



# MEDICAL CONTROL DIRECTIVE

## 2024-04

**DATE:** January 5, 2024

**TO:** Pinellas County EMS Agencies  
Pinellas County Emergency Communications  
Pinellas County Certified EMTs and Paramedics  
Pinellas County Certified Advanced Practice Paramedics, Nurses  
Pinellas County Online Medical Control Physicians  
Pinellas County Ambulance Billing and Financial Services  
ED Nurse Managers

**FROM:** Dr. Angus Jameson, EMS Medical Director 

**RE:** **MPDS Version Upgrade - Protocol AD2 and AD3 Updates**

**DISTRIBUTION/TRAINING PERIOD:** January 5, 2024 - January 31, 2024

**Effective Date: No later than February 1, 2024**

Effective no later than 08:00 hrs. February 1, 2024, MPDS Version 14.0 is authorized for use by Pinellas County Emergency Communications and the Sunstar Communications Center.

- Protocol AD2 911 Call Processing and Response Assignment has been revised to reflect MPDS Version 14.0 updates.
- Protocol AD3 Medical Priority Dispatch (MPDS) Local Options has been revised to incorporate MPDS Version 14.0 updates.

**Attachments:**

1. Protocol AD2 911 Call Processing and Response Assignment
2. Protocol AD3 Medical Priority Dispatch (MPDS) Local Options

**Distribution:**

- EMS Chiefs e-mail distribution group
- Vector Solutions
- Pinellas County EMS Office of the Medical Director Webpage [www.pcemsomd.com](http://www.pcemsomd.com)

# AD2 911 CALL PROCESSING AND RESPONSE ASSIGNMENT

## **Purpose:**

To establish a procedure to ensure that the appropriate response resources are dispatched in the appropriate response modes to 911 requests for assistance received by the Pinellas County EMS System.

## **Description:**

The Pinellas County EMS System responds to a large number of requests for emergency and non-emergency medical assistance every day. To ensure that all requests receive a consistent determination of appropriate response assignment, gathering of information to relay to responders, and pre-arrival medical instructions, a comprehensive and pre-determined system of call classification and triage is necessary.

## **Definitions:**

- “Response Mode” means either an “Emergency Response” (lights and sirens) or a “Downgraded Emergency” response (no lights and sirens).
- “Emergency Response” may be called “HOT” or “Upgraded” and indicates use of lights and sirens.
- “Downgraded Emergency” may be called “COLD” or “Downgraded” and indicates that no lights or sirens are being used.
- “Response Configuration” means First Responder, Ambulance, or both sent to a call for assistance.
- “EMD” means an Emergency Medical Dispatcher certified by the International Academies of Emergency Medical Dispatch.
- “911 Center” means the Pinellas County Regional 911 Center
- “Sunstar Communications” means the Sunstar staff located in the 911 center who perform call taking, dispatching, and System Status Management.
- “911 Dispatcher” means a 911 Center staff member who is performing EMD or radio channel operator function.
- “Medical Priority Dispatch System” or “MPDS” means the International Academies of Emergency Medical Dispatch System that is currently approved for use by Pinellas County EMS.
- “EMD Determinant” means the code assigned to each type of 911 call processed using the MPDS.
- “Unfounded Incident” means an incident that is unable to be located or has no patient able to be found when responders arrive.
- “At Patient” means that a responder has arrived at the patient’s side such that patient assessment and care can be initiated.
- “On Scene” means that a responder has arrived at the address or physical location of the incident. In general, this is the time at which the response vehicle is parked.

# AD2 911 CALL PROCESSING AND RESPONSE ASSIGNMENT

## Definitions (cont.):

- “Medical Professional in attendance” means a licensed health care worker that is with the patient and will remain with the patient until arrival of EMS. This *classification* includes LPN, RN, ARNP, PA-C, and medical physician.
- “Skilled Nursing Facility” means a licensed residential care facility able to be verified as the source of the 911 call by the call taker.

## Policy

### 911 Call Handling

The Pinellas County EMS System shall employ the International Academies of Emergency Dispatch’s Medical Priority Dispatch System (MPDS), Version 14.0. From time to time, it may become necessary for the system to amend or modify call handling procedures, interrogation questions, pre-arrival medical instructions, and response configurations because of medical research, local needs, and the evolution of the MPDS via protocol or medical control directive (Ref. AD3 MPDS Local Options).

### Unit Assignment

Upon receipt of a 9-1-1/EMS call, Pinellas County Emergency Communications (9-1-1) will process the call and dispatch the appropriate unit(s) by closest available unit regardless of jurisdiction. The Sunstar Communications Center will dispatch the closest available and most appropriate ambulance(s).

### 911 Call Response Modes

All Pinellas County EMS ALS First Responders and Ambulances will respond to 911 calls for assistance in the following response modes:

MPDS Call Determinant Level	ALS First Responder	ALS Ambulance
Echo	Emergency	Emergency
Delta	Emergency	Emergency
Charlie	Emergency	Emergency
Bravo	Emergency	Emergency
Alpha	Downgraded Emergency	Downgraded Emergency
Omega	Downgraded Emergency	Downgraded Emergency

### 911 Call Response Configurations

In general, Pinellas County EMS shall assign both an ALS First Responder and an ALS Ambulance to respond to all 911 calls for assistance. The following MPDS Determinants will have a reduced response configuration:

# AD2 911 CALL PROCESSING AND RESPONSE ASSIGNMENT

## First Responder Only Determinants

Card #	Category	Determinants
2	Allergies (reactions)/Envenomation (stings, bites)	02A01, 02A02
3	Animal Bites/Attacks	03A01, 03A02, 03A03
4	Assault/Sexual Assault/Stun Gun	04A01, 04A02, 04B00, 04B01, 04B02, 04B03
7	Burns (scalds)/Explosion (blast)	07A01, 07A02, 07A03
8	Carbon Monoxide/Inhalation/Hazmat/CBRN	08O01, 08B00, 08B01
9	Cardiac or Respiratory Arrest/Death	09O01, 09B00, 09B01 (a-g, x, y)
16	Eye Problems/Injuries	16A01, 16A02, 16A03
20	Health/Cold Exposure	20A01, 20B00, 20B01, 20B02
22	Inaccessible incident/Other entrapments	22A01
29	Traffic/Transportation incidents	29O01, 29A01
32	Unknown Problem (man down)	32B01, 32B02, 32B03, 32B04

## Response Configuration Exceptions

1. 23 Ω may be processed with Poison Information Center consultation prior to dispatching response units (Ref. AD5 Poison Information Center Consultation).
2. Calls received on the 911 line for a patient with a medical professional in attendance, when that patient is located in a facility licensed under Florida Statute 395 or located in a verified Skilled Nursing Facility unit, may have initial dispatch deferred while being processed via MPDS and shipped to Sunstar Communications for an ambulance only response if an alpha level determinant is received. 911 call takers must ensure standard dispatch is initiated immediately upon identifying any priority symptoms.
3. When the response configuration is determined to be a single resource type (e.g., Ambulance only) the following exceptions shall apply:
  - a. If the single resource type is predicted to have a likely response time of greater than 20 minutes, the call shall immediately have an additional resource type (e.g., First Responder) assigned.
  - b. If during patient assessment or transport, the patient is determined to be Category RED, the treating Paramedic shall use best judgement as to if the best course of action is to initiate/continue transport to the nearest appropriate ED (Ref CS4) or request the assignment of additional ALS resources.
4. From time to time, it may become necessary for the system to amend or modify response configurations due to local needs and circumstances via medical control directive.

AD2 - 911 CALL PROCESSING AND RESPONSE ASSIGNMENT

# AD2 911 CALL PROCESSING AND RESPONSE ASSIGNMENT

## **Initial Dispatch and Response Mode Determination**

All EMS Units will initially respond EMERGENCY to an incident until an EMD Determinant is reached unless noted in exceptions above. The 9-1-1 Dispatcher and the Sunstar SSC will advise responding units of any scene safety information, the primary complaint (chest pain, falls, etc.) and response mode (emergency vs. downgraded emergency). Patient's age, sex, conscious and breathing status may also be relayed as time permits and when appropriate.

The EMD will document additional information obtained during the caller interrogation (medical, scene safety, infection control precautions) in the call notes and will update the response configuration and response mode when the EMD Determinant has been established.

The 911 Dispatcher and Sunstar Communications will advise the responding units of the response determinant over the assigned radio tactical channels or via Mobile Communications Terminal (MCT). Units will alter their response upon receipt of the determinant via radio or MCT message.

## **Response Mode Coordination**

Upon receipt of the response information, First Responder and Ambulance units will monitor and utilize the working Fire Tactical Channel as assigned during response and on-scene operations and will promptly acknowledge upgrades, downgrades, cancellations and requests for locations or estimated time of arrival (ETA). The first arriving ALS (First Responder or Ambulance) unit will advise "On-Scene" and "At Patient" on the working Fire Tactical Channel. BLS Units will advise "On-Scene" and "At-Patient" when they arrive before any ALS unit.

The first arriving ALS or BLS unit shall assess the condition of the patient(s) and scene and rapidly advise other responding units to upgrade or downgrade and request any additional resources needed. The first ALS Unit may cancel other responding units as appropriate after patient assessment. A BLS unit or a law enforcement officer on scene may downgrade but cannot cancel the nearest ALS Unit. At least one licensed/permitted ALS Unit (or BLS Unit with a County Certified paramedic) must arrive to evaluate all patients.

If the Ambulance is the first ALS unit to reach the scene of a motor vehicle crash with all patients refusing EMS evaluation and transport, the Ambulance will downgrade the incoming First Responders and complete the refusal documentation. The Ambulance will not cancel the First Responders. First Responders will continue in non-emergency, await law enforcement, and perform hazard assessment and abatement as necessary. The Ambulance will go available when refusals are completed, and scene is turned over to First Responders. If multiple First Responder units are enroute to the scene, First Responders will use their discretion to cancel other incoming First Response units as appropriate, as long as one First Responder unit continues to the scene.

# AD2 911 CALL PROCESSING AND RESPONSE ASSIGNMENT

Sunstar Communications staff shall advise ambulance units when they are being assigned as a closer unit at the time of dispatch. When an ambulance is advised that they are being dispatched as a “Closer Unit,” they will immediately come up on the Fire Tactical Channel using their portable radio and advise the First Responder unit that they are responding as a closer unit, their response mode, and location/ETA.

When responding with the First Responder to a fire incident, Ambulances are to respond non-emergency unless requested emergency by the incident commander or pre-arrival information indicates possible or known patients at the scene. Ambulances will not prompt Command for an assignment or staging location.

## **Staging**

When responding to volatile, violent, or unsecured incidents requiring staging, First Responder or Ambulance units will respond emergency to the staging location unless their ETA to the staging location is less than five minutes; or another ALS unit has arrived at the staging location; or the call has been downgraded by EMD. If the scene is cleared by law enforcement while enroute non-emergency, the unit may then upgrade if necessary. (Ref AD5 Staging)

## **Units Self-Altering Response Mode**

First Responders, Ambulances, and other Pinellas County EMS System personnel responding to requests for assistance may deviate (upgrade or downgrade) from the response determinant at their discretion as conditions dictate (e.g., staging, scene hazards, weather, heavy traffic, or additional patient information). All response mode deviations will be relayed to the appropriate 9-1-1 working tactical dispatcher and documented in the “notes” of the call. This is a mandatory reporting requirement. First Responder and Ambulance Units may not order the upgrade or downgrade of any other responding units until they are physically with the patient and completed a primary patient assessment.

## **Cancellation Enroute**

A Pinellas County EMS unit must continue to the scene of every 911 request for service and determine the need for EMS firsthand. An EMS response shall not be cancelled by the general public or law enforcement.

## **“Unfounded” Incidents**

“Unfounded” Incidents shall be investigated with the highest degree of diligence (e.g., thorough search of the reported incident location and perimeter, forced entry consideration, call back attempts to the location by either the Sunstar Communications Center or 9-1-1, confirmation of CAD information, etc.). The first arriving EMS unit at the dispatched scene location will advise 9-1-1 or the Sunstar Communications Center of all efforts made to locate the patient and reason for cancellation of EMS units as applicable.

# AD2 911 CALL PROCESSING AND RESPONSE ASSIGNMENT

## Calls to 911 Requesting Services Other Than an Emergency Medical System Response

### 1. "Request for Information" (medical related)

The EMD will process the incident with the MPDS. If the caller refuses EMS response, the EMD may advise the caller of other options (e.g., ER, immediate care clinic, call their physician, etc.). EMD will document all information in CAD. EMD's may not give patient care instructions outside of the MPDS protocols, or above a BLS level of care (e.g., stingray treatment with hot water, bleeding control, etc. are acceptable, but medication administration is not.)

### 2. Request for Poison Information - Reference Protocol AD5.

### 3. Request for Directions

If a caller is requesting directions to a care facility, the EMD will provide the caller with the option of an EMS response to their vehicle if they will stop. If the caller refuses to stop, EMD may give the requested information to the caller. EMD will document all information in CAD.

# AD3 MEDICAL PRIORITY DISPATCH (MPDS) LOCAL OPTIONS

## Purpose:

To define the local options authorized for use with Version 14.0 of the Medical Priority Dispatch System (MPDS)

## Description:

The Pinellas County EMS System processes calls for service using the MPDS System. Certain protocols within the system allow for the local EMS Medical Director to specify options. Additionally, the local EMS Medical Director may alter specific parts of the system as deemed necessary. This directive applies only to call processing/dispatching and not to the care provided at the side of a patient.

## Policy:

### Protocol 1: Abdominal Pain/Problems

- When a call-taker codes a call with the determinate 1-A-2 Non-traumatic testicle or groin pain (male) they are to upgrade the call to a 1-C-O for emergency response.

### Protocol 2: Allergies (Reactions) Envenomation (Stings, Bites)

- Panel 7 (P7) Expired Injector Kit:
  - **DO NOT** read the following instructions:  
“It is common to have an expired kit, which may be discolored or have particles in it. Out-of-date injectors can still contain significant amounts of adrenaline (epinephrine) that can help her/him.”
  - **DO NOT** read the following instructions:  
“They just might not be as strong.”
  - **DO NOT** read the following instructions:  
“Unless you have another one immediately handy, we advise you to use this one now.”

### Protocol 9: Cardiac or Respiratory Arrest/Death

- The following criteria **ARE AUTHORIZED** to be defined as “Obvious Death”:

A - Cold and stiff in a warm environment	D - Incineration
B - Decapitation	E - Non-recent death (6 hours or more)
C - Decomposition	F - Severe injuries obviously incompatible with life



# AD3 MEDICAL PRIORITY DISPATCH (MPDS) LOCAL OPTIONS

## Protocol 9: Cardiac or Respiratory Arrest/Death (cont.)

- The following criteria **ARE AUTHORIZED** to be defined as “Expected Death”:

*Note: Pinellas County EMS responds on all Expected Death calls (Ref. AD1)*

X - Terminal Illness	Y - Do Not Resuscitate Order (DNR)
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- The “C Only - Continuous compressions until responder arrival” as the “Cardiac Arrest Pathway” **IS AUTHORIZED**.
- The ventilations pathway **IS AUTHORIZED** for use on patients less than eight years old
- The Call-Taker is not to abort the Pre-Arrival instructions in the event an expected death situation is discovered. The call taker is to remain in the pre-arrival instruction panel until EMS arrives on scene. If the caller refuses to perform CPR, do not attempt to force him/her to do it. Proceed to the unstable patient panel and remain on the line with the caller.

## Protocol 24 Pregnancy/Childbirth/Miscarriage

- The “OMEGA Referral” for “Waters Broken” is **NOT AUTHORIZED**.
  - Pinellas County EMS responds on all Pregnancy/Childbirth/Miscarriage calls.
- On Panel F-23 Breech delivery: The call-taker will add the words “or pull” and read line 1 of the panel as follows:
  - “*Do not touch or pull the baby. The mother should be able to deliver this way.*”
- In the case of a *Still Birth (non-viable baby born)* as defined by the EMD protocol, the instruction found in G-2-Wrap Fetus (and afterbirth):
  - “*I’m very sorry. There’s **nothing** we can do for the baby*” is **NOT AUTHORIZED** to be read to the caller.
- The **HIGH-RISK** Complications List found in the Additional Information (AI) section under Protocol 24 **IS AUTHORIZED** in its entirety with the following addition “A physician has told you that you are **HIGH-RISK**”.

## Protocol 28 Stroke (CVA)

- Twenty-four (24) hours **IS AUTHORIZED** as the amount of time for the “stroke treatment window”

# AD3 MEDICAL PRIORITY DISPATCH (MPDS) LOCAL OPTIONS

## Stroke Diagnostic Tool

- The Stroke Diagnostic Tool is to be used only after the SEND point has been reached and sent, by ProQA or only after an EMD determinant has been reached and sent via use of the card set (post-dispatch)

## Aspirin Diagnostic & Instruction Tool

- Aspirin administration **IS AUTHORIZED** in patients presenting to EMS with chest pain or heart attack symptoms per MPDS criteria.
- Aspirin (ASA) is the only approved medication for the EMD to advise to administer.
  - The other medications listed on the “Aspirin-Containing Medication” list found in the “Additional Information (AI)” section of the “Aspirin Diagnostics and Instructions” are **NOT AUTHORIZED** for use.
  - The Call-Taker will omit the words “or medication containing aspirin” and read “Does anyone there have any aspirin available?”
- Rule 8: “Use of the Aspirin Diagnostic & Instruction Tool may be considered when a patient reported to be not alert is known to be awake, talking, and responding. Sips of water should only be provided upon patient request.” is **NOT AUTHORIZED** for use. Aspirin should only be administered to a patient who is alert.

## Protocol 45 Specialized Unscheduled Up-Care Transport

- Determinant 45-C-13 is **NOT AUTHORIZED** for use.

## Case Exit

- The new CEI (Critical EMD Information) is not to be followed on the Universal Instructions section on Protocol X, “Sips of water may be permitted for alert patients who request it when climate and/or prolonged response times are an issue.”