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OCA 6.1 Dispatch and System Status Management

Background

The OCA Communications Center and the OCA Comm Specialist can function at times as either the principle link between the public caller requesting emergency medical assistance or as the secondary link deploying OCA resources on behalf of the 911 system, we are under contract to serve. As such, OCA Comm Specialists and the OCA Comm Center as a whole each play a fundamental role in the ability of the EMS system to respond to a perceived medical emergency. In order to facilitate this critical function, strong policies are required to ensure consistency in the execution of assigned duties.

Purpose

The purpose of this SOP is to outline procedures for the dispatching of ambulances and EMS personnel, and to outline the special requirements or considerations attached to each of the various service and response types OCA engages in.

Applicable To

This policy is applicable to any employee of Orange Cross Ambulance who operates in either a clinical capacity or as Comm Specialist (whether permanently assigned, cross trained, or assisting).

Enforceability

It is the responsibility of all employees to be familiar with OCA's Dispatch and System Status Management policies. Failure to abide by the provisions within this policy may result in corrective action up to and including termination.

Definitions

OCA Communications Center "OCA Comm Center" – OCA 24/7 secondary communications center responsible for the routing of all internal communications and primary deployment as well as coordination of all OCA resources. Interfaces with the Sheboygan County Emergency Communications Center "SCECC" regularly.

Sheboygan County Emergency Communications Center "SCECC" – The official 911 Public Safety Answering Point (PSAP) for Sheboygan County and the entirety of the Orange Cross Primary Service Area.

PSAP – Public-Safety Answering Point (aka Public-Safety Access Point) is a call center where emergency calls to police, fire, and EMS initiated by any mobile or landline subscriber are terminated. In Sheboygan County the Sheboygan County Emergency Communications Center "SCEEC" serves as the PSAP.

Communications Specialist – OCA Comm Specialists facilitate the proper coordination and deployment of OCA Emergency Medical Resources.

System Status Management "SSM" – SSM is the fluid deployment of ambulances based upon a variety of factors in order to match supply with the demand for medical calls for service at any given time. The use of SSM is intended to ensure coverage over a broad physical territory and reduce ambulance response times to medical emergencies.

OCI (Interceptor) Unit – An ALS paramedic or critical care non-transporting SUV equipped to respond alongside BLS units and facilitate paramedic care while transporting in an OCA BLS unit or another agencies ambulance.

OCM (Medic) Unit (ALS Unit) – Any OCA ambulance legally staffed and equipped to the paramedic level. At times may be staffed and equipped to the critical care level.

OCA (Ambulance) Unit (BLS Unit) – Any OCA ambulance legally staffed and equipped to the EMT level. At times may be staffed and equipped to the AEMT level.

MPDS/EMD – Medical Priority Dispatch System aka "Emergency Medical Dispatch" or "EMD".

PSA – Orange Cross Primary Service Area

EMTALA – The Emergency Medical Treatment and Labor Act is a federal law that requires anyone coming to an emergency department to be stabilized and treated, regardless of their insurance status or ability to pay.

Transfer Questionnaire – OCA Comm Center Intake document for the recording of information related to Long Distance IFTs.

ABN (Advanced Beneficiary Notice of Noncoverage) – An ABN, also known as a waiver of liability, is a notice a provider must give to the patient prior to the patient receiving that service, if, based on Medicare coverage rules, the provider has reason to believe Medicare will not pay for the service.

Emergent – "Emergent" responses carry dual definitions, one related to the Center for Medicare and Medicaid Services (CMS) definition and another referring to the manner in which a response/transport was conducted as defined locally and under NEMSIS 3.4.0 (eResponse.23/24).
1. Per CMS Definition – Emergency response is a BLS or ALS 1 level of service that has been provided in immediate response to a 911 call or the equivalent. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take steps necessary to respond to the call.
2. Per NEMSIS and common use locally – Emergent response often refers to a request for service (scene response or transfer) for a high acuity patient with an emergency medical condition which puts their life or limb at risk and requires time-sensitive treatment and/or transport. Additionally, this term is at times used interchangeably (i.e. "en-route emergently") to describe an immediate "lights and sirens" or "code 3" response or transport. Please avoid this use to the greatest extent possible, instead defaulting to "lights and sirens" or "code 3".

Non-Emergent - "Non-Emergent" responses carry dual definitions, one related to the Center for Medicare and Medicaid Services (CMS) definition and another referring to the manner in which a response/transport was conducted as defined locally and under NEMSIS 3.4.0 (eResponse.23/24).
1. Per CMS Definition – Non-Emergent responses are those in which the ambulance provider/supplier was not required to immediately take steps necessary to respond to the call.
2. Per NEMSIS and common use locally – Non-Emergent response often refers to a request for service (scene response or transfer) for a low acuity patient with an emergency medical condition. Additionally, this term is at times used interchangeably (i.e. "en-route non-emergent") to describe a "no lights and sirens" or "code 1" response or transport. Please avoid this use to the greatest extent possible, instead defaulting to "no lights and sirens" or "code 1".

Code 1 – No Lights or Sirens while driving (to a call, from a call, or during transport).

Code 3 – The use of lights or sirens while driving the ambulance (to a call, from a call, or during transport).

ECR – Emergent Care Report – A written record maintained by the attending provider which outlines the patient's condition, interventions performed, and timelines for the current call. A copy of the ECR is to be given to the healthcare providers at the receiving facility in all circumstances.

LDT – Long Distance Transfer refers to any call in which a patient is conveyed either to or from a location more than one county away from Sheboygan.

ACT – Adjacent County Transfer refers to any call in which a patient is conveyed either to or from a location in Manitowoc, Fon Du Lac, or Ozaukee County.

IFT – Interfacility Transfer is an overarching term used to describe and local, ACT, or LDT conveyance of a patient from one hospital to another, including behavioral health hospitals.

MABAS – Approved as part of Senate Bill SB 642 in 2006, the Mutual Aid Box Alarm System "MABAS" is a mutual aid measure utilized for deploying fire, rescue and emergency medical services personnel and equipment in a multi-jurisdictional or multi-agency response.

Dispatch and Response

Following activation of OCA via the 911 system, the Communications Specialist will repeat the information relayed by SCECC in accordance with their preferred method at any given time.

Paging Crews
1. Comm Specialist will complete call intake and record any relevant information.
2. Comm Specialist will page OCA crew to the call via VHF Pager System.
    a. Utilize 1, 2, "Page" on keypad to initiate the tones
3. Relay required information about the call. Utilize the following dispatch format when paging:
    a. *OCA (Ambulance, Medic, Interceptor #), OCA (Ambulance, Medic, Interceptor #) please respond (code 1 or 3 [if applicable]) or ("Alpha-Echo Response"[if applicable]) to incident location for a pt age, pt sex with chief complaint of _____ (requesting transport to [if applicable]) (destination location). [If applicable] You have been assigned Talk Group # ____ with ____ First Responders. Please acknowledge and respond.*
4. Wait two (2) minutes for the crew to acknowledge the call and begin en route.
5. If no person acknowledges receipt of the call within two (2) minutes the Comm Specialist will send out a second page.
6. If no person acknowledges receipt of the second page within two minutes, radio contact will be immediately attempted one (1) time.
7. If radio contact unsuccessful the Comm Specialist will dispatch the next most appropriate unit or mutual aid if required.

a. The dispatch ticket should reflect a chute time overage and the call flagged for follow up by a supervisor in the chain of command.
8. The responding unit should notify the Comm Center of when it goes en route and repeat the location for verification.
9. If during the course of a call a crew does not update within twenty (20) minutes of arrival on scene, the Comm Specialist should make an attempt to hail via radio and request a status update. If the crew does not respond via radio the Comm Specialist shall tone out a page through the VHF System requesting a status update.

Cardiac Cath Lab Standby

Area hospitals may, during the course of patient care, request that OCA provide stand-by services at the cardiac catheterization lab. We may or may not have advanced notice of such a request. When the request occurs, the OCA Comm Center will assign the most appropriate crew. The assigned crew is required to take the cot, monitor and oxygen along with them while standing by.

During the standby event, the crew can be used for an emergency call that is located in the PSA or they may be used for any emergent call if they are the last available unit. If the crew needs to leave the standby, the cath lab team must be notified of the departure and that a replacement will be provided at the earliest opportunity. Management may modify these guidelines as needed for the operations of OCA. The final crew assigned to the standby will be responsible for completing the PCR for the entire standby event.

Sheboygan County 911 Calls

Orange Cross Ambulance provides primary coverage for portions of Sheboygan County and acts as mutual aid for the City of Sheboygan. A variety of calls come through the Sheboygan County Emergency Communications Center "SCECC" including emergent and non-emergent requests for service, MABAS, standbys, and intercepts (listed separately). The SCECC utilizes a medical priority dispatch system "MPDS" to triage the calls and request resources appropriately. When possible, emergent calls have priority, if needed use mutual aid. Any non-emergent transports to facilities outside the county, require contact with medical control.

When 911 calls come in, the OCA Communications Specialist should:

1. Decide which unit will be responding per the System Status Management Plan.
2. Repeat the dispatch information (in the format requested by County at any given time) back to the Combined Dispatch center along with which unit will be responding.
3. Page the appropriate unit(s).

While OCA does not exactly mimic the MPDS process utilized by Sheboygan County, it is nonetheless important for OCA Comm Specialists to understand the language used by SCECC when dispatching EMS resources. The chart below outlines the MPDS determinate codes as adopted by Sheboygan County.

Dispatch Priority (patient acuity) and patient acuity			
EMD Level	**EMD status**	**Patient acuity color**	**Paramedic Intercept**
Echo	Critical	Red	**Auto-Launch Paramedic Intercept**
Delta	Critical	Red	**Auto-Launch Paramedic Intercept**
Charlie	Emergent	Yellow	**Auto-Launch Paramedic Intercept**
Bravo	Emergent	Yellow	
Alpha	Lower	Green	
Omega	non-acute	N/A	
		Black (DOA)	

Other Events

Certain requests require deviation from normal operations. These include standbys at tactical / SWAT events, fire scenes and hazardous materials incidents. Regardless of the mode of response requested (code 1/code 3, lights and sirens/no lights and sirens), these calls will take the same priority as emergent calls. Pay special attention to all instructions. All standbys of this type require a report to be generated for the event. The following lists additional information or deviations that may be required:

1. **Responding a tactical / SWAT incident:**

   a. Use appropriate communication devices. It may be necessary to remain off all radios during the response and event. Cell phones or other communication devices may be the primary mode of communications. If radio communication is required it should be kept to the absolute minimum. Abide by all requests or requirements of the law enforcement authority managing the incident.

b. The OCA Comm Center will obtain the location of the staging area, as well as directions for ingress to the area.

c. Unless otherwise requested, the response mode will be no lights or sirens.

    i. Members of the OCA SRT Team may travel to Station 2 or Station 4 to collect necessary equipment.

d. The responding crew should ensure the staging area to which they report is secure.

e. The responding crew will contact the OCA Comm Center, preferably by phone, to notify them of arrival on scene, and additionally report the Officer In Charge (OIC) if this has not already been done.

f. The OCA Comm Center will notify the SCECC that the OCA crew has arrived on scene via the appropriate communication method (phone or Spillman).

g. The responding crew should follow instructions given by the Officer In Charge or scene command.

h. The responding crew shall remain on scene until cleared by scene command, the Comm Center, or a relief unit.

2. **Responding to a fire scene:**

a. Respond lights and sirens unless notified otherwise by the OCA Comm Center or scene command.

b. Responding crews should avoid blocking ingress / egress of fire apparatus and should exercise caution not to drive over fire hoses.

c. Upon arrival at the scene, the responding crew(s) should report to the staging area for assignment.

d. The responding crew(s) should notify the OCA Comm Center of your assignment.

e. If the responding crew(s) are assigned to rehab, they are no longer transporting units and shall remain in rehab until relieved. As of 2014, standardized rehab protocols for Sheboygan County have been approved.

f. Responding crew(s) assigned to transportation should remain with their ambulance and park in a designated area per the staging officer or scene command.

g. Assigned crews should remain on scene until released by scene command, Sheboygan County Combined Dispatch, or a relief crew.

3. **Mass Casualty Events (within Sheboygan County or as box level request outside Sheboygan County:**

a. *If no crews are available to respond, notify Sheboygan County Combined Dispatch that we will "pass" on the MABAS request.*

b. The responding crew(s) should respond emergently to the staging location unless directed otherwise by the OCA Comm Center or scene command.

c. Responding crew(s) must pay close attention to the assigned channels. For MCI's which reach the MABAS "Box Alarm" level OCA's acknowledgement of the

MABAS request will be broadcast over County Fire Primary, but the responding crews will advise of their response on IFERN.

d. Responding crews should notify both the OCA Comm Center and Sheboygan County Combined Dispatch.

e. Upon arrival, the responding crew(s) should report to scene command or the staging officer for assignment.

f. When transporting, crews leaving the scene should only contact the OCA Comm Center for en route and destination arrivals.

g. Crews shall transport to the facility assigned by the transportation officer or scene commander (if applicable).
   i. Transport lights and sirens as needed.
   ii. Minimize turnaround times.
   iii. If no destination is assigned, crews shall use their best judgement and any necessary communication to avoid overloading a single destination facility with critical patients.

h. Upon clearing from the hospital, the transporting crew should return to the scene emergently for their next assignment, unless otherwise instructed by the appropriate agency.

i. On clearing the event, the responding unit must notify both the OCA Comm Center and Sheboygan County Combined Dispatch.

4. **MABAS interdivisional requests (as a strike team, or group request):**

   a. *If no crews are available to respond, notify Sheboygan County Combined Dispatch that we will "pass" on the MABAS request.*

   b. Spillman may be used to coordinate with Sheboygan County Combined Dispatch to obtain additional crews and manage other requirements.

   c. Pay close attention to the appropriate radio channels for communications.

   d. Orange Cross will attempt to provide as many crews as requested.

   e. The OCA Comm Center should use the minimum staffing guidelines in OCA 5.6 Minimum Staffing Requirements to replace crews going on interdivisional asignments or request extra crews to help staff these calls.

   f. Responding crew(s) should respond to the rally point with no lights or sirens unless directed otherwise by the appropriate authority.

   g. Responding crew(s) and the OCA Comm Center should consider sending units along with other agencies also responding the request if possible.

   h. Responding crew(s) should report to the staging area for assignment upon arrival.

   i. Upon clearing, responding crews should immediately return to the PSA and notify appropriate Comm Centers of the return.

Cancellations

Sheboygan County has agreed to recognize cancellations from Law Enforcement, First Responders, and Non-Paramedic Transporting units should the patient's condition or circumstances at the scene not warrant a continued response from OCA.

In instances of Paramedic Intercept (PI), per Sheboygan County EMD guidelines a legal transporting crew from the outside agency must be present and at the patient's side prior to downgrading OCA or cancelling its response.

Cancelled calls for service require a dispatch ticket and PCR to be generated.

Critical Care Transports

When request, specifically for critical care transfers or any other transfers meeting critical care requirement come in, the following guidelines shall be used:

1. For emergent requests, the closest crew with a critical care medic will be assigned to take the call regardless of destination or previous LDT's.
2. For urgent or routine requests, dispatch will send the appropriate crew with a critical care medic in line with general dispatch practices.
3. Critical care calls may require more than one (1) crew to respond, it may take three (3) or more staff based on patient needs and required equipment.
   a. Attempt to use off-duty or non-essential qualified personnel as the third person when possible.
4. In the event no critical care units are available for emergent calls use mutual aid.
5. If no critical care units are available and the call is non-emergent or mutual aid is not available, dispatch should send out a text request for additional staffing.
   a. For a quicker response, the Critical Care Medic may meet the crew at the sending facility.
6. If unable to find a critical care unit for the transport, the OCA Comm Center will attempt to work with the requesting agency to locate another resource, including those from outside the county.

Paramedic Intercepts (PI)

OCA operates within a countywide EMS system that may generate three distinct and separate types of intercept requests. The first, is a service generated intercept request (i.e. a county agency not linked to OCA, such as Oostburg Ambulance or Random Lake Ambulance is sent on a call, subsequently discovers that paramedics are required during the course of their treatment and calls to request OCA for intercept). The second type of intercept is auto generated by the county medical priority dispatch system "MPDS" aka "EMD". Auto-generated intercept requests

occur whenever county dispatch call takers receive sufficient information to classify a call as Charlie, Delta, or Echo responses. During the process which created our local EMD system it was determined by key stakeholders that these response codes would indicate the need for Paramedic level assessment and possibly care and as such trigger an auto-intercept. The third type of intercept is an internal OCA auto-launch. OCA is required by statute to provide a Paramedic level response and assessment, after which transport can be triaged to the BLS level if appropriate. In order to comply with this requirement, OCA must ensure that Paramedic units are dispatched

For Outside Service-Generated Paramedic Intercepts

1. OCA will first attempt to dispatch a non-transporting paramedic interceptor Unit "OCI" or the closest available paramedic ambulance "OCM" if an interceptor is not available.
2. The assigned unit will respond with lights and sirens unless otherwise instructed.
3. The assigned unit will respond along the projected travel path of the agency requesting the intercept, or head directly to the scene as per the requesting agency.
4. Intercept crews may be cancelled en route by the requesting agency at any time prior to making patient contact.
5. Upon patient contact the responding OCA paramedic(s) assumes responsibility for the patient and must complete at a minimum, an ALS assessment.
6. The OCA paramedic will make every reasonable effort to render care as needed and facilitate transport in the requesting agency's unit if that unit is sufficiently capable of providing a safe and effective means of transport for the patient, however, the OCA paramedic, having assumed care will ultimately determine which vehicle and agency will transport the patient.
7. If requested, OCA will transport the patient as any other transport.
8. If transporting in the requesting agency's unit, the OCA paramedic attending to the patient must be in the patient compartment with the patient. A member of the requesting agency or any other OCA crew member should drive the OCA unit without lights or sirens to the receiving facility or other designated location if possible.

For County MPDS/EMD Generated Auto-Paramedic Intercepts

1. OCA will first attempt to dispatch a non-transporting paramedic interceptor Unit "OCI" or the closest available paramedic ambulance "OCM" if an interceptor is not available.
2. The assigned unit will respond with lights and sirens unless otherwise instructed.
3. The assigned unit will respond directly to the scene or along the projected travel path of the other responding agency as advised by Sheboygan County Combined Dispatch.

4. Intercept crews may be cancelled enroute by the requesting agency at any time prior to making patient contact, however, for a cancellation to be valid, a legal transporting crew from the cancelling agency must be present on scene and able to transport the patient.
5. Upon patient contact the responding OCA paramedic(s) assumes responsibility for the patient and must complete at a minimum, an ALS assessment.
6. The OCA paramedic will make every reasonable effort to render care as needed and facilitate transport in the requesting agency's unit if that unit is sufficiently capable of providing a safe and effective means of transport for the patient, however, the OCA paramedic, having assumed care will ultimately determine which vehicle and agency will transport the patient.
7. If requested, OCA will transport the patient as any other transport.
8. If transporting in the requesting agency's unit, the OCA paramedic attending to the patient must be in the patient compartment with the patient. A member of the requesting agency or any other OCA crew member should drive the OCA unit without lights or sirens to the receiving facility or other designated location if possible.

For OCA Paramedic Units Intercepting with OCA BLS Units

1. OCA must provide a paramedic response to all incoming 911 or private line 911 calls until its paramedic-level resources have been exhausted.
2. For any 911 or private line call in which an OCA BLS unit is to be dispatched, an OCA ALS unit must be dispatched simultaneously to intercept.
3. OCA ALS unit must reach the scene and conduct an ALS assessment before any transport determination is made. For more details on appropriate transport determinations see OCA 5.36 Non-Paramedic Transport of Patients.
4. OCA BLS units cannot cancel responding OCA ALS units in the PSA.

Private Line Calls

Any calls not originating from the Sheboygan County Combined Dispatch Center shall be considered a private line call. Any emergent calls for service or calls meeting emergent criteria shall have the same considerations as 911 calls. In order to be compliant with State of Wisconsin Statues, OCA must maintain at least two ambulances available or engaged in the provision of 911 response/transport.

Local Scheduled Calls (Medical Transports)

This type of call is any patient transport, which is scheduled by dispatch with conveyance to or from a hospital, nursing home, medical clinic, or physician's office within Sheboygan County.

Assigned units should respond without lights or sirens. If there is a pre-assigned crew, not part of the normal daily operations, that crew should handle the call and be released upon completion of the call.

Long-Distance Transfers (Interfacility Transfers or Medical Transports)

A long-distance transfer is a scheduled or immediate patient conveyance from a local point of origin to a receiving facility outside of Sheboygan County. A secondary definition is a scheduled or unscheduled transfer from a location outside of Sheboygan County to a local facility, residence or another location outside of Sheboygan County.

OCA will accept as many long-distance transfers as possible while maintaining at least two (2) paramedic level units available for or actively engaged in response to 911 calls. Additional staff may be requested in a variety of circumstances to facilitate acute high volumes of long-distance transfers.

When interfacility transfer requests occur, calls will be assigned according to the following:

1. **Emergent Request** (Immediate response and 10-minute target for departure from the emergency department) – Interfacility transfer to a facility which can provide time-sensitive interventions or critical life-saving interventions not available at the sending facility. Emergent transfer requests always receive an immediate response from the closest appropriate ambulance. Assigned units should respond immediately and upon arrival attempt to depart the sending facility within 10 minutes. Emergent transfers typically indicate a lights and sirens transport. Examples include but are not limited to: STEMI, AAA, Resuscitated/stable PNB or Level 1 Trauma Activations.

2. **Urgent Request** – (Arrival to sending facility within 25 Minutes) – Interfacility transfer for stable patients requiring urgent, time sensitive interventions not available at the sending facility. Urgent transfers typically indicate transport without the use of lights or sirens. Examples of urgent transfers include but are not limited to: NSTEMI w/ future cardiac cath, stable head bleeds, Level II Trauma Activations, or other stable medical conditions.

3. **Routine Request** – (Arrival to sending facility within 45 minutes or at the scheduled/designated time) – Interfacility transport for stable patients requiring conveyance to a secondary facility for routine or scheduled care or interventions. Routine transfers indicate transport without the use of lights or sirens. Examples of routine transfers include but are not limited to: behavioral health patients, hospice transports, return to home, or patients receiving a scheduled consult in the future.

*** *Time windows should not be utilized to delay a response without cause. Urgent requests that have a 25-minute window or unscheduled routine requests that have a 45-minute window*

should still receive an ambulance immediately if available or at the earliest possible opportunity.
***

There is no transfer rotation. Transfers are assigned by the OCA Comm Center based on ambulance availability and location. Back-to-back transfers are avoided if possible and Volume/Safety Tracking Tools are employed to mitigate fatigue risk.

It is the responsibility of the sending facility to secure an accepting facility and accepting physician on all Urgent and Routine transfers. Emergent transfers do not require an accepting physician prior to dispatching a unit. The sending physician is responsible to ensure that qualified personnel and transportation equipment is provided. This may include a Physician, Registered Nurse, Critical Care Paramedic, or Respiratory Therapist in some circumstances. If the sending facility provides these additional qualified personnel, that person(s) will be regulated by the state laws, rules, and regulations pertaining to their particular profession. Additional qualified providers from the sending facility cannot be utilized in place of a legal transporting crew of sufficient licensure level from Orange Cross Ambulance.

The Medical Control Physician will be identified prior to transporting the patient. The Medical Control Physician has primary responsibility for patient care during the interfacility transport and may five orders to qualified personnel while accompanying the patient during transport. The referring physician or accepting physician may provide the medical direction and if so, must be readily available via voice contact within a reasonable time. The Orange Cross Ambulance, Inc. Medical Director is the default provider of medical control and has the final authority if any dispute arises regarding the care and services provided.

Communications Specialist Information:

1. Comm Specialists will collect the appropriate information for the call.
    a. Emergent requests require a pickup location, receiving facility, caller name, call-back number and basic nature of the injury/illness.
    b. Urgent and Routine requests require all information on the transfer questionnaire.
        i. Comm Specialists may be required to obtain a facility payment form if facility staff claim they will "pay for" or "cover the cost of a transfer" in certain circumstances where non-emergent requests for transport are made. In these cases, the Comm Specialist should:
            1. Fill out the form completely using the ABN/MTM Calculator to determine charges and fax that document to the requesting facility for signature. An ambulance should not be dispatched in these instances until the signed form has been returned to OCA.

        ii. Comm Specialists may be required to obtain an ABN in certain circumstances where the medical necessity of a non-emergent transport by ambulance cannot be established or when a patient requests transport to a destination which is not covered under Medicare.

                1. In these circumstances the Comm Specialist should fax an ABN form with completed information to the requesting facility and ask that the patient sign. In the appropriate section. The completed ABN form should be returned prior to dispatching an ambulance to the call.

2. The OCA Comm Center will determine the appropriate crew and page them out.
3. If additional crew members are needed:
   a. Attempt to use an interceptor or off duty provider first.
   b. If a crew member from a transporting unit is the only option, a crew may be split in order to facilitate the call. Use the immediate staffing procedures to fill the opening.
   c. Avoid splitting the last available crew if it will result in Status 0.
4. The OCA Comm Center will facilitate the movement of rigs as required per the OCA System Status Management Plan.
5. If a long-distance interfacility transfer occurs between 0400 and 0700, and the transporting crew is not expected to return to their assigned station by 0700, the Comm Specialist will contact the oncoming crew to advise them to pick up a reserve ambulance at Station 2 or Station 4.
6. Use immediate staffing or mutual aid during times of high volume, or mass casualty incidents. If needed, delay or utilize outside agencies for long distance transfers if required to maintain Status 2 911 response capability. Management conducts ongoing reviews of all deferred transfers.

Crew Responsibilities (LDT/ACT)

1. When a non-emergent transport of a patient from a scene other than a hospital or location where EMTALA is in effect, medical control shall be contacted prior to departure.
   a. This applies to both private line calls and SCECC 911 calls.
   b. This does not apply to discharges or other scheduled transfers or returns.
   c. This does not apply during mass casualty events.
2. Crews should make a concerted effort to expedite their return to the county/PSA.
3. Crews are required to provide the receiving facility a verbal report and ECR.
4. Ensure the unit is prepared to respond to a call immediately upon return to the county/PSA.
   a. It is the responsibility of the returning crew to contact the OCA Comm Center prior to their return to the county/PSA and advise if supply or equipment shortages/issues prevent them from being in service.
5. Refuel the unit if below ¾ tank of fuel PRIOR to returning to station.

6. Complete ePCR as quickly as possible after completing the call.

Supervised Transports (ST)

Orange Cross contracts with various companies and other agencies to provide transport services to employees that require no medical intervention but may require evaluation in order to be deemed "Fit for Duty" or able to return to work.

Supervised Transports should always be considered routine in nature and can be delayed, passed to another agency or refused as needed to maintain Status 2 staffing levels.

If the individual being transported requires care in lieu of or in addition to transport, the responding unit/provider/crew reserve the right to convert the call to a regular medical call for service and request the appropriate resources. As injuries or minor accidents are most often the initiating cause for the transport, OCA utilizes the State of WI Trauma Triage Guidelines as a base for determining acuity if such a situation is encountered.

True supervised transports should have an attached ST questionnaire completed by the OCA Comm Center and do not require a PCR as the individual is an employee only under contract and not a patient. Individuals who are upgraded to an ambulance call require a PCR in accordance with OCA's regular procedures.

Road America (RA)

Orange Cross Ambulance provides contract services to Road America each year during a season spanning from April until November. These events are generally pre-scheduled standbys with dedicated crews. These crews can only be removed from the event in instances of a mass casualty incident within Sheboygan County, as a last available unit. These crews should not be considered in the determination of status levels and are typically to be released once cleared from the track.

On occasion a duty crew may be assigned to work Road America in lieu of an additional crew. These crews are dedicated to the event and are not to be considered in the determination of status levels while committed to the event. Upon clearing the track, these crews should be granted to the opportunity to return to their assigned station to restock if needed and change prior to being dispatch. This may be overridden if the crew is the last available unit.

When a crew transports a patient off track, the OCA Comm Center will record times and generate a dispatch ticket for the crew. Tickets should be created, and PCR's must be completed for transports OFF TRACK.

At times, Road America will request an ambulance to back fill the track while an OCA RA unit transports a patient off track. OCA will comply with this request unless it were to create a Status 0 situation.

Standby Events

Standby events are usually pre-planned arrangements where an ambulance or provider(s) are needed at a location to provide event medical care or transport services. Any request for a standby event, outside of 911 requests, requires approval by the Operations Manager, Executive Director, or their designee, regardless of time sensitivity. The event standby form should be used to relay the proper information including person of contact with phone number, date/time of event, and required crew configurations.

Crews assigned to these events may be either dedicated or non-dedicated. If a crew is dedicated to the event, the crew should not be counted when determining status level. The dedicated crew can only be removed from the standby event in cases of a mass casualty incident; not high call volume or other emergent event(s). Unless there is a life-threatening injury or illness the dedicated crew should call in another ambulance for transport of patients when needed. A non-dedicated crew should only be counted in status level when Orange Cross reaches Status 0, thereby creating a Status 1 situation.

Comm Center Forms

Dispatch Ticket – This dispatch ticket is a vital record for the completion of Patient Care Reports (PCRs) and serves as a legal record of call times. It is essential that this form is completed accurately and completely each time it is generated. Dispatch tickets are to be generated for each medical call for service incoming from SCECC or private lines. Supervised Transports do not require a dispatch ticket and the separate ST questionnaire should be utilized.

NEMSIS DATA DEFINITIONS FOR OCA DISPATCH TICKET

Nemsis Definition	911 calls	Emergent Private line	Non-emergent Private
PSAP – date / time phone rings requesting EMS.	SCSD 911 center PSAP time, not time page by OCA was received. Obtained via ERS.	Time phone rang in dispatch.	Time initial a call was received for a scheduled call or notification of pending call (or transfer).
Dispatched notified (call received). – time received from call taker if not the dispatcher	Time page was received in OCA dispatch from SCSD or City.	Time dispatcher took information	Time scheduled call was entered into dispatch ticket, or time call confirmation comes in.
Unit Dispatched – time responding unit was paged.	Time OCA dispatched the crew on the call regardless of prior times.		
Unit En Route - time : The time the vehicle started moving towards the call.	The time the ambulance is running and moving towards the call.		
Unit arrived on scene - the time the responding unit arrived and stopped.	The time the vehicle stopped moving at the scene.		
Arrived at patient - time the responding unit arrived at patient's side	The time crew was physically at the side of the patient.		
Unit left the scene: the time the unit with a patient left.	The time the wheels on the ambulance with the patient in it started to move.		
At destination	Time the ambulance arrived at destination or transfer point.		
Patient transfer of care	Time patient care was transferred staff at the destination or transfer point		
Unit back in service	The time the ambulance is back in service and ready for another call (does not have to be back in station, usually once cleared destination).		
Unit back home	Time the ambulance is back in its primary service area, not necessarily back at station.		

ABN – See definition above. ABN's are utilized when an item or service is not "reasonable and necessary" under Medicare Program Standards. Medicare will often not cover the cost of ambulance transport for patients being transported from home to Dr.'s Offices, from Hospitals to home or SNFs,

NEMB – Notice of Exclusions from Medicare Benefits

Facility Payment Form – The facility payment form should be utilized by Comm Specialists any time a local hospital or care facility agrees to "pay for the transport". A calculator exists in dispatch to provide accurate and relevant cost of transport data to facility staff via the payment form.

Transfer Questionnaire – This form is used to manage call intake for Interfacility Transfer requests.

ST Questionnaire – This form is used to manage call intake for Supervised Transport (ST) requests.

Sick Call Form – This form is used to manage call intake for OCA employees calling out ill. It should be completed in its entirety and submitted to Human Resources for processing.

Special Event Form – This form is used to manage call intake for Standby or Event Medicine requests for special events.

Paramedic/Critical Care Medication Chart - This document is used to differentiate between medications within the scope of a Paramedic vs the scope of a Critical Care Paramedic.

Comm Center Tracking Tools

OCA maintains a variety of tracking tools designed to provide insight into our operations, potential areas of improvement, operational impacts, unit utilization and a variety of other metrics. These tools are critical to long term strategic planning and must be accurately and regularly maintained. It is the responsibility of every Comm Specialist at OCA to ensure these are being updated throughout each assigned shift.

Mutual Aid Log – The mutual aid log is utilized to track every occurrence in which OCA has to request mutual aid from a partner agency. The mutual aid log should include the following data: Date of Request, Time of Request, Incident Location, Reason for Mutual Aid, Call Type, Mutual Aid Responding Agency, and Destination Hospital (if known).

Float Log – In order to ensure the most effective function of its System Status Management OCA regularly tracks the number of occasions in which a unit has to float to a different PSA to ensure coverage. The Float Log should include the following Data: Date of Float, Start Time, End Time, Departure Location, SSM Assigned Location, and any notes.

Transfer Log – OCA Maintains a record of every interfacility transfer it turns down or cannot accept in a timely manner. The transfer log should include the following data: Date of call, time

of call, Emergent, Urgent, Routine request, OCA time to availability, reason third party was contacted, responding third party, destination location, diagnosis (if provided).

Volume Tracker – The OCA Volume tracker records and updates in real time a variety of metrics designed to provide the Comm Center with insight into unit utilization and safety check-in points. The tracker consists of the following data: Call Number (Agency Wide), Call Time, Call End Time, Call Type, Standardized Time on Task, Call Mileage, Total Departures from Station (broken down by unit), percentage of total departures from station vs agency wide total departures from station, Weighted Unit Hour Utilization (broken down by unit), total mileage (broken down by unit), percentage of total mileage vs agency wide total mileage. Additionally the tracker flags for check-in when crews reach either 300 traveled miles or 50% weighted UHU. The tracker flags built in stops on crews who have traveled 500+ miles or exceeded 67% weighted UHU. Built in stops require coordination with the Field Supervisor to facilitate downtime.

Comm Center Software

During the course of routine daily operations, the OCA Comm Specialist will work with a variety of software in the Comm Center, including but not limited to:

ERS – Created by Spillman, ERS is a fully NEMSIS compliant EMS Records interface utilized by the SCECC.

EMABAS – Web based interface for monitoring and interacting with SCECC during MABAS events. EMABAS will automatically update and show box cards in effect at any given time.

SPILLMAN – Creator of Spillman FLEX CAD. Utilized by OCA Comm Center to quickly identify call locations and types as request for service are received by the Sheboygan County PSAP (SCECC).

SAMSARA – Creator of the OCA GPS system. Web-based interface provides a number of tracking a reporting tools as well as the ability to directly communicate with and route crews from the Comm Center.

FILEMAKER PRO – Creator of the OCA Dispatch Ticketing System and associated database.

References

- NEMSIS Data Dictionary: NHTSA v 3.3.4 Build 140328, EMS Data Standard, Version Date: March 28, 2014.
- Medicare Learning Network: Ambulance Fee Schedule and Medicare Transports: ICN 903194 July, 2019.
- CMS Manual Pub 100-02 Medicare Benefit Policy (Transmittal 130, July 29, 2010)

Revisions

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