# County, PA EMS System Response Plan

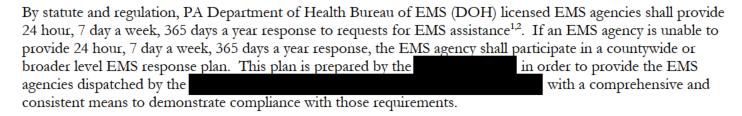
# County, PA Emergency Medical Service (EMS) Countywide Response Plan

### Intent

This EMS response plan is for assistance and coordination of day-to-day EMS response system operations within County, PA. EMS agencies shall strive to provide 24 hour, 7 day a week, 365 days a year in service time to respond to their assigned primary and mutual aid jurisdictions. Despite any best effort by an EMS agency's management, it is inevitable that there will be times when a crew/vehicle is not available. Acute crew illness, mechanical breakdowns, extended decontamination, agency personnel funerals, prior call for service without additional crews/vehicles available are examples of these situations.

It is not the intention of this plan to substitute for proper management and deployment of crews. This plan is not intended to substitute for EMS agencies ensuring staffing is scheduled 24/7/365. Additionally, agencies noting a trend of frequent mutual aid required shall initiate proper review to determine whether the placing of additional scheduled crews in service is in the best interest of the jurisdiction(s) served and the system of delivery as a whole.

# **Authority**



#### **Definitions**

Due to the "reuse" of some common terminology that has other meanings elsewhere in the EMS delivery system, it is necessary to define the intent of some of the terms used within this document. To this end, the terms below are defined for the purpose of their meaning internal to this plan only.

<u>Dispatched</u> – A unit is Dispatched when it is directed to respond to a call for service by , or added to a call for service in addition to other apparatus at the request of a unit in the field (e.g. a second unit asking to be added to the primary unit in an assist role is considered Dispatched when appropriately acknowledged by notification of a call being covered is not considered a dispatch.

<u>In Service, Available</u> – A unit is In Service, Available when it is prepared and able to respond to calls for service when Dispatched by

On A Call — A Unit is On A Call when it is currently engaged in the provision of services on a response Dispatched by DES or when the unit is returning from a Dispatched call to its primary service area. For a "normal" EMS call for service, the unit would be On A Call from the time of dispatch, through patient contact, transport to hospital, and until the unit is again In Service, Available or until it is placed Busy or Out of Service.

<sup>&</sup>lt;sup>1</sup> Title 35 of the PA Consolidated Statutes, Chapter 81, Subchapter 8140. Conditional Licenses

<sup>&</sup>lt;sup>2</sup> Title 28 Health and Safety, EMS Systems Regulations, Chapter 1027 EMS Agencies, 1027.1 (3)

| <u>Busy</u> – Appropriately staffed, operable, not On A Call, but unavailable to be Dispatched by otherwise committed. A unit on a routine transport, stand-by not dispatched by and otherwise not currently On A Call is considered Busy for the purpose of this plan.  |
|--|
| Out of Service – Not Busy and not In Service, or Available to respond to calls for service if Dispatched by  |
| <ul> <li><u>Unit Out of Service</u> – The EMS Unit is Out of Service when the unit is w/o required crew, mechanically inoperable, unsuitable for patient transport/treatment, etc.</li> <li><u>Station Out of Service</u> – The EMS agency station is Out of Service when all units assigned to that station in CAD are Out of Service.</li> <li><u>Agency Out of Service</u> – The EMS Agency is Out of Service because all units at all stations are Out of Service.</li> </ul>                      |
| Fail(ed) to Respond (FTR) — A unit has Failed to Respond when it was In Service, Available, and then properly dispatched and second dispatched as per prevailing policy, but then does not go responding to the call prior to another unit being sent in its place. It is understood that such a situation could arise due to a status keeping error at Should internal investigation subsequently reveal that such a condition arose due to an error at the unit shall not be considered to have FTR. |
| Process  |
| Participating EMS Agency Responsibilities  When an EMS agency cannot, or anticipates being unable to, provide EMS coverage to its assigned response area for any reason other than its crew(s) is/are On A Call, the agency shall notify by telephone or radio (telephone preferred). The Agency is Out of Service at this time.   |
| When an EMS agency cannot, or anticipates being unable to, provide EMS coverage to a portion of its assigned response area for any reason other than its crew(s) is/are On A Call, the agency shall notify by telephone or radio (telephone preferred). The Station is Out of Service at this time.  |
| As directed by the EMS agency shall respond to a call for emergency assistance with appropriate (for the type of call dispatched) staff, equipment, and vehicle in conformance with prevailing PA Department of Health (DOH) regulations when Dispatched. The EMS agency may not refuse to respond to a Dispatched call when the agency had a unit(s) In Service, Available prior to the dispatch.   |
| EMS agencies shall notify in writing of a desire to be removed as a signatory to this plan.  |
| <u>Responsibilities</u>  |
| serves as the Public Safety Answering Point (PSAP) for assistance are received from the public and other sources by the dispatching (EMD) protocols and departmental policy, appropriate EMS and support resources are Dispatched to these requests for EMS assistance.  |
| manages reports from EMS agencies regarding the agency's EMS system response status. Using CAD, identifies the EMS agency's status at an organization, station and unit level. If the agency due to respond to a call for assistance is not available, will dispatch mutual aid EMS agencies according to the mutual aid plan (run   |

card) that is on record for the geographic area and following prevailing dispatch and radio standard operating

procedures issued by

reserves the right to alter the plan as needed to address system-wide needs.

| shall provide data as indicated below to the EMS Council (Council). At the discretion of management, similar information may be provided to the authority having jurisdiction if, in the opinion of agency is failing to meet established standards.  |
|---|
| shall notify the EMS response agency, Council, and mutual aid agencies when, in its sole discretion, an agency has failed to meet the intent of this plan and is to be removed as a signatory. shall, at its sole discretion, remove signatories from participation in the plan.  |
| shall terminate or modify this plan at its sole discretion, but on the advice of Council and the EMS response agencies dispatched by . Further, shall notify Council and the EMS agencies of the termination or modification of the plan so that the agencies can either execute the new plan, or, in the event the plan is terminated, or the agency elects to not execute the modified plan, so that the agency can otherwise meet its regulatory obligations.    |
| EMS Council Responsibilities In addition to all its statutory and regulatory authorities and responsibilities, Council shall serve to advise with respect to the administration of this plan.   |
| Council shall receive the information/reporting as described below, and use it as appropriate in the inspection and licensing of the EMS agencies.  |
| Council shall work to assist all parties in complying with this plan by providing support, coaching or and additional resources as possible. Council shall be a resource to all parties in mediating disputes and ensuring that all other parties comply with the plan  |
| Limitations & Requirements of Participation   |
| As a PA Department of Health licensed EMS agency, it is the responsibility of an EMS agency to provide EMS response 24 hours a day, 7 days a week, 365 days a year. Despite participation in the program defined by this response plan, an EMS agency designated on run cards in County is expected to act in a way to maintain necessary staffing and equipment/vehicles to provide 24 hours a day, 7 days a week, 365 days a year EMS system response capability. |
| In order to be eligible to participate in the County, PA EMS System Response Plan, each participating EMS agency is required to maintain call records that must include a log of each call to which the agency is dispatched, as well as a notation of whether it responded to the call or FTR and, in the case of FTR, the reason for the failure.   |
| Also, the EMS agency must record any time periods for which the EMS agency was Station Out of Service and/or Agency Out of Service. These records will be reviewed at the time of the EMS agency's license renewal, or at any time at the discretion of the Council or DoH.   |
| Process and Affirmation of Participation in the EMS Response Plan EMS agencies dispatched through shall participate in the County EMS Response Plan. EMS agencies are to acknowledge and sign the EMS Response Plan for County. will finalize and enact the plan. The signed plan will be forwarded to Council for review and execution. Council will forward the plan to DoH for final   |

# **Quality Improvement**

#### Goals

- EMS agencies identified on County 911 response run cards shall respond 100% of the time they are Dispatched to calls, and such response shall be within the prevailing County guidelines for initial response to a dispatch (eg. without a cover agency being dispatched).
- All EMS agencies identified on County 911 response run cards shall have at least (1) unit In Service, Available or On A Call 98% of the time (no more than 15 hours a month Agency Out of Service or all units Busy or Unit Out of Service). EMS agencies with multiple stations identified on County run cards shall have at least (1) unit In Service, Available or On A Call at each station where they are licensed to operate at least 50% of the time (no more than 360 hours a month or 4400 hours a year Station Out of Service or all units assigned to station Busy or Unit Out of Service).
- EMS agencies will notify 100% of the time when the agency will not be in service at one or more of its licensed stations.
- EMS agencies will notify 100% of the time (by specific administrative telephone call, not just through unit status change) when the agency is providing service below its highest level of licensed care at ALL stations.

# Reporting

Monthly, will provide notice to Council of any agency not meeting its 98% agency in service time and/or its 50% station in service time. Additionally, EMS Council shall be notified no later than next business day of any EMS response to which an agency has FTR. Any such notification shall be copied to the involved EMS agency.

# **Triggers**

The EMS Council will trend agency compliance. Any agency not meeting:

- Its 100% response when in service benchmark, and/or
- Its 98% time in service benchmark for a 3<sup>rd</sup> month in any 12 month period, or in the case of multi-station agencies, its 50% station in service benchmark

Shall be required to meet with Council to address the issue and may, at the sole discretion of DOH, be required to provide Council with a written corrective action plan which Council, in cooperation with DOH, will monitor for compliance.

Ongoing non-compliance will be, at the discretion of the discretion of participation in this plan and, at the discretion of Council, could have licensing ramifications for the agency.

| Signature | Printed Name and Title | Date |
|-----------|------------------------|------|
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |

| Signature | Printed Name and Title | Date |
|-----------|------------------------|------|
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
| Signature | Printed Name and Title | Date |

| Signature | Printed Name and Title | Date |
|-----------|------------------------|------|
|           |                        |      |
|           |                        |      |
|           |                        |      |
| Signature | Printed Name and Title | Date |
|           |                        |      |
|           |                        |      |
| Signature | Printed Name and Title | Date |

| This plan is enacted on        | by County                  |  |  |
|--------------------------------|----------------------------|--|--|
| For County                     |                            |  |  |
| Signature                      | Printed Name and Title     |  |  |
| Preliminary review and approva | l on by EMS Council        |  |  |
| For EMS Council                |                            |  |  |
| Signature                      | Printed Name and Title     |  |  |
| Final review and approval on   | by PA Department of Health |  |  |
| For PA Department of Health    |                            |  |  |
| Signature                      | Printed Name and Title     |  |  |

Summary of Participating Agencies Follows This Page

# **SUMMARY OF PARTICIPATING AGENCIES**

(Signature Pages Preceding)

| Agency                  | Status             | Date Executed |
|-------------------------|--------------------|---------------|
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
|                         |                    |               |
| ounty EMS Council       |                    |               |
| PA Department of Health | Authorizing Agency |               |

This page will be recirculated to all parties and slip-sheeted as required to reflect any changes in plan participation.