



# Emergency Communications

PURPOSE

- I. To provide a minimum set of requirements for radio communication interoperability, define the standard of radio frequencies for Emergency Medical Service (EMS) providers and describe the guidelines emergency medical personnel operating in Napa County.

POLICY

## I. AMBULANCE SERVICE DISPATCH REQUIREMENTS

- A. Each ambulance service shall maintain an operational and staffed center which shall include a certified dispatcher whose sole or primary function is to receive calls and dispatch ambulances. This center shall be open twenty-four (24) hours per day, seven (7) days a week.
  - 1. Each private dispatch center shall at all times have the capability of direct line communications with the EMS dispatch center and shall maintain twenty-four (24) hour telephone availability to the public.
  - 2. Each ambulance provider shall provide an estimate of arrival time to all persons or agencies requesting service. If that commitment cannot be met, they will so advise as soon as possible.
  - 3. Emergency response should occur within the time requirements established by policy within each response zone and for each response type. If unable to begin response within three (3) minutes of emergency dispatch, the ambulance service shall notify EMS dispatch immediately.
  - 4. Private ambulance units placed under the control of the EMS dispatch center shall use the unit designator assigned by that dispatch center.
  - 5. When requested to do so by EMS dispatch, all permitted ambulances shall promptly provide availability, location or status of emergency vehicles.
  - 6. All private dispatchers shall immediately report all requests for emergency care transport to the EMS dispatch center for dispatch. Private dispatchers may handle requests for non-emergency calls.
  - 7. All permitted ambulance services may provide emergency service to any areas within Napa County when requested to do so by the EMS dispatch and/or EMS Agency.

## II. REQUIRED COMMUNICATION EQUIPMENT

Each ambulance certified under this chapter shall be equipped with appropriate and properly maintained communications equipment approved by the EMS Agency to maintain continuous communication with EMS dispatch. Each ambulance crew shall be equipped with a personal paging receiver to facilitate communication with EMS dispatch. Each ambulance certified under this chapter shall be equipped with appropriate and properly maintained communications equipment to communicate with acute care hospitals. The owner or franchisee shall maintain all communication equipment.

### III. CITY AND FIRE DISTRICT DISPATCH

Ambulances owned and operated by cities or fire districts within the Napa County EMS System may utilize their own dispatch systems in coordination with EMS Dispatch. All city and fire ambulance dispatch centers shall be subject to the provisions pursuant to policy. All emergency calls not received in a public safety answering point (PSAP) will be dispatched by EMS dispatch or the appropriate fire dispatch center, unless written permission granted through the Napa County EMS Agency allows for an alternate arrangement. If EMS dispatch is aware of ambulance resources which are closer to a call than those dispatched by a city or fire district, EMS Dispatch may cancel the responding unit and send the closest unit in accordance with an adopted mutual or automatic aid agreement. Cities or fire districts which do not operate their own ambulance services and which receive EMS calls through their PSAP (as expeditiously as possible) will request ambulances through EMS dispatch.

### IV. DISPATCH CHANNELS

- A. As the Federal Communication Commission (FCC) license holder, the individual counties within the Napa County Emergency Medical Services system may designate or grant permission to ambulance providers to operate on the radio system.
- B. All ambulances operating within the Napa County EMS system shall have the appropriate equipment capable of communicating with the designated EMS dispatch center in their assigned county of operation.
- C. Alternate communications technologies such as cellular telephone and EMS approved "trunked radio" may be used as an adjunct to the communication system outlined within this policy.
- D. Each Advanced Life Support ambulance shall have Ultra High Frequency capability Med channels 1-10.

### V. AVAILABILITY OF AMBULANCES

- A. A designated ambulance available for emergency service is one which has a crew of at least two (2) certified persons with the ambulance and which is ready at that time to be dispatched. An ambulance may also be considered available for emergency service when its crew is capable of reaching the ambulance and can depart to the scene within three (3) minutes of receiving call from EMS dispatch.
- B. An ambulance which is occupied by a patient is not considered available for emergency service and will not be dispatched under this policy except in dire emergency, when no other ambulance is available to be dispatched or the estimated time of arrival to the scene by another ambulance is excessive and the transported patient's well being will not be adversely affected.
- C. When on routine movements (e.g., meals), designated ambulances shall keep EMS dispatch informed of their location and/or destination.

### VI. PROHIBITED DISPATCH

- A. A provider shall not dispatch an ambulance as a result of information obtained by monitoring a public safety radio frequency unless directed to do so by EMS dispatch.
- B. Field units shall not initiate a lights and siren (LAS) response to a call as a result of information obtained by monitoring a radio frequency assigned to a public safety agency unless directed to do so by EMS dispatch.
- C. Under no circumstances should a unit that is posted to provide move-up coverage for another provider initiate a response into that provider's area without direction and approval from EMS dispatch.

**VII. ROLLING RESPONSE**

- A. When anticipating a high likelihood of being dispatched to a pending medical incident, the appropriate unit shall initiate a code two response to the incident location.
- B. If more than one unit is available which anticipates potential dispatch, those units may contact each other on an appropriate radio channel and decide which unit is more likely to arrive at the medical incident first. The unit that ends up responding to the medical call shall inform EMS dispatch accordingly.

**VIII. EMS DISPATCH PROCEDURE**

- A. When EMS dispatch is contacted and advised by a posted and/or available unit that it is responding to a medical incident that has not yet been dispatched, the dispatcher will acknowledge the responding unit's advisory message. This acknowledgment will constitute authorization to respond. The dispatcher should then verify the medical incident with the requesting jurisdictional agency and/or Public Safety Answering Point as necessary.
- B. If there are no other medical incidents pending that the dispatcher wishes to send the advisory unit to, the dispatcher will then issue an authorization number and the ambulance will then respond code three if appropriate.

**IX. ADJUSTMENT AMBULANCE OF DISPATCH**

- A. If any ambulance service or first responder agency believes that the dispatch areas used by EMS dispatch do not reflect the closest ambulance, a request for adjustment may be submitted to Napa County EMS Agency.
- B. Upon request for adjustment a meeting shall be held, including representatives of the ambulance services involved, the Napa County EMS Agency, the EMS dispatch agency and any interested first responder agency.
- C. If the result of the meeting is unsatisfactory to any involved party it can be appealed to the EMCC, which shall make a recommendation to the EMS medical director. The decision of the EMS medical director shall be final.
- D. Items to be considered in a request for adjustment may include changes in ambulance station location, changes in road conditions (i.e., new or improved roads) and actual response times as verified by EMS dispatch and when actual times are not available, simulated response times.

<b>TX_FREQ</b>	<b>RX_FREQ</b>	<b>ENC</b>	<b>DEC</b>	<b>SERVICE</b>
155.835	155.100	131.8	131.8	DISP/AMB MED ATLAS
155.835	155.100	127.3	131.8	DISP/AMB MED ST HEL
155.100	155.100	131.8	131.8	DISP MED NET C/C
155.355	155.355	131.8	131.8	NAPA AMB/HOSP