

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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INTEGRATED RESPONSE PLAN

I. PURPOSE

- A. Establish a mechanism by which permitted private ALS providers may participate in the 911 system in order to augment system resources.
- B. To provide a uniform method of contacting private ALS ambulances during normal and disaster operations.
- C. To provide a method to incorporate permitted BLS ambulances into EMS Operations during a disaster when authorized by the EMSA Medical Director.

II. AUTHORITY

- A. California Health & Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, 1797.224, 1797.250, and 1797.252
- B. Title 22, California Code of Regulations Sections 100147, 1001473, and 100175
- C. City and County of San Francisco Health Code, Article 14

III. POLICY

- A. The Division of Emergency Communications (DEC) shall dispatch the closest properly staffed and permitted ALS ambulance regardless of agency affiliation as indicated by the AVL system to all code 3 requests for EMS service.
- B. The EMS Agency will initially equip all ALS units with a GPS transmitter capable of communicating a unit's identifier and location to DEC. Any upgrades or changes to this system will be provided to the private field Providers by DEC.
- C. The transmitter will be enabled when available for assignment by DEC.
 - 1. It is the responsibility of the private ALS unit to notify the private provider's dispatch when assigned to a call by DEC.
- D. Private ALS units will communicate directly with DEC using the 800MHz radios on the currently assigned channels and/or the MDT.
- E. All calls with an AMPDS determinant of Echo, Delta and Charlie will be dispatched to the closest ALS transport unit, regardless of receiving provider or caller origin.
- F. Calls with AMPDS determinants of Bravo or Alpha will be assigned to a unit capable of meeting the current response time requirements. Preference may be given to a provider's own unit if the unit is capable of

meeting the response time requirement, otherwise a closer unit, without preference to a provider, must be sent.

G. During a declared MCI, Private ALS providers will suspend using ALS units on non-urgent calls, making those units available for assignment using the standard methods described below.

1. If the MCI is isolated and/or the Private ALS providers will not be needed to manage incident or system calls while the MCI is ongoing, the EMS Agency may allow the Private ALS providers to resume normal operations while the incident is ongoing.

H. During a MCI or disaster in which public and private ALS resources are likely to be overwhelmed and medical mutual aid is unavailable or insufficient, the EMS Agency Medical Director may require that permitted BLS providers suspend non-urgent calls and make those units available to the EMS System.

1. Direct communication with DEC will be enabled and conducted via the 800MHz radio.
2. It will be the responsibility of the BLS ambulance to communicate assignments received from DEC to the provider dispatcher.
3. Utilization of BLS units will be only for the duration of the declared incident and assigned duties that are directly related to the declared incident.
 - a) BLS units will not be utilized to respond to EMS calls that are received through normal channels and are otherwise considered part of the normal daily activities of the EMS System.

IV. PROCEDURE

A. When available to DEC, the unit will enable the transmitter and begin sending location and identifier.

B. When not available to DEC, the unit will disable the transmitter to avoid erroneous recommendation by the CAD.

C. If an ALS unit receives simultaneous assignments from the Provider dispatch and the DEC, or if a unit does not disable the transmitter when enroute to a private call and is subsequently assigned a call by the DEC, the unit will respond to the higher priority call.

1. The ALS unit is responsible for notifying the private dispatch center and DEC of the situation and the call to which they are responding.
2. The crew of the ALS unit is required to file a UO with the EMS Agency within 24 hours.

D. Communications with DEC shall be done using the 800MHz radios on the currently assigned channels, or the MDT.

1. The Private ALS unit will advise DEC of the following:
 - a) Acknowledge receipt of assignment;

- b) On scene;
 - c) Call disposition (i.e., transport, refusal, and cancel on scene).
2. In the event of radio failure, the Private ALS unit will communicate with the DEC through the Private ALS unit's dispatch.
- E. When approved by the EMS Medical Director or Administrator assigned to a declared MCI or disaster.
- 1. Once on scene of the declared incident, BLS units will be assigned appropriate duties and roles as determined by the Incident Commander and the Medical Group Supervisor.
 - a) Duties and roles may include transport of delayed or moderate patients determined as stable by ALS personnel on scene.

V. IMPLEMENTATION

- A. Technology issues will be addressed through a joint workgroup that includes the affected providers, the ECD, and the EMS Agency.
- B. Until such time as technology is implemented to allow the use of the GPS transmitters and CAD recommendations, the private ALS unit will notify Dispatch of their availability either by the MDT or by 800 MHz radio.
- C. All other parts of this policy are effective as written.