

## TITLE

**HOLDING LOW PRIORITY EVENTS**

## SCOPE

Provincial: Emergency Medical Services

## DOCUMENT #

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## APPROVAL AUTHORITY

Vice President and Chief Operating Officer, Clinical  
Operations, Primary Care & EMS

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## SPONSOR

Senior Provincial Director and Chief Paramedic, Emergency  
Medical Services

## REVISION EFFECTIVE DATE

Not applicable

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Not Applicable

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**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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**OBJECTIVES**

- To provide direction to Emergency Medical Services (EMS) Operations and **EMS Dispatch Communications and Deployment Centre** staff when EMS event volume exceeds available system resources.

**PRINCIPLES**

Patient safety guides our decision-making and actions. Balancing patient safety and meeting patient needs with resource availability aligns with AHS Values.

**APPLICABILITY**

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

**ELEMENTS****1. EMS Deployment/Operations Managers or Designate Decision**

- 1.1 EMS Deployment/Operations Managers or Designates must collaboratively make a decision in affected operational area(s) as to which level of **Medical Priority Dispatch System (MPDS)** determinants are recommended to be HELD as per the trigger criteria and system capacity indicators outlined in Section 5 and 6, respectively.

- 1.2 The EMS Deployment Manager or Designate must notify the **Emergency Communication Officer (ECO)** staff which determinants must be HELD outlining the specific geographic area affected.

## 2. Dispatch Process for Holding Events for Delayed Dispatch

- 2.1 All events must be dispatched in the pre-alert status.
- 2.2 When an event determinant has been assigned by the ECO and it is an event determinant that is currently being HELD as communicated by the EMS Deployment Manager or Designate, the assigned EMS resource must be cleared from the event and the event must be put into HELD status with the canned comment "HELD EVENT" added to the event.
- 2.3 Requests for service must not be HELD and an EMS unit must be dispatched immediately when:
  - a) an event occurs in a public place and the patient cannot reasonably safely move to a more private area to wait for service;
  - b) there are significant environment triggers (e.g., extreme: cold, heat, rain, mosquitoes, etc.) where the patient is not reasonably able to be protected from such environmental influences;
  - c) the patient is 65 years of age and older and not currently in a facility that provides medical care; or
  - d) the event is a Card 12 A Convulsions / Seizures.

## 3. Call Back Process for Lower Priority Calls in HELD Status

- 3.1 All HELD events must be placed in HELD status with a 15 minute contact timer. When the HELD event presents itself at 15 minutes as a pending event, the responsible ECO must notify the EMS Deployment Manager/Designate.
- 3.2 The EMS Deployment Manager/Designate must notify the Primary **On-Line Medical Consultation (OLMC)** Physician, located at the dispatch centre or available by phone during off-site hours, that there are HELD events past the 15 minute benchmark which must be reviewed by the OLMC Physician as soon as reasonably practical understanding that time is of the essence.
- 3.3 The OLMC Physician must review the HELD events with the EMS Deployment Manager/Designate and determine which HELD events require an OLMC call back as soon as reasonably practical preferably within 15 minutes and then provide the following direction to the responsible EMS Deployment Manager/Designate:
  - a) whether an event should have an available EMS unit assigned immediately and at what priority;

- b) whether an event can continue to be HELD and for what duration prior to a subsequent call back if it is different than the 15 minute benchmark;
  - c) which HELD events will require a call back from ECO as per Section 3.4 below; or
  - d) if the call back cannot be completed (e.g., no answer from the call back) an EMS unit is assigned to the event.
- 3.4 In circumstances where the OLMC Physician is unable to review or make call backs in relation to the HELD events, the EMS Deployment Manager/Designate must complete the review then direct the ECO to complete any required callbacks.
- a) If there has been a change in patient status and/or environmental triggers and an MPDS upgrade is indicated then the ECO must re-code the event type. The Dispatcher must ensure the EMS Deployment Manager/Designate is aware of the change(s).
- 4. Reversion to Regular Workflow**
- 4.1 The EMS Deployment/Operations Managers or Designates must make the decision to revert back to regular workflow based on the trigger criteria and system capacity indicators as per Sections 5 and 6.
  - 4.2 When the decision is made to revert back to regular workflow based on the trigger criteria and system capacity indicators, all HELD events in the HELD status must be dispatched immediately by the responsible Dispatcher as directed by the EMS Deployment Manager/Designate.
  - 4.3 The EMS Deployment Manager/Designate must notify ECO staff that regular workflow is back in effect for the designated geographic area.
- 5. Trigger Criteria**
- 5.1 Grande Prairie/Red Deer/Lethbridge/Medicine Hat: One (1) or less available EMS unit in the community.
  - 5.2 Edmonton Metro: Three (3) or fewer available EMS units in the City of Edmonton Dispatch Group (EDMO DG).
  - 5.3 Calgary Metro: Three (3) or fewer available EMS units in the City of Calgary Dispatch Group (CALG DGs).

## 6. System Capacity Indicators

- 6.1 Determine whether the majority of EMS units are in dispatched or arrived on scene status; consider whether this is an indicator that there may be a sustained volume without immediate change.
- 6.2 Consider whether there is a significant event occurring (e.g., mass casualty incident, police incident or concurrent significant event) creating an unusual draw on resources.
- 6.3 Evaluate whether there are EMS units currently out of service that can be returned to service.
- 6.4 Evaluate whether there are EMS units on events or in hospitals that will be clearing shortly.
- 6.5 Confirm units have been redeployed as required following the System Status Management Guidance.

## DEFINITIONS

**Emergency Communication Officer (ECO)** means an officer who answers, call evaluates, and delivers emergency communications from a caller to the appropriate party following approved guidelines from Alberta Health Services (AHS) Medical Direction and International Academy of Emergency Medical Dispatch.

**EMS Dispatch Communications and Deployment Centre** means under the mandate of the Emergency Health Services Act, responsible to receive community requests for EMS and inter-facility transport requests from health care sites along with the deployment and dispatching of all ground and fixed wing EMS resources in Alberta through three AHS dispatch centres.

**On-Line Medical Consultation (OLMC)** means a Physician providing consultation and medical control over a radio, by phone or through some other form or instant communication, the Emergency Medical Service.

**Medical Priority Dispatch System (MPDS)** means a medically approved, unified system that is used by medical dispatch centers to dispatch appropriate aid to medical emergencies, which includes: systematized caller interrogation, systematized pre-arrival instructions, and the call-taker's evaluation of the injury or illness type and severity is matched with the AHS defined response configuration.

## REFERENCES

- Appendix A: *Holding Low Priority Events Process Map*
- Alberta Health Services Resources:
  - *Our Values*

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APPENDIX A

Appendix A: Holding Low Priority Events Process Map

