

Policy E

Emergency Medical Services Dispatching

Reviewed by SNC 6/14/2023

Questions occasionally arise regarding the dispatching of emergency medical service (EMS) vehicles by Public Safety Answering Points (PSAPs). The Emergency 9-1-1 Service Enabling Act, in its definitions of various dispatch methods (484.1102(l), (gg), and (nn)), calls upon PSAPs to take proper action to notify or dispatch "the appropriate available public safety service unit located closest to the request for public safety service".¹

Though the intent of this language is to get the closest help quickly to a request, the matter is complicated by a number of factors which are either not well defined, or possibly in conflict with this provision. The purpose of Policy E is to give PSAP managers and their policy-setting board's advice on how to manage this issue.

Factors To Consider

There are a number of factors the PSAP manager and policy-setting boards should consider:

1. "Closest" Applies to Police, Fire, and EMS. The original intent of the "closest" unit provision in the Emergency 9-1-1 Service Enabling Act was to apply to law enforcement, and not fire or EMS dispatching. However, the law does not differentiate. Handling this question differently for different types of requests needs to be carefully approached. The main differences with an EMS response policy are the effects of provisions in the Public Health Code. These provisions apply to EMS activities, but not to law enforcement or fire suppression activities.
2. What is "Appropriate". In the 911 enabling act, the term "appropriate" should be given equal weight to "closest". They go hand-in-hand. As an example, a basic life support vehicle might be closest to a medical emergency, but an advanced life support vehicle may be more appropriate in many circumstances. Another example might be a literal interpretation of the act where every life support agency (both public and private) is given equal opportunity to respond to emergencies that they are closest to. In urban and suburban areas, such a policy would result in chaos and would drive up EMS system costs to the point that the entire system will fail. That would not be appropriate.

Good EMS systems allocate response areas to agencies by jurisdiction or region, and then hold the agency accountable to cover the area or to arrange appropriate mutual aid back up. PSAP managers and policy-setting boards should work with local/county government officials and medical control authorities to design a responsible and accountable EMS system which ensures consistent coverage which meets community expectations.

The State 911 Committee believes the establishment of primary EMS response areas is the most expedient way to make a dispatch determination.

3. Is "Closest" really closest? The closest vehicle might not actually arrive at the scene first. As an example, an EMS vehicle which is staffed by a call-in-from-home crew might take longer to respond than an EMS vehicle which is already staffed in the station, even though

it is farther away. In another example, an ambulance which is already mobile might arrive faster than a station-based ambulance, even though it is farther away.

4. Impact of the Public Health Code. For EMS dispatching, the Public Health Code (the "Code") applies as well as the Emergency 9-1-1 Service Enabling Act. As an example, the Code (and its Rules and promulgated protocols), have several provisions which effect EMS dispatching decisions. Examples:
 - a. Local Medical Control Authorities (MCA's) are established by the Department of Community Health in each county under the Code. These MCA's are charged with promulgating a wide variety of operational protocols, which are approved by the Department and have the force of law. Specifically, the Code requires that protocols be adopted to ensure the appropriate dispatching of life support agencies, based on medical need and capability of the EMS system. These protocols may be in conflict with the closest vehicle provisions of the Emergency 9-1-1 Service Enabling Act.ⁱⁱ
 - b. The Public Health Code also defines "EMS Systems", as comprehensive and integrated arrangement of personnel, facilities, equipment, services, communications, medical control, and organizations necessary to provide EMS and trauma care within a particular geographic region. Dispatching decisions of a PSAP policy-setting body need to be consistent with the local EMS system and with local medical control protocols.
 - c. Finally, the Department also licenses EMS agencies by specific Geographic Service Area, which may be a particular county or a political subdivision of a county. Although the Department allows an EMS agency to provide occasional mutual aid response to an area outside of its licensed geographic service area, a regular response requires the agency to be licensed in the area. In other words, the EMS vehicle closest to the emergency you wish to send them to may not be licensed to provide routine emergency service at that location.
5. Other laws, rules, and policies may also apply. Examples:
 - a. A municipal service may not have the authority or desire to act outside of its municipal boundaries. Note: The Michigan Department of Health and Human Services Bureau of Emergency Preparedness, EMS, and Systems of Care does not require public EMS agencies to respond outside of their licensed geographic service area, even though they may be closest to an emergency.
 - b. A county's final 911 Service Plan, approved by the local Emergency 911 District Board, may provide direction to the PSAP policy-setting board on which EMS agency should be dispatched in a particular emergency service zone. This plan should be considered before adopting a day-to-day policy.
 - c. The Public Health Code allows local units of government (counties, cities, townships, and villages or multi-jurisdictional collaboratives) to operate their own EMS vehicles, or they may contract with private EMS agencies to do the same. That should be a factor in establishing your EMS dispatching policy.ⁱⁱⁱ
 - d. The Public Health Code allows local units of government to enact ordinances regulating EMS operations, as long as those ordinances are not in conflict with the

state's Public Health Code. A PSAP's EMS dispatching policy should not be in conflict with a properly enacted local ordinance.

Technology and Practices in EMS System Design

Some PSAPs have put an emphasis on Automatic Vehicle Locating (AVL) technology as an ultimate solution for these conflicts. Unfortunately, such emphasis appears to solely embrace the "closest" unit concept without considering other appropriate factors, such as EMS system design. AVL technology can play a role, but the development of such a system which provides location information, unit type, and availability of status is costly and complex. Reliance on such a system also might encourage ambulance services to saturate well-insured areas to the detriment of under-insured areas, leading to the overall detriment of the EMS system.

Some PSAPs utilize a system of manually measuring the closest ambulance or ambulance station to the location of a medical emergency on a map, then calling the ambulance company to see if they are available. If they are not available, then the process is repeated until an available EMS vehicle agrees to take the call. Such a process is better than no process at all, but it is time consuming in situations where every second counts in survivability. A better strategy is to create primary EMS response areas and then hold agencies accountable to cover the area or to arrange mutual aid response.

What To Do When There is A Conflict or Dispute in EMS Dispatching Policy

The decision of which EMS agency to dispatch is not always as simple as sending the closest unit. Dispatching policies should be planned in advance, thoughtfully designed, and reviewed periodically. PSAP managers and policy-setting boards should use these guidelines, in the following order:

1. Determine the EMS agency is appropriately licensed to provide services in the area in question (that information is included in their EMS agency license Geographic Service Area).
2. Consult with the local Medical Control Authority and/or the medical director about their existing policies. They are responsible for the overall EMS system and can give you advice on the development of your policy. Ask for their advice in writing, including protocols which have been approved.
3. Review the contents of your approved County 911 Service Plan, as it may give you direction on which agency should be dispatched to a particular emergency service sone.
4. Consult with county and/or local municipal leaders, depending on which agency arranges for EMS coverage. If the EMS agencies involved are appropriately licensed and Medical Control has no policy, local government can give you advice on the development of your dispatching policy. (Please note that units of government may operate their own EMS agencies or contract with private ambulance services. Both are allowed under the EMS Section of the Public Health Code).

Based on these factors, develop your EMS dispatching plan and have it approved by your policy-setting board.

If you continue to have difficulty or conflict in reaching consensus on your EMS dispatching plan, it is important you ask the following people or organizations to assist you in mediating the conflict:

- The local Medical Director of the Medical Control Authority.
- The leadership of the municipality or county which is affected.
- The State 911 Committee.
- The EMS Division of the Michigan Department of Health and Human Services Bureau of Emergency Preparedness, EMS, and Systems of Care.

i The Emergency 9-1-1 Service Enabling Act (Act 32 of 1986, as amended) defined three methods of call handling:

484.1102 (l) "Direct dispatch method" means that the agency receiving the 9-1-1 call at the public safety answering point decides on the proper action to be taken and dispatches the appropriate available public safety service unit located closest to the request for public safety service.

484.1102 (gg) "Relay method" means that a PSAP notes pertinent information and relays it by a communication service to the appropriate public safety agency or other provider of emergency services that has an available emergency service unit located closest to the request for emergency service for dispatch of an emergency service unit.

484.1102 (nn) "Transfer method" means that a PSAP transfers the 9-1-1 call directly to the appropriate public safety agency or other provider of emergency service that has an available emergency service unit located closest to the request for emergency service for dispatch of an emergency service unit.

ii The Public Health Code (Act 368 of 1978, as amended) provides for medical control authorities and spells out their duties. This is an excerpt of the Code with two of the duties:

333.20919 (1) A medical control authority shall establish written protocols for the practice of life support agencies and licensed emergency medical services personnel within its region. The medical control authority shall develop and adopt the protocols required under this section in accordance with procedures established by the department and shall include all of the following:

(a) The acts, tasks, or functions that may be performed by each type of emergency medical services personnel licensed under this part.

(b) Medical protocols to ensure the appropriate dispatching of a life support agency based upon medical need and the capability of the emergency medical services system.

iii The Public Health Code (Act 368 of 1978, as amended) allows local government(s) to operate or contract with a life support agency to provide EMS services:

333.20948 (1) A local governmental unit or combination of local governmental units may operate an ambulance operation or a nontransport prehospital life support operation, or contract with a person to furnish any of those services for the use and benefit of its residents, and may pay for any or all of the cost

from available funds. A local governmental unit may receive state or federal funds or private funds for the purpose of providing emergency medical services.

Subsection (3) allows local governments to establish ordinances regulating EMS operations:

333.2948 (3) A local governmental unit may enact an ordinance regulating ambulance operations, nontransport prehospital life support operations, or medical first response services. The standards and procedures established under the ordinance shall not be in conflict with or less stringent than those required under this part or the rules promulgated under this part.