



911 EMERGENCY AMBULANCE USE

Effective: June 3, 2020
Replaces: April 27, 2017
Review: June 2023

I. Purpose

The purpose of this policy is to establish best practices for the efficient and sustainable use of 911 emergency ambulances in Santa Clara County EMS System.

II. Definitions

- A. Conventional EMS System Operations: Ambulance resources are consistent with daily practices within the EMS System.
- B. Contingency EMS System Operations: Ambulance resources are not consistent with daily practices but, maintain or have minimal impact on usual patient care practices within the EMS System.
- C. Crisis EMS System Operations: Ambulance resources are not consistent with usual standards of care.

III. Indications for 911 Emergency Ambulance Use

- A. 911 emergency ambulances are used when a 911 patient presents in need of ambulance transport to an acute care hospital.
- B. Conventional system; ideal resource utilization:
 - 1. ALS ambulances will respond to all classification of responses (ECHO, DELTA, CHARLIE, BRAVO, ALPHA and all non-triaged).
- C. Contingency system; ideal resource utilization:
 - 1. ALS ambulances will respond to all classification of responses (ECHO, DELTA, CHARLIE and non-triaged CODE 3 responses).
 - 2. BLS ambulances will respond to BRAVO, ALPHA and non-triaged CODE 2 responses.



- D. Crisis system; probable resource utilization:
 - 1. Closest ambulance (ALS or BLS) to ECHO and DELTA.
 - 2. No initial ambulance dispatch on CHARLIE, BRAVO, ALPHA and non-triaged responses.

IV. Field Utilization Practices

- A. Public safety providers shall immediately cancel 911 emergency ambulances as soon as it is determined that 911 emergency ambulance transport is not necessary or when ambulance transport is not desired by the patient.
 - 1. Upon arrival on the scene of a response, the EMT or paramedic shall assess the need for 911 emergency ambulance use.
 - 2. Following assessment of the patient, the EMT or paramedic shall assess the need for 911 emergency ambulance use.
 - 3. Unless the 911 emergency ambulance arrives on the scene prior to public safety providers, the public safety response organization shall complete Refusal of Service documentation, if appropriate, and immediately clear the emergency ambulance.
- B. 911 emergency ambulance crews shall immediately notify their dispatch center once it has been determined that a response will not result in a patient transport and then shall become available for response.
- C. 911 emergency ambulance services will determine procedures that address completion of patient care records, return to service, and other operational aspects external to this Policy.

V. Patient Loading

- A. Routine Patient
 - 1. Public safety providers are to prepare patients for transport as soon as reasonably possible and only when 911 emergency ambulance transportation is indicated by Policy.
 - 2. Individuals that are no longer deemed to be patients shall not be compelled to accept 911 emergency ambulance transportation to an acute care hospital in lieu of arrest.



3. Patients shall not be compelled to accept 911 emergency ambulance transportation to an acute care hospital unless indicated by the severity of illness or injury.
4. Upon 911 emergency ambulance arrival on the scene of an EMS response where another EMS team has made contact with a patient; the 911 emergency ambulance crew shall immediately prepare for transport and expedite departure from the scene.
5. In most EMS events, a 911 emergency ambulance will transport one patient. In the event that a 911 emergency ambulance needs to transport multiple patients, criteria in Section B will be followed.

B. Multiple Patients

1. In the event of multiple patients, 911 emergency ambulances shall be properly loaded in accordance to severity prior to departure from the scene. The most severely injured/ill patient should be loaded into the 911 emergency ambulance, so that patient will be the first patient offloaded at the destination.
2. There will be some circumstances that include, but are not limited to, the patient's condition; the location of the incident; and/or response time of additional 911 emergency ambulances, which will require multiple "immediate" patients be loaded into the same 911 emergency ambulance. If those circumstances exist, do not delay transport of the immediate patients.
3. Minor severity patients may be transported in a seated position (captain's/jump seat with seat belt) if appropriate for medical care.
4. In the event of an activation of the EMS Policy #811 "Multiple Casualty Incident Plan (MCIP)", **patient routing and loading standards contained within the MCIP shall be used.**