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EMERGENCY MEDICAL SERVICES

EMS DISPATCH SYSTEM GUIDELINES

Purpose: This policy establishes minimum Emergency Medical Dispatch (EMD) policies and procedures within the county of Santa Barbara.

Authority: California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220, 1797.252, 1798(a)(b) California Code of Regulations, Title 22, Section 100255

Definitions: "Emergency Medical Dispatch" (EMD) is an organized call-taking process administered by dispatchers. EMD embodies scripted methods for caller interrogation, prioritized dispatch, and pre-arrival instructions.

"EMD Medical Director" shall mean a licensed physician who provides EMD medical direction to the emergency medical dispatch agency.

"EMD Call Taker" shall mean a person trained to provide emergency medical dispatch services.

"EMD Agency (EMD Agency)" shall mean any agency that provides EMD services for emergency medical assistance, and is endorsed by the local EMS Agency.

"Emergency Medical Dispatch Priority Reference System (EMDPRS)" shall mean an EMD system comprised of caller interrogation, medical instructions, and operating protocols.

"EMD Caller Interrogation" is a structured process for questioning callers that can assist with determining dispatch priority and the application of pre-arrival instructions.

"Priority Dispatch" is a process for matching the level of response with the needs of the patient.

"Post-Dispatch Instructions" (PDI) are general instructions given by dispatchers to callers following dispatch of EMS units.

"Pre-Arrival Instructions" (PAI) are medical care instructions given by dispatchers to callers *after* the dispatching of EMS units.

APPROVED:

A handwritten signature in blue ink, appearing to read "John Eaglesham".

John Eaglesham, EMS Director

A handwritten signature in blue ink, appearing to read "Angelo Salvucci".

Angelo Salvucci, MD, EMS Medical Director

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“Launch Determinant” is a standardized code that is derived from the EMD software when dispatch of EMS resources is recommended. It includes the general problem type (such as abdominal pain) as well as priority and any secondary information.

“Temporary Suspension of EMD” is a rare condition that allows EMD services to be limited to interrogation only of the call to determine priority and not provide Pre-Arrival Instructions. This is due to a high-level of call volume in the dispatch center and providing PAI may impact safety. The details of Temporary Suspension of EMD are outlined in this policy.

“Critical Sequence Call” is a call for EMS services for one of the following: cardiac arrest, choking, and active childbirth/imminent birth

“Sentinel Event” is a significant event that has potential of an adverse outcome. Such events require immediate review.

Endorsement of EMD Programs and Agencies:

Reference Santa Barbara County Emergency Medical Services Agency Policy 200
Emergency Medical dispatch Agency Requirements

EMD Call Taker Designation:

Reference Santa Barbara County EMS Agency Policy 200 Emergency Medical Dispatch
Agency Requirements

EMS Calls Received by Public Safety Answering Points (PSAPs) Not Providing EMDPolicy:

1. PSAPs not providing EMD services will, in coordination with Santa Barbara County Emergency Medical Services Agency, develop internal policies and procedures for processing EMS calls
2. All critical sequence calls requiring an EMS response will be transferred to the Santa Barbara County Public Safety Dispatch Center within thirty (30) seconds for 95% of calls processed (in accordance NFPA 1221-20 7.4.4)
3. PSAP staff will remain on the line with the caller until transfer is successfully completed
4. First Responders will be dispatched within 60 seconds for 90% of calls

Procedure:

1. PSAP that does not provide EMD completes caller interrogation to determine the EMS response.
2. When the reporting party describes a situation of Child Birth, Choking or Cardiac Arrest, the caller will be immediately transferred to a PSAP that provides EMD.
3. If the response is determined to be emergent, (a patient with priority symptoms), the PSAP will request an ambulance Code 3.
4. Priority symptoms are defined as:
 - a. Chest pain
 - b. Breathing problems

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- c. Altered level of consciousness
- d. Hemorrhaging/bleeding
- 5. All medical calls will be interrogated to determine potential cardiac arrest patients. Each non EMD center will attempt to identify all cardiac arrest patients through caller interrogation by asking the following question(s):
 - a. "Is s/he awake?"
 - b. If the answer is "no" or "I don't know", then ask
 - c. "Is s/he breathing normally?"
 - d. When the caller identifies a patient who is not awake (unconscious) and is not breathing normally, the caller will be immediately transferred to the Santa Barbara County Public Safety Dispatch Center (SBCPSDC) for EMD.
- 6. All choking and imminent childbirth calls will be immediately transferred to SBCPSDC for EMD.
- 7. All medical calls initially received at secondary PSAP's (UCSB PD, South Coast Fire Dispatch) will be immediately transferred to SBCPSDC for EMD.

Temporary Suspension of EMD:**TEMPORARY SUSPENSION of EMD DOES NOT APPLY TO CRITICAL SEQUENCE CALLS**

Under rare circumstances the Dispatch Supervisor may invoke the Temporary Suspension of EMD and limit EMD services to solely caller interrogation and launch (dispatch) determination and not provide PDI/PAI. The dispatcher will still interrogate the call until a launch determinant is reached under the Temporary Suspension of EMD. Only the PDI and PAI portions of the process are omitted.

The Emergency Rule is used when providing PDI/PAI will, or may, directly impact dispatch's ability to monitor safety or manage other emergency calls. Examples of situations that the Dispatch Supervisor may invoke the Temporary Suspension of EMD include, but are not limited to:

- 1. If the on-duty staffing level is insufficient **and** providing PAI would negatively impact the overall performance of the Dispatch Center.
- 2. CAD System suspension or failure.
- 3. Any other situation such as second alarm fire responses, brush fire responses during fire season, "Code 33" incidents on the law enforcement console, multiple casualty incidents (MCI) or large complicated incidents **WHEN** staffing is inadequate to provide pre-arrival instructions and doing so would negatively impact the overall performance of the Dispatch Center.

Temporary Suspension of EMD Procedures:

- 1. Temporary Suspension of EMD may only be invoked by the on-duty Dispatch Supervisor, Manager, CQI Coordinator, or a Senior Dispatcher in the absence of a Supervisor.
- 2. As soon as possible, the Dispatch Supervisor will notify the Dispatch Center Manager and Santa Barbara County EMS Agency EMD QI Coordinator (by electronic mail) that the

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Temporary Suspension of EMD was used. The email shall include: date, time, and reason for use of the Temporary Suspension of EMD.

3. The dispatch supervisor will notify the dispatch center manager and EMS Agency QI coordinator when the suspension of EMD has ended (by electronic mail)
4. All uses of the Temporary Suspension of EMD will be reviewed.
5. Temporary Suspension of EMD will not apply to Critical Sequence calls; all Critical Sequence calls must receive EMD.

Management of Third Party Calls

A Third-Party Caller is a caller not in the immediate presence of the person(s) needing emergency services, however, they may have enough pertinent information to provide for proper interrogation, call management and customer service practices.

1. The EMD Call Taker will always attempt to ask all Case Entry and Key Questions of third-party callers.
2. Whenever possible, the EMD Call Taker will give PDIs and PAIs.
3. If the EMD Call Taker has made several attempts to gather information without success, he/she may choose to terminate the call and/or close ProQA. The EMD Call Taker shall document the reason for terminating the call and/or closing ProQA in the CAD incident history. This should occur only after it has been determined that the reporting party has no further information and cannot or will not get close to the patient or the incident.

USEFUL PHRASES TO REMEMBER

"The paramedics are on the way to help you now. Please stay on the line. I need to gather some more information so that we can help the patient."

"Sir/Madam, it's important that I get this information so I can tell you exactly what to do to help."

Medical Priority Dispatch System (MPDS)[®] Protocols

1. Call receiving and dispatch for medical assistance shall be provided in a standardized manner following approved MPDS protocols for reporting party interrogation, assigning final Determinant Codes, and providing post-dispatch and pre-arrival instructions.
2. A flip-card file, containing MPDS protocols for Emergency Medical Dispatching, shall be provided for each call-taking position. For ProQA[™] users (A software program containing MPDS protocols for Emergency Medical Dispatching - ProQA[™]) shall be loaded at work stations.
 - a. These protocols provide standardized medical interrogation questions, post-dispatch instructions, pre-arrival instructions and priority dispatch Determinant Codes.
 - b. The flip-card file shall be kept at each call-taker console at all times (as a back-up system for ProQA[™] users).
 - c. The Santa Barbara County Emergency Medical Services Agency Medical Director of shall approve the MPDS protocols.

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- d. The MPDS protocols shall be followed on all incoming EMS related emergency calls.
 - i. EMD will be provided on all medical calls that are transferred from another Public Safety Answering Point (PSAP).
 - ii. EMD will be provided on all medical calls that are received on any incoming phone line in the EMD Agency that originates from another PSAP's jurisdiction in Santa Barbara County, unless specifically excluded (below).
- e. EMS related calls that do not require EMD include:
 - i. Calls generated by "on-view" public safety personnel such as a walk up medical to a deputy, fire station, or ambulance.
 - ii. Request for Interfacility Transport (IFT) from a hospital.
 - iii. Request for ambulance transport for patient under a Section 5150 Mental Health hold.
 - iv. Request from the California Highway Patrol for vehicle collision.
 - v. Request for ambulance stand-by.
 - vi. Request for a Critical Care Transport (CCT).
3. Interrogation of the reporting party shall be performed in accordance with MPDS standards.
4. When the Reporting Party (RP) advises that there is a trained medical professional such as an RN, MD, Paramedic, or EMT on scene with the patient, all case entry and key questions will be asked until a determinant is identified. Post-Dispatch Instructions may be offered, but not required if the trained medical professional is willing to stay with the patient and monitor their condition until responders arrive. The call taker must document in the comments section of ProQA the reason that the Post-Dispatch Instructions were not given (i.e.; RN on scene, EMT with the patient, etc).
5. For languages other than English, the EMD Call Taker will use a certified translation service to ask the protocol questions and provide all instructions contained in the protocol, whenever possible.
6. Additionally, if the EMD Call Taker is certified by the EMD Agency to speak the language that the caller is using then they may ask the protocol questions and provide all instructions contained in the protocol in that language, whenever possible.

Relay of Information to Responding Units

1. The following items shall be considered as the minimum information to be relayed to all responding personnel.
 - a. The location of the incident
 - b. The chief complaint
 - c. Additional responding units (if available and/or applicable)
2. Any critical information obtained by the EMD Call Taker while responders are en route will be relayed to responding units. This includes any responder or patient safety information, changes in the patient's condition or scene circumstances.

Post-Dispatch Instructions

1. Post-Dispatch Instructions (PDIs) shall be provided to the reporting party whenever appropriate to do so.

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2. The EMD Call Taker providing PDIs will follow the protocol, giving instructions appropriate to each individual call and avoiding free-lance information.

Pre-Arrival Instructions

1. Pre-Arrival Instructions (PAIs) shall be provided to the reporting party whenever appropriate to do so.
2. PAIs shall be provided directly from the scripted text listed on each PAI Panel on protocol cards A through Z. The EMD Call Taker giving PAIs will follow the script, avoiding free-lance information, unless it clarifies or enhances but does not replace the written protocol scripts.