

# Verdugo Fire Communications Center

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## Policy & Procedures Manual



### Section Nine

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## Emergency Medical Dispatch



**CHANGE LOG:**

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## **I. INTRODUCTION & BACKGROUND**

The Emergency Medical Services Authority of California (EMSA), a division of the State of California Health and Human Services Agency authored a draft set of guidelines in March/2003, titled Emergency Medical Services Dispatch Program Guidelines<sup>1</sup>.

The Verdugo Fire Communications Center is in operational compliance with these guidelines as established herein, and currently uses the Los Angeles County Fire Department's Emergency Medical Dispatch Protocol Reference System.

This section adopts many of the guidelines established from the aforementioned qualifying documents.

## **II. EMD PURPOSE**

The purpose in implementing an Emergency Medical Dispatch (EMD) Pre-Arrival Instruction (PAI) system is to work towards the goal of protecting the health and welfare of citizens by establishing consistent and minimum emergency medical dispatch standards that will ensure access for emergency medical assistance.

## **III. EMD PROGRAM COMPONENTS**

- A. Emergency medical dispatch protocol reference system (EMDPRS)
- B. Basic EMD Training Program and Curriculum Standards
- C. Continuing Dispatch Education (CDE) Standards
- D. Continuous Quality Improvement (CQI) Standards
- E. Policies and Procedures
- F. Medical Direction and Oversight
- G. Records Management System

## **IV. EMERGENCY MEDICAL DISPATCH PROTOCOL SYSTEM (EMDPRS)**

- A. The EMD Program shall include an EMDPRS selected by the EMD Provider Agency and approved by the local EMD Medical Director as its foundation.
  - 1. The EMDPRS is a medically approved protocol based system used by emergency medical dispatchers to interrogate callers, dispatch aid, and provide dispatch life support instructions during medical emergencies.

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<sup>1</sup> EMSA Document #132 – March 2003

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- B. The approved EMDPRS shall include:
  - 1. Systematized caller interrogation questions,
  - 2. Systematized dispatch life support instructions,
  - 3. Systematized coding protocols that allow the agency to match the dispatcher’s evaluation of the injury or illness severity with the vehicle response mode (emergency and/or non-emergency) and level of care (ALS/BLS).
- C. Through mutual discourse and agreement – the Los Angeles County Fire Department – Communications Division provides to Verdugo Fire Communications Center Basic EMD Certification Training, Recertification/Refresher Training, and use of their Emergency Medical Dispatch Protocol System (EMDPRS).
  - 1. The LACOFD EMDPRS system provides a standardized/consistent methodology for providing EMD Pre-Arrival and Post-Dispatch instruction and assists the Call-Taker with a set of pre-determined questions to ask in order to effectively determine the “Chief Complaint” for an EMS call.
- D. The EMDPRS protocols have been integrated into the CAD Triage File and will automatically appear to the Call-Taker upon determination of an appropriate Type Code for incident entry.
  - 1. In the event that CAD is not available for any reason, a set of tabbed protocol cards can be found at each workstation and be utilized during “Manual Mode”.

### V. EMD POLICIES

- A. All callers requesting emergency pre-hospital care shall have direct access to qualified dispatch personnel for the provision of emergency medical services.
- B. All 9-1-1 Call-Taking and questioning for medical assistance shall be provided to all callers requesting emergency pre-hospital care in both a uniform and standardized manner, following approved Emergency Medical Dispatch Pre-Arrival Instruction protocols (EMD-PAI) at all times.
  - 1. There shall be no deviation by Call-Takers or Dispatchers from the established pre-arrival or post-dispatch instructions.
- C. The Center shall establish policies and procedures through a continuous Quality Improvement program, consistent with the emergency medical dispatcher scope of practice that includes, but is not limited to:
  - 1. Ensuring that Center personnel maintain direct access to the calling party,
  - 2. Providing systematized caller interview questions,
  - 3. Providing systematized post-dispatch and pre-arrival instructions,

4. Establishing protocols that determine vehicle response mode and configuration based on the emergency medical dispatcher's evaluation of injury or illness severity,
  5. Establishing a call classification coding system, for quality assurance and statistical analysis,
  6. Establishing a written description of the communications system configuration for the service area including telephone and radio service resources, and,
  7. Establishing a record-keeping system, including report forms or a computer data management system to permit evaluation of patient care records to ensure emergency medical dispatcher compliance with the EMDPRS, and timeliness of interview questions and dispatch.
- D. The Los Angeles County Fire Department shall, adoption of an approved nationally recognized EMD program notwithstanding, remain as the training authority for all initial EMD and refresher training for the Verdugo Fire Communications Center.
1. Stated authority shall remain in effect, so long as the following minimum compliance criteria is consistently met by the Verdugo Fire Communications Center:
    - a. Approval by the local Medical Director for Center personnel's education standards/training for EMD.
    - b. Approval by the local Medical Director for pre-determined interrogation questions.
    - c. Established guidelines/procedures that assist with the decision-making process are in effect, are clear, and are enforced.
    - d. Pre-arrival and/or Post-dispatch instructions are given when appropriate.
    - e. Standardized methods are established in order to collect, record, and report EMD information as related to Quality Assurance/Quality Improvement.
    - f. A local EMD Medical Director is named and in effect for the EMD program.
- E. Qualified staffing for EMD Pre-arrival / Post-dispatch instruction shall be available at all times.
- F. A Dispatch Supervisor or their designee shall be readily available.

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### VI. EMD MEDICAL DIRECTOR – MEDICAL DIRECTION & OVERSIGHT

- A. The Center shall employ, contract, or designate the services of a physician Medical Director, who shall provide local medical oversight for all medical aspects of the EMD program by review and approval of:
  - 1. The Emergency Medical Dispatch Protocol Reference System (EMDPRS),
  - 2. EMD training program,
  - 3. Continuing Dispatch Education program,
  - 4. Compliance standards,
  - 5. Policies and procedures,
  - 6. Continuous Quality Improvement (CQI) program and risk management functions,
  - 7. And records management.
- B. The EMD Medical Director shall
  - 1. Be licensed as a physician in California, board certified or qualified in Emergency Medicine, and
  - 2. Possess knowledge of EMS systems in California and of the local jurisdiction.
  - 3. Be familiar with dispatching systems and methodologies.
- C. The EMD Medical Director shall be responsible for ensuring that the Center’s EMD Program is established in accordance with the guidelines found within this section of the Verdugo Policy & Procedures Manual.
- D. The EMD Medical Director shall be responsible for the:
  - 1. Approval of the EMD training program and participating in ongoing evaluation and review of those programs,
  - 2. Approval and oversight of the Continuing Dispatch Education (CDE) program,
  - 3. Design of medical aspects of the emergency medical dispatcher orientation and performance evaluations,
  - 4. Evaluation of the medical care, post-dispatch and pre-arrival instructions rendered by EMD personnel,
  - 5. Approval of the Emergency Medical Dispatch Protocol Reference System (EMDPRS) to be utilized, and
  - 6. Review of all continuous quality improvement, training and risk management functions in the Center’s CQI plan, including the establishment and monitoring of programs designed to correct identified medical quality issues, and

7. Participation in the local EMS system CQI process.
- E. The EMD Medical Director is established by the Verdugo Fire Communications Operations Committee.

**VII. EMERGENCY MEDICAL DISPATCHER**

A. Initial Qualifications:

1. EMD Certification, or
2. A minimum initial training of twenty-four (24) hours which meets the requirements of the California EMS Authority's Emergency Medical Services Dispatch Program Guidelines
3. A valid, Basic Cardiac Life Support card (CPR)

B. Recertification:

1. Recertification as an EMD, if applicable
2. A minimum of twenty-four (24) hours of continuing dispatch education every two (2) years.

C. Documentation:

1. Initial and Recertification documentation shall be maintained by the individual maintaining Training records/database for the Center.
  - a. It shall be the employee's responsibility to maintain their certifications, to attend continuing dispatch education sessions, and to provide supporting documentation to the individual maintaining Training records for the Center.
    - i. Said records shall be readily accessible for immediate review upon demand by the local Medical Director or their designee.
    - ii. Said records shall be documented and reported as part of the Training Coordinators responsibilities (Training Memorandum).

D. Scope of Practice:

1. The Emergency Medical Dispatcher scope of practice includes any or all of the following responsibilities:
  - a. Receives and processes calls for medical assistance.
  - b. Determines the nature and severity of medical incidents,
  - c. Prioritizes the urgency of the response,

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- d. Dispatches appropriate emergency medical services (EMS) resources,
- e. Gives pre-arrival and post-dispatch instructions to callers at the scene of an emergency,
- f. Relays pertinent information to responders,
- g. Coordinates with public-safety and EMS providers as necessary, and,
- h. Other medical activities, as approved by the local EMD Medical Director.

### VIII. EMD CALL-TAKER STANDARDS/GUIDELINES

- A. Call-Entry Standard Questions – All of the following standardized initial Call-Entry questions shall be asked prior to initiating “Key Questions”:
  - 1. What is the address/location of the incident?
  - 2. Is this a House, Apartment, or Business?
  - 3. What is the closest cross-street to the address/location?
  - 4. What is the caller’s phone number?
    - a. If needed, the phone number to the patient’s location – i.e. 3<sup>rd</sup> party informant
  - 5. What is the sex and age of the patient?
  - 6. Is the patient conscious or unconscious?
  - 7. Is the patient having difficulty breathing?
  - 8. What is the Chief Complaint?
    - a. If the question is not understood, the question shall be re-phrased as an open-ended question. Personnel shall not provide leading questions!
    - b. Questions may be omitted if the required information is provided by the informant of their own volition and they are clear and with no ambiguity.
    - c. Should the informant provide more than one Chief Complaint, the complaint that relates to the mechanism of injury or symptom shall be used to make an appropriate Type Code determination.
    - d. Open-ended answers by the informant should be re-directed by the Call-Taker and clarified with a new question in order to determine what is occurring at the moment which caused the informant to call.

- e. For languages other than English, or where/when it is determined that a language barrier exists, the Call-Taker shall transfer the informant to a translator, remaining on the line.
    - i. To the extent possible, Call-Takers shall continue with EMD through the translator.
  - f. Repetitive persistence, utilizing low modulation and vocalization and a calming demeanor shall be used for hysterical informants in order to break through the hysteria threshold or should the informant revert to a hysterical state. This method may be used as often as necessary in order to continue with questioning.
    - i. A raised voice in an attempt to speak over an informant and/or yelling at an informant is not acceptable.
  - g. Should the informant not be with the patient (i.e. – 3<sup>rd</sup> party informant), the Call-Taker shall follow all call-taking standards/guidelines to the extent possible, obtaining a call-back number for the patient, in order to both clarify/validate the original informant’s information and to provide EMD pre-arrival instructions.
- B. Chief Complaint Standards/Guidelines – Optimal patient care is reliant upon the Call-Taker’s ability to appropriately select the correct Chief Complaint Type Code. Selecting the correct Type Code ensures that the *appropriate* “Key Questions” will be asked and subsequently the appropriate resources will be dispatched. Additionally, selecting the correct Type Code means the Call-Taker is getting to the most appropriate instructions immediately – this translates into immediate and correct potential life-saving measures for the patient.
- 1. For TRAUMA complaints, select the Type Code that best describes the mechanism of injury.
  - 2. For MEDICAL complaints, select the Type Code that best describes the patient’s main symptoms, with priority symptoms taking precedence.
  - 3. For situations where the Chief Complaint and the status of a patient’s consciousness are unknown, use the DOWN type code.
    - a. The Triage Menu will utilize the UNCON/UNK PROBLEM triage protocols.
  - 4. For situations where there is more than one Chief Complaint given, either Type Code may be utilized, with the higher priority Type Code taking precedence.
  - 5. For patients with a non-categorized complaint and no identifiable priority symptom, utilize the EMS or MED type code.
  - 6. The UNKMED type code shall only be used when it is truly unknown why medical assistance is needed.

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- a. E.g. – A 9-1-1 hang-up or a person consistently yelling for help with no other identifiable comments as to the nature of the situation.
- C. Relay of Information to Responding Units – Normally, the *minimum* amount of information to be passed to all responding personnel as a part of an EMS dispatch is the *location* of the incident and the *type code* of the incident, based upon the Chief Complaint.
1. Additional information may be received after the dispatch which may be considered pertinent to responders and shall be *supplemented* under the following guidelines:
    - a. *Supplement only*: If additional and significant information becomes available to the dispatcher prior to responders arriving on-scene or a significant change has occurred with the patient’s condition during EMD-PAI, or there are shifting scene dynamics, or potential hazards.
    - b. All other additional information which would not affect responders or outcomes shall be entered as a *memo* command into the Incident History.
- D. Key Questions & Pre-Arrival Instructions Standards (PAI) – The Call-Taker/Dispatcher shall ask “Key Questions” and provide Pre-Arrival Instructions as scripted within the Emergency Medical Dispatch Protocol System (EMDPRS) in a standardized manner at all times, to the extent possible.
1. Instruction is possible for 1<sup>st</sup> and 2<sup>nd</sup> Party Informants and for those in close proximity to the scene/patient(s).
    - a. 1<sup>st</sup> Party Informant – the person calling is the patient.
    - b. 2<sup>nd</sup> Party Informant – an individual is in direct contact with the patient or emergency scene.
      - i. This may include a person who presents as 3<sup>rd</sup> Party Informant, who willingly places themselves in direct contact with the patient or emergency scene for the purpose of gathering information, rendering assistance, or carrying out instructions.
    - c. 3<sup>rd</sup> Party Informant – an individual who is not in direct contact with the patient or emergency scene, but is solely the relay of information.
  2. Instructions shall be delivered only when there are no mitigating safety circumstances that might impede the process or would put the victim, caller, or other persons at risk.
  3. Pre-Arrival Instructions shall be deferred only when a higher medical authority is on-scene and administering to the patient(s) or emergency scene. A higher medical authority could be a medical doctor, a nurse, paramedic, etc.

4. The Call-Taker/Dispatcher shall ask all “Key Questions”, administering only the listed pre-arrival instructions, deviating only upon any additional or supplemental information provided by the informant/patient:
    - a. Stated deviation shall also follow only the listed “Key Questions” and pre-arrival instructions found within the EMDPRS.
  5. The Call-Taker/Dispatcher shall advise the informant/patient to “Call back if anything changes” prior to disconnecting the call.
  6. It is appropriate to state, “We’ll be there shortly”, in the event the informant/patient requests a timeframe for arrival.
    - a. Personnel shall not state anything to the effect, “We are coming” or “They’re on the way” unless it is known that all appropriate resources have been actually dispatched and enroute.
      - i. Making a false statement of reassurance of any type potentially creates a situation of extreme liability.
- E. Pre-Arrival Instructions shall be discontinued only when the *Emergency Rule* applies.
- F. All unusual, interesting, or problematic calls shall be well documented in the Incident History for any future medical review or Continuing Dispatch Education (CDE)
1. Notify the Shift Supervisor and individual handling EMD call review of the occurrence.

## **IX. EMERGENCY RULE POLICY**

- A. In the event that the volume of calls to the Center or an overwhelming emergency incident cause a situation where Center operations are impacted to the point of questionable effectiveness, at the discretion and direction of the Fire Communications Shift Supervisor or higher authority, Call-Takers/Dispatchers shall temporarily suspend EMD-PAI instructions.
1. This action may be necessary in order to ensure the ability of Center personnel to effectively receive, process, and dispatch for all individuals requiring service.
  2. This action may be necessary in order to ensure the safety of Center personnel in the event of a natural or man-made disaster – i.e., Earthquake, Tornado, Hazardous Materials, Weapons of Mass Destruction, etc.
- B. The following situations are examples of, but not limited to, situations where EMD-PAI instructions may be temporarily suspended:
1. Sustained, and unusually high, call volume.
  2. CAD and/or other type of major mechanical or system failure.

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3. Extended and complex incidents requiring multiple radio operators or commitment by Call-takers to support and notification functions.
  4. Staffing levels are not at a complement where EMD-PAI can be reliably and consistently sustained.
  5. Any situation where continuance of EMD-PAI would negatively impact the overall performance of the Center.
    - a. Personnel shall process incoming calls utilizing Call-Entry Questions and Standards only, temporarily suspending EMD-PAI; and further, shall advise informants/patients to, “Call back if the patient’s condition changes or worsens”.
- C. The Emergency Rule shall not apply to the following occurrences/situations where time and life-saving EMD processes are necessary. In each of these instances the dispatcher shall stay on the phone and continue to provide EMD-PAI to the caller, to the extent possible, until resources arrive:
1. Cardiac/Respiratory Arrest
  2. Choking
  3. Childbirth

### **X. CUSTOMER SERVICE**

Customer Service involves the manner in which the Call-Taker/Dispatcher accommodates the human needs of the individual calling for assistance. The emotional needs of a person in crisis may vary depending upon the circumstances. To ensure the most positive outcomes possible for the patient or victim, Center personnel shall possess sufficient customer service skills so as to calm and maintain the cooperation of the caller so that vital information may be gathered and life-saving interventions can be initiated – i.e., EMD-PAI’s.

- A. Call-Takers/Dispatchers shall provide quality service by demonstrating the following behavior(s) on all calls:
  1. Professionalism:
    - a. Demonstrate knowledge of EMDPRS Protocols and scope of practice:
      - i. Shall not ask ad-hoc “Key Questions”
      - ii. Shall not provide ad-hoc “Pre-Arrival Instructions” or medical advice.
    - b. Shall refrain from inappropriate behavior:
      - i. Being abrupt or belligerent

- ii. Acting complacent/unconcerned
  - iii. Being sarcastic
  - iv. Using of derogatory, profane, offensive, demeaning or discriminating language/vocabulary
  - v. Admonishing the caller for any of their actions
  - vi. Making any sounds that might be interpreted as derogatory or offensive
  - vii. Asking questions that challenge the integrity/honesty of the caller
  - viii. Being judgmental/accusatory
2. Courtesy:
- a. Shows concern and respect for the caller's feelings, wishes, and situation.
  - b. Demonstrates an ability and manner to be friendly and empathetic.
3. Use of Appropriate Vocal Volume and Tone
- a. Uses a calm and even voice.
  - b. The volume of speech shall be at a normal level.
    - i. Repetitive persistence techniques if need be
  - c. Adjusts the firmness of tone only when appropriate.
4. Control of Call
- a. Speaks with authority and confidence.
  - b. Paces and leads the dialogue.
  - c. Is able to elicit pertinent information in the least amount of time possible for the situation at hand.
  - d. Avoids long pauses and gaps.
  - e. Encourages and directs the caller to help the victim/patient.
5. Provide Reassurance
- a. Uses appropriate reassurances where/when necessary.
    - i. Example: "It's normal for a person who's had a seizure to not respond or to not be alert for a few minutes after the seizure stops".
  - b. Avoids creating unrealistic expectations.

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- i. Example: “Don’t worry; he/she’s going to be just fine”.
- ii. Example: “The paramedics will be there in 2 minutes”.
- c. Uses calming techniques, such as explaining EMD actions, repetitive persistence.

### **XI. CONTINUOUS QUALITY ASSURANCE/IMPROVEMENT PROGRAM**

- A. Shall provide all Center personnel with the necessary understanding and skills as they relate to the efficiency and effectiveness for quality assurance within the EMDPRS protocol system. All processes shall meet and shall be maintained and sustained with a high level of compliance.
- B. Shall include indicators specific to Emergency Medical Dispatch in order to foster continuous improvement in Call-Taker performance and quality patient care.

### **XII. CQI – CONTINUING QUALITY ASSURANCE/IMPROVEMENT STANDARDS**

- A. The Center shall establish a continuous quality improvement (CQI) program.
- B. The program shall address structural, resource, and/or protocol deficiencies as well as measure compliance to minimum protocol compliance standards as established by the local EMD Medical Director through ongoing and random case review for each emergency medical dispatcher.
- C. The CQI process shall:
  - 1. Monitor the quality of medical instruction given to callers including ongoing random case review for each emergency medical dispatcher and observing telephone care rendered by emergency medical dispatchers for compliance with defined standards.
  - 2. Conduct random or incident specific case reviews to identify calls/practices that demonstrate excellence in dispatch performance and/or identify practices that do not conform to defined policy or procedures so that appropriate training can be initiated.
  - 3. Review EMD reports, and /or other records of patient care to compare performance against medical standards of practice.
  - 4. Recommend training, policies and procedures for quality improvement.
  - 5. Perform strategic planning and the development of broader policy and position statements.
  - 6. Identify CDE needs.

- D. EMD case review is the basis for all aspects of continuous quality improvement in order to maintain a high level of service and to provide a means for continuously checking the system. Consistency and accuracy are essential elements of EMD case review. Critical components of the EMD case review process:
1. The CQI program shall have a Case Reviewer(s) as established by the Operations Committee.
  2. The CQI program shall have a Case Reviewer(s) who is:
    - a. A currently licensed or certified physician, registered nurse, physician assistant, EMT-P, EMT-II, or EMT-I, who has at least two years of practical experience within the last five years in pre-hospital emergency medical services with a basic knowledge of emergency medical dispatch, and who has received specialized training in the case review process, or
    - b. An emergency medical dispatcher with at least two years of practical experience within the last five years, and who has received specialized training in the case review process.
  3. The Case Reviewer shall measure individual emergency medical dispatcher performance in an objective, consistent manner, adhering to a standardized scoring procedure.
    - a. A form exists for this process and may be modified as needed in order to adapt to new or changing measurement criteria/indicators/dimensions.
  4. A regular and timely review of a pre-determined number of EMD calls shall be utilized to ensure that the emergency medical dispatcher is following protocols when providing medical instructions.
  5. A minimum of ten (10) calls per month per EMD shall be reviewed:
    - a. Call selection may be at the direction of the Medical Director; at the discretion of the Case Reviewer, or based by Type Code.
    - b. Third-Party informants, and Law Enforcement requests for medical-aid on ring-down lines, shall be excluded.
  6. Reviews shall be performed, compiled, and reported by the Case Reviewer to the FCSS monthly for the FCO Classification.
  7. Reviews shall be performed, compiled, and reported by the Case Reviewer to the Administrator monthly for the FCSS Classification.
  8. Aggregate reports for all EMD review outcomes shall be provided by the Case Reviewer to the Administrator monthly.

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9. Routine and timely feedback shall be provided to the EMD in order to allow for improvement in their performance.
    - a. Feedback shall be performed by the Fire Communications Shift Supervisor with the Emergency Medical Dispatcher monthly, identifying positive events and further, any negative patterns for corrective action.
      - i. In order to maintain accountability, and for team effectiveness and timeliness the FCSS shall perform review results with each FCO assigned to their shift.
      - ii. Review results shall be included in the FCO's annual Evaluation Review (ER).
    - b. Feedback shall be performed by the Administrator with the Fire Communications Shift Supervisor's monthly, identifying positive events and further, any negative patterns for corrective action.
      - i. In order to maintain accountability, and for team effectiveness and timeliness the Administrator shall perform review results with each FCSS.
      - ii. Review results shall be included in the FCSS's annual Evaluation Review (ER).
  10. Sentinel events, any act that could potentially result in a life-threatening outcome, shall be both documented and addressed by the Case Reviewer with the individual performing EMD regardless of their classification. The Case Reviewer shall also include the Administrator and related FCSS in these reviews.
  11. For Call-Entry and Chief Complaint performance review, the minimum standards shall be met 95% of the time by the EMD.
  12. For overall performance, the minimum standards shall be met 85% of the time by the EMD.
- E. Case review may indicate a need for an action plan or remedial training based upon outcomes from the monthly reports.
1. Action plans and/or remedial training shall be subsequently documented on the review form with a timeframe for adequate improvement by the FCSS for the FCO Classification and by the Administrator for the FCSS Classification.
    - a. A copy of the action plan/remedial training plan shall be given to the employee in addition to the Administrator and/or FCSS for follow-through and documentation purposes.

- b. Signature by the EMD receiving the form shall be indicator that they have read the action plan and understand the need for corrective action and the timeframe in which to improve.
- F. Case review may indicate a need for follow-up, a possible commendation for outstanding service/EMD, or to address a question as to how the review was finalized or formulated, or to request further information with regard to a particular Type Code review.
  - 1. The review form may be utilized to document the request, question, or need with a copy being given to the employee in addition to the Administrator for follow-through with the Case Reviewer.
- G. Case Review Forms:
  - 1. Monthly Review Forms shall be approved by the Medical Director. Review criteria/indicators shall cause an adjustment to the forms based on identified criteria needs for purposes of improvement and/or to show direct correlation between instruction/service versus findings and outcomes.
    - a. Shall include dimensions to document, unusual occurrences, ineffective PAI instructions, problems or issues with regard to the service or instruction provided by the EMD.
    - b. Shall include dimensions to document effective/life-saving PAI instruction by the EMD, with regard to outstanding or effective service or instruction provided by the EMD.
  - 2. Field Review Forms shall be approved by the Medical Director. Review criteria/indicators shall cause an adjustment to the forms based on identified criteria needs.
    - a. Shall include dimensions to document, unusual occurrences, ineffective PAI instructions, problems or issues found by field personnel upon arrival at scene with regard to the service or instruction provided by the EMD.
    - b. Shall include dimensions to document effective/life-saving PAI instruction by the EMD, found by field personnel upon arrival at scene with regard to outstanding or effective service or instruction provided by the EMD.
    - c. The form shall be submitted directly to the Case Reviewer(s) for follow-through and CQI documentation purposes.
- H. The Case Reviewer shall provide a compliance-to-protocol report annually to the EMD Medical Director and to the Executive Director to ensure that the Center is complying with the EMDPRS minimum protocol compliance standards, and Center policies and procedures.

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### XIII. CDE – CONTINUING EDUCATIONS STANDARDS

- A. Emergency Medical Dispatcher's (EMD) shall receive a minimum of twenty-four (24) hours of Continuing Dispatch Education (CDE) every two years.
- B. CDE shall be coordinated and organized through the Center, and approved by the local EMD Medical Director.
- C. CDE shall include issues identified by the EMD Continuous Quality Improvement (CQI) process, and one or more of the following:
  - 1. Medical conditions, incident types, and criteria necessary when performing caller assessment and prioritization of medical calls,
  - 2. Use of the EMD protocol reference system (EMDPRS),
  - 3. Call taking interrogation skills,
  - 4. Skills in providing telephone pre-arrival instructions,
  - 5. Technical aspects of the system (phone patching, emergency procedures, etc.),
  - 6. Skill practice and critique of skill performance, and/or
  - 7. Attendance at EMD workshops/conferences.
- D. Methodologies for presenting CDE include:
  - 1. Formalized classroom lecture
  - 2. Video, CD, Internet related to EMS/EMD
  - 3. Magazine Articles related to EMS/EMD
  - 4. Tape/Call Reviews
  - 5. Participation on medical dispatch committee and/or
  - 6. Field observations (e.g. ride-alongs with EMS personnel or Emergency Department observation of communications activities).
- E. Formalized classroom CDE may be submitted to the training program provider's course curriculum certification agency (POST, CSFM, LEMSA or EMSA) to count towards continuing dispatch education credits. In this current instance, the certification agency is Los Angeles County Fire Communications Center.
  - 1. If the training program provider chooses to submit CDE curriculum to their course curriculum certification agency:
    - a. It is the training program provider's responsibility to submit the CDE curriculum as required by their course curriculum certification agency, and to comply with the requisite policies and procedures of that agency.

- b. The training program provider shall issue a course completion record to each person who has successfully completed a formalized CDE course.

**XIV. BASIC EMD TRAINING AND CURRICULUM GUIDELINES**

- A. The Los Angeles County Fire Communications Center is the current certification agency for purposes of basic EMD Training for Verdugo Fire Communications Center personnel in addition to supplemental and recurring Refresher Training.
- B. Basic EMD training is designed to provide additional training to dispatchers who are already skilled and knowledgeable in dispatch and telecommunication procedures in order to provide medical assistance to callers.
- C. Required Basic EMD Training Course Hours:
  - 1. Basic EMD Training shall consist of not less than twenty- four (24) hours (one classroom hour of instruction shall be defined as fifty minutes).
  - 2. In addition, emergency medical dispatchers shall satisfactorily obtain and maintain a record of course completion in adult, child, infant CPR and Automatic Emergency Defibrillator (AED).
- D. Required Basic EMD Training Course Content – The Basic EMD Training course content shall include instruction to result in competence in the following:
  - 1. Introduction
    - a. Emergency Medical Dispatcher role and responsibilities
    - b. Legal and liability issues in EMD
    - c. Emergency Medical Dispatch concepts
  - 2. Information gathering and dispatch
    - a. Obtaining information from callers
    - b. Resource identification and allocation
    - c. Providing emergency care instructions, including Automated External Defibrillation
  - 3. EMD protocol reference system and chief complaints
    - a. Introduction to the emergency medical dispatch protocol reference system
    - b. Introduction to chief complaint types
  - 4. Local EMS system overview
  - 5. Scenario based skills/practical exercises

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6. Final examination
  - a. All course content shall be reviewed and approved by the local EMD Medical Director who provides oversight of the training program.

### E. Training Program Provider Criteria

1. Each training program provider shall have:
  - a. An EMD Training Program Manager that can correct any elements of the program found to be in conflict with these guidelines.
  - b. A management structure that monitors all of its EMD training programs.

### F. EMD Instructor Criteria

1. Each training program shall have a principal instructor(s), approved by the EMD Training Program Manager, who:
  - a. Is a currently licensed or certified physician, registered nurse, physician assistant, EMT-P, or EMT- II, who has at least two years of practical experience within the last five years in pre-hospital emergency medical services, and with training in emergency medical dispatch; or
  - b. Is an emergency medical dispatcher with at least two years of practical experience within the last five years.

### G. Course Curriculum Certification

1. EMD course curriculum shall be submitted to the training program provider's local Emergency Medical Director for their approval.
2. The training program provider shall issue a course completion record to each person who has successfully completed an EMD course.

## **XV. RECORDS MANAGEMENT**

### A. Course Completion Records:

1. The Center shall maintain a copy of the basic EMD training program course completion record in the individual Emergency Medical Dispatcher's training file.
2. The Center shall maintain a record of "in- house" EMD CDE topics, methodologies, date, time, location, and the number of CDE hours completed for each session of CDE in the individual Emergency Medical Dispatcher's training file.
3. The Center shall maintain a copy of EMD CDE program course completion records from an approved EMD training program provider in the individual emergency medical dispatcher's training file.

4. All Photocopy records shall be maintained in the employee's Departmental file in addition to documentation by the Training Coordinator in the Training Database or related databases.

B. Training Program Provider Records:

1. Each training program provider shall retain the following training records as provided by local ordinance:
  - a. Records on each course including, but not limited to: course title, course objectives, course outlines, qualification of instructors, dates of instruction, location, participant sign-in rosters, sample course tests or other methods of evaluation, and records of course completions issued.
  - b. Summaries of test results, course evaluations or other methods of evaluation. The type of evaluation used may vary according to the instructor, content of program, number of participants and method of presentation.

C. Case Review Records:

1. All Photocopy records shall be maintained in the employee's Departmental file in addition to documentation by the Training Coordinator in the Training Database or related databases.

**XVI. EMD DEFINITIONS**

- A. **Advanced Life Support (ALS) Provider** shall mean special services designed to provide definitive pre-hospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during inter-facility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.
- B. **Compliance to Protocol** shall mean the adherence to the written text or scripts and other processes within the approved emergency medical dispatch protocol reference system except that, deviation from the text or script may only occur for the express purpose of clarifying the meaning or intent of a question or facilitating the clear understanding of a required action, instruction, or response from the caller.
- C. **Continuing Dispatch Education (CDE)** shall mean educational experiences in accordance with these guidelines.

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- D. **Continuous Quality Improvement (CQI) Program** shall mean a program administered by the emergency medical dispatch provider agency for the purpose of insuring safe, efficient, and effective performance of emergency medical dispatchers in regard to their use of the emergency medical dispatch protocol reference system, and patient care provided. This program includes at its core the follow: the random case review process, evaluating emergency medical dispatcher performance, providing feedback of emergency medical dispatch protocol reference system compliance levels to emergency medical dispatchers, and submitting compliance data to the emergency medical dispatch medical director.
- E. **Course Curriculum Certification Agency** shall mean the Commission on Peace Officer Standards and Training (POST), the State Fire Marshal’s Office (SFM), local EMS agencies, and/or the Emergency Medical Services Authority (EMSA).
- F. **Dispatch Life Support (DLS)** shall mean the knowledge, procedures, and skills used by trained emergency medical dispatchers in providing care and advice through post dispatch instructions and pre-arrival instructions to callers requesting emergency medical assistance.
- G. **Emergency Medical Dispatcher** shall mean a person trained to provide emergency medical dispatch services in accordance with these guidelines, and that is employed by an emergency medical dispatch provider agency.
- H. **Emergency Medical Dispatch (EMD)** shall mean the reception, evaluation, processing, and provision of dispatch life support; management of requests for emergency medical assistance; and participation in ongoing evaluation and improvement of the emergency medical dispatch process.
- I. **Emergency Medical Dispatch Medical Direction (EMD Medical Direction)** shall mean the management and accountability for the medical care aspects of an emergency medical dispatch provider agency including: responsibility for the medical decision and care rendered by the emergency medical dispatcher and emergency medical dispatch provider agency; approval and medical control of the emergency medical dispatcher priority reference system; evaluation of the medical care and pre-arrival instructions rendered by the emergency medical dispatch personnel; direct participation in the emergency medical dispatch system evaluation and continuous quality improvement process; and the medical oversight of the training of the emergency medical dispatch personnel.
- J. **Emergency Medical Dispatch Medical Director (EMD Medical Director)** shall mean a person who is licensed as a physician in California, board certified or qualified in emergency medicine; who possesses knowledge of emergency medical systems in California and of the local jurisdiction; and who provides emergency medical dispatch medical direction to the emergency medical dispatch provider agency.
- K. **Emergency Medical Dispatch Protocol Reference System (EMDPRS)** shall mean a medical director approved emergency medical dispatch system that includes: the protocol used by an emergency medical dispatcher in an emergency medical dispatch provider agency to

dispatch aid to medical emergencies that includes: systematized caller interrogation questions; systematized dispatch life support instructions; systematized coding protocols that match the dispatcher's evaluation of the injury or illness severity with the vehicle response mode and vehicle response configuration; continuous quality improvement program that measures compliance to protocol through ongoing random case review for each emergency medical dispatcher; and a training curriculum and testing process consistent with the specific emergency medical dispatch protocol reference system used by the emergency medical dispatch provider agency.

- L. **Emergency Medical Dispatch Training Program Manager (EMD Training Program Manager)** shall mean a person who is qualified by education and experience in methods, materials, and evaluation of instruction as well as adult education theory and practice. The EMD Training Program Manager shall be responsible for the administration of the training program and assure that all aspects of the EMD training program are in compliance with these guidelines.
- M. **Emergency Medical Dispatch Provider Agency (EMD Provider Agency)** shall mean any company, organization, or government agency that accepts the responsibility to provide emergency medical dispatch services for emergency medical assistance in accordance with these guidelines.
- N. **Emergency Medical Dispatch Services** shall mean the process for taking requests for emergency medical assistance from the public, identifying the nature of the request, prioritizing the severity of the request based on the emergency medical dispatch provider agency's local policies and procedures, dispatching the necessary resources, providing medical aid and safety instructions to the callers, and coordinating the responding resources as needed.
- O. **Post-Dispatch Instructions (PDI)** shall mean case-specific advice, warning, and treatments given by trained emergency medical dispatchers whenever possible and appropriate through callers after dispatching field responders.
- P. **Pre-Arrival Instructions (PAI)** shall mean the medically approved scripted instructions given in time-critical situations where correct evaluation, verification, and advice is given by trained emergency medical dispatchers to callers that provide necessary assistance and control of the situation prior to arrival of emergency medical services personnel.
- Q. **Vehicle Response Configuration** shall mean the specific vehicle(s) of varied types, capabilities, and numbers responding to render assistance.
- R. **Vehicle Response Mode** shall mean the use of emergency driving techniques, such as warning lights-and-sirens versus routine driving response.

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### XVII. TYPE CODE LISTING BY CAD/TRIAGE/EMD CARD ASSIGNMENT

Priority	Type Code	Description	Initial CAD/TRIAGE EMD Card Assignment
3	ALERGY	Allergic Reaction	ALLERGIC REACTION
3	ALOC	Altered Level of Consciousness	UNCON/UNK
3	ASLT	Assault Victim	ASSAULT
3	BREATH	Shortness of Breath	BREATHING PROBLEM
3	BURN	Burn Injury	BURNS
3	CHEST	Chest Pain	CHEST PAIN
3	CHOKE	Person Choking	CHOKING
3	DIAB	Diabetic Problem	DIABETIC
3	DOWN	Person Down	UNCON/UNK
3	DROWN	Drowning/Diving Accident	DROWNING
3	EMSFWY	EMS on the Freeway	UNCON/UNK
3	ENGRA	Misc. Response for ENG & RA	UNCON/UNK
3	EXPOS	Heat/Cold Exposure	HEAT/COLD EXPOSURE
3	FALL1	Fall Major	FALLS
3	GIB	G.I. Bleed	BLEEDING/WOUNDS
3	GSW	Gun Shot Wound	INJURY/TRAUMA
3	HEART	Heart Problem	CHEST PAIN
3	NOTBR	Person Not Breathing	ARREST-CARDIAC/RESPIRATORY
3	OBGYN	Obstetrics/Gynecological	MATERNITY/CHILDBIRTH or ABDOMINAL PAIN
3	OD	Overdose	OVERDOSE/POISON
3	SEIZ	Person in Seizure	SEIZURE/CONVULSIONS
3	SHOCK	Electrical Shock/Injury	ELECTRICAL SHOCK
3	STAB	Person Stabbed	INJURY/TRAUMA
3	STEMI	STEMI Hospital Transfer	CHEST
3	STROKE	CVA/Neurological	STROKE

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Priority	Type Code	Description	Initial CAD/TRIAGE EMD Card Assignment
3	SYNCO	Syncope/Fainted now Consc.	UNCON/UNK
3	TC	Traffic Collision	INJURY/TRAUMA
3	TCFUEL	Traffic Collision w/Fuel Spill	INJURY/TRAUMA
3	TCFWY	Traffic Collision on Freeway	INJURY/TRAUMA
3	TCNON	Non-Injury Traffic Collision	
3	TCPED	Traffic Collision w/Pedestrian	INJURY/TRAUMA
5	ABD	Abdominal Pain	ABDOMINAL PAIN
5	BACK	Back Pain	BACK PAIN
5	BITE	Animal/Human/Stings	BITES/STINGS
5	DIZZY	Person Dizzy	UNCON/UNK
5	EMS	EMS Call – No Details PD OS	UNCON/UNK
5	EYE	Eye Injury	EYE INJURIES
5	FALL2	Fall Minor	FALLS
5	HEADPN	Head Pain	UNCON/UNK
5	LAW	PD Assist/Stand-By	MAIN MENU
5	MED	Misc. Medical	UNCON/UNK
5	MEDALR	Medical Alarm	MAIN MENU
5	NOSE	Nose Bleed – Non Traumatic	BLEEDING/WOUNDS
5	PSYCH	Psychiatric	BEHAVIORIAL PROBLEMS
5	RA	Misc. Response for 1 RA	MAIN MENU
5	SICK	Person Sick	UNCON/UNK
5	TR2	Minor Trauma	INJURY/TRAUMA
5	UNKMED	Unknown Medical	UNCON/UNK
5	WELFAR	Investigate the Welfare	MAIN MENU
7	BEES	Bee Investigation	BEE SWARMS
8	INVL	Assist the Invalid	MAIN MENU