ALAMEDA COUNTY EMS

SURGE PLAN

(INTERIM)

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DEFINITIONS

Term	Definition
Six (6) Priority 4 Determinants Requiring ALS	1C – Abdominal Pain, 17B – Falls, 23C – Overdose/Poisoning, 26D – Sick Person, 30B – Traumatic Injury and 32D – Unknown Problem (Person Down)
9-1-1 Calls	Calls for service received by ACRECC requesting transport resources for the private provider EOA or as mutual aid to Albany, Alameda, Berkeley, or Piedmont.
ACRECC	Alameda County Regional Emergency Communications Center – Dispatch agency for ambulance transport resources in the private provider contracted EOA
CMED	ACRECC ambulance dispatch channel
DOC	Department Operations Center
EB CALL	East Bay Call – County channel monitored by permitted provider dispatch centers
EOA	Exclusive Operating Area
LEMSA	Local Emergency Medical Services Agency – Alameda County EMS
LEMSA Leadership	Alameda County EMS Director Lauri McFadden, Deputy Director William McClurg or Supervising EMS Coordinator Jim Morrissey
Hard Patient Offload	EMS-initiated movement of the patient from their gurney at a receiving facility. This occurs when a collaborative team-based approach has not made progress after the ambulance has been at the facility for 90 minutes and an appropriate place to offload the patient has been identified. This offload could occur to an open bed, a wheelchair or the waiting room. The process will be managed by an EMS supervisor for the transport company and ER staff will be advised of the action. *Note: Time is reduced upon activation of Tier II.*
MHOAC	Medical Health Operational Area Coordinator
Private Provider	Contracted EOA Private Ambulance Provider
RDMHS	Regional Disaster Medical Health Specialist

SURGE PLAN

Tier I: Short-Term Surge with Exacerbating Factors

Exacerbating factors may be, but are not limited to, volume surges co-occurring with events with potential to increase system demand, environmental factors such as extreme heat, and/or staffing issues.

Prompt: Sustained holding of 9-1-1 Calls > 30 minutes

Action: Permitted non-emergency providers requested into system. EMS supervisor response requirements suspended and supervisors reallocated to system support roles.

Scope: BLS units will be allowed to run Priority 4 calls throughout the entire county with the exception of the six (6) Priority 4 determinants that require ALS. CCT-Paramedic units will be eligible to respond on any call. If a CCT-RN unit is retained through this process it shall operate as a BLS unit and be limited to the same call types.

Tier I may be activated by the Private Provider while attempting to notify LEMSA Leadership.

Communication will be sent by LEMSA to system partners providing notification of Tier I activation.

Tier II: Long-Term Surge

Ongoing surge with no indication of slowing or high index of suspicion for continuation or exacerbation.

Prompt: LEMSA-initiated conference call upon Private Provider request with LEMSA Leadership, Private Provider and ACRECC Supervisor creating a virtual DOC.

Action: Permitted non-emergency providers requested to remain in System with expanded scope of work listed below.

Scope: BLS units will be allowed to run all Priority 4 calls throughout the entire county. CCT-Paramedic units will be allowed to respond on any call. If a CCT-RN unit is retained through this process it shall operate as a BLS unit and be limited to the same call types. Hard patient offload threshold will be reduced to 60 minutes.

Communication will be sent by LEMSA to system partners providing notification of Tier II support activation.

LEMSA DOC will continue to monitor system and converse at regular intervals to review system status.

Private Provider will send a security-cleared representative to ACRECC.

MHOAC will make notification to RDMHS in preparation for possible mutual aid request.

Tier III: System Overload

Exhaustion of internal resources and diminishing resiliency.

Prompt: Determination by DOC.

Action: Request medical mutual aid through RDMHS.

Scope: No change in scope. As mutual aid resources arrive, based on need, they will integrate into Tier II scope. If resources are BLS or CCT they will be eligible for all Priority 4 calls system-wide. ALS resources will be eligible for all calls.

Communication will be sent by LEMSA to system partners providing notification of Tier III activation.

LEMSA DOC will continue to monitor system, converse at regular intervals to review system status, and identify personnel for logistics, planning and operation chief roles.

TIER NOTIFICATION CONTACTS

System Partner Notifications		
Tier I	Tier II	Tier III
Fire Chiefs and EMS Section Representatives HCSA Director Private Provider Leadership ACRECC Supervisor Group LEMSA Leadership and Duty Officers Permitted Providers Leadership Receiving Facilities Law Enforcement Leadership	Tier I Contacts and: MHOAC RDMHS	Tier II Contacts and: County Health Officer County OES

SAMPLE NOTIFICATION MESSAGING

Tier I
Attention Alameda County EMS System Partners: Alameda County EMS has activated Tier I of the Surge Plan. The EMS System has been experiencing a significant surge in volume. The EMS Agency has authorized permitted non-emergency ambulance providers to supplement the system to assist Falck in meeting increased system demand. Permitted Non-Emergency Providers, please ensure your dispatch centers are monitoring East Bay Call (EB CALL) and communicating the availability of resources when requested. Fire agencies may receive permitted non-emergency providers as their transport resource. These providers will be BLS and responding to 5150 and low acuity calls with the possible exception of CCT-Paramedic units from AMR who will identify themselves as an Alameda County accredited ALS unit. If you receive a BLS unit and have identified the need for continuing ALS please ride in with the ambulance to continue care. Receiving facilities will be receiving 9-1-1 patients from additional providers outside of Falck and transporting fire departments. Please do your due diligence to assist in getting units back into the system as quickly as possible by offloading patients in a timely manner. As a reminder, if patient is of low acuity and it is clinically appropriate, patients can be offloaded to the waiting room. Thank you all for your assistance. It is greatly appreciated.

Tier II
Attention Alameda County EMS System Partners: Alameda County EMS has activated Tier II of the Surge Plan. The EMS System has been experiencing a sustained surge in volume. The EMS Agency has authorized permitted non-emergency ambulance providers to supplement the system to assist Falck in meeting increased system demand. Permitted Non-Emergency Providers, please ensure your dispatch centers are monitoring East Bay Call (EB CALL) and communicating the availability of resources when requested. Fire agencies may receive permitted non-emergency providers as their transport resource. These providers will be BLS and responding to 5150 and low acuity calls with the possible exception of CCT-Paramedic units from AMR who will identify themselves as an Alameda County accredited ALS unit. If you receive a BLS unit and have identified the need for continuing ALS please ride in with the ambulance to continue care. Receiving facilities will be receiving 9-1-1 patients from additional providers outside of Falck and transporting fire departments. Please do your due diligence to assist in getting units back into the system as quickly as possible by offloading patients in a timely manner. As a reminder, if patient is of low acuity and it is clinically appropriate, patients can be offloaded to the waiting room. The hard offload threshold of 90 minutes is being reduced to 60 minutes. If system demand continues to exceed available resources, medical mutual aid resources from surrounding counties may be requested. That need is currently being evaluated. Thank you all for your assistance. It is greatly appreciated.

Tier III
Attention Alameda County EMS System Partners: Alameda County EMS has activated Tier III of the Surge Plan. The EMS System has been experiencing a sustained surge in volume. The EMS Agency has authorized permitted non-emergency ambulance providers to supplement the system as well as the requested medical mutual aid from surrounding counties to assist Falck in meeting increased system demand. Permitted Non-Emergency Providers, please ensure your dispatch centers are monitoring East Bay Call (EB CALL) and communicating the availability of resources when requested. Fire agencies may receive permitted non-emergency providers or medical mutual aid resources as their transport resource. The permitted non-emergency providers will be BLS and responding to 5150 and low acuity calls with the possible exception of CCT-Paramedic units from AMR who will identify themselves as an Alameda County accredited ALS unit. Medical mutual aid resources should be ALS but may include BLS resources as well. If you receive a BLS unit and have identified the need for continuing ALS please ride in with the ambulance to continue care. Receiving facilities will be receiving 9-1-1 patients from additional providers outside of Falck and transporting fire departments. Please do your due diligence to assist in getting units back into the system as quickly as possible by offloading patients in a timely manner. As a reminder, if patient is of low acuity and it is clinically appropriate, patients can be offloaded to the waiting room. The hard offload threshold of 90 minutes continues to be reduced to 60 minutes. Thank you all for your assistance. It is greatly appreciated.

PERMITTED PROVIDER POLLING and USE PROCEDURE

All permitted provider dispatch centers monitor the EB CALL channel within their dispatch centers. Monthly radio tests are conducted to validate provider compliance and ensure the ability for bi-directional communications.

When the need for resources is identified and authorized by the LEMSA (Tier I), the permitted providers shall be polled on EB CALL for resource availability by Private Provider. A roll call of each permitted provider shall be completed asking how many units they have available to Alameda County for the 9-1-1 system.

Available permitted provider and unit information will be provided to ACRECC by phone in order to create the units in CAD. Unit IDs will be communicated back to the provider dispatch centers on EB CALL with the instruction for their units to switch their radios to CMED and advise their availability to ACRECC for assignment.

No permitted provider shall be assigned a call for service without being appropriately built in CAD.

<u>All permitted provider unit radio traffic shall take place on CMED</u> to include advisement of availability, acknowledgement of calls and/or posts, notification of arrival on scene, notification of transporting with facility name, notification of transport arrived, and notification of cancellation.

Permitted providers will be posted to either hospitals or intersections that will be identified in plain text.

Permitted providers shall keep ACRECC updated as to their location.

Permitted providers shall be assigned to calls based on the following guidelines:

Provider Level	Tier I	Tier II or III
BLS or CCT-RN	Units will be allowed to Priority 4 calls with the exception of the six (6) determinants that require ALS throughout the entire County	Units will be allowed to run <u>all</u> Priority 4 calls throughout the entire County
CCT-Paramedic (AMR Only)	Units will be eligible to respond on any call	Units will be eligible to respond on any call

Permitted provider units once in the system shall remain a resource for ACRECC until formally released. If a provider needs a resource back they must request through EB CALL and the unit will be released as soon as possible.

Upon the system returning to normal operations and all resources being return to the permitted providers, the permitted providers shall provide the LEMSA with the following information:

- Number of units and unit hours supplied to the 9-1-1 system
- Number of dispatches and transports within the 9-1-1 system
- Copies of all PCRs/documentation completed while in the 9-1-1 system

EMS SUPERVISOR REALLOCATION

Upon activation of Tier I, the requirement for EMS supervisors to respond on Priority 1 level calls shall be suspended. The four (4) EMS supervisors shall be reallocated into assigned roles by Private Provider Leadership with specific functions in order to support system efficiency and to mitigate impedances or issues that arise.

Supervisor Number	Assigned Role	Function
1	Clinical Oversight and Safety Officer	• Clinical supervision of permitted providers and mutual aid assets to ensure compliance with County protocol and policy. • Assist with destination decisions for specialty care and to proactively prevent hospital overload. • Available resource to address allied agency questions or concerns.
2	System Status Management and Hospital Liaison	• Work with receiving facilities to facilitate fast and efficient patient offloads. • Re-destination of transport arrived units at impacted facilities if needed. • Available resource and liaison for all receiving facilities.
3	EMS Logistics and Agency Rep	• Mitigation of mechanical failures and fleet issues. • Coordination of unit restock and resupply. • Point of contact for incoming mutual aid resources.
4	System Response and Incident Management	• To be positioned in a centralized location in the County. • Able to respond as needed to holding high acuity calls. • Able to respond to co-occurring expanding events such as MCIs or greater alarm fires to alleviate the need for ALS standby resources.

LAW ENFORCEMENT GUIDANCE

When the EMS system is in surge with 9-1-1 calls holding, the calls are triaged by their priority and then by the length of time since the call was received. While every effort is being made to assign ambulances to all calls, non-medical 5150s are the lowest priority for ambulance assignment when medical calls are holding.

During an activation of the surge plan it is highly encouraged that law enforcement agencies evaluate their ability to self-transport non-medical 5150s. The wait for an available ambulance could easily exceed an hour or more. If the law enforcement agency is able to transport a non-medical 5150, the law enforcement agency should use the following guideline for destination:

Non-Medical 5150 Destinations			
Age	Facility	Address	Phone #
Age 0-11	Children's Hospital Oakland	747 52nd St., Oakland	510-428-3240
Age 12-17	Willow Rock	2050 Fairmont Dr., San Leandro	510-895-5502
Age 18+	John George	15542 Foothill Blvd., San Leandro	510-346-1421

RECEIVING FACILITY GUIDANCE

During a surge within the EMS system, receiving facilities should expect to see an increased census of patients coming in by ambulance. As a facility begins to fill, staff should be proactively initiating their internal surge policies and taking steps to manage an increased patient load to include triaging low acuity patients to wheelchairs and/or the waiting room leaving hospital beds for higher acuity patients or those with significant mobility issues.

Facilities and their staff should do their due diligence to efficiently and expeditiously offload patients from ambulance gurneys so that ambulances can return to service and respond to waiting calls.

Upon the activation of Tier I of the surge plan, permitted non-emergency ambulance providers will be integrated into the 9-1-1 system in order to meet call demand. This means that ambulance providers who normally do interfacility transfers will be presenting to facilities with 9-1-1 patients. The expectation is that these providers will be treated with the same level of urgency as the normal 9-1-1 ambulance provider.

Under normal operations, Alameda County EMS has set a threshold of 90 minutes for implementation of a hard patient offload. Upon the activation of Tier II of the surge plan, the threshold for hard patient offload is reduced to 60 minutes.

If ambulances are at impacted facilities in excess of the hard patient offload thresholds without a reasonable ETA to offload the patient from the ambulance gurney, ambulances may be re-destinated to other facilities in order to expedite ambulance availability for the system regardless of the EMTALA implications for the facility.

PERMITTED PROVIDER BILLING

During an activation of the surge plan, or at any time that a permitted provider is authorized to respond to 9-1-1 calls within the EOA by the contracted 9-1-1 ambulance provider, the authorized permitted providers shall be allowed to bill at the current approved 9-1-1 user fees. Permitted providers shall not bill in excess of the current approved 9-1-1 user fees or outside the parameters for billing that are set forth in the executed 9-1-1 ambulance provider agreement and/or allowed by the various payers.

Click here to view to the current executed 9-1-1 ambulance agreement.

Click here to view to the current approved 9-1-1 system user fees.