

Monterey County EMS System Policy



Policy Number: 3050
Effective Date: 7/1/2023
Review Date: 6/30/2026

MPDS RESPONSE PRIORITIES AND RESOURCE ASSIGNMENTS TO EMS CALLS

I. PURPOSE

To establish clinically-indicated response priorities and response planning for all emergency medical calls using the Medical Priority Dispatch System™ (MPDS). The MPDS determinants will drive response plans and priorities to reduce the unnecessary use of lights and siren and will provide crucial data for EMS system review and Quality Improvement.

II. BACKGROUND

- A. Response determinant methodology is defined by the International Academy of Emergency Dispatch (IAED) in non-linear response levels based on Capability (BLS vs ALS), single vs multiple resources, and Response Priorities based on the general acuity of the patient and resources needed.
- B. Response Levels (ECHO, DELTA, CHARLIE, BRAVO, ALPHA, and OMEGA) are designated by the IAED and cannot be modified. However, for the EOA-contracted ambulance provider, Capability, Response Priority, and Response Resources shall be assigned by the EMS Medical Director or the EMS Agency.
- C. Response Priorities and Resource Assignments are detailed below (see Table 1). The EMS Medical Director may modify Response Priority and Response Resources to any level or determinant as needed.

III. POLICY

- A. Only designated EMS Communications Center(s) shall dispatch the EOA-contracted ambulance provider, as specified in this policy.
- B. A designated EMS Communications Center shall ensure that all medical calls will be dispatched using a standard dispatch script.
- C. The EOA-contracted ambulance provider response is subject to reassignment to a higher priority call only if the following conditions exist, as determined by the Emergency Medical Dispatcher (EMD):
 - a. The reassignment presents a clear and obvious time savings to the higher priority call; OR
 - b. The diversion from the lower priority call will not subject unnecessary risk to the lower priority patient.

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- D. Any EOA-contracted ambulance provider response is subject to upgrades or downgrades of Priority as additional information is obtained or the patient's condition changes, as determined by MPDS or by first responders on scene. Upgrade of a Priority to lights and siren is prohibited for the sole purpose of speeding up a perceived extended response by a transport provider, unless the first responder on scene has determined the patient requires immediate transport or ALS intervention.
 - E. EOA-contracted ambulance provider Response Resources and Response Priorities must be approved by Local Medical Control (EMS Medical Director) and are subject to internal EMS Agency review at any time. The EMS Medical Director may approve modifications of Response Resources and/or Response Priorities based on other sources including, but not limited to: QI processes, medical best practices, case studies, internal review, and other sources.
- Each fire department or fire district may determine their own Response Priorities to each type of call. If a fire department or fire district chooses to use response plans and/or Response Priorities that differ from EMS System policies, that fire department or fire district shall submit its response plans to the EMS Agency.
- G. Designated EMS Communications Center(s) shall be responsible to implement internal Dispatch Review Committee (DRC) and/or Dispatch Steering Committee (DSC) processes.

IV. RESPONSE ASSIGNMENTS

- A. EOA-contracted ambulance provider Response Resources and Response Priorities shall be built into the CAD in accordance with this policy and EMS Medical Director approval.
- B. Creation of the Medical Call Incident and routing to the dispatch queue for first response and ambulance dispatch shall occur simultaneously as defined in EMS Agency Policy 3030.
- C. Monterey County EMS Agency-approved MPDS Response Resources and Response Priorities for chief complaint protocols are specified in Table 1.
 - a. CHARLIE and BRAVO response levels may indicate a single resource or multiple resources based on recommended resource ETA.
 - b. BRAVO and ALPHA response levels may have BLS or ALS response assignment based on recommended resource ETA.

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Table 1.

Response Level	Capability (Level of Care Required)	Clinically-Indicated Response Resource(s) and Priorities		Rationale
		First Responder	Ambulance	
ECHO	ALS	Red Lights & Siren	Red Lights & Siren	<ul style="list-style-type: none"> Information exists that death is imminent Closest First Response Unit and ALS Ambulance dispatched Immediate lights and siren response needed Multiple resources necessary Rapid ALS transport almost certain
DELTA	ALS	Red Lights & Siren	Red Lights & Siren	<ul style="list-style-type: none"> Life-threatening conditions Closest First Response Unit and ALS Ambulance dispatched Immediate lights and siren response needed Multiple resources necessary ALS transport likely
CHARLIE Urban	ALS	Optional Response - No Red Lights & Siren	Red Lights & Siren	<ul style="list-style-type: none"> Condition may be life-threatening ALS Ambulance dispatched First Response Unit dispatched for extended ETAs Multiple resources not necessary ALS or BLS transport likely
CHARLIE Rural	ALS	Red Lights & Siren	Red Lights & Siren	
BRAVO Urban	ALS	Optional Response - No Red Lights & Siren	Red Lights & Siren	<ul style="list-style-type: none"> Condition unlikely to be life-threatening ALS Ambulance dispatched First Response Unit dispatched for extended ETAs Transport less likely
BRAVO Rural	ALS	Red Lights & Siren	Red Lights & Siren	
ALPHA	Closest BLS or ALS	Optional Response- No Red Lights & Siren	No Red Lights & Siren	<ul style="list-style-type: none"> Condition is not life-threatening BLS or ALS Ambulance dispatched First Response Unit not needed Multiple resources not necessary Transport less likely

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OMEGA	Referral or BLS	Not indicated	No Red Lights & Siren	<ul style="list-style-type: none">Ambulance transport not indicatedReferral to outpatient service appropriate
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REFERENCES

California Code of Regulations, Title 22, Division 9

California Health and Safety Code § 1797.220

END OF POLICY


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