




**PRINCE GEORGE'S COUNTY, MARYLAND**  
**FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER**

<b>General Order Number:</b> 05-31	<b>Effective Date:</b> June 26, 2020
<b>Division:</b> Emergency Medical	
<b>Chapter:</b> Limited Emergency Medical Resource Plan (LERP)	
<b>By Order of the Fire Chief:</b> Tiffany D. Green 	<b>Issue Date:</b> June 26, 2020

**POLICY**

This General Order will establish the Fire/Emergency Medical Services (EMS) Department's approach to system management and resource utilization during high EMS demand periods. This plan shall be utilized when the Fire/EMS Department's call volume exceeds the normal and expected demand to ensure adequate resource availability through the entire County.

**DEFINITIONS**

**Advanced Life Support Modification (ALS-M)** – An alternate response pattern used for Advanced Life Support (ALS)-1 call determinants during periods of high call demand with limited EMS resource availability.

**ALS-1** – Emergency Medical Service (EMS) response pattern that is used for 911 calls that are classified as ALS call types and only require a single ALS provider.

**EMS Transport Unit** – Ambulance staffed and equipped to transport patients either at the BLS or ALS level.

**Limited EMS Resource Tracker** – Motorola computer-aided dispatch (CAD) software program that provides dispatchers with a real-time assessment of EMS transport unit availability within the County.

**LiveMUM** – Resource analytics software tool that utilizes predicative analytics to optimize the placement of units based on demand and resource availability.

**EMS-800** – Senior Emergency Medical Services Duty Officer, serves as the EMS system status manager in coordination with the Duty Chief.

**Northern EMS Duty Officer (NEMSDO)** – EMS operations supervisor responsible for oversight of EMS service delivery, quality management, training and compliance responsibilities on the northern tier of the County.

**Out of Service (OOS)** – Any status that renders a unit unavailable for service. This will include unavailable staffing (UAS), unavailable training (UAT), and/or unavailable detail (UAD).

**Public Safety Communications (PSC)** – Prince George's County's public safety answering point (PSAP), and the dispatch center for the Fire/EMS Department.

**Public Safety Communications Supervisor** – PSC liaison to the Fire/EMS Department.



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**Short Form** – A Maryland Institute for Emergency Medical Services (MIEMSS) approved patient care document that can be left at the receiving facility in lieu of a completed electronic patient care report (ePCR).

**Southern EMS Duty Officer (SEMSDO)** – EMS operations supervisor responsible for oversight of EMS service delivery, quality management, training and compliance responsibilities on the southern tier of the County.

### **PROCEDURES / RESPONSIBILITIES**

#### **I. General Provisions**

- A. The Fire/EMS Department and Public Safety Communications (PSC) will continuously monitor EMS resource availability. During periods of peak demand, the Department will utilize a system status management approach to maximize the availability of these resources. This policy will establish immediate actions and expectations for all personnel to follow during these periods.
- B. The Department normally maintains a minimum of fifty-nine (59) staffed EMS transport units.
- C. EMS resource levels will be tracked by the PSC Shift Supervisor (or designee) and the Duty Chief via LiveMUM and the CAD “Limited EMS Resource Tracker” software tools.
- D. To ensure resource availability in periods of high demand, the Department has established the Limited EMS Response Plan (LERP) which outlines six (6) distinct levels to ensure a standardized methodology is used to maintain service delivery requirements. These levels are:
  - 1. **LERP Level 1:** Sixty Percent (60%) of all available EMS Transport resources are committed to calls for service and not available to handle EMS Calls.
  - 2. **LERP Level II:** Eighty Percent (80%) of all available EMS Transport resources are committed to calls for service and not available to handle EMS Calls.
  - 3. **LERP Level III:** Sustained LERP II for over two (2) hours.
  - 4. **LERP Level IV:** Sustained LERP II for over four (4) hours and/or greater than twenty (20) emergency incidents pending to be dispatched.
  - 5. **LERP V:** Sustained LERP IV for six (6) hours and/or greater than thirty (30) pending incidents for dispatch.
  - 6. **Pandemic Contingencies:** Sustained LERP V for greater than six (6) hours.



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### **II. LERP Level I – EMS Demand - High**

#### **A. Criteria – Any or all of the following:**

1. Sixty percent (60%) of all available EMS Transport resources are committed to calls for service and not available to handle EMS Calls, or;
2. Any single incident that involves fifteen (15) or more stations.

#### **B. Actions**

1. PSC Shift Supervisor
  - a) Email Notification to distribution list (as approved by the ESC Deputy) including the number of transport units on calls and units OOS with status reason.
  - b) Implement modified dispatch policy (see Attachment A).
  - c) Make radio announcement on Talkgroup 1 and 2 every hour, “The Fire/EMS Department is now on Level I of the Limited EMS Resource Plan.”
  - d) Mutual Aid requests for an EMS Transport unit will only be granted for “Echo” or “Delta” determinant dispatches.
  - e) Consult with Duty Chief and/or EMS800 to make transfers to uncovered areas.
2. Duty Chief
  - a) The Duty Chief will monitor the system through LiveMUM and work in coordination with the PSC supervisor to make the necessary transfers to meet the system performance matrix measurements.
  - b) The Duty Chief will coordinate with the Battalion Chief(s) and EMS Duty Officer(s) to immediately evaluate the system and assist units back in-service as soon as possible.
  - c) Consider cancelling units that are in a “unavailable for detail (UAD)” or “unavailable for training (UAT)” status and have them return to service.
  - d) Have EMS Duty Officers (if not available, Battalion Chiefs) report to hospitals and assist in returning units to service.
  - e) Direct Battalion Chiefs to:
    - (1) Verify that units OOS are absolutely critical.
    - (2) Contact stations with multiple ambulances for availability and request, if possible, that those units be placed in service.
    - (3) Contact station officers and/or volunteer leadership of those stations “unavailable for staffing (UAS)” to address staffing shortfalls.
    - (4) Do not allow any further EMS Units to go OOS unless absolutely necessary.
    - (5) If necessary, report to hospitals and assist in returning units to service.



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3. EMS-800
  - a) Perform a system assessment and make recommendations to the Duty Chief.
  - b) Report to hospitals with excessive EMS units to facilitate transfer of care and release of units.
    - (1) Have EMS transport units complete a short form to reduce hospital turnaround time.
  - c) Multi-Patient Management – Transfer multiple BLS patients to a single EMS unit at a receiving facility.
    - (1) Maximum 3 patients to one EMS crew.
    - (2) Short form will be completed by the transporting unit.
    - (3) Once a patient is off-loaded, the transport unit will immediately return to service.
  - d) Coordinate with the Northern and Southern EMS Duty Officers and Battalion Chiefs.
4. EMS Provider
  - a) Complete a short form to reduce turnaround time at the hospital.
  - b) Multi-Patient Management – Transfer multiple BLS patients to a single EMS unit at a receiving facility, only in consultation with an EMS Duty Officer.
    - (1) Maximum 3 patients to one EMS crew.
    - (2) Short form will be completed by the transporting unit.
    - (3) Once a patient is off loaded, the transport unit will immediately return to service.

### **III. LERP Level II – EMS Demand - Critical**

#### **A. Criteria – Any of the following:**

1. Eighty percent (80%) of all available EMS Transport resources are committed to calls for service and not available to handle Emergency Medical Services Calls.

#### **B. Actions**

1. All actions will be taken as outlined in Section II(B) of this General Order, with the following additional actions:
  - a) PSC Shift Supervisor
    - (1) Make radio announcement, “The Fire/EMS Department is on Level II of the Limited EMS Resource Plan” every 15 minutes on Talkgroups 1 and 2.
    - (2) Implement modified dispatch policy (see Attachment A).
  - b) Duty Chief
    - (1) Actively work with PSC supervisor and EMS Duty Officer to evaluate the system, manage available resources and determine if units will be able to return to service.



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- a. If units will not become available within 30 minutes, then the following shall occur:
    - (i) Place two (2) EMS Surge Units in-service with available suppression companies.
      - (a) Refer to *General Order 05-29, Ready Reserve Transport Unit*.
      - (b) Resource deployment should be based on LiveMUM or established Surge Plan Prioritization (Attachment B).
    - (2) Send Battalion Chiefs (when available) to local hospitals to assist EMS units back in service.
    - (3) Monitor system demand trends and consider an overtime operational period.
    - (4) Consider mutual aid transfer request.
    - (5) If applicable, hold daywork personnel.
  - c) Battalion Chiefs
    - (1) Contact all Volunteer Leadership and request support to staff their primary and secondary ambulances.
  - d) EMS Duty Officers
    - (1) Consider placing Prince George's County/Hospitals on Blue Alert (done by EMS 800 - see *General Order 05-09, Hospital Diversion*).
2. The Duty Chief and EMS 800 will re-evaluate every hour to determine if and when the system will return to LERP I, be taken off of Blue Alert, and return to normal operations.

### IV. LERP Level III – EMS Demand - High, Resource Availability - Critical

#### A. Criteria – Any of the following:

1. Sustained LERP II for over two (2) hours.

#### B. Dispatch Modification

1. Utilization of the ALS-M response pattern for ALS1 call types
  - a) The ALS-M response pattern will limit the number of units dispatched to an ALS 1 call type to.
    - (1) Minimum resource requirements: One (1) ALS EMS Transport, One (1) ALS provider.
    - (2) If ALS transport unit > than 8-minute response time, a first response unit shall be dispatched.
    - (3) All Medic Units will be utilized in CAD as “All Response Medic Units (CAD Unit ARMD).



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- C. Place (2) additional EMS Surge Units in-service with available suppression companies immediately.
  - 1. Refer to *General Order 05-29, Ready Reserve Transport Unit* for unit deployment.
  - 2. Staffing Considerations for EMS Surge Units:
    - a) Hold day workers (If available).
    - b) Hold off going shift workers (If available).
  - 3. Resource deployment should be based on LiveMUM or established Surge Plan Prioritization (Attachment B).
- D. Battalion Chiefs shall reach out to Volunteer Leadership to solicit staffing assistance throughout the Department.
- E. EMS Duty Officer and/or Battalion Chiefs will visit each hospital and urge extra staffing and stress the need for quick turn-around.
  - 1. These contacts should be made with the ED Management or Chief Nursing Officer on duty at each hospital.

### **V. LERP Level IV – EMS Demand - High, Resource Availability - Extremely Critical**

- A. Criteria – Any of the following:
  - 1. Sustained LERP II for over four (4) hours and/or greater than twenty (20) emergency incidents pending to be dispatched.
- B. Dispatch Modification
  - 1. The Duty Chief shall immediately notify the Emergency Services Command (ESC) Deputy Chief and EMS Assistant Fire Chief.
  - 2. Consider utilization of any staff personnel that are available to staff EMS Surge Units.
  - 3. Staff units placed in service during LERP Level II/ LERP Level III and any remaining Surge Units will be immediately staffed via Telestaff Picklist, Telestaff Mass Pages, mandatory holdovers, or mandatory call backs (requires approval of the Fire Chief and/or designee).
    - a) Short-Term goal
      - (1) Get the units staffed and return suppression unit staffing assigned to the surge units back to normal assignments.
    - b) Long-Term goal
      - (1) Develop Incident Action Plan (IAP) to maintain response capabilities.



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4. Formally request hospitals to place hospital surge plans in effect.
  - a) EMS Duty Officer Contact the respective hospitals and discuss with their leadership;
    - (1) EMS 800 – Prince George's Hospital & Doctors Community Hospital
    - (2) NEMSDO – Laurel Regional Hospital & Bowie Health Center
    - (3) SEMSDO – Southern Maryland Hospital & Forth Washington Hospital
  - b) Consider assigning EMSDO to specific hospitals that have increased drop times.
5. Consider utilization of non-transport response apparatus for BLS call determinants.
  - a) These units should assess the need for subsequent dispatch of transport units.
6. Battalion Chiefs shall request Volunteer Leadership to coordinate staffing for volunteer owned ambulances and/or consider utilizing career staffing to place volunteer owned ambulances in-service.
7. The Duty Chief and/or the Department Operations Center (if applicable), shall coordinate with PSC supervisor to request assistance from mutual aid partners (Fairfax, Howard, Montgomery Counties).

### **VI. LERP Level V – EMS Demand - High, Resource Availability - Unavailable**

#### **A. Criteria – Any of the following:**

1. Sustained LERP IV for six (6) hours and/or greater than >thirty (30) pending incidents for dispatch.

#### **B. Dispatch Modification**

1. Duty Chief shall consider staffing all remaining stocked ambulances in the Department. For any volunteer owned ambulances that cannot be staffed by volunteer companies, these units shall be staffed with career staffing utilizing the Telestaff Picklist, Telestaff Mass Pages, mandatory holdovers, or mandatory call backs processes. If at any time, a volunteer corporation can provide staffing for their own unit, that will remain the preferred staffing recommendation.
2. Consider using staff vehicles as “chase units” on BLS call determinants.
  - a) Dispatch units will assess and make a determination if a transport unit is needed.
3. Request ambulance strike team from MIEMSS via the ESC Deputy Chief.
  - a) Five (5) Ambulances and a supervisor
  - b) Can request ALS or BLS Strike Team
4. Consider EMAC requests for assistance.





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### C. Other Considerations

1. If a hospital is holding ten (10) or more units with an unknown amount of time for them to return to service, EMS 800 will consult with the ED leadership and crews.
  - a) Consider sending an Engine Crew to the hospital for multiple patient management.
  - b) Consider utilizing the MAB to hold Fire/EMS patients for multi-patient management.
2. Duty Chief shall consider using four (4) person staffed Engines to place EMS surge Units in-service. This configuration will allow for two (2) transport units to be placed in-service with one suppression crew.
3. Consider implementing *General Order 06-13, Emergency Operations Plan* – callback policy.
4. ALS Surge Equipment
  - a) The Department maintains five (5) sets of ALS surge equipment available at Stations 801, 812, 832, 849 and the FSB. This equipment can be used to enhance service capabilities of any BLS unit if ALS personnel are available.
  - b) Special Events Units has two (2) additional sets of ALS equipment available at Station 806 to enhance service capabilities of any BLS unit if ALS personnel are available.

### VII. Pandemic Contingencies – Sustained LERP V for Greater than Six (6) Hours

- A. Continue dialogue with hospitals on staffing, hospital surge plans and throughput.

#### REFERENCES

N/A

#### FORMS / ATTACHMENTS

Attachment A – Modified Dispatch Procedure  
Attachment B – Surge Plan Prioritization



## **Modified Dispatch Procedure – LERP**

### **A. Level I – EMS Demand - High (60% EMS Resources Unavailable)**

#### **1. BLS0 Response Pattern**

- a) All calls that receive a BLS0 response pattern shall be held for the first due EMS transport unit to become available.
  - (1) If the BLS transport unit from the first due station is OOS, UAD, UAS or UAT, the next closest station with a BLS transport unit in service shall be treated as first due.
  - (2) If the first due EMS transport unit is available, they shall be sent on the call.
  - (3) EMS units that are within the vicinity of the incident shall be sent on the call.
- b) If first due unit is not available, these calls can be held for up to 30 minutes.
  - (1) Once the 30-minute mark is reached, the closest BLS unit shall be dispatched.
  - (2) Calls placed on hold:
    - (a) For calls placed on hold, the on-duty PSC supervisor shall attempt to contact the calling party to advise them about the call volume and the potential delay.
    - (b) When contact is made with the calling party, any change in the status of the patient shall be recorded and evaluated to determine if immediate dispatch is necessary.
    - (c) Anytime contact with the calling party is made and notation should be noted within the incident notes.

#### **2. ALS1 Response Pattern**

- a) All calls that receive an ALS1 response pattern shall be sent with the following modification:
  - (1) One (1) suppression unit and the closest available EMS transport unit shall be dispatched immediately.
  - (2) Only one (1) EMS resource will be utilized and can either be a BLS or ALS transport unit.

#### **3. ALS2 Response Pattern**

- a) All calls that receive an ALS2 response pattern (to include CPR) shall be immediately dispatched with no modifications.

#### **4. Rescue 3 - Highway (PIAH) - Limited Access**

- a) All calls that are dispatched on a limited access highway will only have units dispatched in the reported direction of travel. No units will be dispatched in the opposite direction.

### **B. Level II – EMS Demand – Critical (80% EMS Resources Unavailable)**

- 1. All procedures listed in Level I – EMS Demand will be utilized.

C. Level III – EMS Demand – Exceeds Resource availability - Critical

1. ALS-M

- a) Utilization of the ALS-M response pattern for ALS1 call type.
- b) Minimum resource requirements: One (1) ALS EMS Transport, One (1) ALS provider.
- c) ALS transport unit with a suggested time of eight (8) minutes or less will be dispatched as a single response (Optimal)
- d) If ALS transport unit greater than eight (8) minutes, Paramedic Engines with a suggested time of eight (8) minutes or less, dispatch the Paramedic Engine and the closest transport unit regardless of level of care.
- e) All ALS resources greater than eight (8) minutes, dispatch a Fire/EMS First Responder (suppression unit) and the closest ALS transport unit with a suggested time of twelve (12) minutes or less.
- f) All ALS resources with suggested time greater than twelve (12) minutes, dispatch a Fire/EMS First Responder (suppression unit) and the closest transport.

## **Surge Plan Prioritization**

### **Purpose:**

This plan outlines the expectations for deployment of EMS surge resources within the County. To minimize deployment time, this attachment will outline the priority of unit deployment for Countywide incidents and also provide the preferred deployment locations for other regional events that require an EMS surge unit.

### **Considerations:**

1. If countywide events occur that require deployment of surge resources, the units shall be placed in service based on the order of priority listed below.
2. If regionalized events occur, surge units shall only be deployed to any of the Stations listed below.
3. Deployment to any Station not listed on this attachment shall need to be approved by the ESC Deputy Chief.

### **EMS Surge Stations:**

1. Fire/EMS Station 805
2. Fire/EMS Station 841
3. Fire/EMS Station 847
  - a) Obtain unit and equipment from Fire/EMS Station 832 (if available). This is the EMS transport unit used assigned as Ambulance 858.
4. Fire/Ems Station 843
5. Fire/EMS Station 845
  - a) Consideration:
    - (1) Obtain unit and all necessary BLS/ALS equipment from the TLA (PA865).
    - (2) If staffing permits this unit can be upgraded to an ALS Unit.
6. Fire/EMS Station 826
7. Fire/EMS Station 816
8. Fire/EMS Station 806
  - a) Consideration:
    - (1) Obtain unit and equipment of SEU.

### **Additional Resources:**

Below are the locations of the ALS Surge Lockers, if necessary and possible any of the ambulances can be upgraded to ALS Units. Keep in mind that it is possible for Volunteer Paramedic Ambulances to be in-service and utilizing the ALS Surge Equipment.

- Fire/EMS Station 801, 812, 832, 849 & FSB.