

County of Santa Clara Emergency Medical Services System



Emergency Medical Services Agency
700 Empey Way
San Jose, CA 95126
408.794.0600 voice | www.sccemsagency.org
www.facebook.com/SantaClaraCountyEMS

Date: April 15, 2024
To: EMS System Stakeholders
From: John Blain, EMS Specialist
Copy: Ken Miller, MD, PhD, EMS Medical Director
Jackie Lowther, RN, MSN, MBA, EMS Director
Subject: Prehospital Care Policy 700-S12 Revision

DocuSigned by:

F6386C200C1C464...

DocuSigned by:

3B1CAB11C65147B...

Consistent with *Santa Clara County Emergency Medical Services Prehospital Care Policy 109 - Policy Development and Implementation*, the EMS Agency announces one administrative prehospital care policy revision.

Summary of Revisions

Policy Name/Effective Date	Description of Change
700-S12: Medical Priority Dispatch System (MPDS) Protocol Approval Effective: <u>April 22, 2024</u>	Revisions: <ul style="list-style-type: none"> The policy revision was conducted to ensure policy directives were aligned with current EMD utilization practices. Section 1.2: Added language which identifies all of the authorized protocols. Section 6: Added Protocol 25 "optional questions". This is optional. Section 9.1: Added clarification language related to "Acuity Level I". Section 9.2.2: Authorized Mountain View Fire Department to utilize Protocol 33-A-3.

If you should have any questions or concerns regarding this memorandum, please contact me by email at john.blain@ems.sccgov.org. Please distribute to appropriate personnel.

Attachment:

- Policy 700-S12: Medical Priority Dispatch System (MPDS) Protocol Approval [final version]



MEDICAL PRIORITY DISPATCH SYSTEM (MPDS) PROTOCOL APPROVAL

Effective: April 22, 2024

Replaces: May 4, 2020

1. Purpose

- 1.1. The purpose of this policy is to provide the Santa Clara County EMS Medical Director's approval to utilize the Medical Priority Dispatch System (MPDS) protocol version 14.0 card sets, MPDS protocol version 14 ProQA protocols and specific criteria found in the protocols for all Public Safety Answering Points (PSAP) in Santa Clara County.
- 1.2. Protocols 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34 and 36 have been approved for utilization. Special and additional protocol utilization criteria have been approved and are documented in the following sections.

2. Approved Protocol 9 [Cardiac or Respiratory Arrest] Criteria

- 2.1. **Obvious Death box**
 - 2.1.1. Suffix (A) (Cold and stiff in a warm environment) is approved.
 - 2.1.2. Suffix (B) (Decapitation) is approved.
 - 2.1.3. Suffix (C) (Decomposition) is approved.
 - 2.1.4. Suffix (D) (Incineration) is approved.
 - 2.1.5. All other criteria not mentioned under section 2.1 that appears in the Obvious Death box, will not be approved for use under the Santa Clara County EMS Medical Director's authority.
- 2.2. **Expected Death Box (Ω-1, D-2)**
 - 2.2.1. Suffix (X) Known terminal illness is approved.
 - 2.2.2. Suffix (Y) DNR Order is approved.
 - 2.2.3. Suffix (Z) End of Life Option Act (write-in) is approved.
- 2.3. **Cardiac Arrest Pathway Box**
 - 2.3.1. Suffix (C) Only (Continuous compressions) is approved.

3. Approved Protocol 14 [Drowning / Diving / SCUBA Accident] Criteria

- 3.1. **Obvious Death (submersion for 6 or greater hours)**
 - 3.1.1. Criteria is approved for use under the Santa Clara County EMS Medical Director's authority.

4. Approved Protocol 18 [Headache] Criteria

- 4.1. **Stroke Treatment Time Window Box**
 - 4.1.1. Suffix T (Time window set by local Medical Control) is 24 hours or less.



5. Approved Protocol 24 [Pregnancy / Childbirth / Miscarriage] Criteria

5.1. High Risk Complications Box

- 5.1.1. Premature birth (24-36 weeks) is approved.
- 5.1.2. Multiple birth (equal or greater to 24 weeks) is approved.
- 5.1.3. Bleeding disorder is approved.
- 5.1.4. Blood thinners is approved.
- 5.1.5. Cervical cerclage is approved.
- 5.1.6. Placenta abruption is approved.
- 5.1.7. Placenta previa is approved.
- 5.1.8. Female genital mutilation.
- 5.1.9. Caller states "high risk" pregnancy (write-in) is approved.

6. Approved Protocol 25 [Psychiatric / Mental Health / Suicide Attempt / Abnormal Behavior] Criteria

6.1. Optional Question

- 6.1.1. " ∅ Does this incident qualify for a CRISIS TEAM/ALTERNATE RESPONSE?" is approved.
- 6.1.2. Has s/he ever had a confrontation (run-in) with public safety responders? Is approved.
- 6.1.3. Does s/he (or the family) have a SAFETY PLAN in place? Is approved.

7. Approved Protocol 28 [Stroke (CVA) / Transient Ischemic Attack (TIA)] Criteria

7.1. Stroke Treatment Time Window Box

- 7.1.1. Suffix T (Time window set by local Medical Control) is 24 hours or less.

8. Aspirin Diagnostic and Instructions Card

8.1. Aspirin Administration Box

- 8.1.1. Aspirin administration instructions will not be given.

9. Approved Protocol 33 [Transfer / Interfacility / Palliative Care] Criteria

- 9.1. EMS Medical Director has defined "Acuity Level I" as no priority or stroke-like symptoms present.
- 9.2. Applicable only for County Communications and Mountain View Fire Department:
 - 9.2.1. For calls originating from "MAIN JAIL INTAKE / 150 W HEDDING".
 - 9.2.2. For calls originating from "SUTTER HEALTH-PAMF CLINIC / 701 E. EL CAMINO".
 - 9.2.3. And that do not have priority or stroke-like symptoms.
 - 9.2.4. And that meet the criteria for ALPHA level, shall be coded as 33-A-3.
 - 9.2.5. EMS Medical Director has defined "Acuity Level III" as no priority or stroke-like symptoms present.
 - 9.2.6. For all 33-A-3 calls the standard response configuration will be ambulance without lights and siren.
 - 9.2.7. If the nurse or doctor is requesting an emergency lights and siren response for a 33-A-3, the call will be changed to 33-C-7 and the response configuration will be fire and ambulance with lights and siren.



10. Approved Protocol 36 [Pandemic / Epidemic / Outbreak (Surveillance or Triage)] Criteria

- 10.1. Applicable only when the County Health Officer declares a local health emergency. The County EMS Medical Director will determine the triage level utilization during the local health emergency.
 - 10.1.1. Suffix (S) = Level 0 (COVID-19 surveillance only) is approved.
 - 10.1.2. Suffix (A) = Level 1 (COVID-19 low triage) is approved.
 - 10.1.3. Suffix (B) = Level 2 (COVID-19 moderate triage) is approved.
 - 10.1.4. Suffix (C) = Level 3 (COVID-19 high triage) is approved.
 - 10.1.5. Suffix (X) = Level 0 (other disease surveillance only) is approved.
 - 10.1.6. Suffix (L) = Level 1 (other disease low triage) is approved.
 - 10.1.7. Suffix (M) = Level 2 (other disease moderate triage) is approved.
 - 10.1.8. Suffix (H) = Level 3 (other disease high triage) is approved.
- 10.2. **High Risk Conditions Box**
 - 10.2.1. Caller states "high risk" (write-in) is approved.