



STANDARD OPERATING PROCEDURES



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SOP # 7-701 Revision: 1 Effective Date: January 2, 2019	INTRODUCTION	Author: 691
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This publication covers policies and procedures governing EMS communications within the Bucks County Department of Emergency Communications.

It is an official guide for conduct of operations and training by personnel of the Bucks County Department of Emergency Communications and those agencies utilizing the department's services.

The contents outline policy and standardized procedures to be followed in a variety of situations. It is obviously impossible to develop procedures for every situation which might arise, therefore, in situations not covered by specific instructions, decisions made and actions taken must be governed by common sense and judgment on the part of supervisory personnel, shift supervisors, and in some cases, the dispatchers themselves.

The need for standardization cannot be overemphasized. Standard operating procedures save time, reduce confusion, and eliminate errors will assist all concerned in providing timely and predictable reactions to emergency situations.

Communications is a vital aspect of the emergency medical services system. The ideal communications system affords an effective means for public access (9-1-1). Further, trained telephone and radio operators (through approved training programs such as APCO) and technical staff in an emergency operations center serve as a central dispatch center function to coordinate and facilitate operations of all agencies involved in the pre-hospital phase of emergency care.

In as much as communications involves many people in different capacities, procedural guidelines are established for each capacity.

This manual is to be reviewed and if necessary, updated as needed by the Communications Department and the EMS community.



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SOP # 7-702 Revision: 1 Effective Date: January 2, 2019	REVISIONS IN POLICIES AND PROCEDURES	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish the development and maintenance of consolidated communications network policy and procedures.

2.0 SUMMARY

2.1 This manual serves as the communications systems guideline for establishing dispatching, emergency scene communications and related functions. This tool provides the necessary mechanism for standardization, which will ultimately better, serve the citizens whom each of us are dedicated to protect.

3.0 POLICY

3.1 In using this manual as the controlling mechanism, the Bucks County Department of Communications (hereafter known as the Department) management policy will be as follows:

3.2 The Director of Communications or their designee WILL NOT consider any changes in Departments operational policies and procedures without first having the proposed changes considered by the respective Police, Fire or EMS Communications Advisory Committee, for their recommendations.

3.3 The initiation of this procedure provides all parties concerned with written documentation of all Department action and does not leave policy or procedural changes to word of mouth. The motivation behind this policy is if a revision is justified for one of the system users, it may be an asset to the entire system.

4.0 PROCEDURE

4.1 Any individual Police, Fire, EMS or communications system user who wishes to propose a change or revision in Department policy and procedures must submit the proposed change(s) in writing to the Director of Communications or their designee who will then forward copies of the proposal to the members of the Advisory Committee for review. The individual proposing the change would then be notified of a date, time and meeting place to appear before the Advisory Committee to answer questions and offer argument in favor of the proposed change(s).



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SOP # 7-702 Revision: 1 Effective Date: January 2, 2019	Revisions in Policies and Procedures	Author: 691
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- 4.2 The Advisory Committee will then discuss the merits and offer a recommendation on the course of action to the Director of Communications or their designee. This recommendation will be in the form of acceptance or rejection of the proposed change(s).
- 4.3 The Director of Communications or his designee will then render a decision on the matter and initiate or deny the recommendation of the Advisory Committee.
- 4.4 The person that submitted the change will be notified of the Director's decision, with a statement advising them why a specific course of action was decided upon.

* Exceptions: administrative changes (non-operational, ie: service names) and operational changes that are dictated by PA DOH Statewide protocols, Regional Treatment and Transfer protocols.

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SOP # 7-703 Revision: 1 Effective Date: October 18, 2015	CHANNEL IDENTIFIERS	Author: 691
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1.0 PURPOSE

1.1 This policy was created to identify the Digital Talk Groups and to use common terminology between the PSAP and Providers.

2.0 DEFINITIONS

2.1 Digital Talk Groups

	DIGITAL TALK GROUP ID
2.1.1	DISPATCH BAND
2.1.2	EMS NORTH
2.1.3	EMS SOUTH
2.1.4	HOSPITAL
2.1.5	EMERGENCY
2.1.6	NORTH BAND (FIRE)
2.1.7	SOUTH BAND (FIRE)
2.1.8	EAST BAND (FIRE)
2.1.9	CENTRAL BAND (FIRE)
2.1.10	FIRE GROUND OPS (PORTABLES)
2.1.11	FIRE POLICE

2.2.1 For the UHF Med Channels, the Bucks County PL tone is 186.2

2.2.2 Med 4 will be monitored by the Bucks County PSAP for all non PSAP dispatched agencies.

2.2.3 UHF Med Channels

	UHF Med Channels
2.2.3.1	MED 1
2.2.3.2	MED 2
2.2.3.3	MED 3
2.2.3.4	MED 4
2.2.3.5	MED 5
2.2.3.6	MED 6
2.2.3.7	MED7
2.2.3.8	MED 8



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SOP # 7-704 Revision: 1 Effective Date: October 18, 2015	PORTABLE RADIO CHANNEL MAP	Author: 691
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1.1 The following chart depicts a portable radio channel layout for banks A – C:

<u>BANK A</u>	<u>BANK B</u>	<u>BANK C</u>
EMS Home Zone	“Home” Fire Band	Tac 1
EMS Home Direct	“Home” Fire Ground	Tac 2
Hospital	“Home” Fire Ops	Tac 3
EMS “Opposite” Zone	Emergency	Tac 4
EMS “Opposite” Direct	North Band	Tac 5
Emergency	North Fire Ground	FP South
Programming	North Ops	FP North
Dispatch	East Band	Zone 9
	East Fire Ground	Zone 8
	East Ops	Zone 7
	South Band	Zone 6
	South Fire Ground	Zone 5
	South Ops	Zone 4
	Central Band	Zone 3
	Central Fire Ground	Zone 2
	Central Ops	Zone 1

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SOP # 7-704 Revision: 1 Effective Date: October 18, 2015	Portable Radio Channel Map	Author: 691
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1.2 The following chart depicts a portable radio channel layout for banks D – F:

<u>BANK D</u>	<u>BANK E</u>	<u>BANK F</u>
Local (If Applicable)	8CALL90 CH	OPEN
OPEN	8TAC91 TK	OPEN
OPEN	8TAC92 PV	OPEN
OPEN	8TAC93 LS	OPEN
OPEN	8TAC94 WR	OPEN
OPEN	FP Direct	OPEN
OPEN	OPEN	OPEN
OPEN	OPEN	OPEN
OPEN	OPEN	OPEN
OPEN	OPEN	OPEN
OPEN	OPEN	OPEN
OPEN	OPEN	OPEN
OPEN	OPEN	OPEN
OPEN	OPEN	OPEN
OPEN	OPEN	OPEN
OPEN	OPEN	OPEN

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SOP # 7-705 Revision: 1	GPS	Author: 691
Effective Date: October 18, 2015		

1.0 PURPOSE

- 1.1 This policy will outline the use and specifications of the GPS feature on all portable and mobile radios.

2.0 SUMMARY

- 2.1 The GPS feature is a feature that is enabled on portable and mobile radios. The most important capability of this feature is the ability to track a radio if a system user assigned a radio is in distress. The “auto ping” feature of GPS is not enabled on departmental radios. The radio will not automatically request a ping to be sent at certain time intervals. The only time a radio will request a GPS ping is when the emergency ID is depressed. The ping will send a request to the C.A.D. which will then populate the departments mapping program with your location. Otherwise, to ping a radio, the command has to be entered by the dispatcher through the C.A.D. system. A GPS ping is only as good as the radio signal. Therefore a ping in a large building may show the location as part of the building without being as specific as if the ping request was made at an outside location. The radio alias must be properly entered into the C.A.D. during logon for the GPS feature to work.

3.0 POLICY

- 3.1 Dispatchers will only make a GPS request of a unit when it is requested by that EMS department OIC or if there is an emergency involving a system user.
- 3.2 Dispatchers will log portable and mobile radios on by their full alias.
 - 3.2.1 *Example: 154-091*
- 3.3 The Chief or their designee will annually complete and submit the issued Department Info File forms listing portable radio assignments.
- 3.4 The Chief or their designee will notify the Department of Communications in written or in electronic form when any mobile or portable radios are reassigned to keep the Department Info Files accurate.

4.0 PROCEDURE

- 4.1 Dispatchers will have the ability through the **DGPS** (Display GPS) command to display the last GPS report received for a unit. The display will list the latitude/longitude and date/time.

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SOP # 7-705 Revision: 1	GPS	Author: 691
Effective Date: October 18, 2015		

- 4.2 Dispatchers will have the ability to request immediate GPS location through the **GGPS**(Get GPS) command.
 - 4.2.1 This command will only be used at the request of a EMS Chief Officer or if there is an emergency involving a system user.
- 4.3 Dispatchers will have the ability to set the reporting time for a GPS by using the **SGPS**(Set GPS)

5.0 DEFINITIONS

- 5.1 **DGPS**(Display GPS) displays the last GPS report received for a unit it will include the latitude/longitude and date/time.
- 5.2 **GGPS**(Get GPS) allows an immediate GPS report of a car radio or portable.
- 5.3 **SGPS**(Set GPS) allows a dispatcher to set the reporting time for a GPS device. It can be a portable or mobile radio. The parameters will be the unit id and the frequency of the report in seconds.



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SOP # 7-706 Revision: 1 Effective Date: January 2, 2019	BUCKS COUNTY DISPATCHED UNIT IDENTIFIERS	Author: 691
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1.0 PURPOSE

1.1 This policy was established to identify EMS Agencies' names with Bucks County Unit Identifiers and their operating bands.

2.0 DEFINITIONS

2.1 The following lists Bucks County PSAP Dispatched EMS Agencies:

	County ID	Organization Name	Band	Level	Affiliate	License
2.1.1	100	Yardley-Makefield Emergency Unit	EMS S	ALS	09020	03296
2.1.2	108	St Lukes Emergency Transport Services	EMS N	ALS	09040	03279
2.1.3	113	Tri-Hampton Rescue Squad	EMS S	ALS	09016	03323
2.1.4	114	Tri-Hampton Rescue Squad	EMS S	ALS	09016	03323
2.1.5	115	Tri-Hampton Rescue Squad	EMS S	ALS	09016	03323
2.1.6	124	Point-Pleasant Plumsteadville EMS	EMS N	ALS	09011	03138
2.1.7	125	Central Bucks Ambulance	EMS N	ALS	09003	02290
2.1.8	135	Central Bucks Ambulance	EMS N	ALS	09003	02290
2.1.9	146	Central Bucks Ambulance	EMS N	ALS	09003	02290
2.1.10	129	Warrington Community Ambulance	EMS N	ALS	09019	03165
2.1.11	134	Chal-Brit Regional Emergency Medical Services	EMS N	ALS	09026	06141
2.1.12	139	Capital Health Ambulance	EMS S	ALS	09017	03195
2.1.13	141	Upper Bucks Regional Emergency Medical Services	EMS N	ALS	09015	03166
2.1.14	142	Upper Bucks Regional Emergency Medical Services	EMS N	ALS	09015	03166
2.1.15	143	Bucks County Rescue Squad	EMS S	ALS	09002	06028
2.1.16	145	Newtown Ambulance Squad	EMS S	ALS	09001	05229
2.1.17	151	Grandview Hospital	EMS N	ALS	09208	03295
2.1.18	154	Levittown-Fairless Hills Rescue Squad	EMS S	ALS	09007	03319
2.1.19	155	Levittown-Fairless Hills Rescue Squad	EMS S	ALS	09007	03319
2.1.20	167	Penndel-Middletown Emergency Squad	EMS S	ALS	09009	03256
2.1.21	168	Penndel-Middletown Emergency Squad	EMS S	ALS	09009	03256
2.1.22	172	St Mary Emergency Medical Services	EMS S	ALS	09097	14002
2.1.23	174	Central Bucks Ambulance	EMS N	ALS	09003	02290
2.1.24	176	Central Bucks Ambulance	EMS N	ALS	09003	02290
2.1.25	185	Bensalem Rescue Squad Inc.	EMS S	ALS	09039	03176
2.1.26	186	Bensalem Rescue Squad Inc.	EMS S	ALS	09039	03176

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SOP # 7-707 Revision: 2 Effective Date: January 2, 2019	BUCKS COUNTY NON- DISPATCHED UNIT IDENTIFIERS	Author: 691
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1.0 PURPOSE

1.1 This policy was established to identify non-dispatched EMS Agencies' names with Bucks County Unit Identifiers.

2.0 POLICY

2.1 The following lists Bucks County Non Dispatched EMS Agencies:

	County ID	Organization Name	Level	Affiliate	License
2.2.1	101	Philadelphia Park Race Track	BLS	09203	04060
2.2.2	205	Welcome Ambulance Inc.	ALS	09211	03091
2.2.3	209	Advanced Nurse Transport Serices INC.	ALS	09021	05145
2.2.4	216	BelMed Ambulance	ALS	09025	06142
2.2.5	219	Ambulnz	ALS	09367	19055
2.2.6	225	Gem Ambulance	BLS	09035	09003
2.2.7	233	Dynamic Ambulance Inc	BLS	09043	09019
2.2.8	242	Good Choice Ambulance	BLS	09054	10036
2.2.9	251	Rhythm Ambulance	BLS	09214	11008
2.2.10	258	Rodan Ambulance Inc	BLS	09066	09066
2.2.11	259	Saiva Medical Transportation	BLS	09068	11052
2.2.12	279	Hayatt Health Servcies	BLS	09083	12046



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SOP # 7-708 Revision: 1 Effective Date: January 2, 2019	LINE OFFICERS IDENTIFIERS	Author: 691
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1.0 PURPOSE

1.1 This policy was created to explain and list the ranks and titles available for EMS Agencies serving in Bucks County.

2.0 POLICY

2.1 The use of letter designation (such as A, B, C, D, etc.) are not used in the Bucks County EMS Communications System. The XXX designated above indicates the squad station number of the officer.

3.0 DEFINITIONS

	RANK	OVER RADIO	EXPLANATION OF RANK
3.1	CHIEF	"CHIEF XXX"	Highest ranking officer of squad (no exceptions!). This term will not be used for/by any subordinate officers.
3.2	DEPUTY CHIEF	"DEPUTY XXX"	Deputy chief of squad only
3.3	ASSISTANT CHIEF	"ASSISTANT XXX"	Assistant chief of squad numbered by rank in chain of command. Example: Assistant 108, Assistant 108-1
3.4	BATTALION CHIEF	"BATTALION XXX"	Battalion chief of squad numbered by rank in chain of command. Example: Battalion 155, Battalion 155-1
3.5	CAPTAIN	"CAPTAIN XXX"	Captain of squad numbered by rank in chain of command. Example: Captain 115, Captain 115-1
3.6	LIEUTENANT	"LIEUTENANT XXX"	Lieutenant of squad numbered by rank in chain of command. Example: Lieutenant 125, Lieutenant 125-1
3.7	CAR	"CAR XXX"	Squad Supervisors



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SOP # 7-709 Revision: 1 Effective Date: January 2, 2019	TERMINOLOGY AND DEFINITIONS	Author: 691
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1.0 PURPOSE

1.1 The following is a list of radio terms that may be used or heard on the EMS system:

2.0 DEFINITIONS

	TERM	DEFINITION
2.1	Carrier	The radio signal upon which the audio signal is transmitted
2.2	Modulation	The voice or tone signal of the radio transmission.
2.3	Squelch	Normal background noise in receiver.
2.4	Frequency	The wavelength and number of times it repeats in the radio band.
2.5	PL Tone	Is a tone that must be transmitted for designated units to be heard.
2.6	Phone Patch	An electronic or acoustic linking of radio transmitter and receiver to a telephone line.
2.7	PTT Switch	A push to talk switch found on a microphone that allows a radio transmission to be made when depressed.
2.8	Control Head	The part of the radio that allows the operator to do designated functions with that radio.
2.9	Chassis	The actual transceiver unit normally mounted separately from the control head.
2.10	UHF Or Med Channels	The frequencies of 463.000 and 468.000 on which the telemetry signals and voice communications are sent to hospitals.
2.11	TIE or HOT LINE	A phone connecting two or more points together, that need not be dialed to ring at the other end of the line.
2.12	Repeater	A transceiver that relays a given signal onto more distant points without relying on a third party.
2.13	Remote Tower or Transmitter	A base station at a distant point operated by either telephone lines or special radio signals to receive or transmit to units and enable improved radio reliability.
2.14	Matrix	An electronic switching device used to route calls to designated points similar to a telephone switchboard.
2.15	Decoder	A radio receiver that operates on assigned frequency and only operates when encoded by a specific set of tones.
2.16	Bricking	The ability to disable radio via BCR radio terminal.
2.17	Busy Signal	Tone that sounds like phone busy only faster. You will receive this signal when the channel is in use.
2.18	Out Of Range	Message on LCD screen when you are out of user range of the system.



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SOP # 7-709 Revision: 1 Effective Date: January 2, 2019	Terminology And Definitions	Author: 691
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	TERM	DEFINITION
2.19	Available	EMS unit is in-service and ready to respond to an additional assignment.
2.20	Not Available	EMS unit is not available to accept additional assignment.
2.21	On-Radio	EMS unit is capable of being contacted by radio.
2.22	Responding	EMS unit is enroute to assigned location of emergency as dispatched.
2.23	Recall	All responding units return to station.
2.24	Use Caution While Responding	All units are to use caution due to a (specify) stated problem, i.e. hazardous road conditions, wires down, special circumstances at scene of call.
2.25	Reduced Speed	All responding units will turn off emergency warning lights and sirens and proceed into scene as normal vehicle.
2.26	Prepare To Copy	Transmitted to unit as a forewarning that the next message will be an emergency call dispatch.
2.27	Stand-By	Stop transmitting and wait for further instructions.
2.28	CISD Team	Critical Incident Stress Debriefing team. A professional team that assists emergency services personnel with acutely stressful incidents or calls.
2.29	MCI	Mass Casualty Incident. A large incident usually requiring multi-service response. See County MCI plan for further.
2.30	Proceed	Unit has been given clearance to transmit their message.
2.31	Disregard	Cancel last message
2.32	Advise	Give message to...
2.33	Received	Message copied and understood.
2.34	Repeat	Repeat the last message/transmission.
2.35	Verify	Check for correct information and advise findings of investigation.
2.36	Ok	Message received, understood and will be complied with.
2.37	Negative	No.
2.38	E.T.A.	Estimated Time of Arrival. How long it will take to get to a certain location.
2.39	On-Location	EMS unit has arrived at the location of the emergency.
2.40	Printout	A hard copy call history of an EMS incident that is sent to squad headquarters by way of telephone or fax.
2.41	Priority	When transmitted, means that the following message is an emergency and must have immediate attention. All system users will standby until the message is acknowledged.

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SOP # 7-709 Revision: 1 Effective Date: January 2, 2019	Terminology And Definitions	Author: 691
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	TERM	DEFINITION
2.42	Relocate	Unit covering more than one area from a central location.
2.43	Returning	EMS unit is returning to station. The unit should advise of status (available/not available, etc.).
2.44	Cover	Unit is responding for or being transferred to another location or station.
2.45	Divert	Squad to reroute to another hospital or another incident.
2.46	Staging	A standby position away from any hazards of the scene. Or in a position as to not block means of egress for other units.
2.47	10-78	The ten code used to verify a units need for emergency assistance.
2.48	Act	The Emergency Medical Services Act (35 P. S. ss 6921-6938)
2.49	AEMT	<i>Advanced emergency medical technician</i> —An individual who is certified by the Department as an advanced EMT.
2.50	Air Ambulance	Rotorcraft specifically designed, constructed or modified and equipped, used or intended to be used and maintained or operated for the purpose of providing emergency medical care to and air transportation of patients
2.51	ALS (Advanced Life Support)	Advanced life support.
2.52	ALS Ambulance	<i>Advanced life support ambulance</i> —An ambulance that is staffed and equipped to provide EMS above the AEMT level and used in the transport of patients.
2.53	ALS Squad Vehicle	<i>Advanced life support squad vehicle</i> — (i) A vehicle that is maintained or operated to transport EMS providers above the AEMT level, and equipment and supplies, to rendezvous with the crew of an ambulance for the purpose of providing advanced EMS to patients. (ii) The vehicle is not used in the transport of patients.
2.54	Ambulance	A ground, water or air vehicle which is maintained or operated for the purpose of providing EMS to and transportation of patients. A vehicle specifically designed, constructed or modified and equipped, used or intended to be used, maintained or operated for the purpose of providing emergency medical care to, and transportation of, patients.
2.55	Ambulance Trip Number	A unique number generated by C.A.D., assigned to a dispatched response and recorded on the ambulance trip report form.

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SOP # 7-709 Revision: 1 Effective Date: January 2, 2019	Terminology and Definitions	Author: 691
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	TERM	DEFINITION
2.56	BLS Ambulance	<i>Basic life support ambulance</i> —An ambulance that is equipped to provide EMS at or below the AEMT level and used in the transport of patients.
2.57	BLS Squad Vehicle	<i>Basic life support squad vehicle</i> — (i) A vehicle that is maintained or operated to transport EMS providers, and equipment and supplies, to rendezvous with the crew of an ambulance for the purpose of providing to patients EMS at or below the AEMT level. (ii) The vehicle is not used in the transport of patients.
2.58	Closest Available Ambulance	An ambulance, which as a result of a combination of location and other factors, such as traffic conditions, weather, and the like, can reach a patient most promptly.
2.59	Emergency	A combination of circumstances resulting in a need for immediate medical intervention.
2.60	EMR	Emergency medical responder—An individual who is certified by the Department as an emergency medical responder.
2.61	EMS System	The arrangement of personnel, facilities and equipment for the effective and coordinated delivery of EMS required in the prevention and management of incidents which occur either as a result of a medical emergency or of an accident, natural disaster or similar situation.
2.62	EMS Agency	An entity that engages in the business or service of providing EMS to patients within this Commonwealth by operating one or more of the following: (i) ambulance service, (ii) air ambulance, (iii) ALS ambulance, (iv) ALS squad vehicle, (v) intermediate ALS ambulance, (vi) intermediate ALS squad vehicle, (vii) BLS ambulance, (viii) BLS squad vehicle, (ix) QRS, (x) ALS water ambulance, (xi) intermediate ALS water ambulance, (xii) BLS water ambulance, (xiii) EMS agency dispatch center, (xiv) special operations EMS service service, (xv) Another vehicle or service that provides EMS outside of a health care facility as prescribed by the Department by regulation.
2.63	EMS Provider	<i>Emergency medical services provider</i> —The term includes the following: EMR, EMT, AEMT, Paramedic, PHRN, PHPE, PHP
2.64	EMT	<i>Emergency medical technician</i> —An individual who is certified by the Department as an emergency medical technician.
2.65	Facility	A hospital.



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	TERM	DEFINITION
2.66	Incident Location	The geographic site of an emergency usually indicated by minor civil division code number.
2.67	Medical Command	An order given to a provider of EMS by an authorized medical command physician who meets qualifications prescribed by the DOH.
2.68	Medical Command Physician	Physician who is certified by the Department to give medical command to EMS providers.
2.69	Mutual Aid Response	Response by an ambulance unit to an emergency based on a written agreement between EMS providers whereby the signing parties agree to lend aid to one another under conditions specified in the agreement.
2.70	NSC	National Standard Curriculum.
2.71	On-Line Communications	Direct radio or telephonic communications.
2.72	Paramedic	An individual who is certified by the Department as a paramedic.
2.73	Patient	An individual for whom an EMS provider is responsible for one of the following: (i) Providing EMS on behalf of an EMS agency. (ii) Required to provide EMS on behalf of an EMS agency because the individual's condition requires or may require medical observation, monitoring, assessment or treatment for an illness, disease, injury or other disability.
2.74	PHP	<i>Prehospital emergency medical services physician</i> —A physician who is certified by the Department as a prehospital EMS physician.
2.75	PHPE	<i>Prehospital physician extender</i> —A physician assistant who is certified by the Department as a prehospital physician extender.
2.76	PHRN	<i>Prehospital registered nurse</i> —A registered nurse who is certified by the Department as a prehospital registered nurse.

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SOP # 7-709 Revision: 1 Effective Date: January 2, 2019	Terminology And Definitions	Author: 691
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	TERM	DEFINITION
2.77	Primary Response Area	The specified geographic area assigned to all licensed ambulance service that then has responsibility for the provision of pre-hospital emergency medical care and transportation in the area. Primary response areas are determined by regional EMS council plans, according to factors such as the location of ambulance resources, ambulance response times and area population. A primary response area designation is not intended to be an exclusive designation.
2.78	QRS (Quick Response Service)	<i>Quick response service</i> —An operation in which EMS providers of an EMS agency: (i) Respond to an actual, reported or perceived emergency. (ii) Provide EMS to patients pending the arrival of other EMS providers and resources that have been dispatched to the scene.
2.79	Receiving Facility	facility to which an ambulance may transport a patient who requires prompt medical care in addition to that provided by EMS providers who respond to an emergency.
2.80	Trauma Center	A facility accredited by the Pennsylvania Trauma Foundation.
2.81	Vehicle Licensure ID Number	A number issued by the DOH to each ambulance of licensed ambulance service.
2.82	Squad	Basic life support ambulance (BLS).
2.83	Medic	Advanced life support ambulance (ALS).
2.84	Communications	Squad communications officer.
2.85	Engine	A fire department vehicle with more than 300 gallons of water and equipped with a 500 g.p.m. or larger pump
2.86	Tac	A vehicle primarily used for primary attack on structural fires. Equipped with less than 300 gallons of water and a 500 g.p.m. or smaller pump.
2.87	Field	A vehicle primarily used for field, grass and woods fires.
2.88	Ladder	An aerial ladder, aerial scope or elevated platform.
2.89	Tower	An aerial device designed primarily as an elevated master stream.
2.90	Rescue	An emergency rescue vehicle equipped to remove or free trapped victims.
2.91	QRS	FD quick response unit. i.e.: Engine, TAC, SS equipped for medical first response.



STANDARD OPERATING PROCEDURES



SOP # 7-709 Revision: 1 Effective Date: January 2, 2019	Terminology And Definitions	Author: 691
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	TERM	DEFINITION
2.92	Tanker	A vehicle carrying over 1000 gallons of water.
2.93	Special Service	Any piece of equipment used for specialized service, i.e. air cascade, light wagon, utility, etc.
2.94	H.I.R.T. Team	Hazardous Incident Response Team
2.95	Marine	Marine rescue service (a boat).
2.96	F.M.	County and local fire marshals.
2.97	Car	ID used for supervisor or chief's vehicle that is not manned by a chief.
2.98	Car 800-819	Department of communications personnel.

STANDARD OPERATING PROCEDURES



SOP # 7-710 Revision: 1 Effective Date: January 2, 2019	COMPLAINT TYPES	Author: 691
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1.0 PURPOSE

1.1 This policy was created to list the CAD codes for medical complaint types and their brief definitions.

2.0 POLICY

2.1 The use of standard phraseology shall be incorporated in the dispatch of all calls using these types and definitions.

2.2 TIMERS – on any of the below complaint types that has an asterisk (*****), there are built in timers (in the CAD system) that will notify the dispatcher to check on the crews at fifteen (15) minutes after their arrival on scene.

3.0 DEFINITIONS

	ALS CODES	DEFINITION
3.1	AABDO	Acute Abdomen
3.2	AALLR	Anaphylaxis
3.3	**AASSLT**	Assault With Trauma
3.4	ABLED	Acute Hemorrhage
3.5	ACARDA	Cardiac Arrest (PAI's IP)
3.6	ACHESP	Chest Pains (Cardiac Symptoms)
3.7	ACHOKE	Obstructed Airway (Active)
3.8	ACOP	Carbon Monoxide Poisoning
3.9	ACVA	CVA/Stroke
3.10	ADIAB	Diabetic Emergency
3.11	AELEC	Electrocution
3.12	ABURN	Critical Burn Victim
3.13	ADRAW	Blood Draw
3.14	ADROWN	Drowning (Critical)
3.15	AENVIR	Environmental Emergency
3.16	AFAINT	Syncopal Episode
3.17	AFALL	Fall Victim (Critical)
3.18	**AGUN**	Gun Shot Victim
3.19	AHRI	Hit & Run With Injuries (ALS)
3.20	MCI	Mass Casualty Incident
3.21	AOBG	Ob/Gyn Emergency
3.22	**AOD**	Overdose/Poisoning (Critical)
3.23	APOSXP	Possible Expiration (PAI-NIP)
3.24	APREG	Maternity (Critical)
3.25	ARESP	Respiratory Distress

STANDARD OPERATING PROCEDURES



SOP # 7-710 Revision: 1 Effective Date: January 2, 2019	Complaint Types	Author: 691
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	ALS CODES	DEFINITION
3.26	ASEIZ	Seizures (Active)
3.27	**ASTAB**	Stabbing Victim
3.28	ATAI	TA With Injuries (Mechanism)
3.29	ATRAN	ALS Unspecified Emergency
3.30	ATRAUM	Multi Systems Trauma
3.31	**AUNC**	Unconscious
3.32	**AUNR**	Unresponsive
3.33	RAUTO	Auto Extrication
3.34	RIND	Industrial Rescue
	BLS CODES	DEFINITION
3.35	BABDO	Abdominal Pain
3.36	BALLR	Allergic Reaction
3.37	BLAC	Laceration /Animal Bite
3.38	BINJ	Injury
3.39	BBLED	Bleeding (Non Traumatic)
3.40	BPTAST	Patient Assist
3.41	BTRAN	Emergency Transportation
3.42	BCHESP	Chest Pain (Non Critical)
3.43	**BOD**	Overdose/Poisoning (Non Critical)
3.44	BPREG	Maternity (Non Critical)
3.45	**BUNK**	Unknown Problem
3.46	BBURN	Scalding/Minor Burns
3.47	BFALL	Fall Victim (Non Critical)
3.48	BTAI	Traffic Injuries (Non Critical)
3.49	**BASSLT**	Assault Victim (Non Critical)
3.50	FIRCAL	Standby With The Fire Company

STANDARD OPERATING PROCEDURES



SOP # 7-711 Revision: 1 Effective Date: January 2, 2019	CALL DISPOSITIONS	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created for the use and definition of standard Dispositions for each incident generated.

2.0 PROCEDURE

- 2.1 The Dispatcher or Provider will close the call with the proper disposition.
- 2.2 If the call type is modified during the incident, the appropriate disposition will reflect the change.
 - 2.2.1 *Example: A call was dispatched ALS and closed as BLS, the AB disposition will be used.*
- 2.3 If the provider states a different disposition then as originally dispatched. (see example 2.2.1)

3.0 DEFINITIONS

3.1	AA	Dispatched ALS was ALS
3.2	AB	Dispatched ALS was BLS
3.3	AH	Dispatched ALS transported by Helicopter
3.4	BA	Dispatched BLS was ALS
3.5	BB	Dispatched BLS was BLS
3.6	BH	Dispatched BLS transported by Helicopter
3.7	CU	Call unfounded
3.8	GOA	Gone on arrival (patient)
3.9	POV	Private owned vehicle (someone drove PT. to hospital in car)
3.10	NA	No action taken
3.11	NAT	Necessary action taken

STANDARD OPERATING PROCEDURES



SOP # 7-712 Revision: 1 Effective Date: January 2, 2019	GENERAL RADIO INFORMATION	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish guidelines on proper technique and etiquette while transmitting on the radio.

2.0 SUMMARY

- 2.1 Poor procedures waste airtime causing repeated or confused messages and delays effective care or rescue efforts. Experience has shown that bad habits used during daily operations, carry over and further confuse an emergency situation. The necessity to repeat doubles both airtime and workload. Airtime on the radio channels is a valuable resource and must not be wasted.

3.0 POLICY

- 3.1 Listen before transmitting to make certain the channel is clear. Organize your thoughts and think about what you are going to say prior to pushing the transmit button. The over-eager operator is a source of wasted time and confusion.
- 3.2 The UHF radios will sound three high tones when first transmitting. This is the unit ID being transmitted. Be aware of this and allow time for the unit ID to transmit prior to beginning your message.
- 3.3 The UHF radios will sound a busy signal if the channel is in use this sounds like a phone busy, only faster. If you receive this do not key again till you receive the low tone signal or you will be put to the end of the queue list. When you get the three high tones from your radio you have approximately thirty (30) seconds to begin your transmission or the system will go to the next radio in queue.
- 3.4 Make sure the microphone switch is fully depressed and pause briefly waiting for unit ID to transmit before beginning to speak. Hold mobile microphones close to, but not touching the mouth. Talk directly into the microphone, not across it. Talk at conversational level, do not shout. Proper placement will have a direct effect on the volume of the transmission. If you are too far away the message will be weak. If you are too close the volume will be loud and muffled. **YOU MUST SPEAK DIRECTLY INTO THE MICROPHONE.**
- 3.5 All language must be brief, clear and concise. The use of slang and local expressions should be avoided, as others may not understand them on the network. Speak distinctly and pronounce every word carefully. Shouting, loud talking and mumbling are signs of poor radio procedure. Good radio speech will result if the following rules are observed:



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- 3.5.1 Keep a natural conversational rhythm; speak clearly, calmly and distinctly.
- 3.5.2 Speak at a steady medium speed and avoid the sing-song effects.
- 3.6 Federal law prohibits the use of profane and/or indecent language. There are severe penalties for the users of profanity over the radio.
- 3.7 The use of "thanks" "please" and other expressions of courtesy are not necessary. Avoid the overuse of ranks or titles. Proper names/nicknames shall not be used over the radio.
- 3.8 The Department of Communications Center handles many radio talk groups. Although you may not hear anything over your primary frequency, the dispatchers may be busy on other frequencies or on the phone taking a complaint or giving pre-arrival instructions. Therefore, you should allow 20-30 seconds before calling again over the radio. After three (3) call attempts on your EMS primary frequency without a response from the dispatcher, attempt calling on the alternate EMS talk group.
- 3.9 Make every attempt not to transmit while the vehicles siren is on or air horn is being used. Ensure that the volume and squelch controls have been set so that messages can be heard over the engine and siren noise.
- 3.10 Portable radios should be switched off or turned down when entering an EMS unit, to prevent feedback from the mobile radio.
- 3.11 All incoming/outgoing phone calls, radio transmissions and broadcasts are recorded on tape. These telephone and radio transmissions are held on file in the Department of Communications Center for one year.
- 3.12 Always remain calm when using telephone or radio equipment. Be careful and avoid uncivil, angry, abusive, derogatory or sarcastic remarks or language. If faced with such a situation, maintain control- do not attempt to retaliate- proceed with the business at hand. In cases where corrective action is considered necessary, the parties concerned may report the facts and circumstances to the Dispatcher III on duty.

STANDARD OPERATING PROCEDURES



SOP # 7-713 Revision: 1 Effective Date: January 2, 2019	RADIO CALLING AND ANSWERING	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish guidelines and regulations for units responding and returning available from an incident.

2.0 POLICY

- 2.1 The identifying call words "Bucks County" will be used by the communications center when communicating with mobile and portable units and by all mobile and portable units when calling the county with the exception of going "responding" and "on scene".
- 2.2 Under normal conditions it is not necessary for mobile units to call and await acknowledgment before transmitting routine messages.
 - 2.2.1 However, when radio traffic is heavy, or in advance of sending a lengthy message, it is preferred to make a preliminary call and await instructions before proceeding.
- 2.3 The phrase "OK" will be used to signify acknowledgment, i.e., that a message has been received, understood and will be complied with.
- 2.4 When responding to incidents, all units must make sure that Bucks County acknowledges appropriate units as responding.
- 2.5 Each and every unit should be placed on the air.

3.0 PROCEDURE

- 3.1 The following communications guidelines will be followed at all times:
 - 3.1.1 All chief officers will be acknowledged.
 - 3.1.2 The chief will always be acknowledged when responding, even if not the first officer.
 - 3.1.3 All officers (except the chief) responding to station will not be acknowledged.
 - 3.1.4 Captains and Lieutenants will not be acknowledged unless officer-in-charge.
 - 3.1.5 All responding units will be acknowledged.
 - 3.1.6 The first officer arriving "on scene" will be acknowledged.
 - 3.1.7 The chief arriving on scene will be acknowledged.
 - 3.1.8 All units arriving on scene will be acknowledged.
 - 3.1.9 Units returning to station or making itself available will be acknowledged.
 - 3.1.10 Once units are made available it is not necessary to sign "off radio" at the station.

STANDARD OPERATING PROCEDURES



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3.1.11 With the exception of the chief, officers returning to station or making themselves available will not be acknowledged unless they are making the entire squad available.

3.2 Examples, sending messages in a single transmission:

	GOOD	POOR
3.2.1	UNIT: 1002 to Bucks County available DISP: OK 1002 at 13:00 hours	UNIT: 1002 to Bucks County DISP: Proceed 1002 UNIT: 1002 is available DISP: OK 1002 13:00 hours
3.2.2	UNIT: 1252 to Bucks County responding DISP: OK 1252 at 15:52 hours	UNIT: 1252 to Bucks County DISP: Proceed 1252 UNIT: 1252 is responding DISP: OK 1252 15:52 Hours
3.2.3	UNIT: 1222 to Bucks County en-route Doylestown Hosp DISP: OK 1222 at 19:30 hours	UNIT: 1222 to Bucks County DISP: Proceed 1222 UNIT: 1222 is en-route to Doylestown Hospital DISP: OK 1222 19:30 hours

3.3 Examples of using complete identification for all transmissions:

	GOOD	POOR
3.3.1	Medic 108	M-108 or 108
3.3.2	Squad 114	114 or HQ114
3.3.3	Deputy 145	Dep-145
3.3.4	Car 804	804 or 4
3.3.5	1682 (Sixteen Eighty Two)	168-2



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- 3.4 Examples, to call another field unit, the following format will be used: “(UNIT NUMBER)” to “(UNIT NUMBER)”
 - 3.4.1 *1851 to Medic 168*
 - 3.4.2 *Medic 143 to Medic 154*
 - 3.4.3 *1452 to Chief 145*
- 3.5 Examples, a base station other than Bucks County, the following format will be used: “(UNIT NUMBER)” to “(SQUAD NUMBER)”
 - 3.5.1 *1851 to Squad 185*
 - 3.5.2 *Medic 125 to Squad 125*
- 3.6 Examples, a base station other than Bucks County will use the following format to call a unit: “(SQUAD NUMBER)” to “(UNIT)”
 - 3.6.1 *Squad 114 to 1141*
 - 3.6.2 *Squad 142 to Medic 141*

STANDARD OPERATING PROCEDURES



SOP # 7-714 Revision: 1 Effective Date: January 2, 2019	IMPROPER USE OF RADIO	Author: 691
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1.0 PURPOSE

1.1 This policy was created to address proper radio usage.

2.0 SUMMARY

2.1 All members of emergency services units utilizing the county radio system and Department of Communications personnel are responsible for the proper use of the radio at all times. Personnel using the radio for other than official business are wasting valuable airtime for not only the EMS community but the Police and Fire Communities also. Abuse or misuse of the radio system will not be tolerated and all personnel are strongly encouraged to realize the necessity of adhering to the policies and procedures herein and conduct themselves accordingly.

3.0 POLICY

3.1 It is the responsibility of Department of Communications Personnel and all System Users to utilize the county radio system in a professional and courteous manner at all times.

3.2 It is the responsibility of the Department of Communications Personnel to enforce radio courtesy and professionalism at all times.

3.3 In instances of serious and/or constant abuse of the radio (or radio system), the Director of the Department of Communications or their designee shall document all pertinent facts and forward a memorandum to the Chief of the organization involved and the appropriate communications advisory committee who will recommend initiation of corrective action as they deem appropriate.

3.4 A file of these abuses will be kept for each squad and the Chief will receive a copy of each incident report.

4.0 PROCEDURE

4.1 The dispatcher observing the violation(s) is responsible to make documentation via an incident report.

4.2 The dispatcher will then forward the violation(s) to their DIII or Squad Coordinator.

4.3 The DIII or Squad Coordinator will forward copies of the violation(s) to Senior Management.

4.4 A file of these abuses will be kept for each squad and the Chief will receive a copy of each incident report.

STANDARD OPERATING PROCEDURES



SOP # 7-715 Revision: 1 Effective Date: January 2, 2019	INCIDENT NUMBERS	Author: 691
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1.0 PURPOSE

1.1 This policy was created to explain the Incident Numbers generated by the Department of Communications Computer Aided Dispatch System (C.A.D.)

2.0 SUMMARY

2.1 The Computer Aided Dispatch System will generate an incident number for each call for service generated by a dispatcher or in some instances, system users via the Mobile Data Terminal. This policy explains the format of the numbers assigned for each class of service.

3.0 POLICY

3.1 The Department of Communication's C.A.D. system will assign a "trip number" or "incident number" to all BLS or ALS incidents.

3.2 The C.A.D. computer, per incident, generates the trip number for each incident, not for each unit on an incident.

3.3 The three emergency services (Police/Fire/EMS) get different trip/incident numbers

3.4 As an example, if an auto accident with rescue is dispatched, all three services would get dispatched and the trip/incident numbers would look something like this:

3.4.1 Incident number/Service/ Explanation

#PD171470414	Police	PD=Police 17=Year 147=Julian date 0414=Incident number for that date
#ED1710797	EMS	ED=EMS 17=Year 10797=Incident number for the year
#FD1709800	Fire	FD=Fire 17=Year 09800=Incident number for the year

STANDARD OPERATING PROCEDURES



SOP # 7-716 Revision: 1 Effective Date: January 2, 2019	PRINTERS AND PRINTOUTS	Author: 75
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1.0 PURPOSE

1.1 This policy was created to properly explain the equipment requirements for CAD printers and to explain the printout information.

2.0 SUMMARY

2.1 The Department of Communications have station and hardcopy printouts available to all system users that can be delivered through a telephone modem or Fax machine.

3.0 POLICY

3.1 All printer or fax machines must comply with the information contained procedure section of this document.

4.0 PROCEDURE

- 4.1 When a call is entered into CAD (Computer Aided Dispatch) system the communications center computer dials up a dedicated phone line at the station and sends the information on the call to the station's equipment.
- 4.2 A standard Fax machine, and telephone line connected to it, is all that is needed to receive printouts on a fax device.
- 4.3 Agencies may only receive their own unit or incident histories.
 - 4.3.1 Any department requesting printed information of calls outside their jurisdiction must have the request approved by the supervisor of the agency having jurisdiction.
- 4.4 Example of a printout:
 - 4.4.1 Initial TYPE: Initial incident type
 - 4.4.2 Initial Alarm level: Fire service only
 - 4.4.3 Final Alarm level: Final alarm of call
 - 4.4.4 Final TYPE: same as initial unless additional information has been received that would change the type of call.
 - 4.4.5 PRI: Priority E and 1-5. E is the highest priority whereas 5 is the lowest priority. When the letter "P" follows the priority, it indicates an in-progress incident. The priority levels affect the order of dispatch.
 - 4.4.6 DSPO: Disposition of call. This code is used to close out the call and is generally used for statistical purposes.



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- 4.4.7 PREM: Premise History. A premise history is a note that the department enters into CAD for an address with a special circumstance.
- 4.4.8 EMS BLK: EMS box number
- 4.4.9 FIRE BLK: Fire box number
- 4.4.10 POLICE BLK: Police sector
- 4.4.11 MAP PAGE: ADC map coordinates
- 4.4.12 GROUP: Dispatch group (where the call is routed by the CAD computer)
- 4.4.13 BEAT: Primary fire station area or police sector
- 4.4.14 SRC: Source code. N=10 digit phone call; 9=9-1-1 call, R=Radio.
- 4.4.15 LOC: Location of call
- 4.4.16 LOC INFO: Added information to the location of call.
- 4.4.17 NAME: Name of caller.
- 4.4.18 ADDR: Address of caller.
- 4.4.19 PHONE: Callers phone number.

STANDARD OPERATING PROCEDURES



SOP # 7-717 Revision: 2 Effective Date: January 2, 2019	EMERGENCY MEDICAL DISPATCH	Author: 691
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1.0 PURPOSE

1.1 This policy outlines the Bucks County Emergency Medical Dispatch Program.

2.0 SUMMARY

2.1 Emergency Medical Dispatch (EMD) is one of many primary functions of the Department of Communications and focuses on emergency medical caller interrogation and provision of approved pre-arrival instructions.

3.0 EMD PROGRAM TRAINING, OVERSIGHT, IMPLEMENTATION, REVIEW & DELIVERY PROCESSES

3.1 Providing EMD services requires specialized training which is provided by the Department utilizing an approved EMD training program that meets the current local, state and national standards for EMD. Information on the training program elements is available upon request. Training oversight and continuing education is administered by the Department Training Coordinator (EMD Program Coordinator).

3.2 The Bucks County EMD program receives careful oversight by the designated Bucks County Medical Director working with the Bucks County Emergency Health Council Medical Advisory Sub-Committee (MAC) and Emergency Medical Dispatch Committee to ensure the program policies and protocols are reasonable, effective and in compliance with sound national standards and practices.

3.3 The Emergency Medical Dispatch (EMD) Committee is the planning and implementation element in the program that provides oversight, review, modifications and recommendations to the MAC for policy or protocol implementation.

3.4 The EMD Committee is comprised of:

- 3.4.1 Bucks County Medical Director (BCEHC)
- 3.4.2 Bucks County Emergency Health Services representative
- 3.4.3 Bucks County Emergency Communications:
- 3.4.4 Training (and EMD Program) Coordinator.
- 3.4.5 Quality Assurance Coordinator
- 3.4.6 Quality Assurance Specialists (2)

STANDARD OPERATING PROCEDURES



SOP # 7-717 Revision: 2 Effective Date: January 2, 2019	EMERGENCY MEDICAL DISPATCH	Author: 691
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- 3.5 The EMD committee meets several times per year, and as needed, to review aspects of the program to ensure program goals are met, to introduce, test and implement improvements as necessary; working with current trained dispatch personnel to obtain information critical to program improvement. The program typically gets a full review every 2-3 years to ensure compliance with established standards and regulations.

- 3.6 Delivery of EMD services through trained Emergency Medical Dispatchers (EMDs) is facilitated through the use of approved EMD Guidecards which outline interrogation questions and pre-arrival instructions that are provided to callers.



SOP # 7-718 Revision: 1 Effective Date: January 2, 2019	ANSWERING THE CALL	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish parameters of receiving and processing calls for service.

2.0 SUMMARY

- 2.1 This policy will define the dispatcher’s responsibilities while answering emergency and non-emergency telephone calls while on duty.

3.0 POLICY

- 3.1 Communications center telephones - On incoming calls, the communications center dispatcher is responsible for obtaining the following:
 - 3.1.1 Correct address
 - 3.1.2 Specific location
 - 3.1.3 Callback telephone number
 - 3.1.4 Name of the person reporting the emergency
 - 3.1.5 Nature of the emergency (type of incident)
- 3.2 All incoming phone lines, except 9-1-1 lines, will be answered “Fire-Rescue” followed by the dispatcher’s number.
- 3.3 For every fire and EMS call generated, the law enforcement agency covering that area will be notified.

STANDARD OPERATING PROCEDURES



SOP # 7-719 Revision: 1 Effective Date: January 2, 2019	LOG ON PROCEDURES	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish guidelines when units are logging on for their assigned shift.

2.0 SUMMARY

- 2.1 The C.A.D. has the capability to log EMT's and Paramedics with their assigned units. This will reflect for purposes of records and histories for these units for any particular date and time. Also, all radios on the 7/800MHz radio system will transmit their unit identifier and will display on the radio terminal. This identifier enables the dispatcher to see the unit identifier as soon as a user transmits their radio and is used for safety reasons in emergencies. In an effort to easily track who is using what mobile and portable radio unit, it will be necessary for all units to log on with the dispatchers to make themselves available.

3.0 POLICY

- 3.1 All units must logon using either the telephone, fax machine or MDT.
- 3.2 BLS units will log on their vehicle number, EMT numbers and portable numbers.
 - 3.2.1 Example: *"1256, EMT #123456, portable 125-099, vehicle 1256, second EMT #456789, portable 125-098."*
- 3.3 ALS units will log on with paramedic number, portable number, vehicle number, second paramedic or EMT number and portable number
 - 3.3.1 Example: *"Medic 154, Paramedic-John Doe #12345, portable 154-098, vehicle 1544, second paramedic Jason Smith #456789, portable 154-096"*
- 3.4 Chief's vehicles and some portables may be assigned at the discretion of the individual squad. The C.A.D. system will track the information regarding permanent radio assignments.
- 3.5 For Rescue Task Force (RTF) log on procedures, please refer to that particular policy located in this manual.

STANDARD OPERATING PROCEDURES



SOP # **7-720** Revision: **1**
Effective Date: **January 2, 2019**

DISPATCH PROCEDURES

Author:
691

1.0 PURPOSE

- 1.1 This policy was created to describe the different phases and aspects of dispatching EMS incidents.

2.0 SUMMARY

- 2.1 This policy will describe the format of how an incident is dispatched by using the alert tone and EMS Agency specific alerting tones.

3.0 PROCEDURE

- 3.1 The following format will be followed when dispatching an incident:
 - 3.1.1 The Dispatch Zone dispatcher will sound the EMS alert tone.
 - 3.1.2 Announce Squad or Medic XXX and the address with cross streets.
 - 3.1.2.1 *Example: "Medic 186, 2999 Street Road, (cross streets)*
 - 3.1.3 Sound EMS Agency tones
 - 3.1.4 Announce the location and call type twice using the format. , Squad, location, cross streets, municipality and complaint type.
 - 3.1.4.1 *Example: "Medic 186, (*) 2999 street rd, (Announce cross streets) Bensalem Township a fall victim." Repeat statement and time out.*
- 3.2 The following format will be followed when dispatching a cover incident:
 - 3.2.1 The Dispatch Zone dispatcher will sound the EMS alert tone.
 - 3.2.2 Announce Squad or Medic XXX cover (the local EMS Agency) and the address.
 - 3.2.2.1 *Example: "Squad 154 second ambulance needed, attention Medic 100 to cover, 220 Main St, between (cross streets)*
 - 3.2.3 Sound EMS Agencies tones
 - 3.2.4 Announce the location and call type twice using the format, Squad, location and complaint type.
 - 3.2.5 *Example: "Squad 154 second ambulance needed, attention Medic 100 to cover, 220 Main St, Tullytown Boro, a cardiac." Repeat with time.*
- 3.3 In the event a BLS unit on the scene of a call requests an ALS unit or additional units are needed at an accident, the following format shall be used:
 - 3.3.1 The Dispatch Zone dispatcher will sound the EMS alert tone.
 - 3.3.2 Announce additional squad and location.
 - 3.3.2.1 *Example: "Attention Medic 108, with 1081, 200 West Broad Street, between Front Street and South 2nd Street, at the Bush House Hotel"*



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Dispatch Procedures

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- 3.3.3 Sound EMS Agency tones.
- 3.3.4 Announce the location and call type twice using the format. Squad, location, cross streets and complaint type:
 - 3.3.4.1 *Example: "Attention Medic 108, with 1081, 200 West Broad Street, between Front Street and South 2nd Street, at the Bush House Hotel, Quakertown Borough, Chest pain." Repeat statement and time.*
- 3.4 EMS Response on Fire Calls the following format shall be used:
 - 3.4.4 The Dispatch Zone dispatcher will sound the EMS alert tone.
 - 3.4.5 Announce Squad with Station XX and location
 - 3.4.5.1 *Example: " Squad 125, with station 19, Main and Court Streets"*
 - 3.4.6 Sound EMS Agency tones.
 - 3.4.7 Announce the location and call type twice using the format. Squad, with Station XX location and complaint type:
 - 3.4.7.1 *Example: "Squad 125, with station 19, Main and Court Streets, a fire call" Repeat statement and time out.*
- 3.5 Recalls
 - 3.5.4 After it is established the unit is not required, find out who is requesting the cancellation of the ambulance and note this in the CAD complaint
 - 3.5.5 Recalls are the sole determination of the dispatched agency, the dispatcher will only advise of the suggestion for the recall.
 - 3.5.6 If a unit is on scene at a fire call and is no longer needed, the following format shall be used:
 - 3.5.6.1 Determine who has released the squad.
 - 3.5.6.2 Contact the unit on the appropriate EMS frequency
 - 3.5.6.3 Once contact has been established with the unit, advise the unit to return and who authorized this
 - 3.5.6.3.1 *Example, "Bucks County to 1391" ----1391 answers----Bucks County Dispatcher advises: "1391 you are released authority of Chief 98"*
 - 3.5.7 Occasionally police or EMS personnel on-scene of an incident will advise the dispatcher that there are minor injuries and the squad can "slow down". Prior to the dispatcher advising the EMS unit of this information, the following will be ascertained: How many injuries and the degree of injury. The following format shall be used to inform the in-bound EMS unit.



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3.5.8 Select the appropriate-EMS frequency.

Make contact with unit and advise unit of request.

3.5.8.1 "Bucks County to 1851" -----1851 answers-----

3.5.8.2 The EMS Zone dispatcher advises: "1851 from police on the scene, they recommend reduce speed, there are two patients on location with minor injuries"

3.5.9 It will be to the discretion of the responding unit as to whether to adhere to the recommendation.

3.6 Anytime the Department of Communications has additional information or receives additional information, the dispatcher will convey this information to the in-bound unit(s) as follows:

3.6.4 "Bucks County to 1241" -----1241 answers-----

3.6.5 Example: The EMS Zone dispatcher advises: "1241, added information; there will be a subject waiting at the driveway for your arrival"

3.6.6 Example: 1241/Medic 125, added information; your patient is a 47 year old male with severe chest pain and shortness of breath."

3.7 NOTIFICATION OF ADDITIONAL EQUIPMENT RESPONSE

3.7.4 "Bucks County to 1421" -----1421 answers-----

3.7.5 Bucks County Dispatcher advises: "1421, be advised that rescue 42 and Medic 141 have been dispatched to the scene for extrication.

3.8 NOTIFICATION OF HAZARDOUS TYPE CALLS

3.8.4 If the dispatcher has knowledge or receives information of a potentially hazardous condition at a scene, the dispatcher shall advise the responding personnel after the dispatch of the situation

3.8.5 As an example: TRANSMITTED ON DISPATCH BAND

3.8.5.1 "Medic 108; 1234 Route 663, Milford Township, a shooting, time out 03:30 hours; ALL PERSONNEL ARE TO USE CAUTION DUE TO POLICE ACTIVITIES"

3.8.6 As an example: TRANSMITTED WHEN RESPONDING

3.8.6.1 "Medic 108 responding"

3.8.6.2 "OK Medic 108 at 1300; USE CAUTION DUE TO POLICE ACTIVITIES"

STANDARD OPERATING PROCEDURES



SOP # 7-721 Revision: 1 Effective Date: January 2, 2019	TIMES/RECORDING KEEPING	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish the issuance of time via the radio for status changes and the times for record keeping purposes.

2.0 SUMMARY

2.1 The dispatcher shall issue times (using the policy of 24 hour time and phonetic alphabet) to all units, anytime a status change is made.

3.0 POLICY

3.1 It shall be the responsibility of the EMS personnel to record (log/write down) all times and when issued by dispatch.

3.2 During busy periods the dispatcher may not get your status entered until several minutes later, therefore the times on the printout may not be accurate.

3.3 It is imperative that EMS personnel write these times down, when given to avert these problems.

3.4 Phone calls for times are discouraged, unless there is some sort of equipment failure at the station.

4.0 PROCEDURE

4.1 Examples:

Dispatch Time	Is always given after the dispatch of call
Unit Responding	"1251 to Bucks County responding"
(Dispatch Reply)	"OK 1251 at 13:05"
Unit on Location	"1251 to Bucks County on Location"
(Dispatch Reply)	"OK 1251 at 13:11"
Unit En-Route to Hospital	"1251 to Bucks County, en-route to Doylestown Hospital"
(Dispatch Reply)	"OK 1251 at 13:21"
Unit at Hospital	"1251 to Bucks County at Doylestown Hospital", (available/not available)
(Dispatch Reply)	"OK 1251 at 13:30"
Unit returning	"1251 to Bucks County returning to station"
(Dispatch Reply)	"OK 1251 at 13:39"



SOP # 7-722 Revision: 2 Effective Date: January 2, 2019	SCRATCH TIMES	Author: 691
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1.0 PURPOSE

1.1 This policy was created to provide a guideline of response times after a unit has been dispatched.

2.0 SUMMARY

2.1 EMS units ALS and BLS, dispatched to an emergency call shall have a total of three (3) minutes to respond.

3.0 POLICY

3.1 Scratch Time

3.1.1 If after three (3) minutes the logged on unit fails to respond, the primary squad will be scratched and the next due squad will be dispatched. A squad unit that has scratched should not proceed to the scene unless no other unit has been dispatched or the next due unit is a greater distance away.

3.1.2 Two (2) attempts to hail the dispatched unit on radio will be made by the Communications Center prior to replacing the dispatched unit and scratching them.

3.1.3 All scratches will be reported to the County EMS Quality Assurance Coordinator for their review.

3.1.4 Anytime a squad scratches, the Chief of the squad will be notified.

3.1.5 The EMS Zone Dispatcher will notify the DIII on duty.

3.1.6 The DIII will then email a copy of the incident to Senior Management, the QA Coordinator of EHS Department and Field Representative of the EHS Department.

3.2 Zero Scratch

3.2.1 If an ALS or BLS squad unit scratches a call (as per section 3.1 above), the dispatcher shall log off the unit and the unit will be considered out-of-service until further notice.

3.2.2 Any subsequent calls for that squad shall be automatically dispatched to the next due squad. The initial squad's tones shall be simultaneously dispatched along with the next due squad's tones.

3.2.3 It will be the responsibility of squad personnel to call the Communications Center and place a unit and the squad back in service, once they are assured a crew is available.

STANDARD OPERATING PROCEDURES



SOP # 7-723 Revision: 2 Effective Date: January 2, 2019	HOSPITAL DIVERSION POLICY	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish guidelines for the Bucks County Hospital Diversion Plan/Special Status Plan.

2.0 SUMMARY

- 2.1 A hospital may notify the EMS system of a temporary inability to provide prompt/quality care in the emergency department (ED) and request ambulances divert patients to an alternate hospital facility. A request to divert to another facility may be honored by EMS providers. A diversion request does not mean the hospital ED is closed, but usually means the current emergency patient load exceeds the Emergency Department's ability to treat additional patients promptly or a resource is not available.

3.0 POLICY

- 3.1 County Hospitals are segmented into three clusters:
 - 3.1.1 **Lower Bucks County:** Jefferson Bucks, Jefferson Torresdale, St Mary Medical Center and Lower Bucks Hospital.
 - 3.1.2 **Central Bucks County:** Doylestown Hospital, St Mary Medical Center, Holy Redeemer Hospital and Abington Memorial Hospital.
 - 3.1.3 **Upper Bucks County:** Grand View Hospital, Abington Lansdale Hospital and St Luke's Hospital - Quakertown
- 3.2 County Hospital Diversion Plan
 - 3.2.1 No more than 50% of the hospitals in a given cluster can go on divert. When more than 50% request to go on divert in a given cluster, all hospitals will be re-opened
 - 3.2.2 Hospitals can divert for two-hours at a time, with a maximum of four hours. After being on divert for four hours, the hospital's emergency department must remain open for at least six hours.
 - 3.2.3 Hospitals remaining on divert for eight hours must make all efforts to remain open for at least the next four hours.
 - 3.2.4 Hospitals remaining on diversion for greater than four hours should consider enacting their internal disaster plan and the EHS Office will be notified by the Department of Communications.



SOP # 7-723 Revision: 2 Effective Date: January 2, 2019	Hospital Diversion Policy	Author: 691
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3.2.5 Terms to be used are “Divert”, “Crisis”. “Trauma Bypass” and “Closed”. This system will also be used for special status updates such as CT OOS or other specialized essential equipment.

3.2.6 The Hospital Administration, County Administration, Pre-hospital providers, PA Dept of Health and hospital staff will continue to meet and work together to develop solutions to address this issue as necessary.

3.3 The EMS Zone Dispatcher will follow the procedures listed in “INFO DIVERT”.

3.4 In the event a hospital goes on “Closed” status, the EMS Dispatcher will notify the DIII on duty, who will send out an Everbridge message using the Hospital Closure template.

3.5 The Emergency Communications phone number for changing your status is 1-888-245-7210, extension 25.

4.0 DEFINITIONS

4.1 Divert - Temporary inability to provide prompt/quality care in the Emergency Department (ED) and request ambulances divert patients to an alternate hospital facility.

4.2 Crisis Divert - A facility who has multiple mental health patients holding in their emergency department and does not have the resources to care for additional patients in need of mental health care.

4.3 Trauma Bypass - Trauma center’s acute trauma resources are actively engaged with trauma patients and cannot handle any additional incoming trauma patients.

4.4 Closed - The facility is experiencing an “in-house” emergency and cannot handle any incoming patients.



SOP # **7-724** Revision: **1**
Effective Date: **January 2, 2019**

HOSPITAL NOTIFICATION

Author: **691**

1.0 PURPOSE

1.1 This policy was established to create guidelines for EMS units making patient report notifications to hospitals.

2.0 SUMMARY

2.1 It is of utmost importance that EMS units transporting to a hospital with an injured or ill patient notify the receiving hospital of the patient's condition. This necessity affords the receiving hospital time to set up for a patient and/or divert the EMS unit to another facility. Hospital notifications will be done on the Hospital Channel.

3.0 POLICY

3.1 EMS units going to Bucks County Hospitals

3.1.1 When the EMS unit is ready to notify the hospital for (generally 5-7 minutes away from the hospital) they will call the Communications Center on their assigned talk group and request notification with the receiving facility.

3.1.1.1 Example: "1341 to Bucks County requesting notification with Doylestown Hospital"

3.1.2 The dispatcher will then advise the unit to switch to the Hospital Channel.

3.1.2.1 DISPATCHER: "OK switch to the Hospital Channel and stand by."

3.1.3 The dispatcher will then contact the receiving facility over the hospital intercom and upon receipt or just prior to, patch the hospital talk group with the receiving facility.

3.1.4 The unit will then give the patient report to that facility, a response from the facility is not necessary. Following the report the unit will return to their primary talk group.

3.1.4.1 Example "Doylestown Hospital, Medic 129 en-route to you with a class 3, 72 year old female, complaining of hip pain after a fall, patient is immobilized, our ETA is 12 minutes"

3.2 Hospitals that the Communications Center has the ability for radio notification:

3.2.1 Abington – AMH

3.2.2 Jefferson Bucks Campus – JBH

3.2.3 Jefferson Torresdale Campus – JTH

3.2.4 Doylestown – DTH



SOP # **7-724** Revision: **1**
Effective Date: **January 2, 2019**

Hospital Notification

Author: **691**

- 3.2.5 Grandview – GVH
- 3.2.6 Lower Bucks – LBH
- 3.2.7 St Luke’s Quakertown – SLQ
- 3.2.8 St Mary’s Medical Center – SMC
- 3.3 *****All other facilities should be considered as without radio capabilities and should be notified as specified later in this section.*****
- 3.4 Hospitals without radio capabilities:
 - 3.4.1 The EMS unit will attempt to notify the receiving hospital via phone, however in the event that method fails or the EMS unit does not have the capability, they will inform the Communications Center that they are en-route to an out of county hospital (name of hospital must be supplied) and request the dispatcher to prepare to copy information for that hospital.
 - 3.4.1.1 Example: *“1082 to Bucks County, we are en-route to Saint Luke’s Bethlehem Hospital, prepare to copy medical report.”*
 - 3.4.2 The EMS unit should stand by until the dispatcher advises to proceed with the information.
 - 3.4.2.1 Example: *“OK 1082, stand-by”*
 - 3.4.2.2 When the EMS is told to proceed they should give a brief, but complete patient report including ETA.
 - 3.4.2.3 The dispatcher then will call the receiving facility and relay the report.
 - 3.4.2.4 The dispatcher will advise the EMS unit when the hospital was notified.
 - 3.4.2.5 This information is normally done on the primary EMS frequency, unless the dispatcher advises the EMS unit to switch to an alternate frequency.

STANDARD OPERATING PROCEDURES



SOP # 7-725 Revision: 1 Effective Date: January 2, 2019	UNITS AVAILABLE ON RADIO FOR DISPATCH	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish guidelines for dispatching units that are already out in the field and not in quarters.

2.0 SUMMARY

2.1 This department recognizes that many units are in the “available on radio” status, although this department may not be aware of this. It is further recognized that squads have begun to abandon radio pagers, which have been the primary source of dispatch notification for quite some time. Recognizing this, the following procedure has been established.

3.0 POLICY

3.1 All units moved up to a hospital, covering another station or phantom quarters will be considered “Available on Radio”.

3.1.1 An EMS unit will be made available from the hospital ten (10) minutes after arrival, unless they specify otherwise to the dispatcher when the unit goes off radio at the hospital.

3.2 All units available on radio must notify the dispatcher when “available on radio” either via radio, MDT or phone.

3.3 If there are two units being dispatched and one is “Available on Radio” and one is not, the call will be dispatched as normal.

3.4 Printouts will be sent to the station by the Dispatch Zone dispatcher regardless of the unit’s status.

4.0 PROCEDURE

4.1 Upon the receipt of a call, the Dispatch Zone Dispatcher will check the status of the recommended units. If a unit’s status is “Available on Radio”, the unit will be immediately assigned to the incident via the “DN” command.

4.2 When the EMS Zone Dispatcher receives the call, they will call the unit on radio and wait for an acknowledgement. The call will then be given to the unit via the radio.

4.3 There will be no transmissions on the Dispatch Band if the call has been assigned to a unit and they have responded, with the exception of subsection 3.3 listed above.

STANDARD OPERATING PROCEDURES



SOP # 7-725 Revision: 1 Effective Date: January 2, 2019	Units Available on Radio For Dispatch	Author: 691
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- 4.5 If the EMS Zone Dispatcher does not receive an answer from the unit when calling to dispatch after two attempts, the call will be sent back to the Dispatch Zone Dispatcher for dispatch as normal using the following format:
 - 4.5.1 “P (unit id)”
 - 4.5.1.1 *Example: “P A168”*
 - 4.5.2 “RD #ED(IH #) EX”
 - 4.5.2.1 *Example: “RD #ED4657 EX”*



SOP # 7-726 Revision: 1 Effective Date: January 2, 2019	NOTIFICATION OF IMPROPER DISPATCH	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish a standard format to make notification of a possible error(s) of a dispatched incident.

2.0 POLICY

- 2.1 If a borderline call is received in the communications center and the wrong fire department or ambulance is dispatched, it is the responsibility of the Fire Department or ambulance dispatched to notify the dispatcher of the error as soon as possible.
- 2.2 This type of notification is to be done over the telephone when possible to keep the air free of extra radio traffic and maintain professionalism within the system.

3.0 PROCEDURE

- 3.3 Once a request for a correction of dispatch is made, the Dispatch Zone dispatcher will dispatch the appropriate unit(s) to the incident.
- 3.4 The initially dispatched company may request notification be made to one of the responsible agency's chief officers informing them of the discrepancy.
- 3.5 The responsible agency will make the determination if their company is to be dispatched or if the initially dispatched company can handle the incident.



SOP # 7-727 Revision: 1 Effective Date: January 2, 2019	STATUS CHECKS	Author: 691
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1.0 PURPOSE

1.1 This policy was created to provide an additional method to ensure provider safety with periodic status checks.

2.0 SUMMARY

2.1 Certain EMS complaint types generate a UNIT STATUS flag; this tells the dispatcher that this unit should be checked on. (See complaint types with ***)

3.0 POLICY

- 3.1 When the timer hits 15 minutes of being on scene with no contact, the EMS Zone Dispatcher will ask the Unit to report.
- 3.2 This will be attempted 3 times by the EMS Zone Dispatcher.
- 3.3 If police are not on scene, they will be sent to check on the unit after the 3rd time with no response for the Unit.

STANDARD OPERATING PROCEDURES



SOP # 7-728 Revision: 2 Effective Date: January 2, 2019	REQUESTS FOR POLICE ASSISTANCE	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish the procedures governing different levels of requests for police assistance by EMS units while operating on the Bucks County Emergency Communications System.

2.0 SUMMARY

2.1 Whenever possible, Requests for Police Assistance shall be made via verbal transmission on the unit’s primary assigned talk group. Verbal Requests will be classified as either:

2.1.1 “REQUEST POLICE NON EMERGENT” along with the nature of the request for routine, non-priority or escalating situations.

2.1.2 “PRIORITY POLICE ASSIST” for emergent or life threatening situations

2.2 The ORANGE “EMERGENCY ID” button on the radio is available to EMS personnel as a means by which they are able to send an alarm to the dispatcher indicating they have an “EMERGENT / LIFE THREATENING” situation and are unable to verbally request a “PRIORITY POLICE ASSIST”.

3.0 POLICY

3.1 All EMS requests for police assistance will be in accordance with the procedures outlined in this document.

4.0 PROCEDURE

4.1 A REQUEST FOR POLICE RESPONSE should be initiated by EMS units assigned to an incident for routine, non-priority assistance or escalating situations. When initiated, the specific nature of the request shall also be stated.

4.1.1 The appropriate format for this request will be as follows: *<UNIT #> to BUCKS COUNTY – REQUEST A NON EMERGENT POLICE RESPONSE for <State the nature of the request>*

4.1.1.1 Example: *“Medic 154 to Bucks County, request a non-emergent police response to our location for a disorderly family member.”*

4.1.2 The EMS Zone Dispatcher will then make the request to the appropriate Police Zone via intercom and C.A.D. for dispatch.

STANDARD OPERATING PROCEDURES



SOP # 7-728 Revision: 2 Effective Date: January 2, 2019	Requests for Police Assistance	Author: 691
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- 4.2 A PRIORITY POLICE ASSIST should be initiated by EMS units assigned to an incident when their personal safety has been compromised or they encounter a life threatening situation.
 - 4.2.1 The appropriate format for this request will be as follows: *<UNIT #> to BUCKS COUNTY – “PRIORITY POLICE ASSIST!”*
 - 4.2.1.1 Example: *“Medic 108 to Bucks County, Priority Police Assist”*
 - 4.2.2 The EMS Zone Dispatcher will immediately transmit a “10-78 / ASSIST EMS” stating the unit ID, Location, Incident Type by entering <unit> AST.
 - 4.2.3 This will prompt the EMS Zone Dispatcher to Re-Open the police incident as an ASTEMS incident (if it has already been closed out).
 - 4.2.4 The “Assist EMS” will be transmitted to the appropriate PD ZONE and an additional ALS unit will be added to the assignment by the Dispatch Zone Dispatcher.
 - 4.2.5 Assist EMS will be broadcast as follows:
 - 4.2.5.1 *Sound the alert tone, “All squads on EMS <band> standby...”* An EMS Assist has been called for <unit I.D.> on <type of incident> at <location>. All other units on EMS <band> [“limit transmissions to emergencies only”]>
 - 4.2.6 The additional responding EMS unit should be directed to take a staging position until the scene has been secured.
- 4.3 EMERGENCY ID Activation: If the EMS unit is unable to verbally request assistance, the EMERGENCY ID button should be depressed for a full 2 seconds.
 - 4.3.1 Upon activation during an active incident, the Radio Room will immediately broadcast a “10-78 / EMS ASSIST” stating the unit ID, Location, Incident Type and entering <unit> AST. This will prompt the Dispatch Zone operator to Re-Open the police incident as an ASTEMS incident (if it has already been closed out).The 10-78 will be transmitted to the appropriate PD ZONE and an additional ALS unit will be added to the assignment.
 - 4.3.2 The additional responding EMS unit should be directed to take a staging position until the scene has been secured.
 - 4.3.3 The EMS Zone Dispatcher will attempt to verify the “EMERGENCY ID” with the initiating unit.



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- 4.4 When the unit initiating the “EMERGENCY ID” is not currently assigned to an incident the verifying dispatcher will perform the following:
 - 4.4.1 The EMS Zone Dispatcher will attempt to hail the initiating unit with the following:
 - 4.4.1.2 *“Bucks County to <unit>, verify your 10-78.”* (The unit’s verbal identifier will be substituted in place of <unit>. If the unit does not answer, wait ten seconds and call again. Assume the “EMERGENCY ID” to be valid if the unit fails to answer.
 - 4.4.2 If the initiating unit does not answer via radio, the EMS Zone Dispatcher will attempt to locate the unit via the GPS function using the GGPS and DGPS commands.
 - 4.4.3 If the above subsections yield no results, then the unit will be tone paged to call the Communications Center ASAP.
 - 4.4.4 If all of the above subsections yield no results, a chief officer of that agency will be called.



SOP # 7-729 Revision: 1 Effective Date: January 2, 2019	EMS MAYDAY	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish guidelines on the declaration of a MAYDAY during EMS type incidents.

2.0 SUMMARY

2.1 Situations may arise when EMT's and/or Paramedics experience some sort of emergency situation on an incident that has jeopardized their own health or safety that does not involve assault or some sort of adverse interaction with a patient or general public. An example would be an EMT/Paramedic who suffers their own medical issue during an incident.

3.0 POLICY

3.1 All EMS "MAYDAY" declarations will be in accordance with the procedures outlined in this document.

4.0 PROCEDURE

4.1 For instances of an EMS unit on a routine incident:

4.1.1 The term "Mayday" will be transmitted stating which unit is requesting the MAYDAY and repeating the word MAYDAY three times as well as activating the Emergency ID on the portable radio.

4.1.1.1 Example: "Medic 142 to Bucks, MAYDAY MAYDAY MAYDAY"

4.1.2 The EMS Zone Dispatcher will acknowledge the unit declaring the Mayday and enter the "Mayday" command into the C.A.D.

4.1.2.1 Example: "A142 MAYDAY"

4.1.3 The Dispatch Zone dispatcher and the EMS Zone Dispatcher simultaneously will announce on their respective zones the following:

4.1.3.1 (Sound alert tone) "Attention all squads, a "Mayday" has been declared by (unit) on a (call type), all squads are to limit your transmissions to emergencies only." (Repeat)

4.1.4 The Dispatch Zone dispatcher will then send two additional ALS units to the scene and place the designated Air Medical unit on standby.



SOP # 7-729 Revision: 1 Effective Date: January 2, 2019	EMS Mayday	Author: 691
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- 4.2 For instances while on an ASHER response:
 - 4.2.1 The term “Mayday” will be transmitted and the portable radio Emergency ID should be activated by the EMS Provider(s) in distress as outlined in section 4.1.1 of this policy.
 - 4.2.2 The EMS Zone Dispatcher will acknowledge the unit declaring the Mayday and enter the “Mayday” command into the C.A.D.
 - 4.1.2.1 *Example: “A185S MAYDAY”*
 - 4.2.3 The Dispatch Zone dispatcher and the EMS Zone Dispatcher simultaneously will announce on their respective zones the following:
 - 4.1.3.1 (Sound alert tone) “All squads, standby for an emergency announcement and limit your transmissions to emergencies only.”
 - 4.2.4 The EMS Zone Dispatcher will ensure the incident commander has received the Mayday request.
 - 4.2.4 The Incident Commander, if applicable will acknowledge the “Mayday” and advise the Emergency Communications Center that a “Mayday” has been requested if it has been declared on an unmonitored frequency.
 - 4.2.5 The Dispatch Zone Dispatcher will then send two additional ALS units to the scene and place an additional Air Medical Unit on standby.
 - 4.5.4 Once the Incident Commander declares P.A.R. for the incident, the Fire Zone Dispatcher will then enter the “PAR” command into C.A.D.
 - 4.5.4.1 *Example: “A185 PAR”*

STANDARD OPERATING PROCEDURES



SOP # 7-730 Revision: 1 Effective Date: January 2, 2019	PATIENT CLASSIFICATION	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish a standardized guideline and define levels of patient classifications.

2.0 SUMMARY

2.1 The Standardized patient classification system is listed below.

3.0 POLICY

- 3.1 Class 1 - Severe, Urgent, Highest Priority
- 3.2 Class 2 - Moderate, Emergent, High Priority
- 3.3 Class 3 - Mild, Non-emergency, Low Priority
- 3.4 Class 4 - Psychiatric Emergency
- 3.5 Class 5 - Deceased patient
- 3.6 Suffix X after any of the classifications indicates an unruly patient

STANDARD OPERATING PROCEDURES



SOP # 7-731 Revision: 1 Effective Date: January 2, 2019	RESPONSE CODE LEVELS	Author: EHS Office
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1.0 PURPOSE

- 1.1 This policy was created to designate a color based code level system on the status of the Bucks County EMS System.

2.0 SUMMARY

- 2.1 The response code level system is designed to provide early notification to County EMS units as events change due to a major MCI, an incident(s) taxing the region beyond available resources or pending weather conditions.

3.0 POLICY

3.1 Code Green

- 3.1.1 Normal operations

3.2 Code Yellow

- 3.2.1 Preparatory Period – Pending inclement weather (code changes will be automatic with winter weather warnings), Pre Mass gatherings/Events, Severe Federal Terror Risk.

3.2.2 EMS Agencies:

- 3.2.2.1 Start planning to bring crews in-house, establish on call/extra availability pool as deemed necessary by EMS Agency Management.
- 3.2.2.2 Contact Bucks County EHS with any unmet needs.

3.2.3 Communications Center:

- 3.2.3.1 Send Printout to agencies, Send Everbridge message if not done by EHS.
- 3.2.3.2 Situational awareness upgrade code status to Orange or Red if deemed necessary by call volume and availability of units.
- 3.2.3.3 Create special contact of code status in CAD – under BCFR (or other designated identifier).
- 3.2.3.4 Broadcast on Dispatch and EMS Channels at time of status change and on morning and evening announcements.
- 3.2.3.5 Send Everbridge Alert “EMS Code Changes” (This could also be done by EMS Office.)

3.2.4 MCI Units:

- 3.2.4.1 On Notice for possible deployment.



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3.2.5 EHS Office:

3.2.5.1 Notify Department of Communication for activation of Code Yellow and send Everbridge Notification using code change template.

3.3 Code Orange

3.3.1 (Operational Period) Inclement weather in place and affecting the county, MCI, mass gathering or any incident(s) taxing/potentially taxing the region beyond available resources.

3.3.2 EMS Agencies:

3.3.2.1 Call crews in-house as deemed necessary by EMS Agency Management and begin putting additional ambulances into service.

3.3.2.2 Patient Transport - follow statewide BLS Protocol 170 (Weather & MCI exception).

3.3.2.3 Contact Bucks County EHS with any unmet needs.

3.3.2.4 Document code status and if incident was related to reason for code change in regional ePCR system. EMS Agencies not using regional ePCR system submit number of incidents, including incident number, incident related (yes/no), call type, and disposition. Report due fifteen (15) days after returning to code green.

3.3.3 Communications Center:

3.3.3.1 Situational awareness upgrade/downgrade code status if deemed necessary by call volume and available units.

3.3.3.2 Notify EHS Office (On call Person after normal business hours, weekends or holidays), if change initiated by Dispatch Center.

3.3.3.3 SEND EverBridge notification; upgrades and downgrades (use code change template).

3.3.3.4 Create special contact of code status in CAD – under BCFR (or other designated identifier).

3.3.3.5 Broadcast on Dispatch and EMS Channels at time of status change and on morning and evening announcements.

3.3.3.6 Re-broadcast on EMS and Dispatch channels and resend EverBridge every four (4) hours (use code change template).



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3.3.3.7 Start moving up units not affected by the condition into the affected area, if not county wide event.

3.3.3.8 Consider use of regional staging location.

3.3.3.9 Contact adjacent PSAPs for available units – utilize on incident and/or covers.

3.3.3.10 Alert all hospitals and trauma centers of status change and hospital diversions are cancelled until code status change is lowered.

3.3.3.11 Consider use or TAC channel for isolated incidents.

3.3.4 MCI Units:

3.3.4.1 On notice for possible deployment.

3.3.5 EHS Office:

3.3.5.1 Confirm EverBridge notification sent.

3.3.5.2 Assist with unmet needs.

3.3.5.3 Staff Bucks County EOC if activated.

3.3.5.4 Complete after action report.

3.4 Code Red

3.4.1 Weather affecting the County, major MCI or incident(s) that have exhausted system resources, evacuation of hospital or nursing home, riots or major police action.

3.4.2 EMS Agencies:

3.4.2.1 Call crews in-house as deemed necessary by EMS Agency Management and begin putting additional ambulances into service.

3.4.2.2 Patient Transport - follow statewide BLS protocol 170 (Weather & MCI exception).

3.4.2.3 Contact Bucks County EHS with any unmet needs

3.4.2.4 Document code status and if incident was related to reason for code change in regional ePCR system. EMS Agencies not using regional ePCR system submit number of incidents, including incident number, incident related (Yes/No), call type, and disposition. Report due fifteen (15) days after returning to code green.



SOP # **7-731** Revision: **1**
Effective Date: **January 2, 2019**

Response Code Levels

Author:
EHS Office

3.4.3 Communications Center:

- 3.4.3.1 Situational awareness downgrade code status if deemed necessary by call volume and available units.
- 3.4.3.2 Notify EMS Offices (On call Person after normal business hours, weekends or holidays), if change initiated by Dispatch Center.
- 3.4.3.3 SEND EverBridge notification; upgrades and downgrades (use code change template).
- 3.4.3.4 Create special contact of code status in CAD – under BCFR (or other designated identifier).
- 3.4.3.5 Broadcast on Dispatch and EMS Channels at time of status change and on morning and evening announcements
- 3.4.3.6 Re-broadcast on EMS and Dispatch channels and resend EverBridge every four (4) hours (use code change template).
- 3.4.3.7 Confer with EMA/EHS as needed
- 3.4.3.8 Start moving up units not affected by the condition into the affected area, if not county wide event.
- 3.4.3.9 Contact adjacent PSAPs for available units – utilize on incident and for covers.
- 3.4.3.10 Alert all hospitals and trauma centers of status change and hospital **diversions are cancelled until code status change is lowered.**
- 3.4.3.11 Consider use of TAC channel for isolated incidents.

3.4.4 MCI Units:

- 3.4.4.1 Staff units and deploy per directions from Bucks County Radio Room

3.4.5 EHS Office:

- 3.4.5.1 Confirm EverBridge notification sent.
- 3.4.5.2 Staff Bucks County EOC if activated.
- 3.4.5.3 Assist with unmet needs.
- 3.4.5.4 Complete after action report.



SOP # **7-731** Revision: **1**
Effective Date: **January 2, 2019**

Response Code Levels

Author:
EHS Office

4.0 PROCEDURE

- 4.1 The default code level is green.
- 4.2 As events or conditions change, the Communications Center will announce the change with information provided by the EMA/EMS office or information from the field units.
- 4.3 Downgrades would be conducted after communicating with Bucks County EHS Office.
 - 4.3.1 Code status changes will be announced along with the affected zones and municipalities.
 - 4.3.2 EverBridge notifications will be sent for all code status changes; upgrades and downgrades (use code change template).
 - 4.3.3 For Code Red by using the Countywide disaster tone (888)
 - 4.3.4 A hardcopy printout will be sent to all EMS stations, Fire companies, police departments, and hospitals.
- 4.4 Bucks County Squads will be divided into three regions for code status changes:
 - 4.4.1 Upper Bucks: 108, 124, 134, 141, 142, 151
 - 4.4.2 Central Bucks: 113, 115, 122, 125, 129, 134, 135, 145, 172
 - 4.4.3 Lower Bucks: 100, 114, 139, 143, 154, 155, 167, 168, 185, 186
 - 4.4.3.1 Examples *“Southern Bucks County is Operating under a Code Red in Bristol Township”*
 - 4.4.3.2 *“Bucks County is operating under Code Orange County Wide due to inclement weather”*

5.0 DEFINITIONS

- 5.1 Code Green - Daily Operations.
- 5.2 Code Yellow – Preparatory Period due to impending weather, pre-mass gatherings/events or severe terror risk
- 5.3 Code Orange – Operational Period. Inclement Weather in place, major MCI, any incident (s) taxing or potentially taxing the region beyond available resources.
- 5.3 Code Red - Weather affecting the County, Major MCI or incident (s) taxing the system, evacuation of hospital or nursing home, riots, or other major police action.



SOP # 7-732 Revision: 2 Effective Date: January 2, 2019	MCI RESPONSE LEVELS	Author: EHS Office
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1.0 PURPOSE

1.1 MCI Levels and Response Equipment

2.0 SUMMARY

2.1 Development of multiple levels for MCIs with set criteria to aid field providers and the communications center a streamlined process for requesting multiple units and resources at one time

3.0 POLICY

3.1 Level 1

3.1.1 5 – 14 Patients (A suddenly occurring event that overwhelms the routine first response assignment)

3.1.1.1 Five (5) Ambulances

3.1.1.2 One (1) QRS

3.1.1.3 One (1) Engine

3.1.1.4 One (1) Helicopter on stand by

3.1.1.5 Physician response team on stand by

3.1.1.6 Regional Medical Director notified

3.1.1.7 Code Orange status change (Follow required notifications)

3.2 Level 2

3.2.1 15 – 50 Patients (A suddenly occurring event that overwhelms the first response assignment and, potentially, additional resources requested)

3.2.1.1 Fifteen (15) Ambulances

3.2.1.2 One (1) MCI Unit (Closest available)

3.2.1.3 MCI POD dispatched (if not the closest unit)

3.2.1.4 Two (2) QRS

3.2.1.5 One (1) Engine

3.2.1.6 One (1) Rescue

3.2.1.7 One (1) helicopter on stand by

3.2.1.8 Bucks 1 or other local command vehicle on stand by

3.2.1.9 Physician response team on stand by

3.2.1.10 Regional Medical Director notified

3.2.1.11 Five county POD task force placed on stand by

3.2.1.12 County Corner advised

3.2.1.13 Code Red status change (Follow required notifications)



SOP # **7-732** Revision: **2**
Effective Date: **January 2, 2019**

MCI Response Levels

Author:
EHS Office

3.3 Level 3

3.3.1 50+ Patients (It is not possible to respond with an adequate number of ambulances to the incident and promptly respond to other requests for ambulance service. Regional medical mutual aid system is activated)

3.3.1.1 Twenty Five (25) Ambulances

3.3.1.2 Three (3) MCI units

3.3.1.3 MCI POD dispatched

3.3.1.4 Three (3) QRS

3.3.1.5 Four (4) Engines (assigned to EMS)

3.3.1.6 Two (2) Ladders

3.3.1.7 Two (2) Rescues

3.3.1.8 Three (3) helicopters on stand by

3.3.1.9 Bucks 1 or other local command vehicle on stand by

3.3.1.10 Physician response team on stand by

3.3.1.11 Regional Medical Director notified

3.3.1.12 MCI POD dispatched

3.3.1.13 Five county POD task force placed on stand by

3.3.1.14 County Corner advised

3.3.1.15 Code Red status change (Follow required notifications)

3.3.1.16 Notification to PEMA Via BCEMA for possible STRIKE Response

3.4 Communications Center should consider moving up units into the affected area.

3.5 Reference Bucks County Mass Casualty Guidelines.



SOP # **7-733** Revision: **1**
Effective Date: **January 2, 2019**

HELICOPTER SERVICES

Author: **691**

1.0 PURPOSE

- 1.1 This policy was created to establish guidelines on dispatching Medical Helicopter Services.

2.0 SUMMARY

- 2.1 Helicopter service response is based similarly to the dispatch of EMS units, by closest due. A chart has been created to list, according to township or borough, the closest helicopter service to respond to that particular municipality. The following policy also describes the format in which the Communications Center will notify each service for dispatch.

3.0 POLICY

- 3.1 When a police or fire officer requests activation of the helicopter service, the dispatcher will place a helicopter on standby.
 - 3.1.1 The EMS Zone Dispatcher will notify the incoming ALS unit that a helicopter was placed on standby.
 - 3.1.2 The EMS Zone Dispatcher will provide a brief report when applicable.
- 3.2 If ALS is not available:
 - 3.2.1 The helicopter should be launched.
- 3.3 EMS officers may activate the helicopter service. The EMS Zone Dispatcher will notify the incoming EMS unit.
- 3.4 The ultimate authority to decide on to fly or not fly is that of the first arriving ALS unit.
 - 3.4.1 Or if none, the first arriving BLS crew member with the highest level of training.
- 3.5 Responsibility for Coordination of Landing:
 - 3.5.1 The responsibility for the preparation of a landing site and coordination of the landing procedure will be that of the officer in charge of the fire service.
 - 3.5.2 The dispatcher will determine the radio frequency.

4.0 DEFINITIONS

- 4.1 **Standby** is the notification to the Air Medical service that a potential condition exists which may require the services of their helicopter.
- 4.2 **Activation** is the request for a helicopter to proceed to the emergency scene (or appropriate location).

STANDARD OPERATING PROCEDURES



SOP # 7-734 Revision: 1 Effective Date: August 1, 2016	PHYSICIAN RESPONSE TEAM	Author: EHS Office
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1.0 PURPOSE

1.1 This policy was created to establish guidelines on the activation of the Physician Response Team.

2.0 SUMMARY

2.1 When system users make a request for a Physician Response. The DIII will initiate the activation via Everbridge. The responding physician will contact the system user and determine if a response is warranted or not and what level.

3.0 POLICY

3.1 The following procedures will be followed for activation of the Physician Response Team:

4.0 PROCEDURE

4.1 System user will make request for a physician team response by radio or telephone. Supplying the following information:

4.1.1 Reason for response, type of service requested

4.1.2 Surgical Response

4.1.3 Physician/Triage Response

4.1.4 Contact person name

4.1.5 Contact person phone number

4.2 The DIII will send an Everbridge notification using the “BC Physician Response” template.

4.3 Physician team member will initiate contact:

4.3.1 Call in number to be used is 215-860-1615

4.3.1.1 This line is recorded and will be conferenced with the field provider.

4.3.2 Determine if response is warranted.

4.4 The Physician Response Team will utilize the following radio identifiers when the team has been activated:

4.4.1 MD800

4.4.2 MD801

4.4.3 MD802

4.4.4 MD803

4.4.5 MD804

STANDARD OPERATING PROCEDURES



SOP # **7-735** Revision: **1**
Effective Date: **January 2, 2019**

MCI POD DISPATCH

Author:
691

1.0 PURPOSE

1.1 This policy was created to establish a guideline for the dispatch of the Bucks County Mass Casualty PODS.

2.0 SUMMARY

2.1 In the event of a Mass Casualty Incident within the County of Bucks or for mutual aid purposes, there are two transportable storage units, known as PODS, which are loaded with extra equipment to handle up to 100 patients apiece. These are known as POD1, located at Squad 185 and POD4 located at the EHS Office in Ivyland. There are also two vehicles that tow the PODS on a flatbed style truck. These are Special Service 188 (SS188), located at Squad 185 and Special Service 800 (SS800) located at the EHS Office in Ivyland.

3.0 POLICY

3.1 The following procedure will be used when dispatching the POD units:

4.0 PROCEDURE

4.1 Upon a request for any of the POD units to an incident, the EMS Zone Dispatcher will utilize the "REQA" command for the requested POD unit(s).

4.1.1 Example: "A168 REQA POD1"

4.2 The Dispatch Zone Dispatcher will then dispatch the POD(s) according to previous established dispatch procedures to the existing incident.

4.3 The DIII will send an Everbridge message using the "MCI POD Dispatch" template and completing the form with the necessary information.

5.0 DEFINITIONS

5.1 POD1 – Equipped with MCI supplies and is located at Squad 185

5.2 POD2 – Equipped with resources for a STRIKE Team deployment and is located at Squad 185

5.3 POD3 – Equipped with Special Operations equipment, located at Squad 185

5.4 POD4 – Equipped with MCI supplies, located at the EHS Office

5.5 POD5 - Equipped with Special Operations equipment, located at EHS Office in Ivyland.

5.6 POD8 – Equipped with Infectious disease response equipment, SCBA, Decon equipment and Level B SWAT equipment.

5.6 POD10 – Equipped with tents (heating/cooling) for sheltering purposes, located at Squad 185

5.7 SS800 – Flatbed truck designed to tow the POD units, located at the EHS Office.

5.8 SS188 – Flatbed truck designed to tow the POD units, located at Squad 185.

STANDARD OPERATING PROCEDURES



SOP # 7-736 Revision: 1 Effective Date: January 2, 2019	BUCKS COUNTY REGIONAL ACTIVE SHOOTER HOSTILE EVENT RESPONSE (RTF)	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish guidelines on a dispatch procedure in the event of a Hostile Threat Mass Trauma Event. This policy only covers the dispatch portion of the EMS incident of an event like this. For call taking procedures, please refer to the Police SOP Manual.

2.0 SUMMARY

2.1 An incident of a Hostile Threat Mass Trauma Event, such as an Active Shooter type incident or similar terroristic incidents which can result in mass casualties will require a large amount of resources from our system. There are personnel who have been specially trained and equipped to respond to events like these. The following procedure will outline who and how to notify these personnel.

3.0 POLICY

3.1 If there are indications, such as reports of multiple victims or an ongoing shooting at the scene, then an Active Threat response should be requested by using the complaint type “*ASHER*” (Active Shooter Hostile Event Response), it shall consist the following:

3.1.1 MCI level 1, which includes the following:

3.1.1.1 Five (5) ALS transporting Units

3.1.1.2 One (1) QRS

3.1.1.3 One (1) Engine

3.1.1.4 One (1) Helicopter on standby

3.1.1.5 Physician Response Team on standby

3.1.1.6 Regional Medical Director notified

3.1.1.7 Change County Code Status to “Orange”

3.1.2 In addition to MCI Level 1 response:

3.1.2.1 One (1) Level 2 MCI Unit (108, 115, 134, 143)

3.1.2.2 One (1) Level 3 MCI Unit (POD1 at 185s or POD4 at EHS)

3.1.2.3 Two (2) Closest EMS Rescue Task Force units should be sent

3.1.3 Hazmat Representative notified

3.1.4 Bucks County Mental Health Professional will be notified.

3.1.5 Any EMS Rescue Task Force units logged up are to clear hospitals and report their status to the Communications Center.

STANDARD OPERATING PROCEDURES



SOP # 7-736 Revision: 1 Effective Date: January 2, 2019	BUCKS COUNTY REGIONAL ACTIVE SHOOTER HOSTILE THREAT MASS TRAUMA (RTF)	Author: 691
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4.0 PROCEDURE

- 4.1 Once the “*ASHER*” type is entered into C.A.D., the recommended units will be dispatched accordingly.
 - 4.1.1 If the incident is originally entered as another complaint type and the information is received to warrant this type of response, the EMS or Dispatch Zone dispatcher will utilize the balance command to the “*ASHER*” type.
- 4.2 The Dispatch Zone dispatcher will also notify the on duty DIII of the incident.
- 4.3 The DIII will complete and send the predesignated template in the Everbridge system.
- 4.4 Example of a dispatch: “*Medic 185, Medic 186, Medic 154, Medic 155, Medic 167, Medic 100, Medic 168, Special Service 31, Engine 31, Temple Medflight 1 on Standby, MCI143, and POD1, 400 North Oxford Valley Road at the Sheraton Hotel, Falls Township, an ASHER Response.*” Repeat with time of day.

5.0 DEFINITIONS

- 5.1 *A.S.H.E.R.* (Active Shooter Hostile Event Response) - An incident where one or more individuals are or have been actively engaged in harming, killing, or attempting to kill people in a populated area by means such as firearms, explosives, toxic substances, vehicles, edged weapons, fire, or a combination thereof.
- 5.2 *RTF* – (Rescue Task Force) - A combination of fire and/or EMS personnel and law enforcement who provide force protection. The RTF could provide the following tasks: threat-based care, triage, and extraction victims to a casualty collection point or other designated location. The RTF could also have other tactical objectives such as breaching, utility control, managing building systems, and fire control.

Source: NFPA 3000 (PS) 2018 Edition (nfpa.org)

STANDARD OPERATING PROCEDURES



SOP # 7-737 Revision: 1 Effective Date: January 2, 2019	BUCKS COUNTY RESCUE TASK FORCE (RTF) LOG ON PROCEDURE	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish a format for EMS units trained in Rescue Task Force (RTF) qualifications for Hostile Threat Mass Trauma events.

2.0 SUMMARY

- 2.1 There are system users that have received training and have been qualified to be part of the RTF in Bucks County. In order to be recognized in the current C.A.D. system, the following procedure was created to indicate which units meet the criteria for an RTF response.

3.0 POLICY

- 3.1 Only when qualified personnel are working at a qualified agency, they are to use the following log on procedure.
- 3.2 The letter “S” will be added at the end of the unit identifier.
- 3.3 The letter “S” **will not** be announced on any dispatches.
- 3.4 The normal unit ID will be used at all times by both the system user and the Communications Center.
- 3.5 The letter “S” is only an indicator in the C.A.D. system as a qualified RTF unit.

4.0 PROCEDURE

- 4.1 When the above criteria is met, the user will log on with the “S” letter at the end of their unit identifier for that shift.
 - 4.1.1 *Example “A186S” or “A1861S”*

STANDARD OPERATING PROCEDURES



SOP # 7-738 Revision: 1 Effective Date: January 2, 2019	MOBILE DATA TERMINAL OPERATIONS	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish guidelines on the operations of the Mobile Data Terminal (MDT) system.

2.0 POLICY

- 2.1 Users will operate the MDT equipment in accordance with all laws, procedures, and guidelines mandated by Federal, State, and County Governments having jurisdiction over such matters.
- 2.2 Operation of the MDT equipment will be in accord with the system standards and operational procedures established by the Bucks County Department of Emergency Communications.

3.0 PROCEDURE

- 3.1 All traffic generated over the system will be made in the performance of the employee’s official duties as they relate to the fire service or other duty previously approved, in writing, by the County of Bucks.
- 3.2 A message that contains information that is unnecessary, excessive, abusive, or personal in nature or of a subject matter totally unrelated to the employee’s official duties is prohibited.
- 3.3 The County will log and archive all messages processed by the MDT system. The retention period for these archives is forty-five (45) days.
- 3.4 Periodic analysis of messages will be performed, and any violations will be reported to the appropriate authority for action.
- 3.5 At no time will a person operate the terminal under another’s identification.
- 3.6 At all times, agencies with MDT equipped units will make every effort to maintain the security of the MDT from unauthorized use.
- 3.7 It should be clearly understood that all messages sent in CAD are subject to review by Department management.
- 3.8 All records covered in this policy are subject to PA open records laws and consideration of such should be considered in their content.
- 3.9 The County will have the authority to disable any MDT when its operation is in violation of the law or an established standard.
 - 3.9.1 For an MDT to be disabled, the criteria needed are the same as presented elsewhere in this Department’s SOP’s under “Disabling System Radios.”

STANDARD OPERATING PROCEDURES



SOP # 7-739 Revision: 1 Effective Date: January 2, 2019	MDT AND CAD INTERFACE	Author: 691/BCEHS
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1.0 PURPOSE

- 1.1 This policy was created to establish guidelines on MDT operations in conjunction with the CAD system.

2.0 POLICY

- 2.1 The use of all the Mobile Data Terminals and their use with the Bucks County Department of Emergency Communications Center computer aided dispatch system will be in accordance with the following procedures at all times.

3.0 PROCEDURE

- 3.1 MDT users will not be able to retrieve information from another department or class of service (EMS, Fire, and Police).
 - 3.1.2 Dispatch personnel are prohibited from sending this information to the MDT user's terminal.
- 3.2 The fire MDT's will have the following capabilities when logged on to the MDT:
 - 3.2.1 UR, US, IS, IH, WHERE and WHO (See user guide for detailed information)
 - 3.2.2 Point to Point Messaging
 - 3.2.3 Status Changes (En route, on scene, AIQ, Available on radio, Available on scene and Out of Service types)
 - 3.2.4 Miscellaneous comments
 - 3.2.5 Emergency I.D. activation
- 3.3 Dispatch information will appear on the screen once the unit has been assigned to an incident.
- 3.4 The use of MDT's is highly encouraged during periods of heavy radio traffic or storm conditions.
- 3.5 Basic Procedures

	Operation	Command	Procedure
3.5.1	Acknowledge and respond to a call	ENROUTE	A window will pop-up on the screen that says "DISPATCH". Click on the window to acknowledge the call. Then press "ENROUTE".

STANDARD OPERATING PROCEDURES



SOP # 7-739 Revision: 1 Effective Date: January 2, 2019	MDT and CAD Interface	Author: 691/BCEHS
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	Operation	Command	Procedure
3.5.2	Go on location	On-Scene	Press "On-Scene"
3.5.3	Transport to a Hospital	XPORT MASK	Press XPORT MAST, select hospital from the drop down menu, then press XMIT.
3.5.4	Transport Complete (First Step)	On-Scene	Press ON-SCENE button to mark your transport complete.
3.5.5	Transport Complete (Second Step)	AIQ MASK	Fill in Drop Down Boxes: TYPE: The final type of the call DISPO: Disposition of the Call (See chart) QTRS: Hospital that you are located at. PRINT REMOTE: Check this box if you want to send a printout to the station.
3.5.6	Leave the Hospital	MOVX	Press the MOVE CANCEL button to leave the hospital and change your quarters to your station. YOU MUST DO THIS when you leave the hospital.
3.5.7	Log On to the MDT	LOGON	Go to the status menu on the menu bar, select LOGON. UNIT CALL SIGN: your unit ID VEHICLE: 185x PASSWORD: Full paramedic # USER ID: Full Paramedic # PORTABLE: Portable Radio Then press XMIT.
3.5.8	Log Off the MDT	LO	In the command line, type "LO". DO NOT USE THE LOGOFF COMMAND UNDER THE STATUS MENU as it will log you off.
3.5.9	Go out of service for clean-up, mechanical, etc	T/OOS	Go to the status menu on the toolbar. Select OUT MASK. Select OOS from the pull down menu. Enter a location and comment.
3.5.10	XMIT	Transmit Key	Transmits a function to the CAD that you entered manually. Will be lit Yellow when transmitting, RED when there has been an error.

STANDARD OPERATING PROCEDURES



SOP # 7-739 Revision: 1 Effective Date: January 2, 2019	MDT and CAD Interface	Author: 691/BCEHS
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	Operation	Command	Procedure
3.5.11	ENROUTE	Puts you enroute to a call you have been dispatched on by the dispatcher.	Automatically transmits the “ER” (enroute) command.
3.5.12	ON-SCENE	Puts you on-scene on a call you have been assigned to.	Automatically transmits the “OS” (on-scene) command.
3.5.13	AVL ON SCENE	Puts you available on scene of a call.	Automatically transmits the (AVL) command.
3.5.14	XPORT MASK	Brings up a form for transporting to the Hospital.	Select your transport destination from the drop down “Location” field, then click XMIT to transmit your hospital destination.
3.5.15	AVL ON RADIO	Indicates your status as Available On Radio	Automatically transmits the “AOR” (available on radio) command.
3.5.16	AIQ MASK	Brings up the Available in Quarters screen.	This MUST be used after you send the transport complete command. Three drop down boxes are to be filled in on this screen. See explanation for this command.
3.5.17	MOVE MASK	Brings up the “move to quarters” drop down screen.	Select the hospital you are relocating or “moving” to from the drop down box and click XMIT.

STANDARD OPERATING PROCEDURES



SOP # 7-739 Revision: 1 Effective Date: January 2, 2019	MDT and CAD Interface	Author: 691/BCEHS
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	Operation	Command	Procedure
3.5.18	LOCK	Locks the MDT from accidental typing commands.	Cannot be used until unlocked.
3.5.19	UNLOCK	Unlocks the MDT from a locked state.	
3.5.20	NEXT MSG	Displays a message send to your CAD terminal.	This key will be green in color when a message is waiting. Messages are send automatically (system generated) or manually by a dispatcher or from another MDT.
3.5.21	UNIT HISTORY	Requests your unit history.	Automatically transmits the "UH" unit history command. Your UH will be displayed in the default area.
3.5.22	INCIDENT HISTORY	Requests your current or most recent incident history.	Automatically transmits the "IH" incident history command. Your IH will be Displayed in the default area.
3.5.23	INCIDENT STATUS	Requests your incident status.	Sends the "IS" command.
3.5.24	ERASE CMD	Erase Command Line.	Deletes any information in the command line.
3.5.25	ERASE DEFAULT	Erase current display in the default area.	Deletes any information currently being displayed in the default area.

STANDARD OPERATING PROCEDURES



SOP # 7-739 Revision: 1 Effective Date: January 2, 2019	MDT and CAD Interface	Author: 691/BCEHS
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	Operation	Command	Procedure
3.5.26	CAD SCRATCH	Enables the default area to be a scratch pad.	Use the default area
3.5.27	MOVE CANCEL	Move Cancel	Cancels your last moved location, and puts you back in your home quarters. Automatically transmits the "MOVX" command.
3.5.28	DAY/NIGHT	Changes the display mode.	Inverts the screen color for better viewing during the day or night.
3.5.29	EMER (sF10)	Emergency	Sends an "AST" (assist) command. An emergency assist message alerts all dispatchers in the radio room that you need a police assist.

4.0 DEFINITIONS

- 4.1 Command Line: The area on the screen between the command buttons and the default area where you can type messages to dispatchers, other MDT users, and manually type commands.
- 4.2 Default Area: The area on the screen between the menu bar and the command line where CAD messages will be displayed.
- 4.3 MWCSII: Motorola communications software that enables the modem to connect to the computer. Any errors involving this program must be reported.
Use the radio if any errors occur.
- 4.4 MESSAGING MENU:
 - 4.4.1 *Display Command List*: displays a list of your last five commands typed on the command line.
 - 4.4.2 *Display Message List*: displays a list of the last five messages displayed in the default area.



SOP # 7-739 Revision: 1
Effective Date: **JANUARY 2, 2019**

MDT and CAD Interface

Author:
691/BCEHS

- 4.4.3 *Display Dispatch List*: displays a list of the last five calls you were dispatched to
- 4.4.4 *Hide List*: hides any list displayed
- 4.4.5 *Retrieve CAD Mail*: If an inter-CAD email message was sent to your in-box, use this to retrieve your mail
- 4.4.6 *Previous, next list message*: Displays messages saved in the queues.
- 4.4.7 *Clear Queues*: clears all messages saved in the queues.

- 5.5 History Menu additional info: If a premise history exists and does not automatically come up on your MDT, select premise history to display any warnings for that location e.g. special needs patient.

- 5.6 Display information: The bottom left of the screen displays acknowledgements of your messages from the CAD, and any error messages from the system. The bottom right shows a number such as 0/0, 0/3, etc. This indicates the # of messages in the que, and what message you are viewing. Messages in the que consist of anything that was send to your terminal that was displayed in the default area.

- 5.7 Error Messages: Wsok 4: Connection Ended- there was an error between the modem and the computer. *You must go on radio until the system resets itself.* Transmit Busy: the CAD MDT system is busy, *use the radio to convey your message.*

- 5.8 SENDING CAD MESSAGES In the *command line* type: TO/terminal ID (terminal ID is the CAD terminal you wish to send a message to. I.E. to send a message to the dispatcher at terminal EMS1, type TO/EMS1/your message



SOP # 7-740 Revision: 1 Effective Date: January 2, 2019	BARIATRIC SUPPORT UNITS	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish guidelines for Bariatric Unit requests.

2.0 SUMMARY

2.1 On occasion, an E.M.S. unit will encounter an obese patient requiring additional manpower and resources to provide the proper assistance. The unit(s) may request a Bariatric Support Unit (BSU) via the Communications Center. The unit(s) may also request assistance from Fire Department for lift assistance and/or extrication if needed.

3.0 POLICY

3.1 The initial dispatched unit(s) will provide patient care as outlined in state and regional protocols until the arrival of the bariatric support unit.

3.2 The Bariatric Support Unit will provide bariatric transportation and specialized bariatric patient transfer equipment. The Bariatric Support Unit will have a minimum of one provider who is trained on the use of bariatric equipment.

3.3 The service providers who request the bariatric support unit will continue care during transport to the receiving facility.

3.4 When a B.S.U. is requested, the EMS Zone Dispatcher will utilize the "REQA" command in C.A.D.

3.4.1 *Example: "A151 REQA 1W"*

3.4.2 If a specific B.S.U. is requested, the following command will be executed:

3.4.2.1 *Example: "A143 REQA BSU168"*

STANDARD OPERATING PROCEDURES



SOP # 7-741 Revision: 1 Effective Date: January 2, 2019	OUT OF SERVICE SQUADS	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish guidelines in the event that when an EMS crew becomes unavailable for service for various reasons.

2.0 SUMMARY

- 2.1 There will be occasions when EMS squads will go out of service due to insufficient manning, equipment failure, etc. All squads must call the Communications Center to log off when not in service.

3.0 POLICY

- 3.1 Upon calling the Communications Center to log off a unit, the following information must be exchanged:
 - 3.1.1 When it has been established that a squad is going out of service, a member (who must supply their name) or an officer of that squad will call the Communications Center and advise that their squad is going out of service. The dispatcher taking the call must place a comment in the unit history of the name or rank of person calling to place the unit out of service.
 - 3.1.2 It will be the responsibility of the squad to call back in service, once a crew is assured or unit is functional.
 - 3.1.3 When a squad is listed out of service, the next due, closest most appropriate unit shall be dispatched to cover the out of service squad.
- 3.2 Mechanical Problems
 - 3.2.1 If vehicular mechanical problems are encountered while on a call, this information should be relayed to the dispatcher as soon as possible. The EMS crew should advise the dispatcher if another unit will be needed to transport the patient (if patient is on board unit) or another unit needs to be dispatched to cover the call. The unit will be placed out of service unless advised otherwise, (out of service, NOT logged off).
 - 3.2.2 The unit will be placed out of service, and it is the responsibility of the unit to call the Communications Center to log on when available.



SOP # 7-742 Revision: 1 Effective Date: January 2, 2019	ROUTINE TRANSPORTS	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish guidelines on EMS agencies participating in Routine Transports.

2.0 SUMMARY

- 2.1 Routine transports are not emergent in nature, the following policy has been established for this type call.

3.0 POLICY

- 3.1 Non routine/non-emergent transportation shall not be tone paged by the Communications Center. The caller will be referred to the proper EMS squad phone number.
- 3.2 The Communication Center’s personnel are not responsible to call back the caller and advise that a particular EMS squad cannot handle the transport.
- 3.3 All emergency transports will be dispatched as previously described in this manual.
- 3.4 As noted in prior sections of this manual, air time on EMS frequencies is a valuable commodity and should not be wasted. Along with this statement should be considered the amount of EMS and fire calls dispatched per year by this Communications Center.

STANDARD OPERATING PROCEDURES



SOP # 7-743 Revision: 1 Effective Date: January 2, 2019	SPECIAL REQUEST AMBULANCE	Author: EHS Office
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1.0 PURPOSE

- 1.1 This policy was created to establish guidelines on Special Requests for certain Ambulance responses.

2.0 SUMMARY

- 2.1 There are occasions where a complainant (or caller) will call the Communications Center and request a specific squad dispatched for an emergency. A conflict occurs when the requested EMS squad is not the primary (first due) squad.

3.0 POLICY

- 3.1 No request will be made for another ambulance.
- 3.2 All dispatches will be processed following BLKs as entered in C.A.D.



SOP # 7-744 Revision: 1 Effective Date: January 2, 2019	INTER-HOSPITAL URGENT TRANSPORTS	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish guidelines for dispatch of urgent inter-hospital transports.

2.0 SUMMARY

2.1 A patient whom is in a qualified medical facility such as a hospital that needs transportation from that facility to another such facility; as expeditiously as possible for all parties involved.

3.0 POLICY

3.1 The reasons for such transport include: cardiac catherization, specialized testing (i.e. MRI), specialized medical or surgical procedures, etc.

3.2 Upon receipt of the call from the hospital to the Communications Department, the dispatcher shall, enter the call into C.A.D. and follow the appropriate dispatch procedure to ensure that an ambulance handles the call.



SOP # 7-745 Revision: 1 Effective Date: January 2, 2019	USE OF L&S PSAP NOTIFICATION	Author: 691
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1.0 PURPOSE

1.1 This policy was created to establish guidelines for use of L&S PSAP Notification.

2.0 SUMMARY

2.1 Services who intend to use L&S for the purpose of an Emergent Response or Transport of a patient who is believed to have a time sensitive life threatening emergency and have not received a Bucks County Incident Number. The agency/unit must notify the Communications Center (PSAP).

3.0 POLICY

3.1 The Bucks County PSAP can be notified by telephone (1-888-245-7210, #2, #5) or by the Bucks County Public Safety Radio, required by licensure on the appropriate channel (EMS North or EMS South or Med 4).

3.2 The following minimum information will be given at the time of PSAP notification. Notification should be made at the time of call receipt.

3.2.1 Agency Name

3.2.2 Bucks County Unit Number

3.2.3 Origin Location (pickup location, location of call)

3.2.4 Nature of call

3.3 At the completion of the incident, a PCR must be completed on a PA Approved electronic data collection program, as required by PA Code Title 28, pertaining to ambulance licensure.

3.4 Out of Bucks County Agencies are encouraged to contact the Bucks County PSAP as a courtesy and advise them of any L&S use for:

3.4.1 Pick up locations in Bucks County

3.4.2 Receiving facilities in Bucks County

4.0 DEFINITIONS

4.1 L&S – Lights and Sirens



SOP # 7-746 Revision: 2 Effective Date: January 2, 2019	PRE-HOSPITAL 302 REQUEST	Author: EHS/691
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1.0 PURPOSE

1.1 This policy was created to establish a process when EMS requests a call from the “On-Call Mental Health Delegate”. This policy will assist in creating a record, via recorded telephone line, of potential command instructions between the Mental Health Delegate and the EMS Practitioner.

2.0 SUMMARY

2.1 Although these instances are usually handled by law enforcement, this policy will cover when an EMT or Paramedic is the responsible party making the request for a “302” commitment on a patient. The need for a recording in these circumstances exists.

3.0 POLICY

3.1 When an EMS practitioner makes a request for a call from “On-Call Mental Health Delegate”, the on call mental health will be notified by routine process. The DIII will send a notification via Everbridge to the EHS representatives for awareness that a request has been made. Once contact is made with a Mental Health Department delegate they will then be conferenced via phone with the requesting EMS practitioner on a recorded telephone line.

4.0 PROCEDURE

- 4.1 The EMS practitioner will request for the on-call mental health to be contacted for a Pre Hospital 302 authorization. The EMS practitioner will contact the EMS Zone Dispatcher via phone and will supply the following information:
 - 4.1.1 Requesting practitioner’s name
 - 4.1.2 Requesting practitioner’s phone number
- 4.2 The EMS Zone Dispatcher will notify the on duty DIII of the request and provide the contact information for the requesting practitioner.
- 4.3 The DIII will contact the Bucks County Mental Health delegate.
 - 4.3.1 **Normal Business Hours**- Contact the Mental Health Office
 - 4.3.2 **After hours/Weekend Holidays**- Contact the On Call Mental Health Delegate
- 4.4 The DIII will send an Everbridge notification using the “Prehospital 302” template.



SOP # 7-746 Revision: 2 Effective Date: January 2, 2019	Pre-Hospital 302 Request	Author: EHS/691
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- 4.5 Once the DIII has made telephone contact with the Mental Health Delegate, he/she will then conference the telephone call with the requesting practitioner.
- 4.6 If there is no response from the on-call mental health delegate within five minutes of the alert, then the Everbridge notification will be resent. This will enable the EHS department to assist with the process.
- 4.7 The DIII will remain on the line until the end of the conversation in the event that any further needs are required by either party.



SOP # 7-747 Revision: 1 Effective Date: January 2, 2019	FUNERAL & SPECIAL ANNOUNCEMENTS	Author: 691
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1.0 PURPOSE

- 1.1 This policy was created to establish guidelines and format to special announcements that would be made over the Dispatch Zone.

2.0 POLICY

- 2.2 Funeral Announcements
 - 2.2.1 These announcements will be restricted to past or present chief officers, presidents or line of duty fatalities.
 - 2.2.2 These announcements will be made following equipment report announcements.
 - 2.2.3 All other requests for announcement will be done through the printer modem system.
- 2.3 Special Announcements
 - 2.3.1 All routine special announcements will be made immediately following the equipment report announcements.
 - 2.3.1.1 *Example: Advisory board meetings*
 - 2.3.2 Only meeting or training cancellations will be made at other times.

3.0 PROCEDURE

- 3.1 The following format will be used for a funeral announcement:
 - 3.1.1 “It is with deep regret the officers and members of the (EMS AGENCY) announce the death of (Title) (Deceased), who passed away on (Date). The viewing will be held on (Date & Time) at the (Location). Funeral services will be held at (Date & Time), with internment immediately following at the (Location).”