



<b>Operational Policy</b>		<b>2120</b>
Effective <b>June 28, 2018</b>		Expires <b>March 31, 2019</b>
Policy: <b>Closest ALS Ambulance – Mountain Plateau</b>	Approval: Medical Director <b>Reza Vaezazizi, MD</b>	Signed 
Applies To: <b>ALS Ambulance Providers, EMD Providers</b>	Approval: REMSA Director <b>Bruce Barton</b>	Signed 

**PURPOSE**

In accordance with Emergency Medical Dispatch (EMD) and Medical Priority Dispatch System (MPDS), the purpose of this policy is to define the procedures for the utilization of the closest, most appropriate ALS ambulance. This policy shall apply to all 9-1-1 medical emergencies within the Mountain Plateau non-exclusive operating area (NEOA) including Idyllwild Fire Protection District (IFPD) exclusive operating area (EOA).

**AUTHORITY**

- [California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)
- [California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services](#)
- [Riverside County Ambulance Ordinance 756](#)

Nothing in this policy is intended to waive any rights the participating providers may have under the EMS Act, including any grandfathered rights IFPD has within their jurisdictional boundaries under Section 1797.201.

**Ambulance Providers**

Ambulance providers must adhere to all REMSA ordinances, policies, protocols, and procedures. The status and location of all ALS ambulances must be tracked utilizing a digital Computer Aided Dispatch (CAD) system with fully integrated automated vehicle locator (AVL)/global positioning system (GPS).

**Prioritization and Allocation**

The Riverside County Emergency Command Center (ECC) will utilize and comply with EMD and MPDS protocols for response prioritization and resource allocation within the Mountain Plateau NEOA including IFPD EOA.

**Ambulance Staffing and Availability**

ALS ambulances must be staffed with a minimum of one certified EMT and one Riverside County accredited paramedic at all times during the response. Ambulances will not be considered available for response if the minimum staffing level is not met at the time of dispatch.

**Reporting and Continuous Quality Improvement (CQI)**

Ambulance providers must provide a monthly performance report in the format specified by REMSA. This report shall be submitted to REMSA within the first 15 business days of the following calendar month.

**Procedure for Closest Ambulance Response**

1. When a 9-1-1 request for emergency medical response is received, the closest authorized ALS ambulance(s) will be identified by the CAD utilizing AVL/GPS.
2. The closest authorized ALS ambulance(s) will be assigned to the response\*.
3. The assigned ambulance(s) shall acknowledge the assignment and respond to the call.
4. The responding ambulance shall notify the Emergency Command Center (ECC)/Dispatch Center of all of the following:
  - a. Unit En Route (eTimes.05)
  - b. Unit Arrived on Scene (eTimes.06)
  - c. Unit Left Scene (Transporting)(eTimes.09)
  - d. Arrival at destination –Landing Zone (eTimes.10)

- e. Patient Arrived at Destination-Hospital (eTimes.11)
  - f. Unit Cancelled (eTimes.14)
  - g. Unit Back at Home Location (eTimes.15)
5. Patient Care Reports shall be completed pursuant to REMSA requirements.