **Priority 3** - A non-lights/siren urgent response for a presumed non-life-threatening, but urgent condition. This priority prompts the immediate response of the closest advanced life support ambulance unit (if available) for reasons other than an immediate threat to life or limb. If the provider agency for the zone in question offers paramedic services, a paramedic ambulance shall be dispatched on this call for the provision of an advanced life support assessment. **EXCEPTION:** The EMS Agency has identified and approved specific priority 3 incidents that allow a basic life support (BLS) ambulance to be the primary ambulance response. These responses are listed in EMS Policy 401 – Attachment A.

Priority 3 calls cannot be "stacked" or "held." They cannot be delayed by breaks, crew changes, resupply, refueling, or meal breaks. Specific response time requirements may exist through agreements with provider agencies. Priority 3 calls include any prehospital non-scheduled request in which the patient’s destination is an acute care facility. The response will be made by the closest available ambulance. A non-scheduled request is a call which, by its nature, could not be scheduled. If the request is schedulable, it may be considered for scheduled priority status. If the destination for a prehospital incident is the emergency department or acute treatment area of an acute care facility, then the ambulance response should be no less than a Priority 3. If the destination is a diagnostic or scheduled treatment area of an acute care facility, evaluate the call for scheduled priority status.
L. **Priority 4** - A non-lights/siren emergency response for a presumed non-life-threatening, but urgent interfacility transfer. This priority requires an immediate dispatch for reasons other than an immediate threat to life or limb. Specific response time requirements may exist through agreements with provider agencies. These calls cannot be "stacked" or "held." They cannot be delayed by breaks, crew changes, resupply, refueling, or meal breaks. Example: Transfer of a rule-out myocardial infarction.

M. **Priority 5** - A non-emergency response for a scheduled or schedulable ambulance transport. Specific response time requirements may exist through agreements with provider agencies. A scheduled pickup time shall be established for all Priority 5 calls. Often, the staff of the requesting institutions will simply ask for the ambulance "ASAP" or "no big hurry." The EMS Dispatcher shall work with the caller to establish a reasonable pickup time that most accurately reflects the earliest possible time that a transport unit is needed. If no pickup time is arranged and/or documented, the call will be classified as a Priority 3 (prehospital) or Priority 4 (interfacility).

By establishing a scheduled pickup time, the requesting institutions will have time at which they may expect the unit and plan accordingly. Each of these calls should be scheduled for pickup as quickly as possible. If the requesting party is unable to decide or unwilling to decide upon a scheduled time, the EMS Dispatcher shall offer the caller a pickup time (verbally) based on his/her best judgment as to when the call may be completed.

NOTE: Prior to scheduling a non-emergency schedulable ambulance transport, the Ambulance Dispatch Center should be in receipt of a signed Physician Certification Statement (PCS). The PCS will help to insure that the use of an ambulance is medically necessary to transport the patient to the desired destination. If the PCS is not received by the Ambulance Dispatch Center, the responding provider agency will be under no obligation to provide services for the requested service. In the event that this occurs, the Ambulance Dispatch Center will attempt to provide the requesting party with a list of alternative transportation options.

N. **Priority 6** – Out-of-county scheduled ambulance transport.

O. **Priority 7** – Special event or public assist ambulance stand-by.

P. **Priority 8** – Critical Care Transfer

Q. **Priority 9** – Neonatal Transfers

R. **Priority 10** – Strike Teams/Overhead Standbys

S. **Priority 11** – CAD-to-CAD call transfer from the Cal-Fire Dispatch Center

T. **Priority 12** – Case Management Response

S. **Referral** – The turnback or referral of an ambulance request to the next closest provider due to no ambulances being available for response by the primary provider for that service area.

### III. PROCEDURE

A. **Ambulance Dispatch**

1. Upon the receipt of a request for medical assistance, the EMS Dispatcher shall obtain, if possible, the following minimum call information. This information may be confirmed through another public safety answering point (PSAP) dispatcher instead of repeating questions to the calling party:

   a. Address/Apartment Number
   b. Problem Nature
   c. Call Back Number
2. The EMS Dispatcher will utilize the EMS Dispatcher protocols in order to 1) assess the severity of the patient’s condition; 2) prioritize the medical response; 3) determine the necessary resources; and 4) determine the need for and, as appropriate, provide prearrival telephone medical instructions.

3. Upon receipt of a request for ambulance services, requiring a Priority 1, 2, 3 or 4 response, the ambulance dispatch center shall immediately dispatch the closest appropriate unit to the incident according to EMS Policy.

4. If the ambulance dispatch center does not have an ambulance immediately available within the service area of response, upon receipt of call, it must take appropriate measures to coordinate the dispatching of the next closest appropriate ambulance unit. In the event an ambulance is anticipated to become available, the dispatcher may wait no longer than two minutes for priority one and two responses, or five minutes for Priority 3 and 4 responses, before assigning the response to the next closest available ambulance.

5. Prior to an ambulance advising that they are enroute or responding, the ambulance shall be appropriately equipped and staffed with all crewmembers in the unit ready to immediately respond.

6. An ambulance must be responding within two (2) minutes of being alerted to a call requiring immediate dispatch (Priority 1 - Priority 4). If the ambulance unit does not notify that they are enroute or responding within a two (2) minute time period, the ambulance dispatch center WILL send a second alert page to the ambulance and consider the dispatch of the next closest appropriate ambulance. After 30 seconds, if no acknowledgement after the second page is sent, the next closest ambulance shall be dispatched and the dispatcher shall continue to attempt contact with original ambulance by radio, pager, and telephone. In most instances, the original ambulance will be the closest ambulance even with the delay in response. For crew safety and/or for the quickest response to the patient, it is important to make immediate contact with the original ambulance. If unable to contact the ambulance and/or no response is received, immediately contact the supervisor for that agency. One exception to this paragraph is:

   a. Madera County (Sierra Ambulance) - When the appropriate primary ambulance is unavailable for the specific response area, the Ambulance Dispatch Center shall alert the backup ambulance for that agency and dispatch the next closest ALS ambulance to that call. Once the backup ambulance reports that they are enroute to the ambulance request, the ambulance dispatch center will continue the closest ambulance to the response location.

7. Ambulance units alerted or enroute to an incident may be diverted to a higher priority incident if they are the closest appropriate unit. The next appropriate unit will be assigned to the original incident of the diverted unit.

8. When an ambulance arrives on scene of a scheduled or unscheduled incident and reports such arrival, the EMS Communications Center cannot cancel that unit's response.

9. The designated ambulance dispatch centers may utilize units stationed in other ambulance service areas to respond to requests in neighboring ambulance service areas in accordance with approved system status management plans and/or approved mutual aid and instant aid agreements.

10. In rural/wilderness areas, an ambulance, which is transporting a non-stat patient, may be utilized to assist with another incident consistent with EMS Policy #562 – Patient Transports from Multiple Incident Sites.
11. An ambulance and/or first responder may be directed to "hold-back" at a safe distance on scenes that present a risk or hazard (e.g., HAZMAT, violent crime scenes). Under normal circumstances, responding units should not enter such scenes until cleared by the appropriate public safety agency. In the absence of "clearance," responding units should exercise extreme caution when determining the need to enter such scenes. In these cases, the ambulance unit will be documented "at-scene" upon reporting arrival at the location where they are to wait for scene clearance ("staged").

B. Multi-patient Incidents

1. Multiple units may be dispatched to any incident which, based upon reliable information, might require more than one ambulance.
   a. In suspected or confirmed multi-casualty incidents (MCI) involving 6 or more victims, the EMS Dispatcher will refer to EMS Policy #610.
   b. In incidents involving 5 or less victims reported, dispatch one (1) ambulance for every two (2) patients/victims reported. Remember, that if 6 or more victims are reported, the dispatcher will refer to policy #610.

   Note: One vehicle is counted as one patient.

2. On-scene ambulance units or the Incident Commander may request additional resources when necessary. Requests should be made through the appropriate ambulance dispatch center as soon as possible and should include all pertinent information necessary to facilitate such response (e.g., ingress/egress route, special equipment needs, hazards, etc.). When requests for additional ambulances are received from someone other than the on-scene medical group supervisor, the EMS dispatch Center shall confirm the request for additional ambulances with the medical group supervisor or medical branch director.

3. The primary response channel may be the normal dispatch channel or EMS dispatch may move the incident to a secondary response channel (i.e., Med 10 or a countywide command channel). Generally, if 3 or more transport ambulances are responding to the same incident, a secondary response channel should be considered for that incident.

C. Mutual Aid /Instant Aid Responses

Responding units shall maintain communications with the designated ambulance dispatch center for the area of the response. Responding ambulances shall report the status of response that includes, enroute, at scene, depart scene or cancel, destination, priority of transport, number of patients, and arrive at destination.

Ambulances should maintain all communications on the med channel designated for the response location. The designated ambulance dispatch center shall assign ambulances and helicopters responding into the Fresno, Kings, Madera, or Tulare Counties, or into adjacent ambulance response zones, to the appropriate med channel for response. The designated dispatch center for the incident location may consider the use of Med Channel 10, which is region-wide tactical channel.

D. Pre-Hospital Stand-By Incidents

Responding units to prehospital stand-by incidents (i.e., Fire Incidents, Hazmats, etc.) shall be dispatched to the location of the Incident Command Post, unless instructed otherwise by the Incident Commander. Responding units should be advised of the fire command channel upon going enroute to the incident and advised to contact the Incident Commander upon arrival.
E. Reporting changes

1. **Response Downgrades** - The EMS Dispatcher can downgrade a response in the following circumstances:
   a. When new information regarding the patient’s condition is obtained from a direct reliable source, or
   b. When on-scene public safety personnel (Law, Fire, Ambulance, EMS Agency) request a downgraded response.
   c. For incidents involving patients with long-term or terminal illness, an on scene physician, RN, LVN, or PA may downgrade the level of response (e.g., Priority 1 or 2 to Priority 3; First Responders and ambulance versus ambulance only) where a higher level of response would normally be initiated.

2. **Response Upgrades** - The EMS Dispatcher may utilize their judgment to upgrade an incident based upon available information or the lack of information. The EMS Dispatcher will utilize the available information and supervisor direction to consider an upgrade in the priority of the incident or the number of resources utilized (use of helicopter resources are based upon EMS Policy #408).

3. **Canceling of Ambulances** - Responding units may be canceled in the following circumstances:
   a. Response address is determined to be fraudulent.
   b. On-scene public safety unit (Law, Fire, Ambulance, EMS Agency) advises:
      1. no patient(s) at scene; or
      2. incident nature does not require an ambulance response.
   c. Canceled due to the availability of a closer unit.
   d. The original requesting party re-contacts the PSAP/ambulance dispatch center and cancels the ambulance request.

F. Special Circumstances

1. **Response Resources** - Once an incident has been prioritized, the appropriate resources should be assigned.
   a. Dispatch protocols recommend the dispatch of a first responder unit to all Priority 1 incidents. In rural/wilderness areas, when ambulance response times are normally extended, a first responder should be requested for Priority 2 incidents.
   b. Contact the appropriate first responder dispatch center on all Priority 1 and Priority 2 dispatches. Inform the first responder agency of the response priority of the ambulance and, if there will be an extended ETA (e.g., the response of a mutual-aid unit).
   [EXCEPTION: Fire agencies, which have made the policy decision to respond to only Priority 1 calls or a modified list, may request to not be notified on Priority 2 calls unless there is a significant delay in the ambulance response or special circumstances which prompt the dispatch of a first responder.]
   c. When ambulance response time is expected to be greater than 15-20 minutes for a Priority 2 incident, consider requesting a first responder to an incident that would not normally prompt such a response.
2. **Delays in Dispatch**

a. The interval between receipt of call and notification of responding unit should generally not exceed one hundred twenty (120) seconds. All late dispatches and late arrivals will be reviewed by the EMS Agency to determine if the delays in dispatch were reasonably preventable.

b. **DO NOT, UNDER ANY CIRCUMSTANCES**, delay notification and dispatch of a backup agency if unable to confirm timely availability of a primary unit.

c. Delays in Scheduled Transports - Any patient, facility, or requesting party who is requesting a scheduled ambulance response should be informed that they are receiving a non-emergency response and given an estimate of delay. They should be told to call back if their condition changes and should be called periodically if the delay is more than 15 minutes. Consider responding a provider from another service area if the requesting party insists upon an immediate dispatch. If being transported to a physician’s office or medical facility, contact the destination facility and advise of the delay.

3. **Special Intercounty Response Zones**

a. **Kings County - Zone KR01 (Riverdale Area)**

Zone 01 in Kings County is the primary response area for the Fresno County ambulance stationed in Riverdale. The Riverdale ambulance shall be dispatched on these responses.

b. **Kings County - Zone KR03 (Kingsburg Area)**

Zone 03 in Kings County is the primary response area for the Fresno County ambulance stationed in Kingsburg. The Kingsburg ambulance shall be dispatched on these responses.

c. **Madera County - Ambulance Response Zone 6.01 and 7 (Rolling Hills Area)**

The Rolling Hills subdivision area of Madera County is the primary response area for Fresno County metropolitan ambulances.

d. **Madera County - Ambulance Response Zone 1.01 (Eastside Acres/Firebaugh)**

Zone 1.01, Eastside Acres/Firebaugh, is the primary response area for the Fresno County ambulance stationed in the City of Mendota.

e. **Tulare County - Ambulance Zone 10 (Kingsburg Area)**

Tulare County Ambulance Zone 10 is the primary response area for the Fresno County ambulance stationed in the City of Kingsburg. The Kingsburg ambulance shall be dispatched on these responses and shall maintain communications with Tulare County on Med Channel 9.

4. **Responses to Hospitals**

Most requests to hospitals are for interfacility transfers or discharges to another medical facility or patient residence. In these cases, the response priority will be determined by the requesting facility and the transferring physician. The EMS Dispatcher will utilize the interfacility transfer protocol to assign the appropriate priority.

Occasionally, a request will be received for an emergency ambulance response to a hospital - **without the hospital being aware of the incident**. Examples include 911 calls from emergency department waiting rooms or calls from the hospital parking lot.
a. If the hospital does not have an emergency department, dispatch resources as though the incident was a prehospital response and notify the hospital.

b. Ambulance request from within the hospital - If the calling party is calling from within the hospital, dispatch an ambulance Priority 3 and notify the hospital emergency department as soon as possible. The dispatcher may cancel the ambulance when requested by the hospital staff.

c. Ambulance requests outside of the hospital (i.e., parking lot, out buildings, etc.) – If the calling party is outside of the hospital, the request shall be treated as a prehospital response. The ambulance shall not be cancelled unless it is cancelled by hospital personnel on scene with direct contact with the patient or appropriate public safety personnel in accordance with this policy.

5. **Responses to Skilled Nursing Facilities** - The staff of the Skilled Nursing Facility (Physician, PA, RN, or LVN) may determine the priority of the response and whether first responders are needed.

   a. If chief complaint would normally be a Priority 1 or Priority 2, and the Skilled Nursing Facility requests a lower priority response, advise them of the response required by protocol. If the physician, PA, RN, or LVN continues to request a lower priority response, respond the ambulance Priority 3. In this situation, the first responder would not be contacted or dispatched. If the call was referred by a first responder agency, then notify them of priority of response.

   NOTE: While the EMS Agency does not support the dispatch of first responder agencies to Priority 3 incidents, it recognizes that specific first responder agencies have requested to respond to Priority 3 incidents. The dispatcher shall dispatch first responders in accordance with the policies of each fire agency.

   b. Presumed cardiac arrest - Respond all resources necessary for a cardiac arrest.

   c. Calls from Skilled Nursing facilities do not require call triaging.

6. **Responses to Physician’s Offices, Medical Clinics, and Urgent Cares**

   a. The dispatcher must determine whether the facility is staffed (e.g., physician, PA, RN, and/or LVN) or if the office is closed and no staff are available. If the physician and/or appropriate medical staff (PA, RN, or LVN) are not in the office with the patient, manage as any prehospital incident and prioritize in accordance with EMS Policy. If the staff are available and managing the patient, the ambulance should be sent in the priority requested by the physician’s office staff.

   b. Determine the priority of response requested by the facility and whether the staff of a facility wants first responders in addition to the ambulance response. Send first responders only if requested. The physician should have the opportunity to determine how much personnel the physician needs, as well as determining whether an emergency response is required.

   c. Presumed cardiac arrest - Respond all resources necessary for a cardiac arrest

   d. Calls from physician offices, medical clinics, and urgent care facilities do not require call triaging if medical personnel are already on scene and treating the patient.

7. **Responses to Prisons and Jail Facilities**

   a. Determine if the prison or jail facility is requesting an emergency or non-emergency
ambulance response. If chief complaint would normally be a Priority 1 or Priority 2, and the prison or jail facility requests a lower priority response, advise them of the response required by protocol. If they continue to request a lower priority response, respond the ambulance Priority 3. In this situation, the first responder would not be contacted or dispatched. If the call was referred by a first responder agency, then notify them of priority of response.

NOTE: It is recognized that specific first responder agencies have requested to respond to jail incidents. The dispatcher shall dispatch first responders in accordance with the policies of each fire agency.

b. Presumed cardiac arrest - Respond all resources necessary for a cardiac arrest.

c. Calls from prisons and/or jail facilities do not require call triaging.

G. Radio Channel Assignments

The Fresno County EMS Communications Center and the Tulare County Consolidated Ambulance Dispatch Center (TCCAD) shall maintain dedicated radio operators whose primary function is to operate and monitor radio communications.

Attachment A lists the approved Dispatch Channel Assignments.
<table>
<thead>
<tr>
<th>Med Channel</th>
<th>Assignment</th>
<th>Receive Frequency</th>
<th>Receive Code/Tone</th>
<th>Transmit Frequency</th>
<th>Transmit Code/Tone</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED-10</td>
<td>Region-wide command channel - Designated EMS helicopter dispatch channel (a) California Highway Patrol H-40, (b) Skyline Helicopter</td>
<td>462.9750 N</td>
<td>114.8 (2A)</td>
<td>467.9750 N</td>
<td>114.8 (2A)</td>
</tr>
<tr>
<td>MED10TUL</td>
<td>Tulare County secondary channel</td>
<td>462.9750 N</td>
<td>141.3 (4A)</td>
<td>467.9750 N</td>
<td>141.3 (4A)</td>
</tr>
<tr>
<td>MED-11</td>
<td>Fresno EOA - Metropolitan response area</td>
<td>453.3000 N</td>
<td>156.7 (5A)</td>
<td>458.3000 N</td>
<td>156.7 (5A)</td>
</tr>
<tr>
<td>MED-13</td>
<td>Car-to-Car on-scene tactical channel</td>
<td>458.1875 N</td>
<td>156.7 (5A)</td>
<td>458.1875 N</td>
<td>156.7 (5A)</td>
</tr>
<tr>
<td>MED-14</td>
<td>Madera County - Primary dispatch channel (a) Pistoresi Ambulance, (b) Sierra Ambulance</td>
<td>451.4250 N</td>
<td>114.8 (2A)</td>
<td>456.4250 N</td>
<td>179.9 (6B)</td>
</tr>
<tr>
<td>MED-15</td>
<td>Kings County - Primary dispatch channel (a) American Ambulance Kings County, (b) Coalinga Ambulance</td>
<td>461.5750 N</td>
<td>156.7 (5A)</td>
<td>466.5750 N</td>
<td>156.7 (5A)</td>
</tr>
<tr>
<td>MED-16</td>
<td>Eastern Fresno County rural ambulance providers and fire departments (a) Kingsburg Ambulance, (b) Sanger Ambulance, (c) Selma Ambulance, (d) Sequoia Safety Council</td>
<td>463.6250 N</td>
<td>114.8 (2A)</td>
<td>468.6250 N</td>
<td>114.8 (2A)</td>
</tr>
<tr>
<td>MED-92</td>
<td>Tulare County Primary dispatch channel (a) American of Visalia, (b) Dinuba Ambulance, (c) Exeter District Ambulance, (d) Imperial Ambulance, (e) LifeStar Ambulance</td>
<td>462.9625 N</td>
<td>141.3 (4A)</td>
<td>467.9625 N</td>
<td>141.3 (4A)</td>
</tr>
</tbody>
</table>