

Virginia Beach Department of Emergency Medical Services

Operations

ECCS Liaison Call Triage

PURPOSE: This standard operating guideline (SOG) explains the process of triaging, reclassifying and managing calls for service by the EMS Supervisor assigned to the EMS Liaison position in Emergency Communications and Citizen Services (ECCS) dispatch center. The EMS Supervisor has the unique ability to monitor calls for service as they are answered by call takers and can occasionally ask clarifying questions using EMS experience and knowledge. Reclassification of calls for service is judgment based on varying factors that do not always fit into a decision point.

APPLICABILITY: This SOG applies to all EMS personnel assigned to ECCS in the capacity of an EMS liaison.

PROCEDURE: The intended purpose of the EMS Liaison is to dispatch the appropriate resource(s) to the call for service. The EMS Liaison is empowered to use their knowledge, skills and experience to properly triage medical calls for service and dispatch the necessary resources. This will provide for the best medical care to the sick or injured for their situation. The situations outlined below are suggested guidelines and it is understood that decisions will be made outside of these guidelines from time to time.

Suspected COVID Patient:

- Reduce unnecessary exposure to providers during the COVID-19 outbreak
- Any Priority 1 call that is determined as a high-risk call where full PPE is required will be screened by the EMS Supervisor prior to dispatch. The EMS Supervisor should assess the following to determine the appropriate resource assignment:
 - Location of ambulance versus the closest fire apparatus
 - If the ambulance is within 3 minutes of the fire department apparatus or all apparatus are leaving from the same location, clear the fire apparatus unless needed for manpower or ALS support
 - Cardiac arrests should get a full fire/EMS response (no PD due to PPE issues)
 - Location of the closest ALS provider (ambulance/zone medic/fire medic)

- If the ALS ambulance or zone medic is within 3 minutes of the fire department apparatus, clear the fire apparatus unless needed for additional ALS support
 - If the zone medic is greater than 3 minutes from an ALS fire apparatus that has been dispatched, clear the zone medic; the fire medic will provide ALS medical care, if needed
- Any Priority 1 call that is determined as a call where PPE is required will be screened by the EMS Supervisor with limited delay to dispatch. The EMS Supervisor should assess the following and consider altering the resource assignment if:
 - Location of ambulance versus the closest fire engine/ladder
 - If the ambulance is within 3 minutes of the fire department apparatus or all apparatus are leaving from the same location, clear the fire apparatus unless needed for manpower or ALS support
 - Location of the closest ALS provider (ambulance/zone medic/fire medic)
 - If the ALS ambulance or zone medic is within 3 minutes of the fire department apparatus, clear the fire apparatus unless needed for additional ALS support
 - If the zone medic is greater than 5 minutes from an ALS fire apparatus that has been dispatched, clear the zone medic; the fire medic will provide ALS medical care, if needed

Upgrade of Call(s):

- If the call for service requires upgrading, upgrade and start the appropriate additional resources
 - Take into consideration COVID responses identified above
 - Location of additional resources
- We should not typically dispatch a zone medic and not dispatch a fire department ALS resource that is closer (3 minutes)
 - Severe injuries/illness: Add EMS supervisor
 - If triaged by call taker as priority 2, upgrade to priority 1 and add appropriate units
- Multiple patients: Add EMS Supervisor
- Possible RSI: Add EMS Supervisor
- Possible cardiac/respiratory arrest, but not dispatched as such
- Potential issues with staff, patient, family that supervisor can assist with add EMS supervisor

Downgrade of Call(s):

- Assess all calls dispatched and determine if the call is appropriately classified.
 - If it can be downgraded, downgrade and cancel zone medic and fire department resources
 - We should not typically cancel a fire department ALS resource yet keep a zone medic responding unless the zone medic is closer
- Calls for service that should be closely monitored for downgrading:
 - Fall with numbness/tingling as only symptoms that EMD required to be priority 1
 - Abdominal pains
 - Bleeds (Rectal, superficial etc.) without any other signs and symptoms of a priority 1 call type
 - Cardiac/Chest pain on younger patients with no cardiac history
 - Seizures that have now stopped and patient is alert and oriented
 - Any call assessed using EMS experience as to not have priority 1 symptoms

Miscellaneous:

- Medical Alarm calls held to make contact to assess resource needs, if contact unable to be made closest unit (Fire or EMS) sent. (Often Medical Alarm calls are false alarms, BLS calls, or Lift assists)
- Calls for service generated by fire/police CAD will not be held, downgraded or cancelled unless done so by a supervisor from one of those departments or an on-scene unit
- Unconscious (sleeping in vehicle, sleeping by road, etc.) held for police to advise or until further information received.
- Calls at medical facilities where non-severe symptoms are presented, attempt should be made to turn over to commercial ambulance service

Turn Over to Commercial Transport

- Contact Medical Transport via phone or radio (Hospital Bank, Channel 8 Hospital Coordinator)
 - Provide basic information, age, sex, location of patient, patient weight and complaints
 - Inform dispatcher as soon as possible so they can cancel Fire/EMS units
- Use Commercial Ambulance Service Log

